Tallaght Youth Services, JADD (Drug Addiction Service)
Jobstown, Tallaght, Dublin, Ireland

STRENGTHENING FAMILIES PROGRAM (SFP 12- 16 AND 7-11 YEARS)

SUBSTANCE ABUSE PREVENTION

Year 1 Evaluation Report

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Tallaght Ireland Drugs Education Initiative Strengthening Families Program for Teens and Parents

YEAR ONE EVALUATION REPORT #1 (April 19, 2011)

I. INTRODUCTION AND OVERVIEW

The Tallaght Youth Services and JADD (Drug Addiction Service) based in Jobstown, Tallaght has implemented an evidence-based model parenting program as part of a nation-wide strategy coordinated by Le Cheile for the prevention of substance abuse and juvenile delinquency in youth by improving parenting skills of the parents of such high-risk adolescents as served by the this agency. The coalition partnership model implemented in Ireland is contributing to the success of SFP implementation in Ireland. The partner agencies included Barnardos, JADD, Tallaght Youth Service, YPP, and Mount Seskin Community College to support staffing and family recruitment. The 14-sessions of both the SFP 12-16 Years and 7-11 Years was run on Tuesdays 6pm – 8.45pm and started with a meal. Transportation and babysitting were also provided. There were 4 group leaders for each age group and 2 site coordinators also.

Based on assessed community needs and risk factors for substance abuse and delinquency, the evidence-based program chosen to be implemented was the *Strengthening Families Program (SFP)* for families with high-risk adolescents ages 12 to 17 years old. This agency also ran additional children's groups for the younger siblings ages 7 -11 years. The Tallaght JADD Drug Addition Services implementation was funded by Le Cheile.

Staffing. This family intervention was implemented by a team of professionals from different agencies that coordinate their activities through the Drugs Education Initiative. Because of this collaborative approach, the best staff for each of the different positions could be selected. Also no one agency was then responsible for all the work, but they all could propose clients to refer to the family program.

Professional Group Leader Training. These staff were selected from a group of professionals trained and certified as SFP group leaders by Dr. Henry Whiteside of LutraGroup, the SFP International Training Center in Salt Lake City, Utah. The two-day training for SFP group leaders occurred in Tallaght, Ireland on October 12th, 2010. About 4 professionals were trained as group leaders. They had been recruited by staff, and collaborating agencies.

Introduction to Evaluation Report

This report includes the evaluation findings from the winter groups in Year 01 of this initiative as funded by Le Cheile. An independent evaluation is being conducted by LutraGroup, SP, which includes the outcome evaluation measuring program effectiveness with this population. To reduce cost and distance, no process or implementation evaluation was conducted with fidelity checks or observational site visits.

There were 9 families including 10 parents that completed at least 8 sessions of the 2010 and 2011 SFP groups. There were 10 teens that started and six teens graduated. They had 14 families starting and 9 families completing the 14-week family intervention. Nine of the referred families came from alcohol and drug treatment, 4 from the Garda, 2 from Probation Service (YPP), one from Home School Community Liaison Teacher at a local school. However, there were complete outcome survey data on 9 families.

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Data from these 9 families includes only those who completed a Parent Retrospective pre-test and post-test evaluation instrument at the end of the program. While there were more parents and children participating in SFP, only those clients who completed both assessments are including in this evaluation report.

SFP Program Description. The Strengthening Families Program (Kumpfer & DeMarsh, 1989; Kumpfer, DeMarsh, & Child, 1989) is an evidence-based 14-week family skills training program that involves the whole family in three classes run on the same night once a week. The parents or caretakers of high-risk youth attend the SFP Parent Training Program in the first hour. At the same time their adolescents attend the SFP Teen's Skills Training Program. In the second hour, the families participate together in a SFP Family Skills Training Program. Multiple replications of SFP in randomized control trials in different countries (United States, Canada, Australia, U.K., Netherlands, and Spain) with different cultural groups by independent evaluators have found SFP to be an effective program in reducing multiple risk factors for later alcohol and drug abuse, mental health problems, and delinquency by increasing family strengths, children's social competencies, and improving parent's parenting skills (Kumpfer, Alvarado, Smith, & Bellamy, 2002; Kumpfer, 2007; Bool, 2005; Orte, et al., 2007). The Cochrane Collaboration Reviews in Medicine and Public Health at Oxford University have reported that SFP is twice as effective as the next best school-based alcohol best prevention program (Foxcroft, et al., 2003). The next best is also a parenting program (PFDY). SFP was reported to be three times as effective as the best youth only program. Miller and Hendrie (2008) report that 18% of all youth participating in SFP will reduce or never initiate alcohol use based on longitudinal cost benefit studies. The next best percentage prevented from using is 11% for a clinically conducted program called, Adolescent Transitions Program. Hence, SFP appears to be the best choice in reducing alcohol and drug use in Ireland since it had the highest prevention percentages for marijuana (15% and other drugs (11%) too. SFP was the fifth best program for tobacco prevention (7%) and it was not designed to prevent tobacco use. At 22 years of age, diagnosed mental

health problems (depression, anxiety, social phobias, and personality disorders) were reduced by 230 to 300% even 10 years after participation in SFP (Spoth, et al, 2006).

Strengthening Families Program Description. SFP is funded with funds from the N.W.D.T.F. The SFP budget provides for all necessary and recommended training, program sessions, meals, childcare, staffing, logistics, supplies, incentives, follow-up and program evaluation for the full SFP program. Additionally, the center provides parenting skills and community services for women and children at risk for substance abuse. Notable for this initiative, is the application and adaptation of SFP to a residential setting with variable and limited length of stay for the eligible families.

II. SCOPE AND METHOD OF THE EVALUATION

The major goal of this evaluation is to determine if the program, when conducted with the targeted population is effective and achieves outcomes similar to the established norms for this evidence-based program. The evaluation includes an outcome evaluation conducted by an outside contractor to assure the fidelity and effectiveness of SFP. In the next year, we recommend adding a process evaluation that would includes a fidelity survey of funded cycles and site visit to assess program fidelity. The outcome evaluation involves a repeated measures retrospective pre and posttest design with standardized instruments being administered to parents attending the program. The outcome evaluation assesses program effectiveness for a large number of risk and protective factors for substance abuse and delinquency prevention.

Evaluation Contractors: LutraGroup

The contracted evaluator is LutraGroup. The evaluation contractor is comprised of a team of health and human service professionals with combined expertise in evaluation, research, substance abuse treatment and prevention, mental health and multi-system intervention. The professionals in this consulting company are very experienced in conducting research and evaluations of the Strengthening Families Program over the last 20 years. The SFP program developer, Dr. Karol Kumpfer, is the Evaluation Director for LutraGroup. LutraGroup is also the contractors responsible for SFP training and program development in the United States, Canada, and Europe. This evaluation contributes to the overall national and international research, evaluation and program development provided by LutraGroup, both nationally and internationally. LutraGroup has provided the SFP training of group leaders, evaluation and technical assistance for this initiative.

Outcome Evaluation Methods

The Experimental Evaluation Design consisted of a repeated measures, pre- and post-test design with post-hoc subgroup comparisons as recommended by Campbell & Stanley (1967) to control for most threats to internal and external sources of validity. An "SFP Retrospective Parent Pre/posttest", using standardized CSAP and NIDA core measures, was developed and used because of the need for a short, non-research quality,

practitioner friendly evaluation instrument (Appendix 3). Instruments were delivered by the site staff. These instruments are designed to assess child and parent mental health, substance abuse risk and resiliencies, family management and cohesiveness, and parent and child social skills and attitudes. The data were recorded by the parents on printed questionnaires. These data on the pre and post-tests were hand-entered by Jing Xie and analyzed using SPSS by Dr. Keely Cofrin using standardized scales for 18 outcome variables plus three cluster summary variables (Family, Parent and Child outcomes combined) as well as the alcohol and drug measure for a total of 22 outcomes. Dr. Karol Kumpfer interpreted the data and wrote this report with the support of Qing-Qing Hu.

Evaluation Measurement Instruments

A multi-measure, multi-informant (child, parent, and group leader) data collection strategy was used to improve triangulation of the data to approximate real changes being measured. Hence, immediately before at an orientation session and after completion of SFP at graduation, participating families completed a number of outcome instruments selected to measure the hypothesized change variables or outcomes for the family changes, child changes and the parent changes. The risk and protective factor precursors of substance abuse include negative or positive child behaviors, parenting stress and depression or substance use and lack of effective discipline methods and family dysfunction. The children's change outcomes were measured by the *Child Behavior Checklist* (Achenbach & Edelbrock, 1988), the children's social and life skills will be measured by selected items from the *Gresham and Elliot Social Skills Scale* (1990). The parent's parenting efficacy and skills was measured by the 10-item *Kumpfer Parenting Skills.* The family conflict, organization, communication and cohesion were measured by *Family Environment Scales*, (Moos, 1974). Most of these outcome instruments are standardized and were used by the original program developer. These instruments are discussed in greater detail below.

Parent Change Measures. The parent alcohol, and illicit drug use including age of first use and 30-day substance use rates for tobacco, alcohol, marijuana, binge drinking, and other illicit drugs was measured using the CSAP/GPRA drug use measures from the Monitoring the Future (Johnston, O'Malley, and Bachman, 1998) and the National Household Survey (SAMHSA/OAS, 2000). Parent changes were measured using the *Parenting Stress Index* (Abidin, 1983) and the 20-item Radloff CES-D depression scale, which works out better than the modified version of the *Beck Depression Inventory* included earlier in the Strengthening Families Program Parenting Questionnaire to measure parental stress and depression.

Child Risk Behavior Change Measures. The risk and protective factor precursors of substance abuse include negative child behaviors and lack of effective discipline methods. The children's change outcomes were measured by the *Child Behavior Checklist* (Achenbach & Edelbrock, 1988), which is a parent report on the child's overall internalizing or externalizing behaviors. This measure was also used in the original SFP research (Kumpfer, 1989). A new child behavior instrument, completed by the child, was also used, namely, the *Child Rating Scale* (Hightower, Spinell, & Lotczwski, 1989) to measure internalizing and externalizing behavior problems. In the last year, the negative child behaviors such as children's aggression and conduct disorders, and children's depression is measured by the Kellam Parent Observation of Children's Activities

(POCA), which is a modification of the Achenbach and Edelbrock (1988) Child Behavior Checklist (CBCL) that was used for Cohort 1 to 7. The POCA has a five-point scale and is more change sensitive than the CBCL and the wording is simpler for low education families.

Child Protective Factor Behavior Changes. The parent and child version of the *Social Skills Rating System (SSRS)* (Gresham & Elliott, 1990) was used for measuring social/life skills. The SSRS measures the following dimensions: Cooperation, Assertion, Responsibility, and Self-Control. In addition, it measures problem behaviors, which are classified as internalizing behaviors, externalizing behaviors, and hyperactivity. The parents completed both parent versions of the SSRS and CBCL, and the children completed the student version of the SSRS. For the main SSRS subscales, higher scores indicate more positive outcomes (e.g. more cooperation, assertion, responsibility and self-control). For the problem behavior subscales, lower scores indicate more positive outcomes (e.g. fewer internalizing, externalizing, hyperactivity problems).

Family Environment or Functioning Measures. The family change outcomes were measured by the *Moos Family Environment Scale* (FES) (Moos & Moos, 1994) and the *Children's Version of the Family Environment Scale* (Pino, Simons, & Slawinoski, 1983) that include scales for the level of family conflict, family communication, family organization, and family cohesion. The Kumpfer and Dunst Family Strengths and Resilience Scale is used to measure improvements in the family's level of resilience. This measure was created for the American Humane Society's child welfare division as an easy way to measure improvements in the family dynamics. This measure of family strengths and resilience is one of the first and largest changes in the families after SFP participation.

Psychometric Properties. These measurement instruments and scales have been found to have high reliability and validity in prior SFP studies with similar participants. To reduce testing burden, in some cases only sub-scales of selected instruments were used for evaluation. They match the hypothesized dependent variables and were used in the construction of the testing batteries. Each of the program goals and objectives as listed above are matched to the standardized testing scale or measure in the Table below.

Table 2: Hypothesized Outcomes Matched to Measures

SFP Outcome Variables	Measures
Parent Immediate Change Objectives	
1. increase positive parenting	1. SFP parenting skills
2. increase in parenting skills	2. SFP parenting skills
3. increase parental supervision	3. SFP parenting skills
4. increase parental efficacy	4. Alabama Parenting Scale
5. increase in parental involvement	5. Alabama Parenting Scale
6. decrease in parental substance use or misuse	6. CSAP30-day use rates
7. decreased parent depression	7. NIDA Radloff CES-D

Child Change Objectives	
1. increase social skills (cooperation, assertion, responsibility, and self-control)	1. Social Skills Rating Scale (parent and child)
2. reduced externalizing	3. POCA Child Rating Scale
3. reduced covert aggression	4. POCA covert aggression scale
4. reduced overt aggression	5. POCA overt aggression scale
5. reduce concentration problems (ADD)	5. POCA ADD scale
6. reduced criminal behavior	7. POCA criminal behavior scale
7. reduced hyperactivity	8. POCA hypeactivity scale
8. reduced depression	9. POCA depression scale
Family Change Objectives	
1. increase positive parent/child relationship or family cohesion	1. Moos FES cohesion
2. reduce family conflict	2. Moos FES family conflict
3. increase family organization and order	3. Moos FES family organization
4. increase family communication skills	4. Moos FES communication
5. increased overall family strengths and resilience	5. Kumpfer & Dunst Family Strengths and Resilience scale

Data Analysis. All outcome data was collected on the SFP questionnaire. After data cleaning (removing any names, assuring readable marks, checking for missing data and random markings) by the researchers, the data was entered into a computer for analysis on a network PC using SPSS for Windows.

For this study, only the de-identified (coded) parent pre- and post-test quantitative data is used using SPSS program.

A total change score is calculated as well as summed scores for the parent, child and family outcomes. The effect sizes of the outcomes are calculated using both an eta squared or Cohen's (d) and the d' statistics for the cluster variables and 18 individual outcome variables related to parent, family, and child risk factor improvements and improved protective factors for substance abuse. Analyses of Variance (ANOVAs) and the Effect Sizes for the pre- to post-test changes are conducted and reported in outcome tables categorically by parent, family and child variables.

III. OUTCOME EVALUATION RESULTS

Summary of Pre- to Post-test Outcome Results

Retention and Major Outcome Results. Overall, the family changes were most impressive for this first Strengthening Families Program (SFP 12 –16 Years) group with adolescents in Tallaght JADD, Ireland. The retention rate was higher (57%) than generally expected in a first pilot group when retention can be as low as 40% (Aktan, et al., 1992; Kumpfer, 1997; Kumpfer, Alvarado, Smith, & Bellamy, 2002). Additionally, the pre- to posttest changes were considerably greater than normally expected by the 4-month posttest.

As can be seen from the Table 3 below, there were statistically significant positive results (p. <.05) for 86% or 18 of the 21 outcomes measured. Additionally 12 of these outcomes had very large effect sizes (or over Cohen's d. > .50). The six amounts of positive changes for parent, family, and child outcomes was larger than other SFP groups run in Ireland, such as Parental Involvement, Parenting Efficacy, Family Cohesion, Criminal Behavior, Hyperactivity and Alcohol and Drug use. The high level of risk in these families contributed to the larger changes found and the effectiveness of the implementation.

Table 3: Total Outcomes (Parent, Family & Child) for Pre- to Posttest Changes

Protective Factor	Sig. Level (p=)	2010-11 Effect Size (d) vs Irish Norms
1. Family Organization	.01	.60 (large) vs. .74
2. Family Cohesion	.01	.61 (large) vs. .56
3. Family Communication	.00	.73 (large) vs. .74
4. Family Conflict	.22	.18 (small) vs. .32
5. Family Resilience	.00	.69 (large) vs. .70
6. Positive Parenting	.01	.56 (large) vs. .61
7. Parental Involvement	.00	.77 (large) vs. .56
8. Parenting Skills	.03	.52 (large) vs. .59
9. Parental Supervision	.00	.66 (large) vs. .66
10. Parenting Efficacy	.00	.70 (large) vs. .64
11. Overt Aggression.	.05	.30 (medium) vs. .50
12. Covert Aggression	(.05)	.20 (small) vs. .32
13. Concentration Problems	.02	.53 (large) vs. .60
14. Criminal Behavior	.35	.11 (small) vs. .07

15. Hyperactivity	.46	.07 (small) vs. .06
16. Social Behavior	(.03)	.26 (medium) vs. .29
17. Depression	.03	.38 (medium) vs. .41
18. Alcohol and Drug Use	.23	.14 (small) vs. .11

Positive Family, Parent and Youth Changes. The family improved significantly in all five parenting outcomes and four of five parenting outcomes. They also had some larger improvements in parent and family change outcomes and adolescent's mental health and behavioral outcomes than for the Irish norms for prior groups. Most impressive was the statistically significant positive changes in the youth's Concentration ($p. < .02$; $d. = .53$), Depression ($p. < .03$, $d. = .38$), Overt Aggression ($p. < .05$, $d. = .30$) and Child Cluster Scale ($p. < .04$, $d. = .44$). If we conduct a one-tail test to cut the p value into half, we can get the other two statistically significant outcomes namely Social Behaviors ($p. = .03$, $d. = .26$), and Covert Aggression ($p. = .05$, $d. = .20$).

These results suggest that even by the immediate 4-month post-test families are making major strides in improving their interaction patterns, which appears to be resulting very impressive changes almost immediately in the adolescents. These behavioral changes in reducing risky behaviors in the teenagers, such as overt aggression and depression and improving concentration should accord to tested theories of the etiology of adolescent substance abuse (Kumpfer, Alvarado, & Whiteside, 2003, Ary, et al., 1988) should result in less substance abuse, delinquency, and arrests for crimes in the future.

Statistically Significant Results with Large Effect Sizes Found. Reported in the tables below are the significance level or *p*. value for pre to posttest changes as well as a more important statistical outcome called "effect size". Statistical significant only means that these mean differences from pre-to posttest are likely to represent true positive changes in the families and are not likely to have occurred by chance. In fact, the *p*. values for the Tallaght JADD group are below $p. < .05$ for 15 of the 18 (83%) of the outcome variables. Also, these statistically significant positive changes were not solely due to the sample size because there were only 9 families completing the posttest in this April FY'11 analysis. The major reason was the large mean changes and effect sizes.

Similar to percent change, effect size is a more scientific way that researchers today report how much participants in an intervention have changed. The effect sizes reported are calculated in SPSS software by eta squared or Cohen's d as well as d'. It can be seen that they are very large and replicate the large effect sizes found for SFP in randomized control trials (Kumpfer & DeMarsh, 1986; Spoth, et al., 1999; 2002; 2003; Trudeau & Spoth, 2005), Gottfredson, Kumpfer, et al., 2006), except they are even larger. To put the effect sizes reported here into perspective, the average effect size of all obesity prevention programs was found to be Cohen's $d = .006$ or a miniscule positive change

that is clinically insignificant and probably not worth the time or money to implement the obesity prevention programs (Stice, Shaw & Marti, 2006). The overall effect size in reducing or preventing substance use for all youth-only substance abuse prevention programs is about *d* = .10. The effect size of the DARE program was *d*= .08 and the best social skills training prevention programs only have an effect size of about *d* = .30 (Tobler & Stratton, 1997; Tobler & Kumpfer, 2000). Parenting and family interventions have larger effect sizes averaging nine times larger than youth-only prevention programs. See table below.

Meta-analysis Study of Prevention Approaches. Dr. Nancy Tobler has conducted a number of meta-analysis studies of drug prevention approaches. Dr. Kumpfer worked with her to develop a meta-analysis of family approaches and to compare these to child-only approaches. Overall, family-focused approaches average effect sizes that are nine times larger than youth-only prevention approaches (*d* =.96 ES versus *d* = .10 ES) as shown in the Table 1 below. This meta-analysis suggests that family skills training approaches, such as Strengthening Families have a very large effect size in reducing substance abuse (*d* = .82) second only to In-home Family Support approaches which had a very large effect size of *d* = 1.62.

Table 4: Average Effect Sizes (Cohen's *d)* for Universal School-based and Family-based Prevention Programs (Tobler & Stratton, 1997; Tobler & Kumpfer, 2001)

Prevention Intervention Approach	Average Effect Size
Knowledge plus Affective Education	-.05
Affective Education	+.04
Life or Social Skills Training	+.30
Average Universal Child-only Approaches	***+.10***
Parenting Skills Training	+.31
Family Skills Training	+.82
In-home Family Support	+1.62
Average Mean Family Interventions	***+.96***

Based on these large effect sizes, Foxcroft and associates (2003) at Oxford University concluded that the Strengthening Families Program (Kumpfer, Molgaard & Spoth, 1996) was twice as effective as the next best prevention program—also a parenting program. These reviews were conducted using meta-analyses conducted for the World Health Organization and the international Cochrane Collaboration Reviews in Medicine and Public Health (see www.cochranereviews.org)

The SFP 12 to 16 Years Pre- to Posttest Outcomes

As can be seen from the table below, there are significant positive results for SFP 12- 16 Years for 18 of the 21 outcomes (86%) measured by parent, child and family outcome variables. All five or 100% of the parenting outcomes statistically significant and 80% of the family outcomes—except Family Conflict that had a large significant

trend towards reducing family conflict. Six of eight (75%) of the children's outcomes were significantly improved, namely Depression (*p*. < .03), Overt aggression (*p*. < .05), Covert Aggression (*p*. < .05), Concentration (*p*. < .02), Social Behaviors (*p*. < .03) and Overall Child Cluster (*p*. < .04).

The largest effect sizes (*d*) for the parent and family outcomes are *d*. = .77 for Parental Involvement, *d*. = .73 for Family Communication and *d*. = .70 for Parenting Efficacy and Family Cluster Scale. The smallest positive change or effect size was *d*. = .18 for Family Conflict. For the four statistically significant children's outcome, these Cohen's d effect sizes are from small to large even by the immediate posttest (within 14 weeks). They range from *d*. = .53 for improvements in Child Concentration to *d*. = .07 for reduced Hyperactivity. The large size of these behavior change outcomes for the parents, families and the youth are seen in other sites as can be seen by some outcomes being larger than for the SFP Norms for Ireland.

Reported in the tables below are the significant level or *p*. value for pre to posttest changes as well as a more important statistical outcome called "effect size". Similar to percent change, effect size is a more scientific way that researchers today report how much participants in an intervention have changed. The effect sizes reported are calculated in SPSS software by eta squared or Cohen's *d* as well as *d'*. It can be seen that they are very large and replicate the large effect sizes found to SFP in randomized control trials (Kumpfer & DeMarsh, 1986; Spoth, et al., 1999; 2002; 2003; Trudeau & Spoth, 2005), Gottfredson, Kumpfer, et al., 2006), except they are even larger. The overall effect size in reducing alcohol and drug use of all youth-only substance abuse prevention programs is *d* = .10. The effect size of the DARE program was *d* =.08 and the best social skills training prevention programs only have an effect size of about *d* = .30 (Tobler & Stratton, 1997; Tobler & Kumpfer, 2000). Parenting and family interventions have larger effect sizes. See table below.

SFP 12-16 Years Effect Sizes or Amount of Individual Change

The families reported Effect Sizes (*d*) at least .20 Effect Size or greater in <u>18 of the 21 outcome variables</u> as shown below in the following table. Twelve of the effect sizes are greater than *d* = .50 and four of the effect sizes are at least *d* = .70 or larger effect sizes. Based on this magnitude of the effect sizes, this agency is clearly doing a good job at recruiting the right families that are high risk and also implementing the program very well to get large results. Note that the families at this agency are lower risk at baseline than the others in the Irish national norms. With families that are lower risk at intake there is little room for improvements, however, this agency and their staff had to implement SFP well to get changes of this large scale.

Family Outcomes

As can be seen in the table below, one of the largest changes being reported is in the area of family dynamics. 80% or <u>four of five family measures</u> were found to be statistically significant. Additionally, Family Cohesion for these SFP groups was larger in effect size or amount of change than the SFP National Irish Norms. This suggests that the implementation was better than average and was a good fit for the families recruited.

Four of the five family environment (80%) outcomes for SFP groups changed from *d.* = .60 to .73 or large effect sizes. The largest effect size was for Family Communication (*d.* = .73), followed by Family Strengths/Resilience *(d.* = .69), Family Cohesion and Family Organization had a *d.* = .61 and *d.* = .60 effect sizes separately.

Reductions in Family Conflict weres not statistically significant, and had a small effect size *d.* = .18, which is similar to other SFP agencies in the USA but in Ireland the level of family conflict is generally pretty high. One of the reasons for the reduced positive change for the Tallaght families is that they were lower in family conflict than the Irish families when they started SFP. Although it was not statistically significant, there was positive improvement. One of the reasons might be the low-risk report in the pre-test, because the mean value was much lower than the Irish Norms (m=2.53 vs. 3.10). Hence the families could not improve as much.

Across all family measures these families at this agency started at baseline a little higher than other Irish families participating in SFP. Hence, they appear to be at lower risk but still they improved significantly on all family outcomes except Family Conflict.

These changes within 4 months are larger than the average effect sizes of *d.* = .45 found for the best long-term family therapies which are much more costly than SFP. Additionally, Family Cohesion is much larger than those of the Irish norms as is shown in the table below. The total Family Cluster Scale effect sizes was slightly smaller in Tallaght JADD families at Cohen's *d.* = .70 than Irish Norms at *d.* = .76. These are very large positive changes in effect sizes.

These local results are larger effects than found in other federally funded research studies conducted for National Institute of Drug Abuse (NIDA) research SFP studies (Gottfredson, Kumpfer, et al., 2005; Spoth, et al., 2003) and the Center for Substance Abuse Prevention (CSAP) (Kumpfer, Alvarado, Smith & Bellamy, 2002; Kumpfer, Alvarado, Tait & Turner, 2002).

Overall Family Strengths and Resilience Effect Size d was .69, which was lower than the Irish national norms for SFP that was d = .74. But these effect sizes are larger for all variables than in the Irish Norms and SFP National Database of all national sites submitting data on SFP groups to LutraGroup.

Table 5. SFP 12-16 Years Family Outcomes for Pre- to Posttest Changes

Protective Factor	Sig. Level (*p.*=)	2010-11 Effect Size (*d*) vs Irish Norms
1. Family Organization	.01	.60 (large) vs. .74
2. Family Cohesion	.01	.61 (large) vs. .56
3. Family Communication	.00	.73 (large) vs. .74

4. Family Conflict	.22	.18 (small) vs. .32
5. Family Resilience	.00	.69 (large) vs. .70

The following table reports the actual pretest to posttest means for the group as well as the mean changes along with the p values and two different types of effect size, d and d'. These are compared to the descriptive statistics for the SFP Irish National Norms on about 218 families from agencies all over the country. Note that the numbers are lower for the number of total Irish norm families with an N of about 8 vs. 9 because of the considerable missing data in the other Irish samples so far. It can be seen that the families are higher at base line or pretest for most the family outcomes measured. This indicates that they are lower risk families than generally participate in SFP groups. This is one reason for the smaller changes, however, most of them were statistically significant.

Table 6: Mean Changes in Family Risk and Protective Factors Compared to SFP Irish National Norms

Strengthening Family Program Evaluation Project										
Tallaght site #614										
April 2011										
Scale Name	**# fam**	**Pre-Test**	**SD**	**Post-Test**	**SD**	**Change**	**F**	**Sig**	**Effect Size d**	**ES d'**
Family Cohesion							0.86	0.36	0.00	0.12
Irish Norms	218	3.29	1.12	4.33	0.73	1.04	281.63	0.00	0.56	2.28
Tallaght	9	3.44	1.13	4.67	0.43	1.22	12.57	0.01	0.61	2.51
Family Communication							2.03	0.16	0.01	0.19
Irish Norms	206	2.99	0.71	4.23	0.52	1.24	590.32	0.00	0.74	3.39
Tallaght	9	3.20	0.90	4.35	0.61	1.15	21.24	0.00	0.73	3.26
Family Conflict							3.07	0.08	0.01	0.23
Irish Norms	206	3.10	1.15	2.41	0.89	(0.69)	94.99	0.00	0.32	1.36
Tallaght	9	2.53	1.30	2.06	1.30	(0.47)	1.80	0.22	0.18	0.95
Family Organization							0.39	0.53	0.00	0.08
Irish Norms	214	2.27	0.91	3.80	0.85	1.53	612.03	0.00	0.74	3.39
Tallaght	8	2.53	1.16	3.88	0.91	1.34	10.65	0.01	0.60	2.47

Family Strengths/Resilience							0.67	0.41	0.00	0.11
Irish Norms	194	2.95	0.82	4.12	0.57	1.17	455.40	0.00	0.70	3.07
Tallaght	9	3.31	0.85	4.22	0.50	0.92	17.49	0.00	0.69	2.96
Family Cluster Scale							4.26	0.04	0.02	0.29
Irish Norms	180	2.86	0.72	4.06	0.50	1.20	574.18	0.00	0.76	3.58
Tallaght	8	3.13	0.75	4.17	0.48	1.04	16.24	0.00	0.70	3.05

Parenting Skills and Behaviors

In Tallaght JADD site, the largest changes were in the area of parenting skills and behaviors. All five (100%) of the parent outcomes had large effect sizes over *d.* = .52. The five outcomes all changed significantly with very large improvements. All of the changes were larger than the Irish norms for other families participating in Ireland, except for Positive Parenting and Parenting Skills.

Table 7: SFP 12 –16 Years Parenting Outcomes for Pre- to Posttest Changes

Protective Factor	**Sig. Level (p=)**	**2010-11 Effect Size (*d*) vs. Irish Norms**
1. Positive Parenting	.01	.56 (large) vs. .61
2. Parental Involvement	.00	.77 (large) vs. .56
3. Parenting Skills	.03	.52 (large) vs. .59
4. Parental Supervision	.00	.66 (large) vs. .66
5. Parenting Efficacy	.00	.70 (large) vs. .64

The area of Parental Involvement (Effect Size *d.* = .77) had the largest amount of positive change for both age versions of SFP. Next largest changes were reported in Parenting Efficacy (Effect Size *d.* = .70), which were larger than the national norms of *d.* = .64. These are very large improvements in parenting for this type of population. Although the parents started at baseline with a slightly higher level of mean value, the improvements were still larger than the National Irish Norms (Parental Involvement *m.* = 3.39 vs. 3.28; Parenting Efficacy *m.* = 2.96 vs. 2.95). It means SFP were fit for the parents.

The smallest change in the parenting area was for Parenting Skills (Effect Size *d.* = .52). This area improved very much, and this was lower than the Effect Size *d.* = .59 in

the SFP Irish Norms Data Base. However, this is still considered a large change since it is over Cohen's *d.* = .50.

Overall, these are amazing increases in parent child management skills with Cohen *d* effect sizes ranging from .52 for Parenting Skills to .77 for Parental Involvement. Parental supervision did improve very much which is typical for SFP outcomes as can be seen by the comparison norms. It is a critical risk factor for children's later drug and alcohol use, so improvements in this area could have been worked on within 14 weeks. The other positive parenting skill outcomes also bode well for the long-term effectiveness of this program in preventing later behavioral problems and substance use in the children.

Table 8: Mean Changes in Parenting Risk and Protective Factors Compared to the SFP Irish Norms

Strengthening Family Program Evaluation Project										
Tallaght site #614										
April 2011										
Scale Name	**# fam**	**Pre-Test**	**SD**	**Post-Test**	**SD**	**Change**	**F**	**Sig**	**Effect Size d**	**ES d'**
Parental Involvement							0.91	0.34	0.00	0.13
Irish Norms	182	3.28	0.97	4.28	0.68	1.00	226.92	0.00	0.56	2.24
Tallaght	9	3.39	0.80	4.39	0.45	1.00	27.43	0.00	0.77	3.70
Parental Supervision							1.39	0.24	0.01	0.15
Irish Norms	212	2.88	0.92	4.15	0.64	1.27	404.28	0.00	0.66	2.77
Tallaght	9	3.22	0.74	4.09	0.61	0.87	15.36	0.00	0.66	2.77
Parenting Efficacy							0.80	0.37	0.00	0.12
Irish Norms	212	2.95	0.98	4.14	0.72	1.19	369.58	0.00	0.64	2.65
Tallaght	9	2.96	1.07	4.07	0.62	1.11	19.05	0.00	0.70	3.09
Positive Parenting							3.19	0.08	0.01	0.23
Irish Norms	216	3.52	0.95	4.53	0.57	1.01	336.33	0.00	0.61	2.50
Tallaght	9	4.04	0.90	5.00	0.00	0.96	10.20	0.01	0.56	2.26
SFP Parenting Skills							7.73	0.01	0.04	0.39
Irish Norms	176	3.11	0.84	3.91	0.70	0.80	251.23	0.00	0.59	2.40
Tallaght	8	3.50	0.79	4.25	0.48	0.75	7.46	0.03	0.52	2.07

Parent Cluster Scale							0.01	0.91	0.00	0.02
Irish Norms	154	3.06	0.76	4.19	0.48	1.12	404.27	0.00	0.73	3.25
Tallaght	8	3.38	0.79	4.28	0.33	0.90	13.60	0.01	0.66	2.79

Parent Substance Abuse

One of the outcomes found for SFP is that as the parent's learn better parenting skills, spend more time with their children, and find that their parenting efficacy is improving, their depression and stress is reduced. This results in an improvement in the parent's overall mental health status and substance abuse.

Reported alcohol and drug use by the parents is slightly lower at the intake at mean score of 1.39 for parents (just above 2.00 of "some use") at pre-test and decreased to 1.20 by the posttest. If we use one-tail test for analysis, the reduction in use is statistically significant at *p.* = .03 for the parents. Possibly to other recovery services provided by this agency are contributing to the significant decrease in substance use in the parents by the posttest 14 to 16 weeks later. An effect size of *d* = .26 is a small effect size, but with 9 families power was large enough to detect a significant decrease in substance use.

These improvements were much better than the Irish Norms (*d.* =.14), showing significant improvement in the parent's substance use. However, the baseline use rate is considerably lower than the substance use rates at the Tallaght JADD Ireland.

Table 9: Changes in Parent Alcohol and Drug Use

Scale Name	#	Pre-Test	SD	Post-Test	SD	Change	F	Sig	ES d	ES d'
Alcohol & Drug Use							3.66	0.06	0.02	0.26
Irish Norms	188	1.77	0.70	1.60	0.55	(0.17)	31.50	0.00	0.14	0.82
Tallaght	9	1.39	0.45	1.20	0.25	(0.19)	2.88	0.03	0.26	1.20

Children's Behavioral and Emotional Improvements

Six of eight or 75% of the SFP youth outcomes are statistically significant positive change with the 4-month time frame from the pre- to post-test. The areas or outcomes with significant improvements were Overt Aggression, Concentration Problems, Depression, and Overall Cluster Variable.

These changes generally occur later with the 6 and 12-month follow-up tests. Most studies of SFP find increased positive results with time in the children rather than diminished results (Kumpfer, et al, 2002). Spoth and his associates have recently reported 2 to 3 times reductions in lifetime diagnoses of any type of mental health problem

(depression, anxiety disorder, social phobias, and even personality disorder) in 22 year old youth how had participating in SFP 10-14 ten years earlier (Trudeau & Spoth, 2005; Spoth & Trudeau, 2005). This possibly makes SFP the most effective mental health initiative that any state or county could implement. These results also suggests that SFP results are not specific to just major reductions in tobacco, alcohol and drug abuse, but also in mental health and juvenile delinquency services costs.

In this preliminary analysis of the data, we only have the first 4 months of data. Regardless of these caveats, the data suggest significant positive changes in four of the youth change variables.

Table 10: SFP 12 –16 Years Child Outcomes for Pre- to Posttest Changes

Protective Factor	Sig. Level (p=)	2010-11 Effect Size (*d*) vs. Irish Norms
1. Overt Aggression.	.05	.30 (medium) vs. .50
2. Covert Aggression	.05	.20 (small) vs. .32
3. Concentration Problems	.02	.53 (large) vs. .60
4. Criminal Behavior	.35	.11 (small) vs. .07
5. Hyperactivity	.46	.07 (small) vs. .06
6. Social Behavior	.03	.26 (medium) vs. .29
7. Depression	.03	.38 (medium) vs. .41

The table below shows all of the statistical outcomes for the children's changes for SFP 12-16 compared to the Irish Norms for SFP in over 204 families from all over the country. The effect sizes for the statistically significant outcomes ranged from small at *d.* = .07 for Hyperactivity to large effect sizes with a *d.* = .53 for improvements in Child Concentration. The significant changes are small to large changes in the youth, although there were four of the eight child outcomes in Tallaght Ireland site.

Table 11: Means, SDs, Changes, F and P values, d and d' in Children's Risk and Protective Factors

Strengthening Family Program Evaluation Project
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April 2011

Scale Name	# fam	Pre-Test	SD	Post-Test	SD	Change	F	Sig	Effect Size d	ES d'
Concentration							0.24	0.62	0.00	0.07
Irish Norms	156	2.77	0.83	3.46	0.74	0.69	227.90	0.00	0.60	2.43
Tallaght	9	3.21	0.96	3.79	1.07	0.57	9.02	0.02	0.53	2.12
Covert Aggression							21.52	0.00	0.09	0.63
Irish Norms	194	2.50	0.82	2.03	0.59	(0.47)	89.91	0.00	0.32	1.37
Tallaght	9	2.22	0.86	1.85	0.77	(0.37)	1.96	0.05	0.20	0.99
Criminal Behavior							13.15	0.00	0.05	0.48
Irish Norms	204	1.47	0.77	1.32	0.59	(0.15)	16.41	0.00	0.07	0.57
Tallaght	9	1.06	0.17	1.00	0.00	(0.06)	1.00	0.35	0.11	0.71
Depression							15.39	0.00	0.07	0.53
Irish Norms	194	2.62	0.84	2.04	0.71	(0.58)	133.11	0.00	0.41	1.66
Tallaght	9	2.00	0.75	1.61	0.60	(0.39)	4.81	0.03	0.38	1.55
Hyperactivity							22.02	0.00	0.09	0.63
Irish Norms	198	2.90	0.85	3.03	0.80	0.13	13.18	0.00	0.06	0.52
Tallaght	9	3.07	0.98	3.30	0.79	0.22	0.62	0.46	0.07	0.55
Overt Aggression							10.69	0.00	0.05	0.45
Irish Norms	190	2.59	0.87	1.91	0.54	(0.68)	192.36	0.00	0.50	2.02
Tallaght	9	2.17	0.73	1.72	0.82	(0.46)	3.51	0.05	0.30	1.32
Social Behavior							0.73	0.39	0.00	0.11
Irish Norms	196	3.77	0.70	4.06	0.58	0.28	80.22	0.00	0.29	1.28
Tallaght	9	4.16	0.81	4.51	0.44	0.35	2.80	0.03	0.26	1.18
Child Cluster Scale							8.31	0.00	0.05	0.47
Irish Norms	132	3.31	0.58	3.84	0.43	0.53	173.34	0.00	0.57	2.30
Tallaght	9	3.73	0.59	4.11	0.56	0.39	6.25	0.04	0.44	1.77

Overt Aggression. The hardest child outcome variables to change by the post-test are Criminal Behavior and Hyperactivity. However, the Overt Aggression variable is also generally found to be difficult to change and sometimes does not improve significantly by the posttest. However, in Tallaght JADD Ireland, the youth's overt aggression was significantly reduced (p. < .05) with a medium effect size of .30.

In the Washington D.C. study (Gottfredson, Kumpfer, et al., 2005) overt aggression did not have a statistically significant improvement. The effect size is also small in the SFP National Database (*d.* =. 04), but for this Tallaght JADD site it is larger at *d.* = .30. This amount of positive change represents an impressive 4-month posttest outcome for just a 14-session parenting and family program.

Covert Aggression. Positive outcomes for Covert Aggression were not statistically significant at the *p.* < .05 level, with a *p.* =.10. But if we run a one-tail test to cut the p value into half, the variable of Covert Aggression could get a .05 significant level, which is a statistically significant improvement. Generally girls are more likely to engage in covert aggression (stealing, lying, gossiping, whispering, eye rolling, character assignation) than boys. The effectiveness of the SFP for covert aggression was effect size of *d.* = .20 compared to Irish nationally norm of .32. One of the reasons is that the pre-test mean of the Tallaght site is much lower than of the Irish Norms (m=2.22 vs. 2.57), children had lower risk than the general population in Ireland. When we get enough data we will conduct a gender analysis to see if covert aggression is higher in girls and whether SFP is as successful in reducing covert aggression as overt aggression in girls and boys separately.

Improved Concentration or Reduced Attention Deficit. The effect size for reductions in attention deficit or problems in concentration in the children is *d* = .53 compared with Irish Norms *d* = .60. It is statistically significant with *p.* = .02. A major complaint of parents is that children today do not focus and pay attention, and the baseline value is lower in Tallaght JADD children. This large change in the children's ability to concentrate, at least in the view of the parents, is very positive. Inability to concentrate causes children to have school academic problems, which is a major risk factor for later association with antisocial peers and drug use (Kumpfer, Alvarado, & Whiteside, 2003).

Criminal Behavior. Antisocial criminal behavior was reported by parents to be low at a mean of only 1.06 for the children at the pretest resulting in a significant decrease to 1.00 by the posttest. There was very little room for statistically significant improvements when coupled with the small sample size, it had a small effect size at *d.* =.11. If the rate of criminal behavior is low, it is hard to make it much lower, but even within 4 months, the parent's reported a decrease in criminal behavior in their teens participating in SFP 12-16 Years.

Child Hyperactivity. Child Hyperactivity was reported to be higher at baseline or intake for the children (mean 3.07) than the national average (mean 2.90). Also, hyperactivity increased insignificantly (*p.* = .46) and with a small effect size *d.* =.07. In the SFP Irish database, hyperactivity decreased too. The SFP Irish Database finds insignificant improvements in Hyperactivity in the children (Effect Size =.06) with a

small increase in hyperactivity by the posttest (mean 2.90 to 3.03). We have conducted a study within this national database and found that group leaders who are warmer and well liked tend to promote better changes in the clients, except for increasing the children's hyperactivity and the parent's depression (Park & Kumpfer, 2005).

Social Behavior. Social Behavior improved insignificantly with medium changes in the effect sizes of the youth's Social Skills and Competencies (*d.* = .26). Similar to child covert aggression, if we make a adjustment to conduct a one-tail test instead of two-tail test, the p value could be decreased into half (drop from *p*. = .06 to a significant level of *p*. = .03), thus the variable of social behavior could be counted as statistically significant improved outcome. The effect sizes are the similar as those for the best social skills training programs at *d* = .25 for all life or social skills training programs included in the Tobler meta-analysis study discussed above in Table 3. However, these results are lower than the Irish SFP norms of *d.* = .29. SFP includes a 14 session children social skills curriculum based on the best evidence based social skills models, such as Shure and Spivack's *I can Problem Solve Program*. It includes sessions on problem solving, decision making, communication skills, coping with anger and depression, and even dating relationships in the older adolescent version of SFP 12 – 16 Years (Kumpfer & Whiteside, 2006).

Children's Depression. There was a statistically significant decrease in depression (p. < .03). However, the children were lower at the pretest in depression than the SFP Irish norms with a lower risk. Also the effect sizes were medium (*d.* = .38) for SFP 12-16 or a large effect size. This amount of change in depression in the youth was slightly lower in the effect size than the Irish national norms of .41. SFP includes a 14-session children social skills curriculum based on the best evidence based social skills models, such as Shure and Spivack's *I can Problem Solve Program*. It includes sessions on communication skills and coping with anger and depression. In addition, the improvements in the way the parents are treating their children with less corporal punishment and more attention for wanted behaviors can contribute to reduced depression. Children whose parents begin the recovery process also have a reduction in depression because they become hopeful of a better family life and relationship with their parent.

IV. Overall Strengthening Families Program Results for FY '2010-11

The following Table 12 reports on the total data tables for the SFP program for 2010 participants (n = 9 families). Table 12 also includes comparison of this agencies data to that of the Irish national database of all participant families that has send data to LutraGroup (n = 218 families). This analysis included the effect sizes calculated by both the d' prime and Cohen's d as calculated by eta squared. The statistical significance values are to pre-to posttest ANOVA within-S analyses. These are the raw results reported on above and suggest very good outcomes that are better than the average results found for almost 218 families in the Strengthening Families Program Irish National Database.

Table 12: SFP Compared to SFP Irish Norms for All 21 Outcome Variables (Pre- to Posttest Means, SDs, Change Scores, Fs, p-values, and Effect Sizes for All Outcome Variables

Strengthening Family Program Evaluation Project										
Tallaght site #614										
April 2011										
Scale Name	**# fam**	**Pre-Test**	**SD**	**Post-Test**	**SD**	**Change**	**F**	**sig**	**Effect Size d**	**ES d'**
Parental Involvement							0.91	0.34	0.00	0.13
Irish Norms	182	3.28	0.97	4.28	0.68	1.00	226.92	0.00	0.56	2.24
Tallaght	9	3.39	0.80	4.39	0.45	1.00	27.43	0.00	0.77	3.70
Parental Supervision							1.39	0.24	0.01	0.15
Irish Norms	212	2.88	0.92	4.15	0.64	1.27	404.28	0.00	0.66	2.77
Tallaght	9	3.22	0.74	4.09	0.61	0.87	15.36	0.00	0.66	2.77
Parenting Efficacy							0.80	0.37	0.00	0.12
Irish Norms	212	2.95	0.98	4.14	0.72	1.19	369.58	0.00	0.64	2.65
Tallaght	9	2.96	1.07	4.07	0.62	1.11	19.05	0.00	0.70	3.09
Positive Parenting							3.19	0.08	0.01	0.23
Irish Norms	216	3.52	0.95	4.53	0.57	1.01	336.33	0.00	0.61	2.50
Tallaght	9	4.04	0.90	5.00	0.00	0.96	10.20	0.01	0.56	2.26
SFP Parenting Skills							7.73	0.01	0.04	0.39
Irish Norms	176	3.11	0.84	3.91	0.70	0.80	251.23	0.00	0.59	2.40
Tallaght	8	3.50	0.79	4.25	0.48	0.75	7.46	0.03	0.52	2.07
Parent Cluster Scale							0.01	0.91	0.00	0.02
Irish Norms	154	3.06	0.76	4.19	0.48	1.12	404.27	0.00	0.73	3.25
Tallaght	8	3.38	0.79	4.28	0.33	0.90	13.60	0.01	0.66	2.79
Family Cohesion							0.86	0.36	0.00	0.12
Irish Norms	218	3.29	1.12	4.33	0.73	1.04	281.63	0.00	0.56	2.28

Tallaght	9	3.44	1.13	4.67	0.43	1.22	12.57	0.01	0.61	2.51
Family Communication							2.03	0.16	0.01	0.19
Irish Norms	206	2.99	0.71	4.23	0.52	1.24	590.32	0.00	0.74	3.39
Tallaght	9	3.20	0.90	4.35	0.61	1.15	21.24	0.00	0.73	3.26
Family Conflict							3.07	0.08	0.01	0.23
Irish Norms	206	3.10	1.15	2.41	0.89	(0.69)	94.99	0.00	0.32	1.36
Tallaght	9	2.53	1.30	2.06	1.30	(0.47)	1.80	0.22	0.18	0.95
Family Organization							0.39	0.53	0.00	0.08
Irish Norms	214	2.27	0.91	3.80	0.85	1.53	612.03	0.00	0.74	3.39
Tallaght	8	2.53	1.16	3.88	0.91	1.34	10.65	0.01	0.60	2.47
Family Strengths/Resilience							0.67	0.41	0.00	0.11
Irish Norms	194	2.95	0.82	4.12	0.57	1.17	455.40	0.00	0.70	3.07
Tallaght	9	3.31	0.85	4.22	0.50	0.92	17.49	0.00	0.69	2.96
Family Cluster Scale							4.26	0.04	0.02	0.29
Irish Norms	180	2.86	0.72	4.06	0.50	1.20	574.18	0.00	0.76	3.58
Tallaght	8	3.13	0.75	4.17	0.48	1.04	16.24	0.00	0.70	3.05
Concentration							0.24	0.62	0.00	0.07
Irish Norms	156	2.77	0.83	3.46	0.74	0.69	227.90	0.00	0.60	2.43
Tallaght	9	3.21	0.96	3.79	1.07	0.57	9.02	0.02	0.53	2.12
Covert Aggression							21.52	0.00	0.09	0.63
Irish Norms	194	2.50	0.82	2.03	0.59	(0.47)	89.91	0.00	0.32	1.37
Tallaght	9	2.22	0.86	1.85	0.77	(0.37)	1.96	0.05	0.20	0.99
Criminal Behavior							13.15	0.00	0.05	0.48
Irish Norms	204	1.47	0.77	1.32	0.59	(0.15)	16.41	0.00	0.07	0.57
Tallaght	9	1.06	0.17	1.00	0.00	(0.06)	1.00	0.35	0.11	0.71
Depression							15.39	0.00	0.07	0.53

Irish Norms	194	2.62	0.84	2.04	0.71	(0.58)	133.11	0.00	0.41	1.66
Tallaght	9	2.00	0.75	1.61	0.60	(0.39)	4.81	0.03	0.38	1.55
Hyperactivity							22.02	0.00	0.09	0.63
Irish Norms	198	2.90	0.85	3.03	0.80	0.13	13.18	0.00	0.06	0.52
Tallaght	9	3.07	0.98	3.30	0.79	0.22	0.62	0.46	0.07	0.55
Overt Aggression							10.69	0.00	0.05	0.45
Irish Norms	190	2.59	0.87	1.91	0.54	(0.68)	192.36	0.00	0.50	2.02
Tallaght	9	2.17	0.73	1.72	0.82	(0.46)	3.51	0.05	0.30	1.32
Social Behavior							0.73	0.39	0.00	0.11
Irish Norms	196	3.77	0.70	4.06	0.58	0.28	80.22	0.00	0.29	1.28
Tallaght	9	4.16	0.81	4.51	0.44	0.35	2.80	0.03	0.26	1.18
Child Cluster Scale							8.31	0.00	0.05	0.47
Irish Norms	132	3.31	0.58	3.84	0.43	0.53	173.34	0.00	0.57	2.30
Tallaght	9	3.73	0.59	4.11	0.56	0.39	6.25	0.04	0.44	1.77
Alcohol & Drug Use							3.66	0.06	0.02	0.26
Irish Norms	188	1.77	0.70	1.60	0.55	(0.17)	31.50	0.00	0.14	0.82
Tallaght	9	1.39	0.45	1.20	0.25	(0.19)	2.88	0.06	0.26	1.20

V. CONCLUSION AND RECOMMENDATIONS

The Tallaght JADD has implemented the Strengthening Families Program to improve parenting, improve family functioning and prevent substance abuse and juvenile delinquency. This family-based strategy targets families with children age 6 to 17 years with risk factors such as criminal probation status and/or other associated risk factors for substance abuse. In order to evaluate the program fidelity and effectiveness a multi-methods evaluation is being conducted. The agency has mounted an aggressive implementation adapting the program to an Irish context and presenting SFP in a way that is safe, accessible and welcoming for the targeted families. SFP is provided in serial cycles that are continuous throughout the year, allowing for maximum opportunities for clients of the associated partner agencies to participate in the program. At the end of Year 01, 1 pilot group cycle had been conducted and 9 families had completed the program with completed posttest suggesting very good results.

The outcome results are very encouraging suggesting significant improvements in all of the outcomes measured including 100% or five of five parenting outcomes, 80% or

four of five family outcomes and 75% or six of eight youth outcomes. Additionally the results suggest large improvements in the overall parents and family environments and even in the children's outcomes such as concentration. Even by this immediate posttest the data suggest that the youth's behaviors are already showing statistically significant improvements in the areas measured for Overt Aggression (fighting, bullying, etc), Covert Aggression (stealing, lying, gossiping, whispering, etc), Depression, Social Behaviors, Concentration, and the average children's mental and behavioral outcome. These risk factors are the most important in reducing later substance use and abuse. In addition the magnitude of these positive outcomes in the youth's behaviors is lower than Irish Norms for 218 families except Criminal Behavior and Hyperactivity.

Process Evaluation Site Visit and Fidelity Report. One recommendation is to dedicate some funds to have at least a single fidelity site visit to document what is happening to develop such good results. A site visit would provide a more detailed process evaluation report that would measure curriculum fidelity and observe the implementation in terms of staffing, context and program components. Dr. Jeanie Ahearn Greene, is the LutraGroup quality assurance specialist who could train local evaluators who were prior SFP group leaders or site coordinators to also conduct the site visits and use the Quality and Fidelity Rating Forms for SFP. Also, she could conduct a site visit or two once in Ireland from Washington, D.C. to support quality improvements and document the implementation activities of SFP in the Tallaght Youth Service in Dublin. Most evaluations in the USA of SFP include a site visit and also the process evaluation to improve quality over time. For instance, in Kansas after Dr. Greene conducted site visits to the 7 providers there, the second year outcome effect sizes almost doubled because the new group leaders were implementing SFP with greater fidelity and quality. Dr. Kumpfer and Whiteside will hopefully be back in Dublin, Ireland in June for a one day SFP Agency Reunion. They could consult with the Tallaght Youth Service agency concerning their questions about implementation of the SFP like they did last year in Dublin.

In addition, Dr. Kumpfer has an online supervision program that will allow the implementers of SFP to also contact each other once a week in a chat room to share tips and ideas to improve recruitment, retention and cultural adaptation ideas.

Completion of the SFP Site Information Survey for Tallaght as shown in Appendix 1 increases the information transmitted to the evaluation team about how the program was implemented. Thanks for including a Word file of this report so it could be added to your report.

Basically keep up the good work. Seems like this implementation was very through with two age groups implemented and many staff working with the families. The first time an agency implemented SFP it is very challenging, but later implementations of SFP are much easier for the group leaders and site coordinators. Also, family retention is increased. For a pilot first implementation, these results are impressive and a testimony to the dedication of the staff to implement an evidence-based and time-intensive program with quality and fidelity for the benefit of their families.

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APPENDIX 1

THE STRENGTHENING IRISH FAMILIES PROGRAM EVALUATION
SITE INFORMATION SURVEY

(PART OF THE YPP/LE CHEILE STRENGTHENING FAMILIES PROGRAMME)

The Le Cheile mentoring Project is conducting an independent process and outcome evaluation, through the Lutra Group of the implementation and program delivery of a number of Strengthening Families Programmes (12- 16 yrs) in Ireland. Please complete the following survey and return it to us. These will help us to document in our annual evaluation report to the Probation Service the SFP activities you implemented, number and description of the families and possible reasons for results.

Please send to:

Carol Maricle
Strengthening Families Co-ordinator
Le Cheile Mentoring Project
Westview House
17 Audley Place
St. Patricks Hill
Cork

Work mobile: 086 3864576
Email: carol@lecheile.ie

PLEASE PRINT

DATE: 8th March 2011

NAME OF SFP programme (and region)

Strengthening Families Programme – Tallaght, Dublin 24.

CONTACT NAME (for correspondence) Suzanne Lindsay

TITLE: Project Coordinator – Tallaght Drugs Education Initiative

PHONE NUMBER: 086-7969726/ 01-4632070

EMAIL: slindsay@foroige.ie

ADDRESS: Tallaght Youth Service, Mountain Park,
Old Bawn Road,
Tallaght, Dublin 24.

In order to better understand your agency and SFP program delivery, please complete the following table.

PROGRAM INFORMATION	***IMPLEMENTATION***
Funding Source	Le Cheile
SFP Curriculum (12-16 yrs)	Yes
Geographic Region (Rural/ Urban/Suburban)	Urban
Predominant Ethnicity(ies): eg (a)White: Irish, Traveller, any other white background (b) Black or Black Irish: African, any other Black background (c) Asian or Asian Irish: Chinese, any other Asian background (d) Other, including mixed background.	White Irish
Languages (English/Irish/Other(list)	English
Special Eligibility Criteria (e.g., risk factor/ethnicity)	At risk of crime & anti-social behavior, substance misuse issues
Start Date	12th October 2010
Finish Date	15th February 2011
Day of Week and Time of SFP:	Tuesdays 6pm – 8.45pm
No. of Sessions in total offered to participants	14 sessions to - Parents of '12-17' year olds - '12 – 17' year olds - Parents of '7 – 11' year olds - '7 – 11' year olds
No. Families Referred in total (written referrals received)	15
No. of Families Accepted on to the programme in total	15
No. of Families Started (ie enrolled on the first or second night and completed at least one session).	14
No. of Families Graduated (a family is considered to have graduated when 8 of the 14 sessions have been attended).	9
No. of Families Attended Less Than 8 Sessions	5
No. of Families Attended 8-11 Sessions	2
No. of Families Attended 12-14 Sessions	7
No. of Teens Started Program	10
No. of Adults Started Program	18
No. of Teens Completed Program	6
No. of Adults Completed Program	10
Site (example: Clinic/Church/Agency/Housing/School,etc.)	JADD (Drug Addiction Service) based in Jobstown, Tallaght
Partner Agency(ies) Please list the agencies that were involved in the delivery of this SFP.	Barnardos, JADD, Tallaght Youth Service, YPP, Mount Seskin Community College

Meal (Dinner/Lunch/Breakfast)-Please state information regarding the provision of meals at this SFP.	Dinner provided
In-Session Incentives Type: Cash/Vouchers/etc	Vouchers
In-Session Incentives Intensity: Weekly/Intermittent	Weekly
Special Graduation Activities (describe)	Speeches, presentation of certificates by mascot from Shamrock Rovers, Raffle
Evaluation tests completed/submitted	Yes, please find enclosed
Referral Information:	
No. of Probation Service (YPP) Referrals	2
No. of HSE Child protection Referrals	0 (but number of families referred from other agencies of who have ongoing child protection issues)
No. of Garda Diversion Project referrals	4
No. of Alcohol/Drugs Treatment Referrals.	9
No. of Juvenile Liaison Officer Referrals.	0
No. of other referrals (Please state the agencies).	1 Home School Community Liaison Teacher – local school
Transportation Provided (Y/N)	Yes
On-site Child Care for younger children(Y/N). If no, then please state whether there was a different arrangement in place re: childcare.	Yes
How many children (aged under 12years) benefited from childcare provision.	13
Staffing:	
No. of Teen Group Leaders	4
No. of Teen Group Leaders completed Curriculum Training	4
No. of Parent Group Leaders	4
No. of Parent Group Leaders Completed Curriculum Training	4
Separate Site Coordinator (Y/N)	Yes – 2 site coordinators
Booster/Follow-Up Session Details (Date)	Planned but no date set yet

Staffing Details- Please complete for all staff

Rating for #6 & 7:

1- Poor, 2- Below Expectations, 3- Meets Expectations, 4- Exceed Expectations, 5- Exceptional

Sitecoordinator/ Facilitators of Teens (12 – 17 year olds) Programme

Staff Position	Parent GL #1	Parent GL #2	Child GL #1	Child GL #2	Child GL #3	Child GL #4	Site Coordinato No 1
1. Completed SFP Training (Y/N)	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

2. Employee of Agency (Y/N)	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
3. No. of Sessions Attended	**12**	**13**	**10**	**14**	**13**	**14**	**10**
4. Ethnicity	**White**	**white**	**white**	**white**	**white**	**white**	**white**
5. Gender	**Female**	**Female**	**Female**	**Female**	**Female**	**Female**	**Female**
6. Rate Quality of Leadership/ Ability to Deliver SFP (Scale of 1 to 5) if assessed.	**Facilitators Not assessed**						
7. Rate Level of Delivering Program with Fidelity to Curriculum (Scale of 1 to 5) if assessed.	**Facilitators Not assessed**						
8. How many cycles had the facilitators previously delivered (None, 1, 2-5, more than 5?)	**None**	**None**	**2**	**None**	**None**	**None**	**1**
Sitecoordinator/ Facilitators of Children (7 - 11 year olds) Programme							
Staff Position	**Parent GL #1**	**Parent GL #2**	**Child GL #1**	**Child GL #2**	**Child GL #3**		**Site Coordinator**
9. Completed SFP Training (Y/N)	**Y**	**Y**	**Y**	**Y**	**Y**		**Y**
10. Employee of Agency (Y/N)	**Y**	**Y**	**Y**	**Y**	**Y**		**Y**
11. No. of Sessions Attended	**13**	**13**	**14**	**14**	**14**		**7**
12. Ethnicity	**White**	**White**	**White**	**White**	**White**		**White**
13. Gender	**Male**	**Female**	**Male**	**Female**	**Female**		**Male**
14. Rate Quality of Leadership/ Ability to Deliver SFP (Scale of 1 to 5) if assessed.	**Facilitators not assessed**						
15. Rate Level of Delivering Program with Fidelity to Curriculum (Scale of 1 to 5) if assessed.	**Facilitators not assessed**						
16. How many cycles had the facilitators previously delivered (None, 1, 2-5, more	**None**	**None**	**3**	**3**	**3**		**3**

than 5?)							

Additional Innovations:

- Teens had difficult behavior – we split them into 2 small groups which was very effective in increasing participation and learning and reducing behavior difficulties

Lessons Learned:

- Better to have one facilitator in each group who has had experience of delivering the SFP before.
- Need to have clear break times which are outlined from the beginning – parents smoking were hard to get into groups and behavior problems with teens usually happened during this 'down time'

Additional Comments/Insights/Suggestions (use space below or attach pages as needed):
We are having a number of evaluation sessions of this Strengthening Families Programme which will be done with facilitators, participants and the Strengthening Families Committee – clear guidelines and protocols will be produced from this which will guide future roll outs of the programme. These can be forwarded to le Cheile.

THANK YOU!

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APPENDIX 2- Strengthening Families Program Fidelity Benchmarks

FIDELITY BENCHMARKS: SFP Recommended Best Practices and Program Standards

SFP is designed to reduce family environmental risk factors and improve protective factors with the ultimate objective of increasing personal resilience to drug use in high-risk youth. Research has demonstrated that the program is equally effective in reducing risk precursors for mental disorders and juvenile delinquency. SFP has been recommended as a science-based substance abuse and delinquency prevention program by all federal agencies conducting expert reviews of individual programs, such as NIDA, CSAP, CMHS, DOE Safe and Drug-free Schools, NIAAA, and OJJDP. These expert reviews have based their analysis of SFP on over 15 studies that have been identified and are recommended based on evidence-based research conducted since 1983.

Funding

Strengthening Families Program has a recommended budget based on a capacity of 12 families, but in reality many groups begin with 12 families (over-recruiting) to end up with a functionally sized group of about 8 families. Expenses for conducting the program include site coordination, group leaders for delivering the program to families, food for a family meal, supplies (including grab bag-session incentives), graduation celebration, transportation, childcare and booster sessions. In-kind contributions are encouraged. This includes soliciting incentives, in the form of gifts from the community, for family participation. It is usual and customary for the physical site to be at no direct cost and located in the host or a partner facility (i.e., school, church, library, treatment facility).

Target Population

SFP can be used with universal, selected, and indicated populations and have been tested with all three types of primary prevention approaches. SFP version that was originally designed for families with children ages 6 – 11 years of age. SFP is able to accommodate families with single or multiple primary caretakers (parenting) figures and multiple or single children within the age range. Parent is defined as the child's primary caregiver(s) and is interpreted in a broad context (e.g., foster parents, boyfriends, step parents, adoptive parents, kinship care, etc.). The program was designed for families with risk factors for substance abuse and delinquency.

Staffing

A total of four group leaders are recommended to deliver the program. The program works best having a group leader and co-group leader for the Parent Training group and another group leader and co-group leader for the Children's Skill Training group. During the Family Skills Training sessions, the families may split into two groups with two group leaders in each group, or meet as a whole with four group leaders. It is strongly recommended that the two group leaders be gender balanced (both a man and a woman) and ethnically matched to the participants.

A Site Coordinator is responsible for oversight, logistics, staff supervision and coordinating the program implementation and delivery. This includes being accessible to families between sessions, towards assuring retention.

The staff implementing SFP is to have completed the SFP two-day training. It is not necessary for staff to be credentialed in mental health or substance abuse treatment or prevention, although it may be helpful with some higher-risk populations.

Additional staff includes childcare providers, food preparation, staff and van drives, as needed for program implementation. Childcare providers are recommended to provide on-site childcare and supervision of families' youth not participating in the curriculum due to age inappropriateness. In some communities staff includes food preparation, staff and van drivers.

Sites and Logistics

Sites are selected based on accessibility and appropriateness for families to come together for a positive skills building program. The site must avoid stigmatizing or labeling attending families based on the local community's perception of the activities and persons that generally frequent the site. For example, in some communities the substance abuse treatment center is only frequented by persons who are diagnosed with substance abuse treatment disorders, which deters families from "being seen there." Some correctional facilities do not permit or are not considered appropriate for children. The site must be accessible by public transportation in those communities where the families utilize such transportation and/or have parking available in convenient well-lit lots. The site must not only be safe, but must be perceived as safe, particularly for young and vulnerable children.

The program recommends that the site have adequate facilities for separate rooms for the children and parents to meet for one hour and for the families to meet together for a meal and one hour of program curriculum. Additionally, there must adequate space for childcare while parents are attending sessions. If the meal is to be prepared or stored on-site, there must be adequate facilities for food safety.

The Strengthening Families Program is designed to be conducted in 14 consecutive sessions, with each session lasting approximately two hours. In some sites the program has been delivered twice a week over 7 weeks, but the recent analysis of the data in the NIDA research study suggests that the results for reductions in antisocial behavior is not as good if the program doesn't run for 14 weeks. This additional time allows the parents more practice time with their children to reduce their acting out behaviors. Generally a light meal is served to families as they arrive, making the activities 2 ½ hours in duration at each session. Following the general welcome, the first hour is spent with the parents and children meeting in their own respective groups. At the end of these groups, families are reunited and have a short break together. The second hour is spent in the Family Skills Training portion of the program. Depending on the number of participants, this group may be divided into smaller groups or may remain together.

Curriculum Fidelity

Skills training methods for the parents', children's and family groups include lecture, demonstration, discussion, role playing, audio-visuals, charts, homework assignments, practicum exercises, peer support, puppet shows, games, Child's Game, Parents' Game, supervised practice and video-taping practicum exercises. Actual delivery of the direct services will vary depending on the individual characteristics of the group leaders. The curriculum is spelled out in manuals complete with instructions for delivery, key lecture content, details of activities, lists of materials needed, homework assignments and handouts for copying and distribution. An overview of the Parent Training, Child Training and Family Training curriculum is indicated in the Table of Contents of each module.

Curriculum fidelity is dependent on group leaders' delivering all 14 sessions, assigning and reviewing homework and including the content areas specified for each session in sequence. Additionally, group leaders are expected to model the tenants of the program when interacting with the families, including at the family meal. Activities and skills are designed for and appropriate to children ages 6 – 11 years.

It is recommended that each local site tailor the program to accommodate cultural and community diversity. The program is designed to provide a framework and an outline of activities that will meet each program lessons objectives. The skills and activities are prescriptive and designed to be sequentially lead to the families (both children and parents) developing skills proven to result in improved family, child and parent behavioral and affective outcomes and reduced risk behaviors. (These outcomes are assessed in the outcome evaluation instruments). However, the group leaders are encouraged to make the program more culturally and locally appropriate by changing the names of people in the stories or puppet plays, using more appropriate ethnic stories for story telling, adding food, cultural and dances or games that the participants find reflect their traditional family values.

Group leaders are not encouraged to read from the training manuals during the sessions, but rather to present the material in a well-thought out professional manner. They are encouraged to use personally developed flip charts or poster boards for visual outlines of their major points. This helps visual learners to learn better, personalizes the program (vs. power point presentations or overheads), and helps the Group Leaders not to read from their books. They look better prepared and respectful to the families with prepared material in advance of the group. Group leaders should personalize the delivery to fit their style, local language and examples.

Recruitment and Retention

SFP is a 14 session curriculum that allows for adequate time and dosage for families to learn, implement, practice and evaluate their progress in skill building, particularly in areas of family communication, positive discipline and family organization. Retention of families in a 14-session program today is very challenging. SFP recommends meals,

childcare, transportation, and culturally matched group leaders to increase retention. SFP considers families completing 12 of 14 sessions to graduate.

Attrition has been higher in the initial implementation and retention should increase in subsequent cycles. Incentives for attendance, offering services that are needed to remove barriers to attendance and staff that are sensitive to and responsive to the target population are keys to reducing attrition.

Reducing Barriers to Attendance: Incentives, Child Care, and Transportation

Program incentives for participation increase retention and reinforce the program. Incentives that are tied to, build on and reinforce the curriculum are recommended. These include a family meal provided at each session, transportation, childcare, graduation certificates and completion rewards, and intermittent grab bags and supplies necessary for the family to complete the homework assignments and weekly curriculum activities. Many programs offer additional incentives, including weekly vouchers for attendance with cash value.

Childcare is recommended to be provided at the site during the sessions. Since the program is promoting parental responsibility and family organization, the program needs to facilitate and assure age appropriate care for other children in the family, both younger and older than the participating children. Childcare provision or babysitting is to be in keeping with providing safety and fun for children not including in the skills training.

Transportation to and from the program needs to be assured and coordinated within the resources of the community and program. This is particularly true since the families this program targets often do not have access to private transportation and/or cannot afford the gas to attend a program of this duration. Additionally, many of these families do not want and should not have to disclose that transportation is the barrier, particularly in the recruitment and early sessions of the program. Taking "hand outs" can be stigmatizing and shaming for some families.

Evaluation Methodology

A combined process evaluation and outcome evaluation is recommended. Standardized assessment instruments have been developed and are available for measurement of program effectiveness and fidelity. Additionally site visits and video taping are recommended to confirm findings and make observations. The recommended outcome instrument is the SFP Parent Retrospective Pre/Posttest to be administered during the 13^{th} or 14^{th} session to all participating parents.

Follow-up Booster Sessions

Following the completion of the fourteen sessions, programs need to address follow-up and on-going support for families. This includes linkage when necessary to community services. This also includes any plan for a 6-month Follow-up or Booster Session. At these sessions the families come together again. It is an opportunity for the families to reflect on the programs impact on their lives, receive assistance in content areas unclear

or problematic, to receive new educational or family skill building, participate in program evaluation and, moreover, reinforce the positive bonds they built with each other in the program. The format for these sessions is flexible and determined by the needs of the families, programs, evaluators and funding prerequisites.

APPENDIX 3

STRENGTHENING IRISH FAMILIES PROGRAM
PARENT/GUARDIAN RETRO PRE/POST TEST QUESTIONNAIRE

INSTRUCTIONS TO PERSONS ADMINISTERING THIS QUESTIONNAIRE (Please read in advance. Do NOT read aloud!)[1]

Have the parents/guardians take the retrospective/post-questionnaire at an additional session if possible. If not, administer it either a week prior to graduation or at the graduation. This questionnaire asks the parents to report on their parenting skills and their identified teen's skills ***in the month BEFORE beginning this class and in the last month before THE CLASS ENDS***. We know that the evaluation process can feel intrusive. We apologize, but we need your help and support to prove to your funders that this family program is maximally effective for your participating families. The evaluation outcomes help your agency to continue to receive funding for this program. This is an opportunity to find out how successful this program is for your community. Your attitude is contagious as you have established yourself as a leader and role model for these families.

QUESTIONNAIRE INSTRUCTIONS
(Please read in advance. Do NOT read aloud)
Have Parents determine the ***Identified Teen or Child*** to be rated. The parents are asked to rate **only the one** teen referred by probation to the SFP program so that they don't have to fill out forms for all of their children. If they have more than one teen participating, and they want to rate more children then are free to do that.

For those sites that are receiving funding for a specific SFP age version, the parents MUST rate a child in that age range (SFP 3-5, 6-11, 10-14, or 13 –17) attending the program as the "identified" child.

If the parent has more than one child in the SFP program age range attending groups, it is best for them to select the child with the most behavioral problems or the oldest child in that age range. If more than one adult is attending, the mother or father should rate the identified child and the second adult (e.g., spouse, step parent, foster parent, grandparent) should rate the child with the next most behavior problems.

Read each of the Questionnaire's questions and the answers out loud to the parents as a group. (Write the scale on a flip chart or the board to point to them). Have participants

[1] This SFP for families in Ireland is being evaluated by Le Cheile with support by the Strengthening Families Program (SFP) program developer, Karol Kumpfer, Ph.D. Psychologist, University of Utah. This survey can be used only by authorized personnel on this project.

confidentially write their answers in the answer spaces on the questionnaire. If no answer fits the response categories, have the parents mark "Other" and write down their answer. The evaluation staff will use this data to create new categories on the next version of this questionnaire. The parents have the right to not complete any question that they don't want to.

IMPORTANT INSTRUCTIONS FOR MONITORING POST/RETRO QUESTIONNAIRE

(Please read in advance. Do NOT read aloud)

Please monitor that the parents have written down ***two numbers*** next to each question. Remind parents as they complete the questionnaire for each question that they should write a number for how things were ***when they started*** the class and then a number for ***now***. ***Monitor after the first few questions, and check again when they turn in their sheets. If some are not completed, ask them to finish the questionnaire with two numbers per question***. (The questionnaires are useless if they only write down one score for each question or mark the same number (5) for all questions. So please stress to parents that the ***numbers should be different if they think that their family has improved or changed***.) It may be helpful to have blank pieces of paper available that parents can use like rulers to line up under the questions and answer blanks to be sure they put the numbers in the correct spaces.

COLLECTING THE QUESTIONNAIRES FROM PARENTS

(1) Have a manila envelope addressed to Carol Twomey at address below, (2) Have the parents place the completed Questionnaires in the envelope. (3) When you have collected them all, make a photocopy and then mail by regular postal service or Federal Express the originals to Carol Twomey. Keep the photocopies in a labeled file so you can find them in case the originals are lost in the mail. (4) In the envelope, please include your one page Site Coordinator Information Survey, Retro/Post Questionnaires parent with Client Satisfaction. **Include a cover sheet that states:**

The agency
The beginning and end days of the cycle
The number of families starting and completing the cycle.
A contact person at the agency if we have any questions.

If you have any questions you can contact Carol Twomey at:

Carol Twomey
Strengthening Families Co-ordinator
Le Cheile Mentoring Project
Westview House
17 Audley Place
St. Patricks Hill
Cork
Work mobile: 086 3864576
Email: carol@lecheile.ie
Thank you! We appreciate all your efforts!

Retro/Post-Questionnaire Instructions to the Parent
(To be read EXACTLY AS WRITTEN)

You and your family have completed the Strengthening Families Program to help your family to be stronger, kinder, and more organized. You have learned how to be a better parent and your child or children learned many new social skills to make friends more easily, behave better at home, and do better in school. To know how much you and your child(ren) have changed, we are asking you some questions. First we will ask about you and your family **BEFORE the class**, and then we will ask how your family is **NOW**. Please answer these questions as honestly and accurately as you can. Your answers are confidential and will not be told to any one, including any agency staff working with your family. The results will be sent without names attached to our SFP evaluators at LutraGroup who will group all results and write a report on positive changes for all the families in this group. The report will be sent to Le Cheile who are coordinating the evaluation on 12 SFP groups this year from all over Ireland. We hope to show the effectiveness of SFP to our government to continue funding for this agency to continue providing SFP to other families.

This is not a test. The information from this questionnaire is used to monitor the program; to see how families have changed; and to recommend ways to improve the program in the future. You don't have to answer any question that you don't want to. I will read the questions and the possible answers to you. Please write down the number of the best answer for you. Remember, there are no right or wrong answers. If you have any questions, just ask.

Thank you.

When you have finished section one and are ready to begin the "parenting scale," read the following instructions:

For the rest of the questionnaire, you will need to write two answers to every question. On the left side of the page you will write a number for how things were **BEFORE** you started the program. On the right side you will write a number for how things are **NOW**. That means if you think your family has changed because of participation in Strengthening Families, the two numbers you write down will be **DIFFERENT**. If you have any questions, please ask.

STRENGTHENING FAMILIES PROGRAM: ABOUT YOUR FAMILY

Name (First Name and Initial of Last Name only)**:**_____
Agency: _____Today's Date |____|____| / |____|____| / |____|____|

Which version of the Strengthening Families Program (SFP) did you complete?

1 = SFP 3- 5 , 2 = SFP 6 –11, 3 = SPF 10- 14, 4 = SFP 12-16

Is this your first time participating in Strengthening Families Program Yes No

If No, how many sessions of your previous round did you and your family attend?

_____

1. _____Gender of Adult Completing This Form **1** = Male **2** = Female

2. _____Gender of identified Child **1** = Male **2** = Female

3. _____What is your ethnicity? (if mixed, circle all that apply)

1 = Irish	**5** = Other Black background
2 = Irish Traveler	**6** = Chinese
3 = Other White	**7** = Other Asian background
4 = African /Black	**8** = Other (Specify) _____

4. _____What is the language you use most often at home?
1= English **2** = Irish **3** =Other Language: specify: _____

5. _____ (years) How old are you?

6. _____ (years) How old is your identified teen? (select one you hope to most improve)

7. _____ (grade) What is this child's grade in school?

8. _____ (# kids) How many children under 18 years of age live in your home?

9. _____ Has the identified child taken medications for behavioral/emotional problems in the last year?
1=No **2**=Ritalin **3**=Dexedrine **4**=Cylert **5**=Imipramine **6**=Prozac
7=Other (specify): _____

10. _____ What is your current parenting status?
1= Single Parent **2**=Two parents at home **3**=Joint or shared custody
4= Child(ren) in foster care **5**=Children with relatives **6**=Other: (specify):_____

11. _____What is your relationship to the identified teen in program?
1 = Mother **4** = Aunt or Uncle **7** = Close Non-relative
2 = Father **5** = Older Sister or Brother (Mentor/Advocate)

3 = Grandparent **6** = Foster Parent **8** = Other

(Specify)_____

12. _____ (years) How long has the identified teen lived with you? (0 if child never lived with you)

13. _____ Where are you living now?
1=home or apartment **2**=rented home or apartment **3**=group home
4=residential treatment center **5**=prison or jail **6**=Other:

specify:_____

14. _____What is the highest grade in school you finished regardless of getting a degree? (for example: 1=1st grade, 8=8th grade, 12=12th grade, 13=college freshman, 16=college graduate)

15. _____(hours/week) How many hours per week do you work in paid employment?

16. _____ (thousand/yr.) What is the family's total yearly income from all sources?

17. _____ (# kids) How many children do you have?

18._____ Where were your children living prior to your participation in class? (circle all that apply)
1=with you **2**=with a relative **3**=foster home **4**=other (specify) _____

19. _____Where are your children living now?
1=with you **2**=with a relative **3** =foster home **4**=other (specify) _____

20. ____How many times has your teenager been arrested? (0 if never) _____

Client Satisfaction (Kumpfer, 2002)

1. _____ (Hours/Week) Prior to beginning SFP, how many hours of service per week did you or your family receive from this agency?

2._____ Who told you about this class?
1= friend , 2= probation staff, 3= program staff, 4= counselor, 5= court staff,
6= read about it, 7= other: (specify:_____

3. _____ How well did you know any of the program staff prior to signing up for this program?
1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

4. _____ How many sessions did you attend of this program?

5. _____ How many sessions did your teenager attend?

6._____How satisfied were you with this program?

1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

7. _____ Would you like to come back for refresher classes or family reunions?
1= Yes, weekly 2= once a month 3= every six months 4 =once a year 5=Never

8. _____ Would you recommend this course to other families?
1= Yes, definitely 2= Yes, 3= Maybe 4= No

9. _____ How much has this class helped your family?
1= Not at all 2 Very little 3= Somewhat 4 = A lot

10. ____ Overall how would you rate your satisfaction with your group leaders?
1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

PARENTING SCALE (Kumpfer, 1989)

Please use the following scale to rate yourself or your identified teen before and after this program. (Two numbers should be written down and should be different if you saw change):

1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always

Before Program

Now

_____	1. I praise my child when he/she has behaved well.	_____
_____	2. I use clear directions with my child.	_____
_____	3. My child controls his or her anger.	_____
_____	4. My child helps with chores, errands, and other work.	_____
_____	5. I handle stress well.	_____
_____	6. I feel I am doing a good job as a parent.	_____
_____	7. We talk as a family about issues/problems, or we hold family meetings.	_____
_____	8. We go over schedules, chores, and rules to get better organized.	_____
_____	9. I spend quality time with my child.	_____
_____	10. I let my child know I really care about him or her.	_____
_____	11. I am loving and affectionate with my child.	_____
_____	12. I enjoy spending time with my child.	_____

_____	13. I follow through with reasonable consequences when rules are broken.	_____
_____	14. I reward completed chores with affirmations/praise, allowances or privileges.	_____
_____	15. I talk to my child about his or her plans for the next day or week.	_____
_____	16. I talk to my child about his or her friends.	_____
_____	17. I know where my child is and who he/she is with.	_____
_____	18. I talk to my child about his/her feelings.	_____
_____	19. I use appropriate consequences when my child will not do what I ask.	_____
_____	20. I use physical punishment when my child will not do what I ask.	_____
_____	21. I yell or shout when my child misbehaves.	_____
_____	22. I talk to my child about how he/she is doing in school (write 0 if your child is not in school.)	_____
Before Program	**1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always**	***NOW***
_____	23. I check to see if my child completes his/her homework (write 0 if your child is not old enough for homework.)	_____
_____	24. I feel happy about my life most of the time.	_____
_____	25. Our family has clear rules about alcohol and drug use.	_____
	26. People in my family often insult or yell at each other.	_____
_____	27. People in my family have serious arguments.	_____
_____	28. We argue about the same things in my family over and over.	_____
_____	29. We fight a lot in our family.	_____
_____	30. My child is happy most of the time.	_____
_____	31. My child's friends are a good influence.	_____
_____	32. My child gets good grades (A's or B's, or "satisfactory"). (write 0 if your child is not in school).	_____
_____	33. My child gets into trouble at school (or other organized setting if not old enough for school).	_____

_____	34. My child uses tobacco. (Age of first use: _____ years)	_____
_____	35. My child drinks alcohol. (Age of first use: _____ years)	_____
_____	36. My child uses illegal drugs. (Age of first use:_____ years. Drugs used?:_____.)	_____
_____	37. I use alcohol or drugs around my child.	_____
_____	38. I have 5 or more drinks of alcohol in a day.	_____
_____	39. I use illegal drugs (marijuana, etc.)	_____
_____	40. I talk with my child about the negative consequences of drug use.	_____

OVERALL FAMILY STRENGTHS/RESILIENCE (Kumpfer, 1997)

How much strength would you say your family had when starting the program (Before Program) and Now? (Two numbers needed. Second number should be larger if family improved)

1 = None 2 = Little strength 3 = Some strength 4 = Considerable strength 5 =Very Strong

Before Program		**Now**
_____	1. Family Supportiveness/Love/Care	_____
_____	2. Positive Family Communication (clear directions, rules, praise)	_____
_____	3. Effective Parenting Skills (reading to child, rewarding)	_____
_____	4. Effective Discipline Style (less spanking, consistent discipline)	_____
_____	5. Family Organization (rules, chores, self responsibility)	_____
_____	6. Family Unity (togetherness, cohesion)	_____
_____	7. Positive Mental Health (generally feeling good about selves)	_____
_____	8. Physical Health	_____
_____	9. Emotional Strength	_____
_____	10. Knowledge and Education	_____
_____	11. Social Networking (making or talking with friends, building community)	_____
_____	12. Spiritual Strength	_____

DRUG & ALCOHOL USE (CSAP GRPA)

In the <u>past 30 days</u>, on how many days have you used the following?			**In the <u>past 30 days</u>, on how many days do you think your child used the following?**		
Before Program		**Now**	**Before Program**		**Now**
_____	1. Alcohol	_____	_____	1. Alcohol	_____
_____	2. Alcohol to intoxication	_____	_____	2. Alcohol to intoxication	_____
_____	3. Tobacco	_____	_____	3. Tobacco	_____
_____	4. Marijuana/hashish/pot	_____	_____	4. Marijuana/hashish/pot	_____
_____	5. Other illegal drugs (type?_____)	_____	_____	5. Other illegal drugs (type?_____)	_____
_____	6. Prescription drugs not prescribed by your doctor (type?_____)	_____	_____	6. Prescription drugs not prescribed by your doctor (type?_____)	_____

PARENT OBSERVATION OF TEEN (POCA-R, Kellam)

How often did your identified teen do the following <u>in the last month</u>? Write your answer under **NOW** and also then rate under **BEFORE** how they behaved in the month prior to starting this program.

1. Never 2. Sometimes 3. Often 4. Almost always 5. Always

Before Program		**Now**	**Before Program**		**Now**
____	1. Completes work and chores	____	____	22. Mind wanders	____
____	2. Is friendly	____	____	23. Shows off or clowns	____
____	3. Is stubborn	____	____	24. Doesn't listen to others	____
____	4. Concentrates	____	____	25. Helps others	____
____	5. Breaks rules	____	____	26. Is polite	____
____	6. Socializes with other kids	____	____	27. Has nightmares	____
____	7. Shows poor effort	____	____	28. Has trouble sleeping	____
____	8. Works well alone	____	____	29. Knows how to	

				communicate	
____	9. Hurts others physically	____	____	30. Knows how to stay out of trouble	____
____	10. Pays attention	____	____	31. Can resolve conflicts without fights	____
____	11. Breaks things	____	____	32. Lies	____
____	12. Is rejected by other kids	____	____	33. Seeks out peers for activities together	____
____	13. Learns up to ability	____	____	34. Argues with adults	____
____	14. Yells at others	____	____	35. Works hard	____
____	15. Interacts well with other Kids	____	____	36. Teases other kids	____
____	16. Is easily distracted	____	____	37. Stays on task until completed	____
____	17. Takes others' property	____	____	38. Can sit still	____
____	18. Avoids other kids	____	____	39. Skips school (0 if not old enough for school)	____
____	19. Fights	____	____	40. Uses a weapon in a fight	____
____	20. Is eager to learn	____	____	41. Friends seek him/her out for social activities	____
____	21. Damages other's property on purpose	____	____	42. Runs around a lot, climbs on things	____
Before Program		**Now**	**Before Program**		**Now**
____	43. Runs away from home overnight	____	____	49. Looks sad or down	____
____	44. Starts physical fights	____	____	50. Interrupts or intrudes on others	____
____	45. Has lots of friends	____	____	51. Has low energy	____
____	46. Is always “on the go”	____	____	52. Blurts out answers before the question is completed	____
____	47. Is irritable	____	____	53. Stutters	____
____	48. Loses temper	____			

About You How often you have felt the following ways during the past week?

1. Never 2. Sometimes (1-2 days) 3. Often (3-4 days) 4. Most days (5-6 days) 5. All days

Before Program

Now

_____	1. I was bothered by things that usually don't bother me.	_____
_____	2. I did not feel like eating; my appetite was poor.	_____
_____	3. I felt that I could not shake off the blues even with help from family/friends.	_____
_____	4. I felt that I was just as good as other people.	_____
_____	5. I had trouble keeping my mind on what I was doing.	_____
_____	6. I felt depressed.	_____
_____	7. I felt that everything I did was an effort.	_____
_____	8. I felt hopeful about the future.	_____
_____	9. I thought my life had been a failure.	_____
_____	10. I felt fearful.	_____
_____	11. My sleep was restless.	_____
_____	12. I was happy.	_____
_____	13. I talked less than usual.	_____
_____	14. I felt lonely.	_____
_____	15. People were unfriendly.	_____
_____	16. I enjoyed life.	_____
_____	17. I had crying spells.	_____
_____	18. I felt sad.	_____
_____	19. I felt that people dislike me.	_____
_____	20. I could not get "going".	_____

Thanks you so much for your time in completing this survey!!