



**STRENGTHENING FAMILIES FOR PARENTS AND YOUTH 12 – 16 (SFPY):
A COMMUNITY INITIATIVE TO ADAPT AN EVIDENCE-BASED MODEL
FOR IMPLEMENTATION WITH FAMILIES OF AT-RISK YOUTH**

REPORT

October, 2011

**Prepared by
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PREAMBLE

With the funding support of a grant from Health Canada, Parent Action on Drugs implemented “Strengthening Families for Parents and Youth 12-16 (SFPY)”, a project to enact an effective strategy for the prevention of substance abuse in youth by means of improving parenting skills and positive family functioning for families involved with diverse youth-serving agencies in Toronto, Ontario.

The aim of the Strengthening Families for Parents and Youth project was to increase resiliency among at risk youth, ages 12-16 through their participation, along with their parent or caregiver, in a skills-building family change program. Through a process of community consultation, program adaptation, pilot testing and evaluation, the project aimed to produce an adaptation of an evidence-based program model appropriate for families of at risk youth and vulnerable communities in Toronto and throughout Ontario. The prototype was the Strengthening Families Program model developed by Dr. Karol Kumpfer of the University of Utah, as a 14 week skills-development model providing a one hour session for parents, a concurrent one hour session for children/youth, followed by a one hour session for families. Sessions are delivered by trained facilitators and involve an active curriculum of skills-building designed specifically to increase protective factors, such as parent-child communication and empathy, consistent parental monitoring and positive discipline and strategies to improve family organization and cohesion. The SFP program has been evaluated extensively and cited as one of the best interventions of its kind, receiving the designation of “best practice” (Kumpfer, K.L., Cofrin-Allen, K., Xie, J, & Whiteside, H., 2011).

From February, 2009 through June 2011, Parent Action on Drugs (PAD), the lead agency in the SFPY Project, worked with project partners to produce a 9-week variant of Dr. Kumpfer’s original 14-week Strengthening Family Program 12 -16 in Toronto, Ontario. The adapted version was delivered and evaluated in eight separate site trials, involving a total of 69 families, 87 parents/caregivers and 91 youth ages 12-16 years. An additional trial with 6 families followed the conclusion of the formal evaluation, providing an opportunity to establish fidelity measures and a simplified program evaluation tool.

Part I of this Report presents summary information about the project process, outputs and outcomes, citing data about the participants, attendance and retention rates,

participant satisfaction and comments as well as feedback from the partners and professionals involved in delivering the eight implementation trials. Part II is the “Evaluation Report of the 2009-2011 Eight Cohorts of the Strengthening Families Program 12-16 Years” prepared for Parent Action on Drugs prepared by Karol L. Kumpfer, Ph.D., Keely Cofrin-Allen, Ph.D., Jing Xie, M.S., and Henry Whiteside, Ph.D. of LutraGroup, SP.

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- Centre for Addiction and Mental Health
- Griffin Centre
- Hospital for Sick Children, Division of Adolescent Medicine
- The Jean Tweed Centre
- Toronto Catholic District School Board
- Toronto Public Health
- YMCA of Greater Toronto
- Youthlink

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TABLE OF CONTENTS

PART I: Parent Action on Drugs (PAD) Project Report

RATIONALE	P. 5
SFP 12 -16 CURRICULUM ADAPTATION	P. 7
ADAPTATION RATIONALE	P. 7
ADAPTATION PROCESS	P.8
THE 9-WEEK SFPY CURRICULUM RESOURCE	P.9
IMPLEMENTATION TRIALS	P. 9
PARTNER AND FACILITATOR ROLES	P.11
PROJECT RESULTS	P. 14
THE EVALUATION PROTOCOL	P. 14
PARTICIPANT INFORMATION	P. 15
OUTCOMES OF THE 8 TRIALS	P. 22
SUMMARY AND CONCLUSIONS	P.25
REFERENCES	P.26
APPENDICES	
1. COHORT AND SITE INFORMATION SUMMARY	
2. PARENT QUESTIONNAIRE PARTICIPANT INFORMATION	
3. IMPLEMENTATION PARTNER/FACILITATOR SURVEY REPORT	
4. PARENT SATISFACTION AND FEEDBACK RESPONSE	
5. YOUTH SATISFACTION AND FEEDBACK RESPONSE	
6. LUTRAGROUP EVALUATION REPORT (ABRIDGED VERSION)	

PART II: Kumpfer, Karol L., Cofrin-Allen, Keely, Xie, Jie & Whiteside, Henry. (2011). *Evaluation Report on Eight Cohorts in Toronto, Ontario, Canada, 2009 – 2011*

Part I: Parent Action on Drugs (PAD) Project Report

RATIONALE

The need for family-based early intervention initiatives was a key theme that emerged from broad-based public consultations held in preparation of the Toronto Drug Strategy (TDS). Helping parents to understand their role in how their children develop attitudes and behaviours about drug use and providing them with effective strategies for communicating, monitoring and role modelling for their children is an important part of prevention. The TDS specifically names the Strengthening Families Program as an evidence-based family prevention program that should be supported and expanded (City of Toronto, 2005).

In 2007, a Toronto Public Health consultation with community agencies that explored opportunities, needs and gaps related to effective parenting programs for children, participants described elements of parenting programs that made the most difference, specifically: evidence based, focused on building resiliency and providing support, mentoring, and capacity building for both the parent and child, as well as being conveniently located, participatory, and with a meal provided. The SFP model satisfies these criteria.

The identification of risk and protective factors as factors impacting youth resiliency and subsequently having an impact on youths' vulnerability to problems with substance abuse, gambling, and other health and social concerns is a recurrent theme in the literature concerning adolescent addictions and prevention. As noted in "Strengthening our skills: Canadian guidelines for family skills programs to prevent youth substance abuse [Preliminary release]", the Canadian Centre for Substance Abuse notes that "Among the many factors affecting the well-being and substance use behaviours of young people, parenting and family life factors loom large. These factors can also affect various other health risk behaviours and child/youth mental health. Family skill programs have been shown to effectively address many of these factors for a diversity of families and to contribute to youth health and family well-being in a number of ways (Canadian Centre on Substance Abuse, 2010, p.10).

In the introduction to "Substance Abuse in Canada: Youth in Focus", the need for prevention/health promotion interventions for youth for both individual development and at the societal level is noted: "intervening with youth offers the best chance to not only have a positive influence on their future development as individuals, but also to reduce the impact of substance abuse on society as a whole" (Canadian Centre on Substance Abuse, 2007, p.3).

In an article in the same publication, Angela Paglia-Boak and Edward Adlaf point out the connection of risk to the family domain: "Poor parenting practices, such as inadequate

monitoring, a low degree of bonding between parent and child, abuse, family conflict, family modelling of substance-using behaviours, and lax parental attitudes toward substance use have all been associated with children's use" (Canadian Centre on Substance Abuse, 2007, p. 7).

They also point to the need to provide interventions specific to groups at highest risk are highlighted: "Current population approaches for preventing adolescent drug use may not address the key issues for groups at highest risk, but may only reach the majority who are not likely to experience substantial harms from drug use" (p.3). Finally they also note a need to focus on environmental risk factors and youth who live in vulnerable environments: "Apart from personal and interpersonal risk factors, the wider cultural and social environment significantly influences substance use and misuse" (p.7).

The Strengthening Families Program is an evidence-based program that meets all the above criteria for developing positive parenting practices, building youth resiliency, providing a specific intervention to at-risk groups and populations in vulnerable communities. SFP is a 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 school-aged children attend the SFP Parent Training Program in the first hour. At the same time their children attend the SFP Children's/Youth Skills Training Program. In the second hour, the families participate together in a SFP Family Skills Training Program.

Kumpfer, Alvarado, Smith, & Bellamy found that "multiple replications of SFP in randomized control trials with different ethnic groups by independent evaluators have found SFP to be an effective program in reducing multiple risk factors for later drug abuse, mental health problems, and delinquency by increasing family strengths, children's social competencies, and improving parent's parenting skills" (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 4)

As well as having significant outcomes for general mental health, the SFP has also been shown to produce positive outcomes that specifically address substance use. In the "Evaluation Report on Eight Cohorts in Toronto, Ontario, Canada, 2009 - 2011" prepared for Parent Action on Drugs, Kumpfer, Cofrin-Allen, Xie and Whiteside report that:

Recently the USA Center for Substance Abuse Prevention - CSAP (Miller & Hendrie, 2008) has released a cost/benefit study that suggests that no other prevention program implemented in schools or communities protects as many youth from not becoming substance users. Miller and Hendry (2008) reported based on original research by the program developers of many prevention programs that SFP prevented 18% of youth from becoming alcohol users whereas the next best program Dishion's Adolescent Transitions Program was the next best program preventing 11% of youth from becoming alcohol users or abusers. SFP prevented 15% of youth from using marijuana, 11% from using other drugs and 7% from smoking tobacco. No other prevention program matched these levels of preventive effect except Project Northland for tobacco that had the

same 7% preventive effect. ((Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 4)

*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 (.96 ES versus .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 1.62. ((Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 9)*

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). ((Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 10).

As well as having a significant evidence base for positive outcomes for parenting, family functioning and youth resiliency, the Strengthening Families Program has shown to be extremely effective in reducing substance misuse among youth. The results of the various studies noted here further supported the adoption of the SFP as the intervention of choice for the current project.

SFP 12-16 CURRICULUM ADAPTATION

ADAPTATION RATIONALE

The key research question of the SFPY project was around the efficacy of an adapted and shortened version of the original 14 week SFP 12 -16 model in producing similar positive outcomes to the original. A shortened, adapted version was seen to have a number of advantages.

First, the ability to engage participants in a program of about two months duration was seen as an easier “sell” than one of more than three months duration. Particularly where there is an initial reluctance on the part of youth to come to a program with their family, the prospect of a shortened curriculum was seen to be less onerous. Based on previous experiences of involving youth in programs with continuity, agency partners reported a high degree of failure in their ability to retain youth participants. In general,

treatment programs and counseling interventions for youth tend to be of shorter duration as well.

The cost implications of having a shorter program were also seen as an advantage. The cost-benefits of a highly resourced program like the Strengthening Families Program model have been studied:

While SFP does cost more because of the 14-sessions length and running three groups each week—one for parents, one for children and one for the family together so that five staff are required, it provides greater benefits because of its intensity and changing the whole family system. The cost/benefit ratio was calculated to be \$11 in benefits compared to costs per family. However, all the other prevention programs were calculated by individual student benefit and since at least three to four family members on average per family participate in SFP, the actual cost/benefit ratio is more like \$33 to \$44 per person. Aos and associates (2004) also calculated the SFP cost-benefit ratio high as did Spoth and associates (2003) at \$9.60. (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 4)

If a shorter version would prove to have similar outcomes for the families involved, the benefit-to-cost ratio would become even more significant.

A concern challenging the shortening of the curriculum was the effectiveness of a limited dose – 9 weeks compared to 14. However, it was noted that the precedent for a dose-limited initiative to show effective outcomes was set by the 7-week Strengthening Families Program for Parents and SFP for youth 10-14 (Molgaard, Virginia K., Spoth, Richard L., & Redmond, C., 2000).

Therefore there had been precedence with shortened versions which maintain the positive outcomes of the longer version. Nonetheless, the effectiveness of the adapted and shortened version was subject to study and evaluation as part of the project.

ADAPTATION PROCESS

The main concern in adapting the parent session component of the curriculum was to maintain the themes and learning model of the original SFP 12-16 version. The core SFP philosophy is of positive behaviour change, and the agents of change are primarily the adult caregivers. Parents are given the responsibility for bringing about the change in their relationship with their teen, by increasing their provision of relevant praise, acknowledgements of the teen's positive behaviours, stating their expectations clearly, negotiating limits, implementing relevant, related and respectful consequences, controlling their anger and managing their stress. These skills are consistently taught in a "tell, show, do" learning paradigm, with the emphasis on all parents acquiring the skill by practicing it.

The adaptation process for the youth component of the curriculum was more involved. Based on the extensive experience of Parent Action on Drugs in designing, testing and applying engaging youth programming, the objective of the revision was to increase the degree of active, experiential learning for youth participants. The curriculum adaptation team did this by consulting with an initial group of youth and following up with different learning activities with two additional sets of youth. The test of the adapted curriculum was in the initial group of the project with the participating youth providing feedback on the different activities. Revisions were made based on their attention to, involvement with and learning from the different activities. The learning paradigm for the youth component was Engage, Explain, Experience, Explore and Empower (“5 E’s”). It was seen as an opportunity for youth to collectively articulate their perspective without feeling singled out or judged.

For youth, the process of being in the SFPY program was seen as just as important as the curriculum content. Youth experienced sharing a meal, not only with their own parent, but also with other youth and adults. They participated in a small group process, where they were expected to adhere to shared boundaries and engage in activities. Finally, they learned to have fun with their own parents, share their opinions with a group of peers and adults, and gain respect for their participation and perspective.

The family component was adapted to incorporate the core activities of the original SFP 12-16 model (e.g. “My Time” – a specified time for parent-teen interaction – and Family Meetings) but to also include additional activities to enhance parent-teen dialogue, to reverse leadership and authority roles, to allow for inter-generational team building and to build family decision-making and pride.

A final objective of the SFPY Project was to build a new component on Substance Use and Decision Making for parents, youth and families which would fit within the Canadian/Ontario context. For parents, the key aspect of the session was to give them a broader understanding of how substance use fits in the fabric of youth and adult society and how they can effectively set standards about substance use while maintaining their concern for their teen’s safety. For youth, the key was to impart the risks and choices associated with substance use. The objective of the family session was to involve the whole family in discussing and working together on these issues as well as coming to a shared understanding of the implications of different choices about using substances.

THE 9 WEEK SFPY CURRICULUM RESOURCE

The result of the adaptation was an eight session curriculum following the original themes, but with new activities. The timing was altered to add 10 minutes to the original one hour parent and youth sessions, resulting in a 50 minute family session. Because the 8 week curriculum was so packed, a ninth session was added from the pilot trial on, to allow for concluding activities, graduation celebrations as well as evaluation activities. Hence the adapted version (SFPY) is a 9 week program.

The format of the SFPY 9 week curriculum follows closely the format of a previously adapted Strengthening Families Program for parents and children 7-11 (Kumpfer, K. & The Centre for Addiction and Mental Health, 2006). The format provides a session outline, timing, facilitator information, and a complete description of every activity and learning exercise. The resource is produced by and available from Parent Action on Drugs (www.parentactionondrugs.org).

IMPLEMENTATION TRIALS

The Strengthening Families Program model can be applied universally or selectively. For this project, it was proposed to pilot the adapted Strengthening Families Program 12 -16 within four different selected population groups of at risk youth:

1. youth referred to an adolescent medicine facility
2. youth referred to a youth mental health agency
3. youth within the school system experiencing school attendance or other school-related problems
4. youth who live in an at-risk neighbourhood.

As the project unfolded, these populations were, in fact, involved in the trials. In addition, a population identified by the substance use and mental health concerns of the adult family members was included in one trial. Furthermore, as the implementation process began, it became clear that the categories crossed over; for example, two children's mental health agencies worked with schools as well as families in at-risk neighbourhoods.

The families who became part of the SFPY project identified a number of at-risk factors. Parents cited parent-teen conflict, high levels of anger, school performance, attendance and authority issues, non-compliance with school authorities, illicit drug use, depression, family loss, family isolation and parental substance use and/or mental health problems as their reasons for entering the program. About 30% had an open case with a Children's Aid Society currently or within the last six months. Nonetheless, in comparison to youth involved in other national trials for SFP 12 – 16, who were already placed in the criminal justice system, these youth were seen as “medium” risk (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 4).

The eight study trials took place over a period of almost two years.¹ The first trial – considered the initial pilot test for the newly adapted curriculum, implementation materials and evaluation procedures – took place in the fall of 2009. Subsequently, there were two trials held in the winter, one in the summer and the remainder took

¹ An additional application of the 9 week SFPY program, in partnership with a women's treatment centre, was also supported by the Health Canada Grant. This trial took place after the study was concluded and the evaluation report prepared. The processes and outcomes of that trial are therefore not included in this review.

place in the springs of 2010 and 2011. Sites included schools (3), community agency sites (3) and institutional facilities (2) – see Appendix 1 for information about the eight cohorts and sites. Interestingly, there were no differences in the participant attendance rates regardless of the season or the site. As well, four of the trials were interrupted by holidays, including one with a two week Christmas holiday break plus two cancelled sessions for snow days! Concerns about continuity in participant attendance following these breaks proved unfounded.

Three of the partners involved in the trials required an ethics review of the research proposal by their institutional ethics boards; all were approved and complied with.

As part of the implementation process, a number of documents and procedures were prepared and standardized for the trials concerning consent/assent for adult and youth participants, outreach, attendance, and facilitator and site coordinator job descriptions.

An incentive protocol was also put into place. A number of give-aways relating specifically to the program content were developed, such as a whiteboard for use during Family Meetings. As well, small gift cards and draws for larger prizes were an integral part of promoting a positive response to the program, although these proved to be more important in the initial sessions of the nine week curriculum. By the end of the program, as participants celebrated the completion of their program, gifts that were more symbolic in nature were as much appreciated as those with a monetary worth in the early weeks of the program. An important earned incentive for youth was the provision of two movie passes for each youth who attended six sessions or more.

The family/communal meal which always preceded the sessions was a very significant feature in the overall satisfaction with the SFPY program. Meals came from a variety of sources, depending on individual arrangements made with the site and partnering agency. Requests from the participants for particular menus were taken into consideration. Child care for younger children not involved in the program sessions was provided in all trials as were travel supplements such as transit tokens and gas cards.

PARTNER AND FACILITATOR ROLES

Partnering with service-providing organizations on the implementation trials was a key to the success of the project. Agency partners were the ones who had the connection to their client base and could recruit participants directly from their clientele or through their own agency networks. As recruitment of potential participants was a continuing challenge, despite the shortened curriculum, the role of the agency partner in this regard was instrumental. Partnering agencies also provided facilitators and site coordinators who were responsible for the logistics of the trials. Because the role of the partnering agency was so extensive, it was important to assess whether they found the experience worthwhile and the program beneficial to their service delivery.

Facilitator and site coordinator training was an important deliverable of the project; however, the facilitator training was not formalized until the third trial. A full day

facilitator training workshop was designed and delivered midway through the project to 26 participants from 7 agencies. Of the 22 participants who completed the evaluation at the end of the workshop

- 80% felt they understood the key concepts of the SFPY program
- 95% understood how to engage parents to consider new strategies in parenting youth
- 85% understood how to engage youth in a family program
- 90% had increased confidence in delivering the SFPY program
- 95% found the training relevant to their professional practice.

Since not all facilitators were involved in the full day training workshop, subsequent half-day training workshops were provided to individual sites in order to ensure that all personnel were fully prepared to deliver the program. In addition, supervisory personnel from Parent Action on Drugs were present at all of the sessions for each trial and were able to provide assistance, coach, debrief and problem solve with site facilitators and coordinators on a continual basis.

Project partners and facilitators were asked to complete an anonymous survey after the completion of each trial, beginning with the second trial. [Note: several facilitators participated in more than one trial, but were asked to respond following each trial.] The perceptions of facilitators about the process, progress and outcomes of the program are seen as very significant in calculating the outcomes for participants by Dr. Kumpfer. Their role is instrumental in gaining the trust of participants in the program's process and delivering the content in a way that engages the participant and promotes application of the learned skills. The significance of the facilitator role in creating a warm, inclusive and engaging learning environment is emphasized by the perceptions of the SFPY participants, particularly the parents. As well, since this was a project where the materials were under review and there was the capacity to make appropriate revisions, the feedback from the professionals involved as facilitators, project partners and site coordinators was essential.

A brief report was prepared on the survey response (see: Appendix 3). The survey asked about the SFPY materials, the support provided by the lead agency, Parent Action on Drugs, the perceived benefits of the SFPY program for parent and youth participants and the benefits to the respondent and the participating agency. 32 respondents completed the survey; 80% were program facilitators (half for the parent sessions, half for the youth) and the remaining were site coordinators, volunteers, students or observers.

While the program materials were considered well done in terms of layout, clarity and content (85%, 96% and 100% rated these respectively 3 or 4 on a 4 point scale, where 1 was *needs improvement* and 4 was *well done*), the respondents had several

recommendations for improvement which were taken into consideration in subsequent and final revisions of the materials. These included:

- Editing the curriculum to make it less wordy
- Assisting in the preparation for the sessions by having a materials and instructions list
- Making some revisions to the session on anger management, with attention to dealing with peer/social conflict with teens
- Giving options for increased discussion or increased activity for youth sessions
- Making the program objectives clearer to parents, at intake and at the beginning of the program

A consistent recommendation was to extend the program in order to allow for more participant discussion (e.g. of personal needs and common interests) and break topics into more manageable components. Because the purpose of the project was to test the outcome of an abbreviated curriculum, recommendations for an extended program delivery could not be followed.

Although the survey respondents felt the parents and youth benefitted from their participation in the program, they felt there was a difference in how much the parents and youth benefited. On a 5 point scale, almost three quarters (72.7%) felt that parents received *Great Benefit* (level 5) from participating in the program; the rest felt parents received *Good Benefit* (level 4). However, 40.6% felt the youth received *Great Benefit* (level 5) from their participation; 44% felt they had *Good Benefit* (level 4) and 9 % felt they received the midrange *Some Benefit*. Nonetheless, there were positive comments about the benefits to the youth:

“The youth were brilliant and forthcoming (much more than I ever expected)....”

“Youth who were more introverted at the start were socializing with other family members and beginning to feel confident in their sense of self...”

However,

“It was clear that the parents enjoyed the program more than the youth, as they were here by choice....”

Overall, the positive family changes were tangible to the facilitators:

“Some [participants] claimed the overall mood in the household changed”

“Participants started to realize that a little change in their attitudes and behaviours can make a difference in addressing major challenges within their families.”

When asked about the benefits of participating in the program for themselves, as professionals, all indicated that they had received at least some benefit, with regard to the development of new skills, utilization of their expertise, the development of valuable relationships with other service providers and in the acquisition of useful knowledge about services and programs, with the ratings varying from the midpoint (3) to the highest level (5) on a 5 point scale. However, almost 80% of respondents felt the program was of great benefit in allowing them to make a contribution to their community.

Finally, the respondents were asked to comment on the support they received by the lead agency, Parent Action on Drugs. They were very appreciative of the organization's presence, leadership and willingness to listen to suggestions and comments. Over 75% of respondents felt PAD provided *Great Support* (5 on a scale of 1-5).

PROJECT RESULTS

THE EVALUATION PROTOCOL

PAD contracted the LutraGroup to provide the outcome evaluation methodology and instruments, enter and analyze the data, and prepare an evaluation report on the four key outcome objectives for the project: increase in positive parenting practices, increase in youth resiliency, increase in family functioning and increase in the likelihood of non-use of illicit drugs by the youth among participants in the trials. A full Evaluation Report on the Eight Cohorts was prepared for Parent Action on Drugs (Kumpfer, K.L, Cofrin-Allen, K., Xie, J, & Whiteside, H., 2011) as Part II of this Report. An abridged version is included as Appendix 6 of Part I.

The evaluation was to provide information on the two research questions;

- 1) Whether the PAD SFPY program, when conducted with the targeted population, is effective; and
- 2) Whether the program achieves outcomes similar to the established norms for this evidence-based program [i.e. the SFP model].

LutraGroup provided a set of existing evaluation instruments (used in multiple SFP trials) to allow for a quasi-experimental evaluation/research design with proven, standardized measurements, allowing our data to be compared with the results of implementations from comparative trials.

LutraGroup also provided the evaluation instructions to be provided to the parents and instructions to the lead agency in collecting and forwarding the completed evaluations. In all trials, personnel from the lead agency conducted the evaluations Drugs (Kumpfer, K.L, Cofrin-Allen, K., Xie, J, & Whiteside, H., 2011).

Participants were given full disclosure of the research nature of the trials and were given the choice to participate in the evaluation process or not, without affecting their standing in the program. Adults signed a Consent form, while youth completed an Assent form, co-signed by their parent or guardian.

As well, open-ended questionnaires were provided to parents and youth to get their feedback on the program, as described below.

PARTICIPANT INFORMATION

There were two sources of information used to ascertain information about the adults and youth participants in the eight cohorts: attendance records, which provided information about all participants whether they remained in the program or not (see information collated in Appendix 1) and from 58 adults who completed evaluation forms on the final 9th session of the trial (see Appendix 2).

Adults/Family Information

There were 87 adults who entered the program; of these 68 (78%) were female and 19 (22%) were male.

Among those completing the end-session evaluation (n=58), 83% were female and 17% were male. Within this group, the largest percent (42%) were between the ages of 36 and 44 years.

In this group, about a third of the adults (34.5%) reported being college or university graduates. Almost a quarter ((23.5%) reported having completed grades 11 or 12 as their highest level of education; the same number reported having some college or some university. The remaining 18% reported having grade 8 – 10 as their highest level of education.

The majority of adults (58.5%) reported being employed 30 hours or more per week; 14.5% reported working 10 – 29 hours per week, while more than a quarter (27%) reported having no paid employment hours.

65% of the adults owned their own home or condo, while the remaining 35% rented their home or apartment.

The language spoken at home was for the most part English (81%); a small minority reported speaking Farsi, French, Arabic or Spanish at home. By observation and self-identification, the families involved in the eight cohorts represented the racial/ethnic/cultural heterogeneity of Toronto, with South Asian, West Asian/Middle Eastern/ Black/African/Caribbean, Filipino, Aboriginal and Hispanic groups specifically represented.

The majority of the adults reported having 2 -3 children (61%); 16% had 4-5 children, 19.5% had 1 child and 3.5% had 6 or more children. For the most part, these were similar numbers for the question “how many children under 18 live in your home?” A very large majority (88%) reported that the child in question (i.e. the youth attending the program with the adult) had lived their whole lives with the adult.

Almost three-quarters (74%) of the adults reported being the mother or stepmother of the youth in the program; 17.5% were fathers or stepfathers. A minority were grandparents (7%) or aunt/uncle (2%). Just over half reported having two parents at home (52%) while 40% reported being a single (or widowed) parent.

About one-third (32%) reported having an “open Children’s Aid Society” case file at the time of the program or in the previous 6 months leading up to the program.

About a quarter of the respondents reported receiving one hour of service from the partnering agency prior to the program. 20.5% received no service and 17% received two hours or more (36% of respondents did not answer this question). More than half (54%) did not know the facilitators or staff providing the program at all before the program began; almost a fifth knew the program staff “very little” or “somewhat” and 21% knew them “well” or “very well”.

Adult Participant Profile

The large difference in the female-to-male ratio was common for parenting programs in general. The emerging profile for about two thirds of the adults involved in this project’s trials was of a well-educated, employed parent or step parent, between the ages of 40 and 49, renting their home or condo, with two parents at home, one or two children under 18 living in their home, with English as the primary spoken language in the home. Although the diversity of ethno-racial-cultural backgrounds of the city was represented among participants, the presentation of the program in English effectively precluded the inclusion of newcomers to the country who did not have a facility with the language.

About one-third of the adult participants had a different profile than described above, with less education, less employment, single parenting status and was younger or older than 40-49 years.

As an indicator of family conflict or dysfunction, about one third of the families had an open Children’s Aid file currently or in the six months leading up to the program.

The divergent family profiles indicated that the program participants included families along a socio-economic continuum.

Youth Information

There were 91 youth who began the program for all eight cohorts. Of these, 48 (53%) were male and 43 (47%) were female. From the data from the program graduates, 49%

were male and 49% were female. The average age of the youth was 14 years old; 48 (53%) were between the ages of 12 and 14, and 43 (47%) were 15-16 years old. Among the youth who graduated, the largest subgroup was 14 years old (28%), followed by 15 year olds (26%) with 22% being 16, 14% being 13 and 10% being 12 years of age.

Not surprisingly, the youth showed a similar spread in grade, with the largest subgroup (29%) in grade 9, followed by 22% in grade 10, 29% in grade 11, and 14% and 15% respectively for grades 8 and 9.

The parents reported that just fewer than 20% of the youth in the program were taking medication for behavioural or emotional problems.

Youth Participant Profile

An interesting observation of the youth participants was the fairly equitable distribution by gender and across ages. At the beginning of the project, several service providers had shown concern that only younger youth (i.e. in middle school or up to age 14) would participate and be engaged in this program. The project data show that older teens in the program age range are equally appropriate for the program. As well, the data show the applicability of the program to both males and females.

Participant Attendance and Program Retention and Completion

The tables in Appendix 1 “Cohort and site Information Summary”, provide the information on participant attendance, retention and completion.

Retention information for adults, youth and families was based on markers of attending less than 4 out of 9 sessions, 4-6 sessions and 7-9 sessions. Completion status was given to those who attended session 8 and/or 9. Because families could enter the program up to the third week, they could potentially graduate having attended seven or less sessions, although this was uncommon.

Families: There were 69 families who began the program, with a range of 6 to 12 families beginning in the different cohorts. The average number of families beginning the sessions was 8.6. Of those families, 43 attended 7, 8 or 9 of the 9 sessions. The number of families completing the program was 53 - a completion rate of 77%. The graduation rate varied considerably from cohort to cohort – from 58% to 100%. The average number of families completing the sessions across the eight cohorts was 6.5.

Adults: Out of the 87 adults who began the program, 67 attended 4 or more sessions, indicating a retention rate of 77%. Of these, there were 64 adults who “graduated” from the program, i.e. completed session 8 or 9 – an average of 8 adult graduates per session and a completion rate of 73.5%. The average number of sessions attended by these adults was 7.5 out of 9.

Youth: Of the 91 youth who began the program, 71 attended 4 or more sessions, indicating a retention rate of 77%. The same number of youth (71) graduated from the program, with an average of 9 graduates per session. The average number of sessions attended by these youth was 7 out of 9.

Discussion of Attendance and Retention Rates

There was variation in the number of families participating from cohort to cohort. Three trials had 6 or 7 families beginning the program; the remaining five had a wide range or 8 – 12 families beginning the sessions. This variation is from an inconsistent ability of the partnering agencies concerning outreach and/or the limitations on who they could involve. All partnering agencies found recruitment to be very challenging and found that a targeted concerted effort to work with their own clients as well as other agencies in their network was the only way to produce sufficient numbers for the program. Sometimes the start date for the trial had to be postponed because there were insufficient numbers. Most agencies felt they would benefit from the “lessons learned about recruitment challenges if they were given another opportunity to run a trial.

There was a range in retention rates across cohorts as well, from 58% to 100%. The resulting numbers seem to indicate an optimum number of families where all participants could feel comfortable and engaged. The recommended practice for Strengthening Families Programs (and intended strategy for this project) is to “begin with 12 families to graduate 8” and the data from the eight project trials would bear this practice out.

One of the factors possibly affecting family retention rates is the number of youth participating in the cohorts. For the 69 families beginning the program there were 91 youth participants, and average of 1.3 youth per family. The retention rate for the youth was the same as the families and the adults at 77%; however the average number of youth graduating per session was 9 – a number higher than either the average family number or the average adult number.

From observation, the most consistent predictor of graduation was for participants to attend session up to session four, when group bonding and program buy-in became apparent, for both the parents and the youth.

Parent Satisfaction/Feedback on the Program Experience

There were two sources used to obtain the parents’ feedback on the program experience. The first, the SFP Parent Retro Post Test Questionnaire, asked the 58 parents who completed the instrument to rate their experience.

In response to the question, “How satisfied were you with this program?” 48.3% gave it the highest rating on a 4 point rating scale (very well) and the remaining 46.6% rated it “well”.

In response to the question “How much has this program helped your family?” almost two-thirds (62%) rated it at the top of the 4 point scale (“a lot”) while about a third (35.5%) said “somewhat”. Two respondents indicated that the program helped their family “very little”; no one indicated the program was no help at all.

Finally, there was a consistent high degree of satisfaction expressed about the group leaders/facilitators across the eight trials: 57 out of 58 respondents indicated they rated the leaders “well” (40%) or “very well” (59%).

At the 9th session, parents in seven cohorts were given an open ended questionnaire to describe their experience with the program (n=40). The top common responses to questions about the benefits of the program were:

- Learned effective parenting skills (positive approach, be less critical, hold family meetings (15) We learned how to start discussion in a healthy way
- Improved communication skills (15) Open communication was the biggest I will take with me My teen and I have a completely new way of communicating
- Understand their children/teens better (14) I have a much better understanding of where she is coming from and what she really wants and her reaction to my new approaches are much more positive.
- In addition, respondents noted they liked the whole family approach of the program, their family was closer/more respectful because of the program, they enjoyed the social aspects of the program and saw improvements in their child (confidence, independence).

“It brought our family a lot closer.”

“I found my daughter has changed during the time spent here.”

Several parents noted this was the best program of its kind that they attended:

“I’ve done several programs like this in the past. This was probably the best one in comparison.”

Asked about suggestions for changes to the program, 7 respondents indicated they like the program as is.

“It should be for everybody. I am satisfied with they way it is, they are wonderful leaders.”

Suggestions for change tended to be for “more” of something – additional weeks (12), more time for discussion (8), longer sessions (5), more resources (4).

“If the program was a little bit longer, I believe it helps to re enforce the goals of the program.”

“Some ideas were very useful, but the better part was parent experiences which has a small part.”

Youth Satisfaction/Feedback on the Program Experience

Through the project duration, the steering committee looked for ways to get meaningful feedback from the youth about their experience in the project. For 6 of the 8 trials (n=46), an open ended survey asking what the youth liked about and gained from the program and what they didn't like or thought could be improved was used.

Although two youth were consistently negative (liked “nothing”) the others were very positive in their responses. Many noted the “things” they received, such as the food and incentives or prizes (15):

“I liked how there was food and the discussions were sometimes not boring and also it was cool how there were prizes.”

Others top noted the social aspect (7) and the activities (6):

“What I liked was getting to be with kids [in] my own age group and hearing about how much their lives were very similar to mine.”

When asked “What did you gain from the program?” the youth were very articulate in their responses: they noted improved personal skills (self-awareness, power, confidence, anger management, responsibility, (10) as well as improved family communication skills (5) and improved family/parent relationships (5).

“I learnt team work and responsibility.”

“I feel like I have a better understanding of my parent's feelings and vice versa.”

In response to what they did not like about the program or thought could be improved, 14 respondents said they liked the program as it is.

“I thought this program wasn't bad and something I felt that need to be improved was absolutely nothing and it was alright.”

Others suggested an increase in the kinds of activities (games, free time, fun) that would be indicative of the needs of their age group.

“The discussions were sometimes boring and could sometimes been more fun.”

Several noted that the mix in age groups and maturity levels presented a challenge:

“The people are immature.”

An interesting indication of their engagement in the program, however, was their response to the question about the length of the program. More than half (52%) thought the program was too short, while 43% thought it was just the right length. Only 5% thought it was too long.

To probe the response of youth to the program two focus groups were conducted. The focus groups asked specifically about how the youth perceived changes in their home, connections to their family and the ability to discuss drugs with their parents.

Many – but not all – of the youth in the focus groups indicated that they felt their parents were “better”. They acknowledged a better understanding of their parent and felt their parent understood them better. Several felt that things were still “the same”, and a few differentiated between a better ability to communicate on everyday topics, but that the pervasive or underlying problems in their families had not been addressed. Several youth felt they could talk to their parents more about drugs since the issue was addressed in the program, but others still felt the topic was hard to talk about. One youth noted they could bring up a discussion concerning their parent’s drug use since the program had provided the environment where that could be done.

From the first focus group, a 10 item quantitative survey was developed to measure youths’ perceptions of how their relationship to their parents and family had changed “since we have been in the program”. This was administered to the participants in half of the eight trials. Overall, the response, on a 5 point scale was very much in the middle to such questions as “I feel more accepted at home/in my family” and “My parent praises me more/is less critical of me”. Where the youth showed a larger change (4 out of 5 on the 5 point scale, indicating “agree”) was to the two items about recognizing and appreciating their parents’ efforts:

- “My parent(s) make(s) more effort to support me”
- “I appreciate the effort my parent(s) has/have made coming here.”

Interestingly, this appreciation was also noted by several parents:

“They [the youth] learned that parents are their supports and they should respect our attempts.”

Discussion of Parent and Youth Feedback and Satisfaction Responses

Overall, both parent and youth participants showed a high level of satisfaction concerning the program and what they gained from participating in it. All (100%) of the adults completing the final evaluation indicated they were satisfied with the program, and showed particular satisfaction with the program leaders. Their written feedback described what their gains from participation – use of praise and improved communication, self-control, understanding of and respect for their teen as well as improvements in their child. They also noted what the program could not provide for

them: continuing peer support, an extended opportunity to discuss their issues about their youth, and a way of resolving the mental health, substance abuse or behavioural concerns with their youth that brought them to the program in the first place. These families were provided with options for clinical involvement after the end of the program by the professionals and service agencies involved in the trials and even those who were frustrated by the lack of resolution to these very substantial concerns acknowledged that they were in a better place to go forward with clinical assistance because of the skills they acquired through the SFPY curriculum.

Youth were also, for the most part, positive about their experiences in the program. They were appreciative not only of the food and prizes, but also of the social opportunities participation provided. By the end of the program they were able to identify what they learned and what they gained. Their responses show that the process of involvement in the family/communal meal, the teen groups and the family component was equally important to the curriculum content and activities. Most interesting is their enhanced appreciation of the effort their parents put forward in participating in a program that put the onus of change on the adult.

OUTCOMES OF THE 8 TRIALS

As stated above, the outcome evaluation was to provide information on the two research questions;

- 1) Whether the PAD SFPY program, when conducted with the targeted population, is effective; and
- 2) Whether the program achieves outcomes similar to the established norms for this evidence-based program [i.e. the SFP model].

As noted, Parent Action on Drugs contracted the LutraGroup to provide the outcome evaluation methodology and instruments, enter and analyze the data, and prepare an evaluation report on the three key outcome objectives for the project: increase in positive parenting practices, increase in youth resiliency, increase in family functioning and increase in the likelihood of non-use of illicit drugs by the youth among participants in the trials. A full evaluation report, “Strengthening Families Program 12 – 16 Years Evaluation Report, 2009-2011 Eight Cohorts”, was prepared by LutraGroup which describes the methodology, instruments, analysis and outcomes and comprises Part II of this Project Report (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011). An Abridged Version of the LutraGroup Report is included in Part I as Appendix 6.

From the Evaluation Report provided by LutraGroup, it is clear that the eight SFPY trials conducted with the adapted, shortened SFPY curriculum, for at risk youth and their parents and caregivers with diverse agencies in Toronto Canada was indeed effective.

In summary, in the PAD Toronto SFPY Project, 17 of 18 scales of the hypothesized and measured outcome variables were shown to have significant

positive changes even with a small sample size of families. If the cluster variables for parents, family and child outcomes are included there were 20 of 21 outcomes that were significant. The comparison group was the norms for the SFP National Database of 134 families. It should be pointed out that this sample of participants is not all of the families that participated in the SFP group in Toronto, but represents only the data that was completed by the participants and sent to LutraGroup for data entry and analysis by July 2011.

The largest effects are for changes in the parent's parenting skills and style or efficacy with 100% of the five outcome variables showing significant improvements. The effect sizes are all very large ranging from a high of .72 for Parental Supervision to a low of .54 for Parental Involvement and Parenting Skills. The average Parenting Cluster score was $d = .72$ vs. only $d = .48$ for the SFP norms. Hence, the Toronto PAD families improved more than the norms in their parenting style.

Five or 100% of the five family change variables were improved significantly. This area of change had the largest improvements in the effect sizes of the individual within subjects behavior change (d'). The family cluster variable Cohen's d was .73, slightly smaller than $d = .78$ for the SFP norms. It appears that the PAD SFP program implementation is having a dramatic impact on the overall family environment, beyond that found normally in other SFP sites nationally. This is a very positive effect and a tribute to the Site Coordinator and the Group Leaders.

Six of the seven or 85.7% of the hypothesized youth outcome variables were found significantly improved by the post-test, namely increased Concentration or Reduced Attention Deficit, decreased Depression, Overt Aggression, Covert Aggression, Hyperactivity and increased Social Behavior. The overall Child Cluster variable or average of all of the effect size d of the children's change scores was $d = .55$ vs. $d = .50$ for the SFP norms. Hence, the program was having a greater impact on improving the children's scores than for the SFP norms.

Taken as whole, finding positive changes in 17 of 18 scales or 94% of outcome variables for the SFP program suggesting positive changes in the parenting skills of the parents, the family relationships and in the children's behaviors is an important finding. Changes in all of the parenting and family variables by the post-test are wonderful and should later result in greater improvements in the youth. (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 18)

As to whether the program achieved outcomes similar to the established norms, both similarities and differences were observed. As noted above, the outcome variables showed significantly positive changes except for one of the youth measures: criminal behaviour. The LutraGroup Evaluation Report notes that there was a floor effect for that variable: unlike the 134 families who provided the comparative data for SFP norms, the 50 families comprising the PAD sample did not include children involved in the

criminal justice system. Therefore the PAD sample did not show decreases in criminal activity as an outcome of program participation.

The fact that the PAD sample were not involved in criminal activity or had been arrested for substance abuse led the evaluators to designate the youth as at “medium” risk, while acknowledging the degree of family conflict and other risk identifiers that led the families to the program.

The other complicating issue was that while there were significantly positive changes and large effect sizes in the PAD sample (several of which were larger than the SFP norms), the mean pre- to posttest change scores were often less than the comparable SFP norms. As the evaluators note, there is a discrepancy between this result and the robustness of the youth’s scores in the PAD sample, where “the effect sizes were larger than the norms for three of the children’s outcomes” (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 21). This discrepancy could be attributed to the difference in degree of risk between the samples, as the pre-test scores of the PAD sample were typically higher in such areas as parental involvement, supervision and skills than the pre-test scores of the SFP norms where the prevailing profile was of families with a youth involved in the criminal justice system. An implication of this discrepancy is that a longer or 14-week curriculum could be necessary to have an impact on families with the higher level of risk, as depicted by having a youth whose behaviour has resulted in involvement in the criminal justice system.

Overall, it is the evaluators’ conclusion that the adapted SFPY program has produced results suggesting “large improvements in the parents and in the family environment and family resilience. Even by this immediate posttest the data suggest that the children’s behaviors are already showing improvements in six areas....[which] are the most important in reducing later substance abuse” (Kumpfer, K.L., Cofrin-Allen, K., Xie, J. & Whiteside, H., 2011, p. 23).

SUMMARY AND CONCLUSIONS

“Strengthening Families for Parents and Youth 12-16 (SFPY)” was a project undertaken by Parent Action on Drugs, with the support of the Prevention Working Group of the Toronto Drug Strategy and in partnership with seven community and institutional organizations in Toronto, Ontario to enact an effective strategy for the prevention of substance abuse in youth by means of improving parenting skills and positive family functioning for families involved with diverse youth-serving agencies from 2009 to 2011. The project involved an adaptation of an evidence based family strengthening model in order to shorten the curriculum from 14 weeks to 9 weeks and make it appropriate for participants in Ontario and Canada.

The project included consultation with youth and community groups to produce an adapted version of the SFP model which maintained the core elements of the model,

while addressing the need for a youth engagement and experiential learning approaches. The adapted version was applied and tested over eight trials with trained and skilled facilitators who were representative of the diverse populations served, efficient site coordination, consistent supervision and coaching, and committed agency partners.

While the partnering organizations found it challenging to recruit families to the program despite the abbreviated length, and youth entered the program with obvious reluctance in many cases, the retention and completion rates bore out the ability of the program, through its content and format, to engage both parents and youth. This was particularly evident after families participated in the first three sessions and became committed by the fourth. It is notable that disruptions in the schedule, by holidays and weather did not affect attendance.

The success of the program is evident from the feedback of the parents, youth and staff involved. All noted the gains made by participants in their interactions and family functioning. In particular, the acknowledgement of the youth of the efforts being made by their parents to improve their relationship was remarkable.

The eight implementation trials of the adapted SFP curriculum were evaluated for program fidelity and effectiveness using a multi-methods evaluation provided by Dr. Karol Kumpfer as applied to multiple other Strengthening Families program trials. From an extensive evaluation conducted by LutraGroup, the results showed significant improvements in the parents' skills and the family environment and family resilience. The positive changes in the youth's behaviours were particularly noteworthy in the risk factor areas most important in reducing later substance abuse.

A major recommendation is to continue to implement trials of the adapted 9-session SFPY program for parents and youth 12-16 years old in other regions in Ontario. It is important to provide sufficient training and follow-up to assist agencies and coalitions working with the SFPY program to implement the new program with fidelity and success.

The 9-week Strengthening Families for Parents and Youth provided by Parent Action on Drugs offers organizations throughout Ontario and Canada the opportunity to implement an engaging, practical and evidence-based initiative to reduce problems with substance use and mental health and improve family functioning with diverse families of at-risk youth.

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**Parent Action on Drugs
Strengthening Families for Parents and Youth (12-16)
Report on Trials 2009 - 2011
Cohort and Site Information Summary**

Trial	Totals	1	2	3	4	5	6	7	8
Partner Type		Multi-service agency for youth	School Board	Mental health agency for youth and their families	Mental health agency for youth and their families	Addictions and mental health agency	Child-ren's Hospital	School Board	Children's mental health agency
Site		Community centre	High school	Counselling service support centre	High school	Facility site	Hospital	High school	Agency site
Start date		20-Oct-09	24-Mar-10	30-Jun-10	16-Nov-10	27-Jan-11	Apr-7-11	28-Mar-11	02-May-11
Finish date		15-Dec-09	19-May-10	25-Aug-10	08-Feb-11	31-Mar-11	02-Jun-11	06-Jun-11	04-Jul-11
Day of week		Tuesday	Wednesday	Wednesday	Tuesday	Thursday	Thursday	Monday	Monday
Eligibility/Referral Criteria		At risk Neighbourhood	Identified School Issues	At risk neighbourhood / CAS	Guidance Counsellor/ youth mental health	Mental health/ substance use issues of adult family member	Youth Substance Abuse/ Mental health issues	Identified School Issues	CAS/ youth mental health/ family concerns

Families									
# Families started	69	10	7	6	9	8	6	11	12
Average # starting	8.5								
Families graduated (i.e. attended session 8 -9)	53 [77%]	8 [80%]	7 [100%]	5 [80%]	7 [77%]	7 [90%]	4 [67%]	8 [73%]	7 [58%]
Average # completing	6.5								
Families attended <4 sessions	15	2	0	1	2	1	2	2	5
Families attended 4-6 sessions	11	2	0	1	0	2	0	4	2
Families attended 7-9/ 9 sessions	43	6	7	4	7	5	4	5	5

SFPY Report – Appendix 1

Youth									
#Youth started	91	11	10	11	9	11	10	16	13
Average # starting	11.5								
Average Age	14	14.5	14	13	15	14	14	14.5	14
Ages 12 -14	48 [53%]	8	6	9	2	5	6	3	9
Ages 15 -16	43 [47%]	3	4	2	7	6	4	13	4
Females	43 [47%]	5	4	6	6	4	8	6	4
Males	48 [53%]	6	6	5	3	7	2	10	9
#Youth retained (attended 4 sessions or more)	71 [77%]	10	9	10	7	9	7	11	8
# Youth graduated	71 [77%] Ave. # = 9	10	9	10	7	9	7	11	8
Average # sessions (/9) attended by retained youth	7	6.5	7.5	6	8	7	7	6	7

Adults/ Parents									
Adults started	87	10	8	8	10	9	10	16	16
Average # starting/ cohort	11								
Females	68[22%]	9	7	6	8	7	6	12	13
Males	19 [78%]	1	1	2	2	2	4	4	3
Adults retained (attended 4 + sessions)	67 [77%]	8	8	6	8	8	7	13	9
# Adults graduated	64 [73.5%] Ave. # = 8	8	8	6	8	8	7	10	9
Average # sessions (/9) attended by retained adults	7.5	8	8	8	7.25	7.5	8	6.75	7.5

**Parent Action on Drugs
Strengthening Families for Parents and Youth (12-16)
Report on Trials 2009 – 2011
Parent Questionnaire Participant Information**

PARTICIPANT INFORMATION [N=58]

Respondent's Gender		Respondent's Age	
Respondent's Gender		Respondent's Age	
Female	83% (n=48)	35 or younger	14% (n=8)
Male	17% (n=10)	36-39 years old	13% (n=7)
		40-44 years old	29% (n=16)
		45-49 years old	22% (n=12)
		50-54 years old	15% (n=8)
		55 or older	7% (n=4)

Participating Child's Gender		Participating Child's Age	
Participating Child's Gender		Participating Child's Age	
Female	51% (n=29)	12 years old	10% (n=6)
Male	49% (n=28)	13 years old	14% (n=8)
		14 years old	28% (n=16)
		15 years old	26% (n=15)
		16 or older	22% (n=13)

Participating Child's Grade

Participating child's grade	
Grade 7	15.5%
Grade 8	14%
Grade 9	29%
Grade 10	22.5%
Grade 11	19%

Language used at home

Language spoken at home	
English	81%
Farsi	7%
French	3.5%
Arabic	3.5%
Spanish	3.5%
Missing	1.5%

How many children do you have?

How many children under 18 live in your home?

How many children do you have?		How many children under 18 live in your home?	
1	19.5%	1	21.5%
2	36%	2	43%
3	25%	3	21.5%
4	7%	4	7%
5	9%	5	5.5%
6 or more	3.5%	6 or more	2%

Relationship to the child

Parenting Status

Relationship to the child in the program		Parenting status	
Mother/stepmother	74%	2 parents at home	52%
Father/stepfather	17.5%	Single parent	37.5%
Grandparent	7%	Joint or shared custody	7%
Aunt/Uncle	2%	Children with relatives	3.5%
		Other: Widowed	3.5%

How long has the child lived with you?

How long has the child lived with you?	
Their whole life (12-17 years)	88%
Almost their whole life (12 of 14 years)	2%
About half their life (6-9 years)	3.5%
2 years	3.5%
Never	3.5%

Where are you living now?

Where are you living now?	
Rent home or apartment	65% (n=37)
Own home or condo	35% (n=20)

Highest level of education

Employment hours

Highest level of education		Weekly paid employment hours	
Grade 8	9%	None	27%
Grade 9-10	9%	10 to 19 hours	8.5%
Grade 11-12	23.5%	20 to 29 hours	6%
Some college	14.5%	30 to 39 hours	19%
Some university	9%	40 to 49 hours	35.5%
College/university graduate	34.5%	50 hours or more	4%

Where were your children living prior to SFPY?

Where are they living now?

Living situation of child prior to SFPY		Living situation of child after SFPY	
With respondent	98%	With respondent	96.5%
With a relative	0%	With a relative	2%
Foster home	2%	Foster home	0%
Other	0%	Other: With mom	2%

Child taking medications for

behavioural or emotional problems?

CAS Case in the past 6 months/now?

Has the child taken medication for beh. or emotional problems in the last year?		Have you had in the past 6 months/ do you have an open CAS case?	
No	81% (n=42)	No	68% (n=36)
Yes	19% (n=10)	Yes	32% (n=17)

CLIENT SATISFACTION [N=58]

Prior to SFPY how frequently did you or your family receive service from the agency? Hours/week

Weekly hours of service from the agency prior to SFPY	
None	20.5%
1 hour	26%
2 to 3 hours	12%
4 hours or more	5%
Missing	36%

Who told you about this program?

How well did you know the staff prior to SFPY?

Who told you about this program?		How well did you know the staff prior to SFPY?	
Program staff	41.5%	Not at all	54.5%
Counselor	20.5%	Very little	17.5%
Case manager	8.5%	Somewhat	7%
School social worker/staff	8.5%	Well	14%
Friend	5%	Very well	7%
Child/Spouse	5%		
C.A.S./Child & Youth worker	5%		
Alcohol social worker	3.5%		
Health nurse	2%		

Parent Action on Drugs
Strengthening Families for Parents and Youth (12-16)
Implementation Partner/Facilitator Survey Report
 Prepared by Gabriela Heymann, MHP, September, 2011

Respondent Profile

32 respondents completed the survey; 80% of them were program facilitators, half (13 respondents) in the youth session and the other half (12 respondents) in the parent session. The rest of the respondents were site coordinators (n= 4) and 3 volunteers; one doing a student placement, one babysitting the younger siblings, and one observing (Table 1a). Over half of the respondents reported being staff members in the partner agency running SFPY, and they reported as their community target population general GTA youth (33.3%, n=5), or specific youth (26.7%, n=4), educators (6.7%, n=1), and others (26.7%, n=4) dealing with mental health or substance use issues (Table 1b).

TABLE 1 1a. Role in the delivery of the program		1b. Community Target Population	
Facilitator – Parent Session	40.6% (n=13)	Youth ages 12-21 in the GTA (general)	33.3% (n=5)
Facilitator – Youth Session	37.5% (n=12)	Youth with mental health/substance use issues	26.7% (n=4)
Site Coordinator	12.5% (n=4)	Anyone with mental health/substance use issues	26.7% (n=4)
Volunteer	9.4% (n=3)	Educators/Professionals working with mental health or substance use issues	6.7% (n=1)
		General audience (unspecified)	6.7% (n=1)

The SFPY Materials

The materials scored high for their layout, with 85% of respondents rating the program 3 or 4 in a four-point scale, with 4 being the highest score. 15% of the respondents thought the layout needed improvement (Table 2a). Stated areas of potential layout improvement included:

- Making it less “wordy” (e.g. use bullet points).
- Including a list of materials to be prepared for each session and instructions.
- Decreasing writing exercises for youth and increasing role playing for parents.
- Including both a discussion base and dynamic (skits, role play, moving around) activity options for each aspect of the session so that facilitators can decide which to use.
- Cleaning spelling or grammatical errors.
- Looking over workload - some sessions were too loaded with content making it hard for facilitators to cover everything they needed to.

The SFPY material was considered to be presented in a clear manner; with 96% of respondents scoring it 3 to 4 in a 4 point scale, with 4 being the highest score (Table 2a).

Areas for improvement in regards to clarity were:

- Including more background information to prepare the facilitators (mentioned by 3 respondents – in particular for the anger management section).
- Decreasing the 'wordiness'.

Positive comments on the materials' clarity quoted that it was “easy to understand and follow”, “well laid out”, and “accessible and simple”.

There were no low scores on the question about the materials' content (100% answered 3 or 4 in the 4 point scale) (Table 2a). Specifically, positive comments on the content mentioned it being appropriate, helpful, well planned, and “terrific”. The content seemed to address issues that parents struggle with, capturing the spirit of the Strengthening Families. It was also recognized by some facilitators that it is not possible for the program to address all problems but that organizations worked to do so through follow up or further services. Examples of these follow up areas included mental health support, custody or access issues, relationship issues, addiction concerns, and personal development. Several areas for improvement in regards to content were also mentioned:

- Including further coverage of the topic of anger management was mentioned as a need several times. Separating the anger and stress session into 2 individual ones was suggested. In particular, youth facilitators mentioned that youth anger outside the home, particularly at school, should also be addressed with more coaching. Teen brain development, sexuality, and culture were also mentioned as topics that should have been addressed by the program.
- Giving some topics their own session (in particular anger and stress) in order to allow for more discussion and reflection.
- Expanding on the topics of how to manage emotional behaviour, fair limits and consequences, behaviour contracts.
- Making the sessions more age appropriate (i.e. not 'cheesy' or childish) or more flexible to be adjusted based on the needs of the group (including more optional exercises).
- Working further on the emotional/intellectual development of teens.
- Providing more time to explore the emotional needs of the families, allowing for sharing of common interests and bonding. Giving parents some time to discuss personal issues or to vent on a weekly basis.

TABLE 2		1-Needs Improvement	2	3	4 – Well done
2a. Please rate the SFPY materials on the following points.	Layout	3.8% (n=1)	11.5% (n=3)	23.1% (n=6)	61.5% (n=16)
	Clarity	0% (n=0)	4.2% (n=1)	58.3% (n=14)	37.5% (n=9)
	Content	0% (n=0)	0% (n=0)	65.4% (n=17)	34.6% (n=9)
2b. Do you feel you had the opportunity to provide meaningful feedback?	On the materials	0% (n=0)	3.7% (n=1)	18.5% (n=5)	77.8% (n=21)
	On the implementation process	0% (n=0)	0% (n=0)	28.6% (n=8)	71.4% (n=20)

General suggested areas of improvement:

- Addressing bullying or intimidation among group members.
- Having the sessions in a setting that is not a classroom as it sets a different mood.
- Extending the program was suggested by a few respondents (n= 4). Starting the parent session a bit earlier, additional sessions, or an optional level 2 available.

- Having youth from different schools or agencies in the same group to avoid cliques.
- Making the objectives of the program clearer during intake.
- Allowing the facilitators more access to information about the clients participating in the program, within the limits of confidentiality.
- Adding an extra session at the beginning to facilitate group bonding and increase personal comfort.

Respondents also felt that they had the opportunity to provide meaningful feedback throughout the program both in the materials (96% rating it 3 or 4 in a 4 point scale) and the implementation process (100% rating it 3 or 4 in a 4 point scale) (Table 2b). The debriefing sessions were appreciated and the ongoing dialogue helped address urgent or arising issues.

PAD was seen as a great mentor and organizer that made SFPY possible (Table 3). Respondents highlighted the fact that PAD staff was present in every session; they saw PAD as a source of great support for both staff and participants throughout all aspects of the program, including dealing with emerging problems. Many appreciated the fact that PAD staff was friendly and always ready to answer questions, were willing to listen to suggestions and comments. The flexible approach was recognized as an asset as it allowed for feedback and led to modifications that catered to the particular needs.

“I believe we would not have been able to provide the quality of service delivery if we did not have the support of PAD members. (They were) very helpful, passionate and able to be flexible when changes needed to be made. It was a pleasure working with PAD”

TABLE 3 3a. Please comment on the support provided by PAD	1 – No support	2- Little support	3 – Some support	4 – Good support	5 – Great support
In the organization of the sessions	0% (n=0)	0% (n=0)	3% (n=1)	18.2% (n=6)	78.8% (n=26)
In the delivery of the curriculum	0% (n=0)	0% (n=0)	6.1% (n=2)	21.2% (n=7)	72.7% (n=24)
In assisting you in your role	0% (n=0)	0% (n=0)	6.2% (n=2)	18.7% (n=6)	75% (n=24)
In problem solving or overcoming barriers	0% (n=0)	3% (n=1)	3% (n=1)	15.1% (n=15)	78.8% (n=26)
In supporting the recruitment (intake) process	3.7% (n=1)	7.4% (n=2)	3.7% (n=1)	22.2% (n=6)	63% (n=17)
<i>“The support provided by PAD was excellent. The knowledge, analysis and support to the families, teens, and facilitators ensured that the program and curriculum was delivered in a way that always made sense to the particular participants”</i>					

Program Effectiveness

In general (88.9% n=24) the program was perceived to very much or greatly meet the needs of the agency's target population (Table 4).

TABLE 4 4a. Did the program meet the needs of the community/target population the agency typically serves?	
Greatly	51.9% (n=14)
Very much	37% (n=10)
A fair bit	7.4% (n=2)

A little bit	3.7% (n=1)
Not at all	0% (n=0)

Benefits to the Facilitators

The SFPY facilitators felt this experience lead to good-to-great benefit in their development of new skills. Participants felt that it was a very positive learning experience that would inform their daily work. In their words,

“It was a very good experience for me co-facilitating this type of group with an experienced and knowledgeable service provider. It served to sharpen my sense of the unacknowledged resiliency and untapped strengths which often lie within the families we serve. (...) This was a great opportunity for me to affirm and reflect strength back to the participants whilst supporting them through skills building exercises. The particular skills built are now part of my standard approach to practice.”

“I learned about myself as a facilitator and specifically strengthened my skills in working with marginalized youth.”

The program also greatly served the facilitators in that they could apply their expertise. One respondent explained that the knowledge from working within the school system was applied by transmitting her knowledge on youth to parents. Most respondents also declared that the program benefited them greatly in the ability to make a contribution to their community. It was reported several times that the positive impact of the program on the family was seen and felt good. However, opinions on the impact of the program on the acquisition of useful knowledge about services, programs, or people in the community were more debated, with 30% of respondents scoring mid-to-low for this category. In their own words,

“I really felt as though I made a contribution to the well being and skill development for families and was powerful to see the changes throughout the program.”
“(It was) enriching and satisfying to see families truly benefit and engage.”
“The group was amazing to work with; there were small changes made that impacted the families in a huge way.”

While a few participants were unsure of the value of the relationships forged with other service providers (15% gave it a medium-to-low score), many saw the benefit of this aspect. Facilitators noted the need to be on the same page with other staff and felt respected by them. One respondent stated:

“it was a pleasure work with our team of facilitators because they were always well prepared, they cared about out families and they were creative, energetic and very experienced in the delivery of group programs - all very important to the success of the program.”

Benefits to the Participants

The program seemed effective in the facilitators' eyes. Parents seemed to have benefited most in the facilitators' view, with all of them reporting good to great benefit from SPFY. Participants were reported to state that they

“I really enjoyed the program. The youth were brilliant and forthcoming (much more than I ever expected) and the parents really challenged themselves to work through important issues. It was an honour to be a part of the whole process, and I also had a wonderful time working alongside my very accommodating colleagues.”

found the material very helpful and felt equipped to deal with conflict with their teens. In particular, parents seemed to grasp the concepts of anger management and positive communication with their youth. Changes were seen as being developed or igniting throughout the program.

Youth also benefited well to greatly, with 84% of respondents rating it as such. Youth seemed to be engaged and felt the effects of the program in that they were heard and understood. Also, the program allowed for the youth to hang out and meet other people. Nonverbal cues and participation were also a measure of success with the youth program. *“Youth who did not previously participate in the first couple of sessions ended up being more talkative/co-operative, committed to attending, youth who were more introverted at the start were socializing with other family members and beginning to feel confident in their sense of self and some parents indicating to facilitators that their children were looking forward to the following week”.*

Parents and youth were clearly engaged at a different level; as one respondent puts it:

“It was clear that the parents enjoyed the program more than the youth, as they were here by choice and had a clear list of issues they were interested in working through. As for the youth, it sometimes felt that we were telling them what issues they needed to be concerned with.” Another facilitator also noted that *“the youth wanted to get engaged but that the program methodology was alienating for them, as it was often too immature (i.e. cheesy) or too mature (i.e. serious). We need to continue improving on our strategies to engage unmotivated youth.”*

At a family level, the program seemed to improve communication greatly, *“participants commented that they stopped yelling, they improved their communication level, and developed stronger relationship with their youth”.* *“Some [participants] claimed the overall mood in the household changed.”* Nevertheless, it is important to highlight that, as one respondent points out, this is not the end, some families will require follow up after the sessions.

The changes were tangible to the facilitators. A respondent highlighted the perceived feeling of increased empowerment and barriers such as isolation, shame, and powerlessness or inadequacy were broken through support from other parents and staff. *“Participants started to realize that little change in their attitudes and behaviours can make a difference in addressing major challenges within their families.”*

The program's success was also be measured by facilitators through the fact that parents would call the host site and thank them for making the program available, direct feedback from parents, and observable differences in behaviour such as participant engagement. An example of a facilitator's observation states: *“week to week, there were observable changes in the way parents and youth interacted with our team (more relaxed, less defensive, asked for help with issues), and the way parents and youth interacted with each other”.*

Finally, agencies also seemed to greatly benefit from the program according to 73% of the respondents. One of the facilitators claimed that *“the program benefited everyone involved, including organizers and participants greatly. Many positive changes and areas of growth were noted/observed in participants and facilitators themselves.”*

TABLE 5 5a. Please indicate what degree of benefit you experienced as a result of participating in SFPY	1 – No benefit	2 – Little benefit	3 – Some benefit	4 – Good benefit	5 – Great benefit
In the development of new skills	3% (n=1)	0% (n=0)	9.1% (n=3)	42.4% (n=14)	45.5% (n=15)
In the utilization of my expertise or services	0% (n=0)	0% (n=0)	6.1% (n=2)	48.5% (n=16)	45.5% (n=15)
In the development of valuable relationships with other service providers	3% (n=1)	6.1% (n=2)	6.1% (n=2)	39.4% (n=13)	45.5% (n=15)
In the acquisition of useful knowledge about services, programs, or people in the community	3% (n=1)	12.1% (n=3)	15.2% (n=5)	42.4% (n=14)	27.3% (n=9)
In my ability to make a contribution to the community	0% (n=0)	0% (n=0)	9.1% (n=3)	12.1% (n=4)	78.8% (n=26)
Please indicate what degree of benefit you feel that the participants gained as a result of participating in SFPY	1 – No benefit	2 – Little benefit	3 – Some benefit	4 – Good benefit	5 – Great benefit
How much do you feel the youth benefited from the program?	0% (n=0)	0% (n=0)	9.4% (n=3)	43.7% (n=14)	40.6% (n=13)
How much do you feel the parents benefited from the program?	0% (n=0)	0% (n=0)	0% (n=0)	27.3% (n=9)	72.7% (n=24)
How much do you feel your agency benefited from the program?	3% (n=1)	0% (n=0)	12.1% (n=4)	21.2% (n=7)	51.5% (n=17)

97% (all but one) of facilitators mentioned they would be interested in doing the program again:
“I am planning to coordinate and facilitate in as many SFPY, SFP programs that I can! I see a great benefit to the community as well as agencies in providing this service!”

“There has been a great deal of interest in the SFPY 12-16 program expressed by agencies in the FTA community as well as practitioners at [our organization] and by program consultants in [our organization’s] provincial services department. Once the program has been evaluated, I would be pleased to assist in promoting the opportunity of Toronto area agencies delivering the program as well as presenting the opportunity to [our organization].”

“It would be a privilege to be part of this program again and learn so much from the families and youth.”

“I would love to work on this program again, and plan to do so in the future. I believe this is a program that all family service agencies should be working very hard to try and implement.”

**Parent Action on Drugs
Strengthening Families for Parents and Youth (12-16)
Report on Trials 2009 - 2011
Parent Satisfaction and Feedback Response**

Part A

Source: SFP Parent Retro Post Questionnaire, Version May 15, 2008 (Karol Kumpfer, PhD)

N = 58

1. How satisfied were you with this program?

	Number	Percent
Not at all	0	0
Somewhat	0	0
Well	27	46.6
Very Well	28	48.3

2. How much has this program helped your family?

	Number	Percent
Not at all	0	0
Very little	2	0
Somewhat	20	35.5
A lot	36	62.1

3. Would you recommend this program to other families?

	Number	Percent
No	0	0
Maybe	4	6.9
Yes	9	15.5
Yes, definitely	45	77.6

4. Overall, how would you rate your satisfaction with your group leaders?

	Number	Percent
Not at all	0	0
Very little	0	0
Somewhat	1	1.7
Well	23	39.7
Very well	34	58.6

Part B

Source: SFPY Parent Survey (Parent Action on Drugs)

N = 40

Parents in 7 trials were given an open-ended survey with the following questions:

1. *Did this program meet your expectations? Please describe.*
2. *Did you find this program helpful? Please describe.*
3. *Would you suggest changes to improve this program? Please describe.*

Because answers to questions 1 and 2 overlapped, a responses were combined to prevent repetition.

1. Comments on benefits of the program:

- **Learned effective parenting skills (positive approach, less critical, family meetings) = 15**
 - **Improved communication skills = 15**
 - **Understand children/teens more = 14**
 - **Liked whole family approach/ increased quality time = 4**
 - **Family is closer/more respectful = 4**
 - **Learned a lot/helpful topics/ homework = 4**
 - **Social aspect (other families with similar issues) = 4**
 - See improvements in child (confidence, independence) = 3
 - Excellent program/ best parenting program ever attended = 3
 - Impressed with youth participation = 2
 - Helpful topics/homework = 2
 - Improved relationship with child = 2
 - Expanded perspectives/ways of thinking = 2
 - Improved self-awareness/changed me as a parent = 2
 - Liked facilitators sharing their parenting experiences = 1
 - Hearing experiences of other parents = 1
 - Increased knowledge of drugs = 1
 - Best parenting program ever attended = 1
 - Liked the meal and incentives = 1
 - Had fun = 1
 - Felt comfortable asking for help = 1
-
- Didn't see change in child's behavior = 1
 - Missed too much content = 1

2. Suggested changes to the program:

- **Longer program (2-3 weeks) = 12**
- **More time for discussion/questions = 8**
- **Liked the program as it is = 7**
- **Longer parent session (more time to cover content) = 5**
- **Resources (more handouts – rules, info to read before/after session, what youth are reading, activity instructions, notebook to keep resources together) = 4**
- **More activities/ role playing = 4**
- Longer family session = 3
- More tools/ideas = 2
- More sharing experiences/learnings among parents = 2
- More practice time for parents = 2
- Longer youth session = 1
- More emphasis on couple conflicts impacting family = 1
- More focus on future goals for teens = 1
- Increase youth requirements to participate = 1
- Follow up - 1-2 sessions to see progress and help with problems =1
- Bring in community speakers = 1
- Invite previous participants to speak on value of program - 1
- Facilitation – focus on one idea/time = 1
- Facilitators to share own experiences with their kids = 1
- Have facilitators available as resource during meal (reduce personal sharing in session) = 1
- Sometimes heard different messages from different instructors = 1
- Instructions sometimes confusing = 1
- Some teen issues beyond scope of this program = 1
- Have open discussion – no topic = 1
- More on behavior management = 1

Part C

Source: SFPY Parent Survey (Parent Action on Drugs)

N = 32

Length of Program

We have changed this program from a **14 week** program to an **8 week** program. Please circle the answer that describes how you feel about the length of the program.

1. This program was too short. 44%	2. This program was just about the right length. 56%	3. This program was too long. 0
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**Parent Action on Drugs
Strengthening Families for Parents and Youth (12-16)
Report on Trials 2009 - 2011
Youth Satisfaction and Feedback Response**

Part A

Source: SFPY Youth Survey (Parent Action on Drugs, 2010)

In 6 out of 8 trials, youth were asked to respond to an open-ended survey about the program [N = 46].

1. What did you like about the program?

- **Food = 10**
 - **Social aspect (meet new friends, people) = 7**
 - **Activities = 6**
 - **Incentives = 5**
 - **Liked the program (generally) = 3**
 - Discussions = 2
 - Teen session = 2
 - Substance use module = 2
 - Learned a lot = 2
 - Friendly atmosphere = 2
 - Fun = 2
 - Family session = 1
 - Range of topics covered = 1
 - Whole family approach = 1
 - Instructors understood teens = 1
 - Bus fare = 1
-
- Nothing = 2

2. What did you gain from the program?

- **Improved personal skills (self-awareness, power, confidence, anger management, consequences, responsibility) = 10**
- **Improved family communication skills = 5**
- **Improved relationship with parent(s) = 3**
- **Family getting along better = 2**
- Learned new skills to strengthen family = 2
- Understand parents/caregiver better (and vice versa) = 2
- Improved personal communication skills = 1
- Improved problem solving skills = 1
- See parents trying to change = 2

3. What didn't you like about the program?

- **Program (content) was boring = 3**
- Too much of a focus on drugs = 1
- Mixing of age groups = 1
- Too long = 1
- Some activities pointless = 1
- Location too far from home = 1
- Behaviour of other kids (immature) = 1
- Start and end times = 1
- Plastic cutlery = 1
- No air conditioning = 1

4. What do you feel could improve this program?

- **Liked the program as it is = 14**
- **More activities, games, movies = 6**
- **More free time = 4**
- More fun = 2
- Less discussion time = 2
- Longer sessions = 1
- More weeks = 2
- Larger group = 1
- More help with our issues = 1
- Facilitator to control giggling/joking around = 1

Part B

Source: SFPY Youth Survey (Parent Action on Drugs, 2010)

N = 42

Length of Program

We have changed this program from a **14 week** program to an **8 week** program. Please circle the answer that describes how you feel about the length of the program.

<p>1. This program was too short. 52%</p>	<p>2. This program was just about the right length. 43%</p>	<p>3. This program was too long. 2%</p>
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Part C

Source: SFPY Youth Perceptions of Program Effectiveness (C. Smythe, Centre for Addiction and Mental Health, 2010)

In the 3rd out of 8 trials of SFPY, a focus group was conducted for the youth to ascertain their perceptions of the effective of the SFPY program on changes in their relationship within their families. From the focus group, a 10 item questionnaire was developed, using a Likert scale, where 1 = strongly disagree and 5 = strongly agree to respond to questions beginning “*Since we have been in the program.....*”

Trial	1	2	3	4	5	6	7	8	Averages Scale 1-5
# Of Respondents	N/A	N/A	N/A	7	7	N/A	6	7	27
1. I feel more accepted at home/ in my family	N/A	N/A	N/A	3.14	4.29	N/A	3.33	3.14	3.5
2. My parent(s) make(s) more effort to support me	N/A	N/A	N/A	3.28	4.00	N/A	3.83	4.42	4
3. I feel my place in the family is recognized	N/A	N/A	N/A	3.00	4.14	N/A	3.33	4.0	3.5
4. My parent(s) is/are less critical of me	N/A	N/A	N/A	2.42	3.43	N/A	2.66	3.71	3
5. My parent(s) praise(s) me more	N/A	N/A	N/A	2.57	3.57	N/A	3.66	4.14	3.5
6. I feel I really belong in my family	N/A	N/A	N/A	3.00	4.00	N/A	3.00	4.14	3.5
7. My parent(s) make(s) their expectations of me clearer	N/A	N/A	N/A	3.42	4.29	N/A	3.33	4.0	3.75
8. I think my parent(s) has/have really tried to change	N/A	N/A	N/A	2.85	3.57	N/A	3.5	4.42	3.5
9. I appreciate the effort my parent(s) has/have made coming here	N/A	N/A	N/A	3.42	4.29	N/A	4.16	4.85	4
10. My parent(s) and I get along better	N/A	N/A	N/A	3.14	3.57	N/A	3.66	4.14	3.5

Parent Action on Drugs, Ontario, Canada

2009-2011 Eight Cohorts ***Strengthening Families Program 12-16 Years*** **EVALUATION REPORT (ABRIDGED VERSION)** **Reporting Period:** **September 2009 – August 2011**

This is an abridged version of a report prepared by:

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“Parent Action on Drugs (PAD) has implemented an evidence-based model parenting program initiative “Strengthening Families for Parents and Youth (SFPY) Project” towards the aim of enacting an effective strategy for the prevention of substance abuse and juvenile delinquency in youth and in order to improve the parenting skills of clients in diverse youth-serving agencies. Based on assessed community needs and risk factors established through the Toronto Drug Strategy Prevention Working Group, the program chosen to be implemented is the *Strengthening Families Program (SFP)* for families with adolescents ages 12 -16 years old.

The Strengthening Families Program 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 caregivers of school-aged children attend the SFP Parent Training Program in the first hour. At the same time their children attend the SFP Children’s/Youth 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 with different ethnic groups by independent evaluators have found SFP to be an effective program in reducing multiple risk factors for later drug abuse, mental health problems, and delinquency by increasing family strengths, children’s social competencies, and improving parent’s parenting skills.

Overall, family-focused [prevention] approaches average effect sizes that are nine times larger than youth-only prevention approaches and SFP has been found in comparative evaluation reviews of alcohol and drug prevention effectiveness to be twice as effective as the next best prevention program—also a parenting program – in reducing alcohol and drug use.

In a two and a half year project funded by the Drug Strategy Community Initiatives Fund of Health Canada, the PAD team adapted and shortened the SFP curriculum from 14 to 8 sessions, adding a 9th session for concluding activities and evaluation. Hence, the full initiative implemented was a 9-week version. This was a good opportunity to evaluate the effectiveness of a shorter SFP for adolescents.

This report includes the evaluation findings from Years 2009 - 2011 of this initiative. During this time period (fall of 2009 to August 2011) there were 8 SFPY groups completed. A total sample of 50 was used to obtain the results of the evaluation.

The major goals of this evaluation are: 1) to determine if the PAD SFPY program, when conducted with the targeted population, is effective and 2) to determine if the program achieves outcomes similar to the established norms for this evidence-based program.

An “SFP Retrospective Parent Pre/posttest”, using standardized CSAP¹ and NIDA² core measures, was developed and used because of the need for a short, non-research quality, practitioner friendly evaluation instrument. 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.

1. The results of the PAD SFPY Project were excellent and better than expected given this was a shortened 9-session program. There were significant positive results for SFP 12-16 Years for 20 of the 21 outcomes (95%) measured by parent, child and family outcome variables. All (100%) of the parenting outcomes were statistically significant and all (100%) of the family outcomes. Seven of eight (87.5%) of the children’s outcomes were significantly improved, namely Overt aggression, Social skills or competencies, Concentration problems or reduced ADD, Depression, Covert aggression, Hyperactivity and Overall Child Cluster. The results for the youth are very impressive.

Only one of the measured outcomes was not statistically significant, namely child Criminal Behaviors, because of there was no real problem with children’s criminality at the pretest so they could not improve much or significantly.

More importantly 13 of 21 outcomes were large in terms of amount of positive change. The most important outcome is the large mean pre- to posttest changes after participation on the SFP program and large effect sizes (as measured by Cohen’s d). Also, half of the effect size outcomes or amount of pre- to posttest change were larger than the SFP 12-16 Year norms.

¹ Center for Substance Abuse Prevention, USA

² National Institute on Drug Abuse, USA

Taken as whole, finding positive changes in 94% (17 of 18 scales) of the outcome variables for the SFP program suggesting positive changes in the parenting skills of the parents, the family relationships and in the children’s behaviors is an important finding. Changes in all of the parenting and family variables by the post-test are wonderful and should later result in greater improvements in the children.

Overall the positive changes in the youth were considerably larger than the national SFP mean changes by the post-test. This two-year Toronto, PAD SFP results are improved for reducing problem behaviours in the children, particularly for reductions in depression and covert aggression.

2. Despite the large positive outcomes, and high degree of statistical significance in the results, the mean pre- to posttest change scores were not as large as those for the SFP norms, despite the large effect sizes. Possibly this is because the program was shorter in length at only 9 sessions and not the normal 14 sessions. What is puzzling is that the effect sizes were larger than the norms for a three of the children’s outcomes.

Overall, the preliminary results provide an indication of the robustness of the PAD SFP 9-session version when implemented by dedicated Group Leaders and Site Coordinators in the field. These data refute the general notion of the “watering down of effectiveness” when an evidence-based program is implemented in the field and not in research controlled by the program developer.

In this case, the program developer is implementing the evaluation to assure quality of measures and data analysis, but is not involved as much in the assurance of quality in the training and implementation. A publication on the positive results of this study compared with two of the existing SFP research studies using randomized control trials should be written to disseminate evidence that it is still possible to get good results— even better results when SFP is implemented by staff who really care that their clients improve.

We are very pleased with the quality of implementation and very large positive outcomes of SFP in the [9 session adapted] Toronto PAD implementation. These data suggest that SFP is being implemented with quality and sensitivity to the needs of the families, which is creating significant positive changes in parents, children and the families.”

For the complete report with references, please contact pad@parentactionondrugs.org