



# OJJDP

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## JUVENILE JUSTICE BULLETIN

# Competency Training The Strengthening Families Program: For Parents and Youth 10–14



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*The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.*

The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) is a 7-week curriculum designed to bring parents together with their 10- to 14-year-old children, with the goal of reducing substance abuse and other problem behaviors in youth. Bringing parents and youth together in such a program has been particularly effective in building skills and changing behavior. A controlled study demonstrated that both parents and youth who attended the program showed significant positive changes. Youth who

participated in the study had less substance use, fewer conduct problems, and better resistance to peer pressure. These positive changes were indicated by both delayed onset of problem behaviors and relatively more gradual increases in these behaviors compared with the control group during the 4 years following the study pretest. Results indicated that program parents were better able to show affection and support and set appropriate limits for their children. According to program theory, these parenting skills help parents protect youth from becoming involved in substance abuse and other problem behaviors.

### Background and History

The SFP 10–14 was the result of a major revision of the Strengthening Families Program (SFP) originally developed in 1983 by Kumpfer, DeMarsh, and Child (1989) as part of a 3-year prevention research project funded by the National Institute on Drug Abuse (NIDA). The original SFP was designed to reduce vulnerability to drug abuse in 6- to 12-year-old children of methadone maintenance patients and substance-abusing outpatients. The curriculum included separate 1-hour sessions for parents and children followed by a family session. One session was scheduled per week, typically for 12

### From the Administrator

Families are important sources of support and guidance for children. Because the welfare of children is often tied to the strength of their families, OJJDP is committed to helping parents help their children.

This Bulletin, one in OJJDP's Family Strengthening Series, features the Strengthening Families Program: For Parents and Youth 10–14, a program designed to build stronger families and, in the process, reduce juvenile substance abuse and other delinquent acts. The Bulletin provides a history of the original Strengthening Families Program, from which today's program was developed.

The Bulletin details the specific risk and protective factors that are targeted in each of the program's sessions and summarizes the content, mechanics, and implementation of the program. It also describes the findings of the program's evaluation and its replication.

The Strengthening Families Program: For Parents and Youth 10–14 has proven effective in reducing adolescent substance abuse and other problem behaviors and in improving parenting skills and enhancing child-parent relations. This Bulletin serves as an important resource for educators, policymakers, researchers, and community organizations in their efforts to improve the outlook for children and families.

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to 14 consecutive weeks. In a study design that compared sessions for parents only, youth only, and parents, youth, and families combined, the group that included a combination of sessions for parents, youth, and family showed the most promising results. The original SFP (Kumpfer, DeMarsh, and Child, 1989), recognized by NIDA as a research-based, family-focused prevention program, was tested extensively with high-risk ethnic families. The results of these studies mirror the generally positive findings of the original NIDA research results.

In 1992, the Social and Behavioral Research Center for Rural Health at Iowa State University (ISU) received a grant from the National Institute of Mental Health (NIMH) to test the SFP in a general population of rural families with young adolescent children. This grant, along with a similar grant from NIDA to test another prevention program, became a part of Project Family, a series of investigations on family-focused preventive interventions. The Project Family investigators, including Dr. Richard Spoth (principal investigator) and Dr. Karol Kumpfer (coprincipal investigator), agreed that the SFP needed substantial revision to meet the needs of a general population of families with young adolescents in a midwestern rural area. In part, this conclusion was based on the results of consumer research with families similar to those targeted by the NIMH study. Dr. Virginia Molgaard, a coprincipal investigator at ISU, worked with Dr. Kumpfer to revise the SFP. They developed a 7-week curriculum identical in format to the original program (i.e., the revised SFP also has separate sessions for parents and youth, plus sessions in which family units practice skills together).

This curriculum, the Iowa Strengthening Families Program (ISFP), was an early version of the SFP 10-14. The ISFP was tested through Project Family with 446 midwestern families who live in economically stressed areas. The participants in the study were from 22 rural school districts randomly assigned to intervention and control conditions. The positive findings yielded by the data analyzed in this study earned the program recognition by OJJDP's Strengthening America's Families Initiative<sup>1</sup> and by two other Federal agencies: NIDA (National Institute on Drug Abuse, 1997) and the U.S. Department of Education. Subsequently, the ISFP was revised to make it appropriate for ethnically diverse families and was renamed the Strengthening Families Program: For Parents and Youth 10-14. African American, Hispanic, and white families have participated in the program.

## Risk and Protective Factors Addressed

The long-range goal of the SFP 10-14 is reduced substance use and behavior problems during adolescence. Intermediate objectives include improved parental nurturing and limit-setting skills, improved communication skills for both parents and youth, and youth prosocial skills development. The risk and protective factors for parents and youth that are addressed in each session are shown in table 1.

<sup>1</sup> For additional information, see Kumpfer and Alvarado (1998), the introductory Bulletin in OJJDP's Family Strengthening Series.

## Content and Program Mechanics

The SFP 10-14 is a universal program designed to reach the general population and is culturally sensitive to multiethnic families with young adolescents who live in urban and rural areas. It is appropriate for parents of all educational levels.

### Format

The SFP 10-14 consists of seven sessions plus four booster sessions. Parents and youth attend separate skill-building sessions for the first hour and spend the second hour together in supervised family activities. The program is designed for 8 to 13 families and is typically held in a public school, church, or community center. At least two rooms (one for youth and one for parents) are required for each session, with family sessions taking place in the larger of the two rooms. Three facilitators (one for parents and two for youth) are needed for each session. All of the facilitators offer assistance to families and model appropriate skills during the family session.

### Content

Youth and parent sessions contain parallel content; the family session provides reinforcement and skills practice (see table 2 on page 5). For example, while the parents are learning how to use consequences when youth break rules, youth are learning about the importance of following rules. In the family session that follows, youth and parents practice problem solving as a family for situations when rules are broken.

Youth sessions focus on strengthening prosocial goals for the future, dealing with stress and strong emotions, appreciating parents and other elders, increasing the desire to be responsible, and building skills to deal with peer pressure. Parent sessions include discussions of parents' potential positive influence on young teens. These discussions focus on understanding the developmental characteristics of youth, providing nurturing support, dealing effectively with children in everyday interactions, setting appropriate limits and following through with reasonable and respectful consequences, and sharing beliefs and expectations regarding alcohol and drug use. During family sessions, parents and youth practice listening and communicating with respect, identify family strengths and family values, learn

**Table 1: Risk and Protective Factors**

Session	Factors Addressed	
	Protective	Risk
Session 1	Positive future orientation, goal setting and planning, supportive family involvement.	Demanding/rejecting behavior, poor communication skills.
Session 2	Age-appropriate parental expectations, positive parent-child affect, empathy with parents.	Harsh and inappropriate discipline, poor child-parent relationship.
Session 3	Emotional management skills, family cohesiveness.	Harsh, inconsistent, or inappropriate discipline; poor communication of rules; child aggressive or withdrawn behavior.
Session 4	Youth reflective skills, empathy with parents, prosocial family values.	Poor parental monitoring; poor, harsh, inconsistent, or inappropriate discipline; youth antisocial behaviors.
Session 5	Cohesive, supportive family environment; consistent discipline; meaningful family involvement; empathetic family communication; social skills; peer refusal skills.	Indulgent or harsh parenting style, family conflict, negative peer influence.
Session 6	Positive parent-child affect, clear parental expectations regarding substance use, interpersonal social skills, peer refusal skills.	Poor school performance, negative peer influence.
Session 7	Positive parent-child affect, reinforcement of risk reduction skills addressed in the program, reinforcement of protective factors and youth assets.	Poorly managed adult stress, poor social skills in youth.
Booster Session 1	Prosocial peer interaction skills, effective stress and coping skills.	Ineffective conflict management skills, poorly managed adult stress.
Booster Session 2	Conflict resolution skills, positive marital interaction.	Peer conflict and aggression, hostile family interactions.
Booster Session 3	Cohesive, supportive family environment; empathy with parents; consistent discipline.	Harsh and inappropriate discipline, poor child-parent relationship, poor communication of rules.
Booster Session 4	Positive marital interaction, family cohesiveness, peer refusal skills.	Ineffective conflict management skills, negative peer influence, inappropriate parental expectations.

how to use family meetings to teach responsibility and solve problems, and learn how to plan enjoyable family activities. Youth, parent, and family sessions include discussions, skill-building activities, videotapes that model positive behavior, and games designed to build skills and strengthen positive interactions among family members.

**Processes**

Parent sessions include didactic presentations, role-plays, group discussions, and other skill-building activities. Videotapes are used for all parent sessions; this standardizes the program and visually demonstrates effective parent-child interactions. Because videotapes are used, only one parent workshop leader/instructor is required. The videotapes include timed countdowns for group discussion and activities—the facilitator starts the video at the beginning of the session and lets it run for the entire hour-long parent session. This ensures that the group remains on schedule and is ready for the subsequent family session. The videotapes include didactic presentations by an African American narrator and a white narrator and numerous vignettes of typical family situations and interactions (both positive and negative). Adults and youth in the vignettes include African American, Hispanic, and non-Hispanic white actors.<sup>2</sup> Approximately one-fourth to one-third of each parent session consists of didactic presentations and observations of videotaped family vignettes; the remaining time is spent in skill practice, open discussion, and group support.

The majority of each youth session is spent in small and large group discussions, group skill practice, and social bonding activities. Youth topics are presented in gamelike activities in order to engage youth and keep their interest while they are learning. In sessions 5 and 6, the videotape *Keeping Out of Trouble and Keeping Your Friends: A Road Map* is shown to motivate youth to resist peer pressure and to teach specific steps in resistance.

Family sessions help parents and youth practice skills learned in the separate parent and youth sessions. Activities include communication exercises and poster-making projects in which family members

<sup>2</sup> For information about adaptations of the program for other ethnic groups, contact Dr. Molgaard.



## Theoretical Assumptions

Several etiological and intervention models influenced the development of the SFP 10–14: the biopsychosocial vulnerability model, a resiliency model, and a family process model linking economic stress and adolescent adjustment. The following paragraphs describe each of these models.

The biopsychosocial vulnerability model was the basis for the original SFP. It offers a framework that suggests that family coping skills and resources (such as effective family management, conflict resolution/problem-solving skills, and communication skills) buffer family stressors (such as family conflicts and financial stress). This approach assumes a developmental perspective, with the family exerting relatively more influence on young adolescents than on older adolescents.

The curriculum was adapted for young adolescents and their parents (SFP 10–14), guided by the resiliency model of Kumpfer (1994, 1996) and Richardson et al. (1990). The model includes greater focus in families on protective processes that are associated with basic resiliency characteristics in youth. Thus, the program includes instruction in seven associated coping or life skills—emotional management skills, interpersonal social skills, reflective skills, academic and job skills, ability to

restore self-esteem, planning skills, and problem-solving ability.

The family process model is based on research conducted at Iowa State University and supported by data from the Iowa Youth and Families Project. It provides support for risk variables targeted by the SFP 10–14, linking economic stress to problematic adolescent adjustment. In this model, objective economic stress was related to parents' perceptions of increased economic pressure. This perceived pressure, in turn, was linked to increased parental depression and demoralization, leading to greater marital discord and more frequent disruptions in skillful parenting. Finally, the model indicates that this disrupted parenting adversely affects adolescent adjustment (Conger et al., 1991).

These models support family-risk-focused and youth resiliency approaches to prevention using strategies to reduce or buffer the known, overlapping precursors of conduct and substance use problems in adolescents that originate in the family. The strategies also help youth build protective coping skills through positive rather than negative behaviors. The SFP 10–14 authors (Molgaard, Kumpfer, and Fleming, 1997) have incorporated empirically supported techniques for improving family management practices and youth skill enhancement to address selected risk and resiliency factors in the models.

visually express concepts such as appreciating each other's strengths and identifying family values. Teaching games help parents and youth empathize with each other and learn skills in family problem solving. Two of the family sessions use instructional videotapes to demonstrate how to institutionalize positive family change and maintain SFP 10–14 program benefits by holding regular family meetings and working together to help youth deal with peer pressure. The leaders facilitate discussions and group activities between videotape segments. Two-thirds of each family session is spent within individual family units in which parents and youth participate in discussions or projects. The remaining time is spent in large-group skill-building activities and games. Each family session ends with a closing circle in which all youth and parents

stand together in a circle and respond to an open-ended statement based on session content, such as "One thing we like to do as a family is . . ."

The following methods are used to encourage participants to maintain the skills they learned through the program. During the final family session, group leaders show slides of the youth, parent, and family sessions taken during the course of the program. This slide show serves as a review of program content in a format that is attractive to both young people and adults. During the final review session, a framed certificate with a photograph of parent(s) and child(ren) taken during program sessions is given to each participating family. The families are asked to display the certificates in their homes to serve as a reminder of concepts and skills learned

in the program. In addition, during the last session, parents and youth write structured letters to each other related to the content of the program (see page 6). The letters are collected by program facilitators and mailed to the families 1 month after the last session. In addition, several family activities result in posters that participants display in their homes.

## Materials

A 415-page instructor manual contains a teaching outline, a script for the videotapes, and detailed instructions for all activities. The "Overview" section includes background information and practical considerations for implementing the SFP 10–14, such as recruitment, facilitator job descriptions, and suggested processes for registration, meals and snacks, incentives, and childcare. A detailed timeline for organizing and implementing the SFP 10–14 and a list of needed equipment and materials are also included. Master copies of each parent, youth, and family worksheet and homework assignment are provided at the end of each session. Materials for the first seven sessions also include the nine videotapes described above—six for parent sessions, one for youth sessions 5 and 6, and two for family sessions. The manual also includes master copies of a program flier, ordering information, and evaluation instruments. A separate 215-page manual contains the four booster sessions for parents, youth, and families. Two additional videotapes are required for the booster sessions.

## Program Implementation

### Facilitators

**Group leaders.** Three group leaders are needed—one for the parent session and two for the youth session. The roles of the group leaders change from teacher to facilitator during the family sessions. Each group leader is responsible for three or four families and works with the same group of families for the duration of the program. The group leader spends time with each family during the session and offers help when needed.

Group leaders must have strong presentation and facilitation skills, experience working with parents and/or youth, enthusiasm for family skill-building programs, and the ability to be flexible with individuals and activities within the confines of the

standardized program. They must have good organizational skills and a strong sense of responsibility for carrying out the program as designed. Their responsibilities include attending at least 2 days of training in which they learn about the program and gain practical experience with the teaching activities, preparing for each session by reviewing the activities and assembling needed materials, teaching youth or parent sessions for 7 weeks (plus four booster sessions), and helping to facilitate the family session. Effective group leaders can be drawn from the following: family and youth service workers, mental health staff, teachers, school counselors, ministers, church youth staff, skilled parents who have previously attended the program, and staff from the Cooperative Extension Service. Affiliated with the U.S. Department of Agriculture, the Cooperative Extension Service is administered through each State's land-grant university. As it relates to youth and families, the mission of the Cooperative Extension Service is to provide preventive education through county-based services throughout the United States.



**Additional staff.** In addition to the three group leaders, local coordinators can help recruit families; arrange for, locate, and oversee childcare workers and transportation; and make arrangements for building access and equipment. These local coordinators can be recruited by the sponsoring agencies, which may include the local Cooperative Extension Service,

churches, schools, the YMCA and YWCA, and other youth- and family-serving agencies and groups. Coordinators can be either community volunteers or paid from small local or State grants.

**Training.** Facilitators receive at least 2 days of training to learn about the background, evaluation, goals, and content of the program and to take part in session activities. Training also includes information on practical considerations for implementing the SFP 10–14, such as recruiting families and handling challenging parents and youth during program sessions. Onsite trainings by a team of experienced trainers can be scheduled. Consultation and technical assistance for facilitators are available after the training at no cost.

### Recruitment

Recruitment is carried out by a local family-serving agency such as a substance abuse prevention agency, the Cooperative Extension Service, a church, a school, the YMCA or YWCA, or another community group. An active coalition of such groups has been shown to provide the most effective recruitment. The suggested procedure for recruiting begins by identifying a core group of parents in the targeted group, meeting together to motivate them to recruit other families, and then asking them to invite other families to the program. Recruitment materials include program brochures and a short motivational videotape with footage from an actual program that illustrates program features and includes positive comments from parents who have participated.

When grant money from State and local funds is available, families are given incentives such as \$5 grocery certificates

**Table 2: Session Topics**

Primary Sessions	Booster Sessions
	<b>Parent</b>
Using Love and Limits	Handling Stress
Making House Rules	Communicating When You Don't Agree
Encouraging Good Behavior	Reviewing Love and Limits Skills
Using Consequences	Reviewing How To Help With Peer Pressure
Building Bridges	
Protecting Against Substance Abuse	
Getting Help for Special Family Needs	
	<b>Youth</b>
Having Goals and Dreams	Handling Conflict
Appreciating Parents	Making Good Friends
Dealing With Stress	Getting the Message Across
Following Rules	Practicing Our Skills
Handling Peer Pressure I	
Handling Peer Pressure II	
Reaching Out to Others	
	<b>Family</b>
Supporting Goals and Dreams	Understanding Each Other
Appreciating Family Members	Listening to Each Other
Using Family Meetings	Understanding Family Roles
Understanding Family Values	Using Family Strengths
Building Family Communication	
Reaching Goals	
Putting It All Together and Graduation	

for parents and \$2 or \$3 fast-food coupons for youth. In addition, a weekly drawing may be held for a gift that includes snacks and a family game to encourage families to spend time together at home. Grant money can also be used for family meals during program sessions and for childcare. The program has also been carried out successfully without incentives. If grant funds are not available, families can take turns bringing snacks for program sessions.

### Location and Equipment

A school, church, or community center with at least two separate rooms is appropriate. Parents and youth meet in separate rooms during the first hour. The family session that follows requires a room large enough to hold both groups, preferably

one with tables for family activities. One TV and one VCR are needed for parent sessions 1–6. The same units can be used for family sessions 3 and 6. An additional TV and VCR are needed for youth sessions 5 and 6. Flipcharts or an erasable board are needed for all sessions. A slide projector is needed for session 7. Program materials, including flipcharts, markers, and other supplies, cost about \$15 per family.

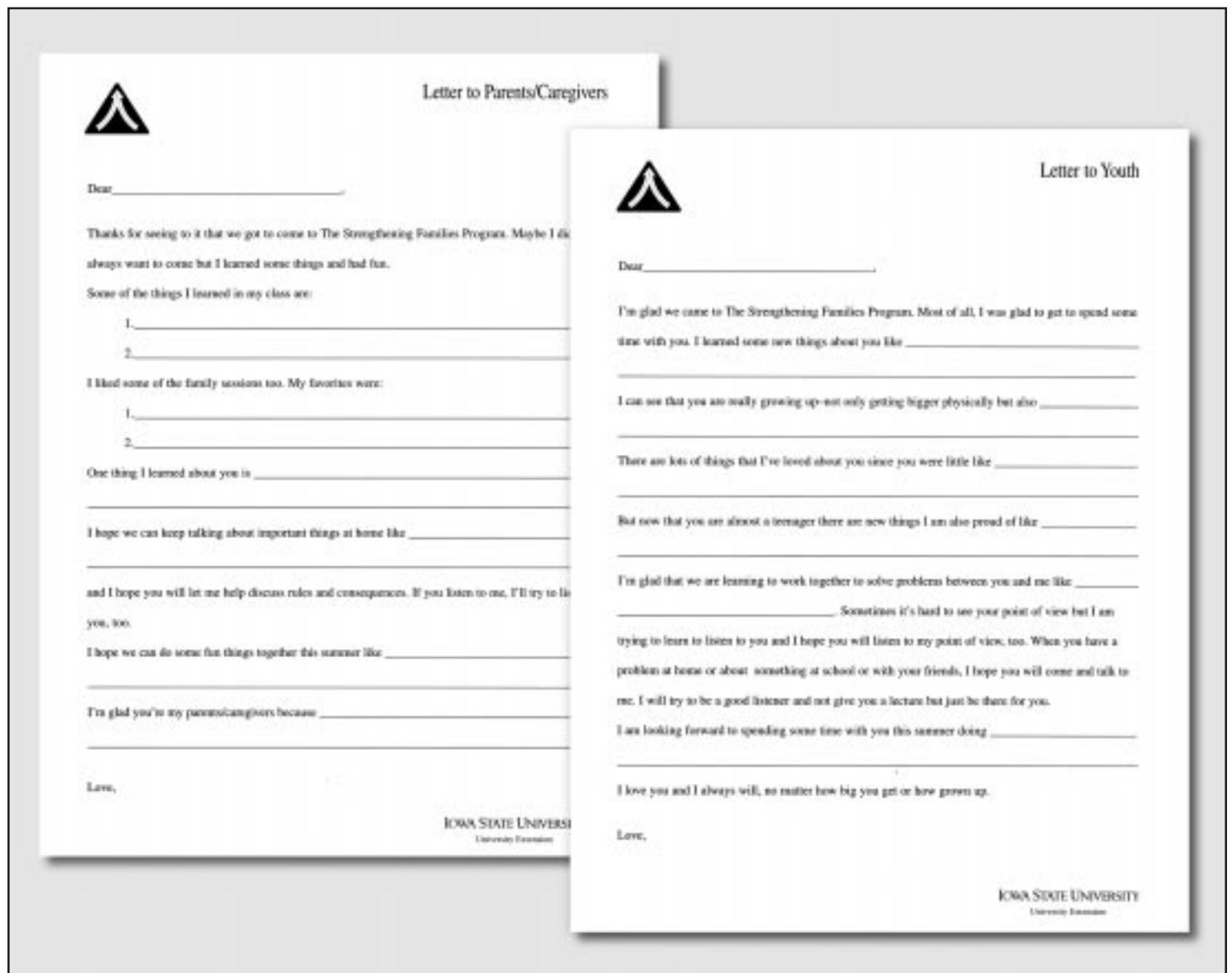
### Scheduling

Many group leaders who have taught the program have found that it is best to schedule the sessions in October and November or from January to March. This timing avoids competition with either spring and summer activities or busy holiday schedules. Others have adapted the lessons to

a 13-week format suitable for a Sunday morning education hour. In this format, the 1-hour parent and youth sessions are followed by the family session a week later. Booster sessions may be held 3 to 12 months after session 7.

### Meals or Snacks

A meal or snack before or during the program session can be a powerful incentive for attendance if grant money is available or if the food can be donated and prepared by volunteers. Meals should begin at about 6 p.m., and the program sessions should begin at about 6:30 p.m. Group leaders for groups that do not have funds for meals or volunteers to prepare them should arrange for snacks to be served during the last 20 minutes of the family session or between







the youth and parent sessions and the family session. Group leaders can bring snacks for the first and last sessions and can ask participating families to bring and serve snacks for the other sessions. In some cases, local restaurants have provided food for one or more sessions.

### Childcare and Transportation

The availability of childcare for younger children will allow some families to participate in the program and attend regularly. If funds are not available for childcare workers, the support of a church, 4-H Club, or other group can be enlisted. Childcare providers should be encouraged to bring games, books, and craft materials.

Transportation can also be an important factor for some families. Depending on local program resources, one of the following options may be chosen. If several families need transportation, it may be possible to borrow or rent a van from a local family-serving agency. If grant funds allow, families can be given money for a bus or taxi. As an alternative, group leaders can ask about transportation needs at the first session, and some families may be able to offer rides to other families.

### Scientific Evaluation

Following the content revisions to the original SFP and the subsequent feasibility studies (Kumpfer, Molgaard, and Spoth, 1996), a large-scale prevention trial of the ISFP, including long-term followup evaluations, was conducted in public schools in the rural Midwest. In addition to a posttest, followup data collections were

completed approximately 1½, 2½, and 4 years after pretesting. Selected schools were located in rural communities with populations of less than 8,500; these communities had a relatively high percentage of low-income families participating in the school lunch program.

The experimental design entailed random assignment of 33 schools to 1 of 3 conditions: (1) the ISFP; (2) Preparing for the Drug Free Years (PDFY) (Catalano and Hawkins, 1996), a 5-session youth and family program; or (3) a minimal-contact control condition, with a total of 22 schools in the ISFP and control conditions. Families in the control condition received a set of four parenting guidelines written by Cooperative Extension Service personnel; the guidelines provided information on developmental changes of preteens and teens in physical, emotional, cognitive, and relational domains. (See Spoth, Redmond, and Shin, 1998, for further information on evaluation design and methods.) The results that follow include those from ISFP families and control families.<sup>3</sup>

### Measures and Data Collection

Outcome evaluations entailed the use of multi-informant, multimethod measurement procedures at pretest, posttest, and followup data collection points (Spoth and Redmond, 1996; Redmond et al., 1999; Spoth, Redmond, and Shin, 1998). Assessments included in-home videotapes of families in structured family interaction

<sup>3</sup>For results from PDFY, see Haggerty et al. (1999).

### Participating parents say:

"It was fun and moved along quickly."

"I liked listening to what has worked with other families."

"Outstanding! Has been very helpful to us as a family unit."

"I wish I could have attended when my two older kids were this age. We benefited very much."

"I learned that I have to follow through with what I say and not back down on the rules we have set."

"I learned that I'm not alone with my fears of raising my children. I have the same questions and fears that all the other parents have."

### Participating youth say:

"I didn't realize how much my mom cared about me."

"I learned that my parents are fun to be with."

"I learned to respect your parents and realize money doesn't grow on trees."

"I learned what to say if someone is trying to get you in trouble."

"I liked to hear about what my dad was like when he was my age."

"I liked the activities with my parents in the family session."

"I found out how to handle stress when I'm all frustrated."

tasks, in-home interviews that included scales from standardized instruments such as the SCL-90-R (Derogatis, 1983), and commonly used measures such as the National Survey of Delinquency and Drug Use (Elliott, Huizinga, and Ageton, 1982).

A total of 161 families participated in 21 ISFP groups at 11 different schools. Groups ranged in size from 3 to 15 families; the average group consisted of 8 families, with an average of 12 adults and 8 youth. Both single-parent and two-parent families participated. Participation rates were high among pretested families. Among more than half of the two-parent families, both parents attended at least some of the sessions. Ninety-four percent of attending

pretested families were represented by a family member in five or more sessions.<sup>4</sup> Unannounced observations of the program implementation procedures of each team of group leaders confirmed that the teams covered all of the key program concepts.

## Results

An analysis of data collected in the longitudinal, controlled study demonstrated positive results for both parents and youth. Comparisons between the intervention and control groups showed significantly improved parenting behaviors directly targeted by the intervention (e.g., clarification of substance use rules and consequences, increased level of positive parent-child involvements). These behaviors, in turn, were strongly associated with general child management (e.g., standard setting, monitoring, effective discipline) and parent-child affective quality (e.g., expressions of positive affect). Analyses of youth substance use and use-related child outcomes (e.g., gateway substance use, conduct problems, school-related problem behaviors, affiliation with antisocial peers, peer resistance) have demonstrated positive outcomes at followup assessments.

Following confirmation that randomization resulted in equivalent groups at pretest, differential attrition was assessed and found to be nonsignificant. Subsequent posttest analyses of parenting outcomes included indicators for three constructs: intervention-targeted parenting behaviors (ITPB's), general child management, and parent-child affective quality. A latent variable measurement model incorporating multiple self-report and observational indicators of the parenting outcomes was developed. This measurement model was then employed in a test of a theory-based structural model examining a sequence of direct and indirect intervention effects. According to this model, ITPB's were expected to be directly affected by the intervention, whereas parent-child affective quality and general child management were expected to be primarily indirectly influenced by the intervention through effects on ITPB's. Results supported the hypothesized model. When controlling for pretest levels and measurement method effects, all hypo-

thesized effect paths at posttesting were significant at the 0.01 level. The effect size of the intervention on the ITPB's was moderate, and the indirect effects of the intervention on the global parenting constructs were statistically significant (Russell et al., 1998; Spoth, Redmond, and Shin, 1998). Similar results were obtained when the model was evaluated with 1 $\frac{1}{2}$ -year followup data (Redmond et al., 1999).

The two general parenting constructs employed in the structural equation model (general child management and parent-child affective quality) were also assessed individually through multilevel analysis of covariance (ANCOVA), employing 1 $\frac{1}{2}$ - and 2 $\frac{1}{2}$ -year postbaseline followup assessment data. Reports from the target child, mother, and father, along with observer ratings, were standardized and combined to construct the measures for the 1 $\frac{1}{2}$ -year followup analyses; all except observer ratings were also available for the 2 $\frac{1}{2}$ -year followup analyses. Results indicated significant parenting outcome differences between the intervention and control groups at both the 1 $\frac{1}{2}$ -year followup (on ITPB's and parent-child affective quality) and the 2 $\frac{1}{2}$ -year followup (parent-child affective quality) (Spoth, Redmond, and Project Family Research Group, 1997).

Because of the young age of children in the study, significant intervention-control differences in problem behavior outcomes were expected to be initially detectable at the 1 $\frac{1}{2}$ -year postbaseline followup and in subsequent assessments. Consistent with this expectation, multilevel ANCOVA's showed significant intervention-control differences in substance use, conduct prob-

lems (e.g., physical aggression, minor theft, property damage), school-related problem behaviors (e.g., truancy, cheating), peer resistance, and affiliation with antisocial peers at 1 $\frac{1}{2}$  and 2 $\frac{1}{2}$  years following pretesting (Spoth, Redmond, and Project Family Research Group, 1997, 1998). Detailed analyses of individual substance use behaviors showed noteworthy differences between the intervention and control groups. For example, at the 1 $\frac{1}{2}$ -year followup, there was a 60-percent relative reduction in the first-time use of alcohol without parental permission in the intervention group (Spoth, Redmond, and Lepper, 1999). Continued divergence of the intervention group and the control group on this outcome variable has been observed at the 2 $\frac{1}{2}$ -year postbaseline followup and beyond (see figure 1).

In addition, the probability of transitioning from nonuse of tobacco, alcohol, or other drugs was examined. This examination focused on a five-status, stage-sequential model of substance use initiation and progression, adapted from a model previously tested by Graham and colleagues (1991). Findings suggested that ISFP group children who had not initiated substance use at the 1 $\frac{1}{2}$ -year followup assessment were significantly less likely to initiate use by the 2 $\frac{1}{2}$ -year followup assessment than were control group children (Spoth et al., 1999). Finally, recent analyses of substance use initiation and levels of use (alcohol, tobacco, and marijuana) and other problem behaviors (hostile and aggressive behaviors) at 4 years postbaseline have also shown positive results. Specifically, as compared with youth in the control group, those in



<sup>4</sup> Other findings concerning participation in ISFP can be found in Spoth, Goldberg, and Redmond (1999); Spoth et al. (1996, 1997); and Spoth (1999).



the ISFP group showed significantly delayed initiation of alcohol, tobacco, and marijuana use (Spoth, Redmond, and Shin, 2000a); lower frequency of alcohol and tobacco use (Spoth, Redmond, and Shin, 2000a); and lower levels of overt and covert aggressive behaviors and hostility in interactions with parents (Spoth, Redmond, and Shin, 2000b). (See figure 1 for a comparison of intervention and control group alcohol use initiation rates across data collection points.)

## Replications

In addition to its implementation in the Project Family study described previously, the curriculum has been effectively carried out by local communities without external funding. Most of these programs have been implemented by schools, churches, substance abuse prevention agencies, and the Cooperative Extension Service. In addition, a controlled study with 110 African American families is being conducted with funding from the National Institute on Alcohol Abuse and Alcoholism. It is part of the Families and Communities Health Study funded by NIMH through the ISU Institute for Social and Behavioral Research. Another longitudinal, controlled Project Family study, funded by NIDA, is designed in part to



determine whether involving families in the SFP 10-14 in addition to a school-based substance abuse prevention program (Botvin, 1996) is more effective than the school-based training alone.

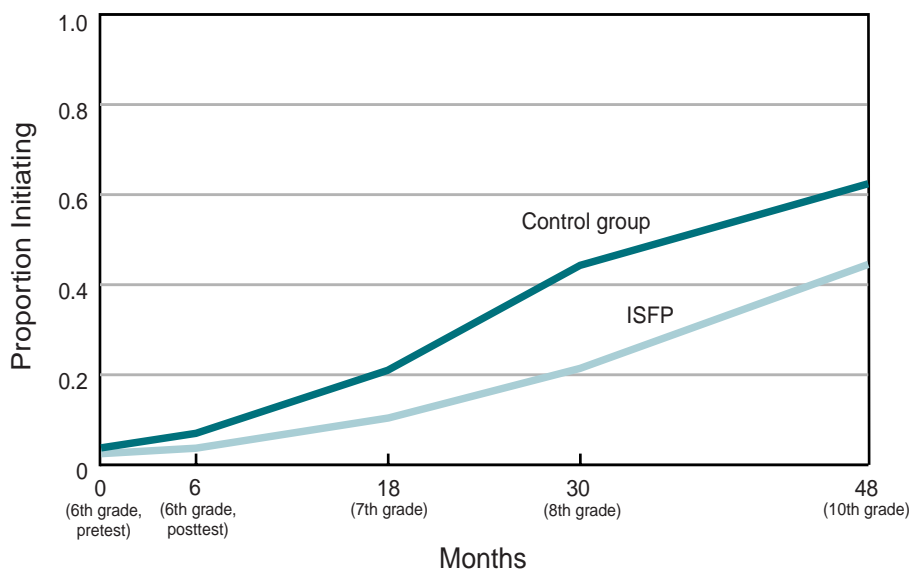
## Summary and Conclusion

The SFP 10-14 is an adaptation of the original SFP by Kumpfer and colleagues for a general population of young adolescents

and their parents. The program seeks to reduce adolescent substance abuse and other problem behaviors, enhance parenting skills, and build stronger families. The curriculum has seven 2-hour sessions and four booster sessions (to be delivered 3 months to 1 year after the first seven sessions). In each session, youth and parents meet separately for the first hour to increase understanding and learn skills. During the second hour, they meet together in a family session to practice these skills. All session topics are based on risk and protective factors identified by relevant research with youth and families.

The early version of SFP 10-14 (the Iowa Strengthening Families Program) has been scientifically tested in a randomized, controlled study of 446 families through Project Family at the Institute for Social and Behavioral Research at ISU. Results of the multimethod, multi-informant longitudinal study have shown that the program is effective in reducing adolescent substance abuse and other problems, improving parent-child relationships, and building parenting skills. The program also has been successfully conducted in multiple community settings in the Midwest and in other areas. Although findings from studies with urban and ethnically diverse families are not yet available, the current version of the video-based curriculum is appropriate for diverse audiences and has been used in both urban and rural settings. Trainings may be scheduled at local sites by contacting Dr. Molgaard. More information about the program is available at [www.exnet.iastate.edu/Pages/families/sfp.html](http://www.exnet.iastate.edu/Pages/families/sfp.html).

**Figure 1: Alcohol Use Without Parental Permission\***



\*ISFP youth compared with youth who did not attend the program.  
Source: Spoth, Redmond, and Shin, 2000a.

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## For Further Information

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## References

- Botvin, G.J. 1996. *Life Skills Training: Promoting Health and Personal Development*. Princeton, NJ: Princeton Health Press.
- Catalano, R.F., and Hawkins, J.D. 1996. The social development model: A theory of anti-social behavior. In *Delinquency and Crime: Current Theories*, edited by J.D. Hawkins. New York, NY: Cambridge University Press.
- Conger, R., Lorenz, F.O., Elder, G.H., Melby, J.N., Simons, R.L., and Conger, K.J. 1991. A process model of family economic pressure and early adolescent alcohol use. *Journal of Early Adolescence* 11(4):430–449.
- Derogatis, L.R. 1983. *SCL-90-R: Administration Scoring and Procedures Manual II*. Towson, MD: Clinical Psychometric Research.
- Elliott, D.S., Huizinga, D., and Ageton, S.S. 1982. *Explaining Delinquency and Drug Use*. Report No. 21. Boulder, CO: Behavioral Research Institute.
- Graham, J.W., Collins, L.M., Wugalter, S.E., Chung, N.K., and Hanson, W.B. 1991. Modeling transitions in latent stage-sequential processes: A substance use prevention example. *Journal of Consulting and Clinical Psychology* 59(1):48–57.
- Haggerty, K., Kosterman, R., Catalano, R.F., and Hawkins, J.D. 1999. *Preparing for the Drug Free Years*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Kumpfer, K.L. 1994 (December). Predictive validity of resilience for positive life adaptations. Paper presented at National Institute of Drug Abuse Resiliency Symposium, Washington, DC.
- Kumpfer, K.L. 1996. Factors and processes contributing to resilience: The resiliency framework. In *Resiliency and Development: Positive Life Adaptations*, edited by M. Glantz, J. Johnson, and L. Huffman. New York, NY: Plenum.
- Kumpfer, K.L., and Alvarado, R. 1998. *Effective Family Strengthening Interventions*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Kumpfer, K.L., DeMarsh, J.P., and Child, W. 1989. *Strengthening Families Program: Children's Skills Training Curriculum Manual, Parent Training Manual, Children's Skills Training Manual, and Family Skills Training Manual*. Salt Lake City, UT: University of Utah, Social Research Institute, Graduate School of Social Work.
- Kumpfer, K.L., Molgaard, V., and Spoth, R. 1996. The Strengthening Families Program for the prevention of delinquency and drug use. In *Preventing Childhood Disorders, Substance Abuse, and Delinquency*, edited by R.D. Peters and R.J. McMahon. Thousand Oaks, CA: Sage Publications, pp. 241–267.
- Molgaard, V., Kumpfer, K., and Fleming, E. 1997 (Revised). *The Strengthening Families Program: For Parents and Youth 10–14*. Ames, IA: Iowa State University Extension.
- National Institute on Drug Abuse. 1997. *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*. NIH Publication No. 97-4212. Rockville, MD: National Institute on Drug Abuse.
- Redmond, C., Spoth, R., Shin, C., and Lepper, H. 1999. Modeling long-term parent outcomes of two universal family-focused preventive interventions: One year follow-up results. *Journal of Consulting and Clinical Psychology* 67(6):975–984.
- Richardson, G.E., Neiger, B.L., Jensen, S., and Kumpfer, K.L. 1990. The resiliency model. *Health Education* 21(6):33–39.
- Russell, D.W., Kahn, J., Spoth, R., and Altmaier, E.M. 1998. Analyzing data from experimental studies: A latent variable structural equation modeling approach. *Journal of Counseling Psychology* 45(1): 18–29.
- Spoth, R. 1999. Family-focused preventive intervention research: A pragmatic perspective on issues and future directions. In *NIDA Research Monograph on Drug Abuse Prevention Through Family Interventions*, edited by R. Ashery, E. Robertson, and K. Kumpfer. Rockville, MD: National Institute on Drug Abuse, pp. 459–510.
- Spoth, R., Goldberg, C., and Redmond, C. 1999. Engaging families in longitudinal preventive intervention research: Discrete-time survival analysis of socioeconomic and social-emotional risk factors. *Journal of Consulting and Clinical Psychology* 67(1):157–163.
- Spoth, R., and Redmond, C. 1996. Illustrating a framework for rural prevention research: Project Family studies of rural family participation and outcomes. In *Preventing Childhood Disorders, Substance Abuse, and Delinquency*, edited by R.D. Peters and R.J. McMahon. Thousand Oaks, CA: Sage Publications, pp. 299–328.
- Spoth, R., Redmond, C., Hockaday, C., and Shin, C. 1996. Barriers to participation in family skills preventive interventions and their evaluations: A replication and extension. *Family Relations* 45:247–254.
- Spoth, R., Redmond, C., Kahn, J., and Shin, C. 1997. A prospective validation study of inclination, belief, and context predictors of family-focused prevention involvement. *Family Process* 36:403–429.
- Spoth, R., Redmond, C., and Lepper, H. 1999. Alcohol initiation outcomes of universal family-focused preventive interventions: One- and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol* (Supplement 13):103–111.
- Spoth, R., Redmond, C., and Project Family Research Group. 1997. Rural youth at risk: Extension-based prevention efficacy. Unpublished manuscript (proposal for grant funded by the National Institute of Mental Health).
- Spoth, R., Redmond, C., and Project Family Research Group. 1998. Rural family and community drug abuse prevention project. Unpublished manuscript (proposal for grant funded by the National Institute on Drug Abuse).
- Spoth, R., Redmond, C., and Shin, C. 1998. Direct and indirect latent variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting and Clinical Psychology* 66(2):385–399.

Spoth, R., Redmond, C., and Shin, C. 2000a. Randomized trial of brief family interventions for general populations: Reductions in adolescent substance use four years following baseline. Manuscript under review.

Spoth, R., Redmond, C., and Shin, C. 2000b. Reducing adolescents' hostile and aggressive behaviors: Randomized trial effects of a brief family intervention four years past baseline. Manuscript under review.

Spoth, R., Reyes, M.L., Redmond, C., and Shin, C. 1999. Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and loglinear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology* 67(5):619-630.

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