

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Name of Program/Strategy: Strengthening Families Program (SFP)**

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### **1. Overview and description**

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

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***Excellence in Prevention*** is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

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## **2. Implementation considerations (if available)**

## **3. Descriptive information**

<b>Areas of Interest</b>	Mental health promotion Substance abuse prevention
<b>Outcomes</b>	1: Children's internalizing and externalizing behaviors 2: Parenting practices/parenting efficacy 3: Family relationships
<b>Outcome Categories</b>	Family/relationships Mental health Social functioning
<b>Ages</b>	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)
<b>Gender</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified Non-U.S. population
<b>Settings</b>	Home School
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier Tribal
<b>Implementation History</b>	The Strengthening Families Program was initially developed and evaluated in 1982-1986 in a National Institute on Drug Abuse (NIDA)

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	<p>randomized controlled trial (RCT) with children of addicted parents. Later independent replication studies with cultural adaptations for high-risk, culturally diverse families were conducted in Alabama, Colorado (Denver), Hawaii, Michigan (Detroit), New Mexico, and Utah with SAMHSA/Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) 5-year grants. NIDA and National Institute on Alcohol Abuse and Alcoholism (NIAAA) RCTs were conducted by independent investigators in Maryland, New York, Virginia, Washington, DC, and Canada with more than 1,300 families. SFP is currently offered by local agencies in every State nationwide and in 17 countries. Statewide evaluations have been conducted in Florida, New Jersey, North Carolina, and Virginia. LutraGroup, Inc., the authorized distributor, trainer, and evaluator of SFP with offices in Salt Lake City, Utah, and Washington, DC, estimates that it has trained more than 12,500 individuals to deliver SFP to about 250,000 families in the last 10 years. SFP is currently being tested for the prevention of child abuse in Kansas, Nebraska, and North Carolina and with several tribes with funding from the Federal Administration for Children and Families. An SFP family physical activity and nutrition education curriculum also is being tested with Utah and Colorado tribes for the prevention of obesity and diabetes.</p>
<b>NIH Funding/CER Studies</b>	<p>Partially/fully funded by National Institutes of Health: Yes          Evaluated in comparative effectiveness research studies: Yes</p>
<b>Adaptations</b>	<p>SFP has been adapted for African American, Asian/Pacific Islander, Hispanic, and American Indian families. Recently, independent researchers have developed language- and culture-specific versions for the Australian, Canadian, Dutch, Italian, Portuguese, Russian, Spanish, Swedish, and Thai governments. Translations into Arabic and Farsi are underway.</p>
<b>Adverse Effects</b>	<p>No adverse effects, concerns, or unintended consequences were identified by the applicant.</p>
<b>IOM Prevention Categories</b>	<p>Universal          Selective          Indicated</p>

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## 4. Outcomes

### Outcome 1: Children's internalizing and externalizing behaviors

<b>Description of Measures</b>	Children's internalizing and externalizing behaviors were assessed using items from the Ontario Child Health Study scale, the Gresham and Elliot Social Skills scale, parental reports of grades, and the Parent Observation of Child Adaptation Scale.
<b>Key Findings</b>	<p>In a study conducted in the United States and Canada, families with a parent who had problems with alcohol in the past 5 years were exposed to SFP or a control condition (receiving free and widely available educational materials on parenting and family life skills to study at home). Children who received SFP had lower scores on conduct disorder symptoms (<math>p &lt; .01</math>), oppositional defiance symptoms (<math>p &lt; .05</math>), and behavior problems (<math>p &lt; .05</math>) than children in the control group. The effects were modest (standardized coefficient = <math>-.096</math>, <math>-.071</math>, and <math>-.078</math>, respectively). Among parents who received SFP, U.S. parents reported significantly larger decreases in conduct disorder symptoms than Canadian parents (<math>p &lt; .025</math>).</p> <p>In a statewide implementation of SFP, three annual cohorts of families completed retrospective pretests to assess change from baseline. Families who participated in SFP reported improvements in overt aggression, covert aggression, concentration problems, criminal behavior, social skills, alcohol and drug use, and depression (all <math>p</math> values <math>&lt; .01</math>). The effect sizes were very small for covert aggression, criminal behavior, and alcohol and drug use (Cohen's <math>d = 0.14</math>, <math>0.01</math>, and <math>0.03</math>, respectively) and small for overt aggression, concentration problems, social skills, and depression (Cohen's <math>d = 0.29</math>, <math>0.48</math>, <math>0.29</math>, and <math>0.27</math>, respectively).</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2
<b>Study Designs</b>	Experimental, Pre-experimental
<b>Quality of Research Rating</b>	3.1 (0.0-4.0 scale)

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## **Outcome 2: Parenting practices/parenting efficacy**

<b>Description of Measures</b>	Parenting practices and parenting efficacy were assessed using the Alabama Parenting Questionnaire, the Strengthening Families Parenting Scale, and a 30-day substance use measure used by the Center for Substance Abuse Prevention.
<b>Key Findings</b>	<p>In a study conducted in the United States and Canada, families with a parent who had problems with alcohol in the past 5 years were exposed to SFP or a control condition (receiving free and widely available educational materials on parenting and family life skills to study at home). Parents who received SFP had lower scores on inconsistent discipline (<math>p &lt; .05</math>) and verbal abuse (<math>p &lt; .01</math>) than parents in the control group. The effects were modest (standardized coefficient = <math>-.088</math> and <math>-.095</math>, respectively).</p> <p>In a statewide implementation of SFP, four annual cohorts of families completed retrospective pretests to assess change from baseline. Families who participated in SFP reported improvements in positive parenting (<math>p &lt; .01</math>), parental involvement (<math>p &lt; .01</math>), parenting skills (<math>p &lt; .001</math>), parental supervision (<math>p &lt; .01</math>), and parenting efficacy (<math>p &lt; .01</math>). The effect sizes were small for parenting skills (Cohen's <math>d = 0.46</math>) and medium for positive parenting, parental involvement, parental supervision, and parenting efficacy (Cohen's <math>d = 0.54, 0.52, 0.58, \text{ and } 0.55</math>, respectively).</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2
<b>Study Designs</b>	Experimental, Pre-experimental
<b>Quality of Research Rating</b>	3.1 (0.0-4.0 scale)

## **Outcome 3: Family relationships**

<b>Description of Measures</b>	Family relationships were assessed using the Conflicts Tactics Scale (parent version), the Family Effectiveness Scale, and the Family Strengths Scale.
<b>Key Findings</b>	In a statewide implementation of SFP, four annual cohorts of families completed retrospective pretests to assess change from baseline. Families who participated in SFP reported improvements in family organization ( $p < .01$ ), family cohesion ( $p < .01$ ), family communication ( $p < .001$ ), family conflict ( $p < .001$ ), and family strengths/resilience ( $p < .01$ ). Effect sizes were small for family

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	conflict (Cohen's d = 0.20) and medium for family organization, family cohesion, family communication, and family strengths/resilience (Cohen's d = 0.67, 0.50, 0.67, and 0.65, respectively).
<b>Studies Measuring Outcome</b>	Study 2
<b>Study Designs</b>	Pre-experimental
<b>Quality of Research Rating</b>	3.1 (0.0-4.0 scale)

5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties
Cowlitz, Kitsap, Thurston/Mason	

### **8. Study populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	6-12 (Childhood) 26-55 (Adult)	53.3% Male 46.7% Female	50% Non-U.S. population 29.7% Black or African American 15.9% White 2.4% American Indian or Alaska Native 1.9% Hispanic or Latino 0.1% Asian

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<b>Study 2</b>	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)	49% Female 51% Male	43% White 36% Black or African American 17% Hispanic or Latino 3% Race/ethnicity unspecified 0.5% American Indian or Alaska Native 0.5% Asian
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## **9. Quality of studies**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### **Study 1**

Maguin, E., Nochajski, T., DeWit, D., Macdonald, S., Safyer, A., & Kumpfer, K. (2007). The Strengthening Families Program and children of alcoholic's families: Effects on parenting and child externalizing behavior. Manuscript submitted for publication.

### **Study 2**

Kumpfer, K. L., Greene, J. A., Bates, R. F., Cofrin, K., & Whiteside, H. (2007). State of New Jersey DHS Division of Addiction Services Strengthening Families Program Substance Abuse Prevention Initiative: Year Three Evaluation Report (Reporting period: July 1, 2004-June 30, 2007). Salt Lake City, UT: LutraGroup.

### **Supplementary Materials**

DeMarsh, J., & Kumpfer, K. L. (1986). Family-oriented interventions for the prevention of chemical dependency in children and adolescents. *Journal of Children in Contemporary Society: Advances in Theory and Applied Research*, 18(122), 117-151.

Hill, L. G., & Betz, D. L. (2005). Revisiting the retrospective pretest. *American Journal of Evaluation*, 26(4), 501-517.

Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science*, 3(3), 241-246.

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Kumpfer, K. L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6-8-year-old rural children. *Psychology of Addictive Behaviors*, 16(Suppl. 4), S65-S71.

Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. *American Journal of Evaluation*, 21(3), 341-349.

Sibthorp, J., Paisley, K., Gookin, J., & Ward, P. (n.d.). Addressing response-shift bias: Retrospective pretests in recreation research and evaluation. Manuscript submitted for publication.

## **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<b>Outcome</b>	<b>Reliability of Measures</b>	<b>Validity of Measures</b>	<b>Fidelity</b>	<b>Missing Data/Attrition</b>	<b>Confounding Variables</b>	<b>Data Analysis</b>	<b>Overall Rating</b>
<b>1: Children's internalizing and externalizing behaviors</b>	3.3	3.3	3.0	3.0	3.0	3.0	3.1
<b>2: Parenting practices/parenting efficacy</b>	3.3	3.3	3.0	3.0	3.0	3.0	3.1
<b>3: Family relationships</b>	3.3	3.3	3.0	3.0	3.0	3.0	3.1

## **Study Strengths**

The first study used random assignment to help minimize potential confounds. The psychometric properties of the outcome measures used were generally well established. Use of a manualized

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curriculum, staff training and supervision, and a fidelity measure and process evaluations helped ensure fidelity. In the second study, which occurred over 4 years in real-world settings, improving fidelity each year produced stronger results over time.

## **Study Weaknesses**

Studies relied on parental reports of child behavior with no collateral reports to verify that parents were not answering questions based on how they thought the program staff wanted them to answer. The second study used retrospective pretests to assess program effects (i.e., questionnaires administered following the intervention asked respondents to recall, for example, child behaviors at baseline as a pretest measure). Retrospective pretests are best used as measures of perceived change, rather than actual change, and they tend to inflate program effects.

## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Kumpfer, K. L., & Whiteside, H. (2006). Strengthening Families Program, 3 to 5 years [CD-ROM]. Salt Lake City: University of Utah, Strengthening Families Program Office.

Kumpfer, K. L., & Whiteside, H. (2006). Strengthening Families Program, 6 to 11 years [CD-ROM]. Salt Lake City: University of Utah, Strengthening Families Program Office.

Kumpfer, K. L., & Whiteside, H. (2006). Strengthening Families Program, 12 to 16 years [CD-ROM]. Salt Lake City: University of Utah, Strengthening Families Program Office.

Parent handouts

Program dissemination overview

Program Web site, <http://www.strengtheningfamiliesprogram.org>

### **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

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For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
3.8	4.0	3.8	3.8

## **Dissemination Strengths**

Implementation materials are thoughtfully designed and contain considerable detail on establishing the program and addressing obstacles. Materials also include specific guidance for adapting the model to different cultures and ethnically appropriate artwork for use in the manuals. On-site training, an online supervision course, and implementation consultation and technical assistance are provided to support the delivery of this program. A comprehensive array of instruments is available to support quality assurance.

## **Dissemination Weaknesses**

The program objectives outlined in the manuals are not clearly related to program content and evaluation. Additional guidance is needed for administering some of the quality assurance measures and interpreting the results.

## **11. Costs (if available)**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
CD containing materials for one age group: 3-5, 6-11, or 12-16 years	\$450 each (or included in training fee)	Yes
2-day, on-site group leader training and one SFP CD master set	\$3,650 plus travel expenses for 2 trainers for groups of 35 or fewer	No
2-day, on-site group leader training and one SFP CD master set	\$3,050 plus travel expenses for 1 trainer for groups of 15 or fewer	No
Technical assistance (basic)	Free	No

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Technical assistance (advanced)	\$85 per hour	No
Evaluation services	\$1,950-\$12,000 annually depending on number of participants and number of evaluation reports	No
Fidelity site visits	\$1,500 plus travel	No

### **Additional Information**

Small agencies may find it economical to attend a training hosted by a nearby agency. Lutra Group, Inc., the entity that coordinates SFP training and technical assistance, can help in locating other trainings. Training in the United States is available in English and Spanish. Implementation requires a minimum of five trained staff: two group leaders for the parents, two group leaders for the children, and a site coordinator.

## **12. Contacts**

### **For information on implementation:**

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### **For information on research:**

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**Learn More by Visiting:** <http://www.strengtheningfamiliesprogram.org>