

Preventing Alcohol and Drug Misuse in Young People:  
Adaptation and Testing of the Strengthening Families Programme  
10-14 (SFP10-14) for use in the United Kingdom

In 2006 Coombes et al produced a report *Implementation of the Strengthening Families Programme (SFP) 10-14 in Barnsley*, which evaluated the use of the SFP10-14 in the UK based on the experience of facilitators and families who had undertaken the programme using the original US materials (see AERC final Report). One of the aims of this project was to identify any changes that would be necessary to adapt the existing US SFP10-14 materials and approach to the UK context.

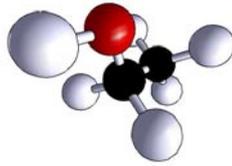
Whilst facilitators and families in Barnsley reported that the US context to the programme was not an absolute barrier to using it, it was a relative distraction. They thought that there was clearly a need to produce a UK version of the programme and materials.

The report concluded that further studies of the efficacy of the SFP10-14 in the UK were needed using a culturally adapted version of the programme. Quantitative studies, based on a randomised controlled trial design, were recommended. And in addition the report suggested that qualitative data should also be collected to explore participants' perceptions of the adapted materials.

The current report *Preventing Alcohol and Drug Misuse in Young People: Adaptation and Testing of the Strengthening Families Programme 10-14 (SFP10-14) for use in the United Kingdom* was carried out in response to the conclusions and recommendations of the Barnsley study.

### Introduction

Numerous studies in Europe report high rates of alcohol use among young people. A European School Project on Alcohol and Drugs (Hibbell 1999) reported that the UK had among the highest rates of drunkenness and binge drinking and alcohol consumption in Europe. Participants reported that 75% had had one episode of drunkenness, while nearly one third had 20 or more episodes in their lives or 10 or more episodes in the last year. Half had been intoxicated in the last month and a quarter intoxicated at least three times in the same period. The trends of the last decade are: more young people are drinking regularly (at least once a week); weekly drinkers are drinking more; regular young drinkers are drinking



more alcohol per session; there are changes in the types of alcohol consumed (alcopops/designer drinks) (Alcohol Concern 2005).

Young people may suffer significant adverse consequences either directly related to their drug and alcohol use and/or as a result of their lifestyle, influenced by their substance misuse. Commonly reported psychosocial consequences include arguments with families and friends, financial difficulties and problems at school.

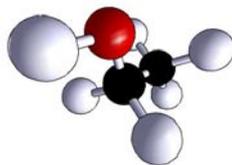
A Cochrane Collaboration Systematic Review, commissioned by the World Health Organisation and the UK AERC, reported that the SFP10-14 was an effective and promising prevention intervention. The number needed to treat (NNT) was 9 for preventing drinking and drunkenness initiation up to four years later. Importantly, the effectiveness of the SFP10-14 seemed to persist over time, rather than decay in the same way as other prevention programmes (Foxcroft 2003).

The Strengthening Families Programme 10-14 (SFP10-14) is a seven session video based family skills training programme designed to increase resilience and reduce risk factors for alcohol and substance misuse, depression, violence and aggression, delinquency and school failure. The SFP10-14 has been evaluated for primary prevention effectiveness with young people and their parents living in mainly rural areas in Iowa, U.S.A. (Spoth et al 2001a; Spoth et al 2001b).

Whilst initial reports of implementation of the SFP10-14 in the UK are valuable it has been recognised that the US SFP10-14 programme materials and approach might need to be adapted to meet the needs of a UK audience and that a more systematic approach to evaluation of SFP10-14 in the UK was needed (Coombes et al 2006).

The full report presents the results of the adaptation process and exploratory pilot study of the adapted SFP10-14 materials and approach in the UK <http://www.aerc.org.uk/publicationsFinalRep.htm>.

This Alcohol Insight presents a synopsis of the full report.



### Aims of the study

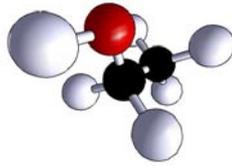
1. To adapt the US SFP10-14 materials and approach for the primary prevention of alcohol and drugs misuse in the U.K.
2. To model and explore the adapted SFP10-14 (UK) materials and approach with young people in the UK.
3. To develop a protocol for a large-scale evaluation study of the SFP10-14 (UK) including a cost-effectiveness assessment.

### Adapting and Modelling the SFP10-14 materials and approach for use in the UK

The research design followed guidance by the Medical Research Council (MRC) on the development of evaluations of complex interventions.

### Method

- **Adaptation of US SFP10-14 materials**  
A small number of professionals and participants who had facilitated/attended SFP10-14 programmes in the United Kingdom using the United States programme materials were recruited and an advisory group formed. The advisory group reviewed the original SFP10-14 materials and made recommendations about how the original programme should be adapted for a UK audience, using a nominal group technique to collect data. The process of the nominal group's work was recorded and the completed list of suggested improvements was then sent to all participants at a later date to check for accuracy and agreement. The US SFP10-14 materials were then revised according to the agreed lists of improvements to produce the SFP10-14 (UK) materials.
- **Modelling of revised SFP10-14 materials**  
Focus group meetings involving parents/guardians and children were held in schools in four different geographical locations in the United Kingdom: Barnsley, Chester, Oxford and Peterborough. The focus groups critically reviewed the revised SFP10-14 (UK) materials, identifying what they felt were their strengths and weaknesses.



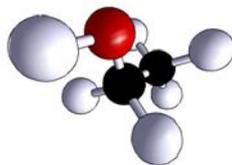
At the start of each focus group, short extracts from the original US SFP10-14 materials were shown. This was done to enable participants to provide a reference point for discussion of the adapted SFP10-14 (UK) materials. Participants were then asked for their opinions about the US SFP10-14 materials. This process was repeated for the SFP10-14 (UK) materials.

All focus group interviews were audiotape recorded and transcribed. The transcripts were coded and the codes were then aggregated to form larger conceptual categories. Conceptually meaningful themes were constructed from categories of the data. Validation of the thematic analysis was achieved through the use of independent individuals to check the analysis and interpretation of data; external checks on the inquiry process and debriefing with informants.

- **Exploratory pilot study of SFP10-14 (UK)**

The SFP10-14 (UK) materials produced from the adaptation and modelling stages were field tested in three different geographical locations. In each of the three sites sufficient families were recruited to participate in the SFP10-14 (UK) delivery sessions. Subsequently, in each of the three sites a similar number of families were non-randomly selected into a comparison group. The comparison group children received the standard alcohol and drugs education delivered as part of the school curriculum. The SFP10-14 (UK) group received the standard alcohol and drugs education delivered as part of the school curriculum plus the SFP10-14 (UK) intervention.

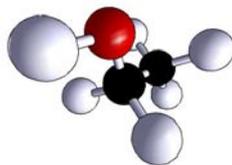
Study self-report questionnaires were completed by youth and their parents/carers pre- and post- intervention, and at 3 months after completion of the programme. The study questionnaires were adapted from validated tools used in previous SFP10-14 evaluations in the US (Spath et al 2001a; Spoth et al 2001b) and those used in ESPAD (European School Survey Project on Alcohol and Drugs) research studies. To supplement and enrich the quantitative data, focus groups were held to gain feedback from participating families. Two tape-recorded, focus group interviews lasting approximately 60 minutes were undertaken with the parents/caregivers and young people in Barnsley and Chester who had com-



pleted the SFP10-14 (UK) programme. Interviews focused on the parent's/caregiver's and young people's experience of the SFP10-14 materials and approach. All interviews were tape recorded and transcribed and a content analysis of transcripts undertaken. The transcripts were coded and codes aggregated to form larger conceptual categories. Conceptually meaningful themes were constructed from categories of the data. Validation of the thematic analysis was achieved through the use of independent researchers to analyse and interpret single sets of data, external checks on the inquiry process and debriefing with informants.

#### Findings

- **Adaptation & Modelling of revised SFP10-14 materials**  
The results from the nominal group meeting and subsequent focus group meetings provided useful information on whether and how the original US SFP10-14 materials could be adapted for use in the United Kingdom, while at the same time retaining essential ingredients of the effective US programme. Twenty-one parents/caregivers and sixteen young people participated in the focus groups. The nominal and focus group study led to the development of newly revised programme materials, now referred to as SFP10-14 (UK), that were used in the subsequent exploratory pilot study.
- **Exploratory pilot study of SFP10-14 (UK)**  
There were 23 parent/caregivers and 24 young people from 3 sites in the SFP10-14 (UK) intervention group. There were 24 parent/caregivers and 22 young people from 3 sites in the non-random comparison group. The study questionnaires were completed by all participants without difficulty, and analysis and interpretation was straightforward. Given the small sample size and short-term follow-up in the pilot study no statistically significant effects were predicted or found, though data are summarized in the full report for completeness: overall, there were no clear or consistent outcomes associated with the SFP10-14 programme in terms of alcohol use, substance use, parenting behaviour, general child management, parent-child affective quality, or measures of supportive and controlling family environment.



- **Qualitative evaluation of SFP10-14**

16 adults and 14 young people participated in focus groups. Feedback from parents, carers and young people was positive. They reported that the SFP10-14 (UK) had played a part in improving family functioning through: strengthening the family unit, improving parent/caregiver communication, using a more consistent approach, increasing the repertoire for dealing with situations, developing better positive and negative feedback, working more together as a team, identifying family strengths, strengthening family bonds, receiving group support, working more closely with mum and dad, learning to listen more, learning to get along with each other better, helping parents/caregivers more, better understanding of what parents/caregivers/young people are saying, changing the code of behaviour and developing more interaction among the family.

#### Implications

Although there were no clear or consistent outcomes associated with the SFP10-14 programme on examination of the quantitative data, we need to be cautious about our interpretation of these data. The purpose of this pilot study was primarily to test the adapted materials and the evaluation tools in a “live” programme delivery setting in the UK. Further research based on a randomised controlled trial design, with adequate sample size, is required to fully evaluate the potential of the programme in the UK.

The qualitative data that were obtained allow us to draw some conclusions about the perceived benefits of the SFP10-14 (UK) from the participant’s perspective. These results suggest that parents, carers and young people enjoyed and felt that they benefited from the intervention.

A protocol for a large-scale trial of the SFP10-14 in the UK has been developed for submission to major funding agencies.

#### Further information

This research was carried out by Debby Allen, Lindsey Coombes and David Foxcroft at the School of Health and Social Care, Oxford Brookes University.

#### Enquiries to:

Debby Allen  
email: [dallen@brookes.ac.uk](mailto:dallen@brookes.ac.uk)

#### ALCOHOL INSIGHTS

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