

Strengthening Families Program for Parents and Youth 10-14 (SFP: 10-14)

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Program of Distinction Category:

Healthy Lifestyles Category

- Healthy Relationships, Good Decisions

Sources of funding that support this program:

SFP: 10-14 in, addition to ongoing support and funds from ISU Extension, has received funding from many sources over the last 13 years. Some of those include:

- National Institute on Drug Abuse
- National Institute for Mental Health
- National Institute on Alcohol Abuse and Alcoholism
- Pioneer Hybrid International, Inc.
- Polk County Decategorization
- Family Preservation and Support Services Program
- Iowa General Assembly

Knowledge and Research Base

Epidemiological data underscore a critical need for the diffusion of effective family- and youth-focused interventions designed to reduce risk for adolescent substance use and related problem behaviors. Statistics on prevalence rates of youth problem behaviors, ranging from substance use and violence to academic failure, are staggering (Carnegie Council on Adolescent Development, 1995; Spanier, 1998; Weissberg & Elias, 1993). Dryfoos (1997) estimates that 65% of U.S. adolescents (14-17-year-olds) are at risk, and states that all youth could benefit from interventions designed to prevent experimentation with risky behaviors. The need for competency-building interventions to address development-related risks is particularly compelling when the goal is to reduce onset of substance use. Early adolescence is associated with substance experimentation that predicts long-term use patterns (Hawkins, Catalano, & Miller, 1992).

The pre- and early adolescent developmental stages present particularly opportune times to bolster youth competencies and build coping skills, thereby reducing risks for other problem behaviors (Carnegie Council and Adolescent Development, 1995). Early adolescence is typically a period of substantial and stressful changes in physical, cognitive, and social functioning (Caplan & Weissberg, 1989). With the transition to middle school environments, youth experience a marked decrease in adult involvement, support and monitoring

(Eccles et al., 1993), and an increase in the influence of peers as a socialization force. These factors combine to increase youth exposure to risky situations and thereby contribute to dramatic increases in substance use and antisocial activities (Eccles et al., 1993). Strong competencies (such as coping and decision-making skills), bonding to school, and positive parent-school involvement function as early adolescent protective factors, reducing risk for escalating substance use and problem behaviors (Hawkins et al., 1992).

Although many of the challenges facing young adolescents present themselves in the school or community context, epidemiological studies demonstrate that powerful risk and protective factors originate in the family (Spoth, Redmond, Shin, & Huck, 1999; Spoth, Reyes et al., 1999). A strong predictive relationship links ineffective child rearing in early adolescence with elevated levels of substance use and delinquent behavior in later adolescence (Dishion et al, 1991). Conversely, a meta-analysis of studies on parent caregiving and child externalizing behaviors (Rothbaum & Weisz, 1994) indicates that protective parenting shows its strongest effect on children beginning at age 12 and extending throughout adolescence. Family programs which target parent-adolescent communication skills, relationship enhancement and parenting skills for effective monitoring and limit-setting have documented increases in parent efficacy and decreased levels of family conflict, contributing to lower levels of substance use (Redmond, Spoth, Shin, & Lepper, 1999; Spoth, Redmond, Haggerty, & Ward, 1995; Spoth, Redmond, & Shin, 1998, 2000).

The *SFP: 10-14* resulted from a major revision of the earlier *Strengthening Families Program*, developed by Karol Kumpfer and associates at the University of Utah. The *SFP: 10-14* is a seven-session program focusing on reducing family-related risk factors for adolescent problem behaviors and building protective factors in young adolescent children and their parents/caregivers. The revision was based on the risk and protective factors identified by relevant research. Additional theoretical concepts were derived from the Iowa Youth and Families Project, a longitudinal study of young adolescents and their families. This study concluded that young adolescent children do better when their parents exhibit two basic skills: consistent discipline and support (Conger et al., 1994). The *SFP: 10-14* manual was written by Dr. Virginia Molgaard (Iowa State University Extension, faculty member in Human Development and Family Studies), Karol Kumpfer (University of Utah), and Elizabeth Fleming (Iowa State University Extension field specialist).

Needs Assessment

The *SFP: 10-14* was developed for Project Family, a research/Extension endeavor of the Center for Family Research (now the Iowa State University Partnerships for Prevention Science Institute) and Iowa State University Extension. The curriculum was formerly known as the *Iowa Strengthening Families Program: For Families with Pre- and Early Teens* (abbreviated ISFP). Project Family was designed to test family-focused interventions that are intended to help reduce the likelihood of substance abuse and other problems associated with the teen years.

In 1993, Project Family conducted an experimental test of the ISFP with 442 families. The study was conducted in areas with a high percentage of economically disadvantaged families. Before and after the program (and at one- and two-year follow-ups), all 442 families filled out extensive surveys and were videotaped during structured family interactions in their homes. These videotapes were used only in the research on the quality of the family interactions and did not become part of the videotapes used in the program. Analysis of the data comparing pre- and post-tests and follow-ups indicated that both the youth and the parents made significant gains in targeted behavior. For example, youth whose families took part in the program were more likely to associate with appropriate peers and more capable at resisting deviant activities than youth from non-participating families. Parents in the program sample had improved behavior specifically targeted by the program (such as effective monitoring of their youth and learning to listen calmly when their youth was upset). These improved targeted behaviors led to significantly better skills in general youth management and positive affective quality. Positive gains were sustained during one- and two-year follow-ups.

Based on positive findings from this study and because the ISFP was tested with white families, a decision was made to revise the curriculum and make it appropriate for a diverse audience. During 1996 and 1997, the authors met with groups of urban parents/caregivers and youth, African American, Hispanic and white, to get input into how best to revise the program and make it appropriate for a wide range of families. These parents and youth took part in session activities and offered their perspective on needed adaptations. Subsequently, the curriculum materials were revised to make the following changes: 1) Both youth and parent sessions now include more informal interactions and game-like learning activities; and 2) Nine videotapes used in the program contain scenes portraying typical family and youth situations, with African American, Hispanic and white actors. Examples of family situations include both appropriate and inappropriate parent-youth interactions such as assigning chores at home and the consequences for not doing them, balancing time spent on homework with time spent watching television, staying out past curfews, time spent with friends, dealing with insolence, praise for good behavior, and so forth. The videotapes show parents how to set appropriate expectations with their teens and deal with areas of conflict appropriately. Parents are also encouraged to show affection to their children and recognize good behaviors.

Goals and Objectives

The Strengthening Families Program for Parents and Youth 10-14 is a video-based intervention with the long-range goal of reducing adolescent substance use and other problematic behaviors in youth 10 to 14 years of age. It is delivered within parent, youth, and family sessions using narrated videos that portray typical youth and parent situations. The videos are scripted to show both appropriate and inappropriate interactions and are portrayed by actors. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects. The objectives are to:

- Teach parents and caregivers how to effectively discipline and guide their youth
- Help parents and caregivers learn nurturing skills that support their children
- Give youth a healthy future orientation and an increased appreciation of their parents and caregivers
- Teach youth skills for dealing with stress and peer pressure, (e.g., pressure to use drugs, alcohol, tobacco, and engage in problematic behaviors such as shoplifting, skipping school, and violence)

All of the activities are designed to increase protective factors and reduce risk factors that lead to poor relationships with parents and problematic behaviors including substance use.

Target Audience

The target audience for the program is the parents/caregivers of youth 10 to 14 years in age and their youth, both male and female. Parents/caregivers include biological parents, step- and adoptive parents, foster parents, and grandparents. The program has been tested with white rural families in economically disadvantaged areas and with African American families in an urban setting. It has also been successfully implemented with a wide range of other families, including court-ordered families, families in low-income housing projects, and middle-income families in suburban areas. American Indian, Hispanic/Latino, and Asian immigrant families also have successfully participated in the program.

Program Design and Content

Type of Program

Special interest/Short-term program

Methods Used to Deliver the Program

The program is unique in how the activities are designed specifically to reduce the risk factors identified in previous research and enhance the protective factors shown to be related to strong family relationships. During the first hour of each session, youth and parents meet separately. This program is innovative in the activities that occur during the second hour when youth and parents meet together and work on family activities designed to enhance relationships and communication. They play games together, do family projects, and the youth practice with their parents the peer resistance skills they learned in the youth sessions. The program is typically delivered to 8 to 13 families during seven 2-hour sessions. It is recommended that the group size be smaller when dealing with families where parents have begun to have concerns over problematic behavior. Program activities include the following:

- Parent sessions consisting of presentations, role-plays, group discussions, and other skill-building activities. The scripted videotapes are shown for most sessions to standardize program delivery and demonstrate effective parent-child interactions. No videotaping is done of families participating in the SFP sessions. The activities build on the research on protective factors that show that protective parenting has a positive effect on enhancing the relationship between

parents and youth and decreases levels of family conflict, contributing to lower levels of substance use.

- Youth sessions engage each youth in small and large group discussions, group skill practice, and social bonding activities. Topics are presented in game-like activities designed to engage participants and maintain their interest while learning. These activities build on the research on risk factors that expose youth to risky situations and contribute to dramatic increases in substance use and antisocial activities. Goal setting, good relationships with parents, and peer resistance skills teach youth how to reduce those risk factors.
- Family sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together. Most of each family session is spent within individual family units with parents and youth participating in discussions and a project. Two of the family sessions use videotapes to demonstrate how holding regular family meetings and working together help youth deal with peer pressure.

The program is typically delivered in a public school, house of faith, community center, or family-serving agency on weekday evenings or weekends. 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. An additional room may be needed for childcare for younger children.

Program planning and family recruitment should begin at least two months prior to the 7-week program. Some communities have found it helpful to hire a community member who knows the families to help in one-on-one outreach. Three group leaders, called facilitators, are needed--one for the parent sessions and two for the youth sessions. Group leaders teach from materials provided in the manual using skills developed in training. During family sessions, all three leaders work together and engage in less teaching as their role changes to facilitator and coach.

Group leaders should have strong presentation and facilitation skills and experience working with parents or youth. They must attend a 2-day training that includes learning all of the activities described in the program manual. Typically, group leaders require one to two hours of additional preparation for each weekly session. Onsite training is available as well as subsequent technical support by phone. A train-the-trainer protocol also is offered.

Extension field staff in Iowa, both 4-H Youth and Families staff, have been trained as facilitators. Some staff members have also gone on to become trainers of non-Extension facilitators who deliver the program.

Curricula and/or educational materials

Teaching manuals include masters for all handouts, posters, and game cards. Videos accompany the manuals. Promotional materials may also be purchased. For most sessions, one TV/VCR is required; for sessions five and six, two sets are needed as videotapes are shown in the youth sessions concurrently with videotapes being shown in the parent sessions. A flip chart with markers is used in both the parent and youth sessions. Miscellaneous materials are needed that may be borrowed or donated. The manual gives lists of all materials needed for each session as well as tips securing funding, type of location needed, snacks, child care, and recruitment of families into the program.

The 415-page manual has a parent component, a youth component, and a family component teaching outline for each of the seven sessions. These outlines include detailed instructions for all activities including how to present the concepts, use the videotapes and lead discussions about the scenes shown in the videotapes, instructions for the activities on practicing the skills, playing the games, and instructions on how to engage the family members in the activities in the family sessions. The family sessions are unique to this program as parents and youth work together on activities designed to strengthen the bonds between parents and youth and facilitate good communication between them. In family session six, the youth practice with their parents the peer resistance skills they have learned in youth sessions five and six. The session topics are shown below:

Parent Sessions 1-7 Topics	Youth Session 1-7 Topics	Family Sessions 1-7 Topics
Using Love and Limits	Having Goals and Dreams	Supporting Goals and Dreams
Making House Rules	Appreciating Parents	Appreciating Family Members
Encouraging Good Behavior	Dealing with Stress	Using Family Meetings
Using Consequences	Following Rules	Understanding Family Values
Building Bridges	Handling Peer Pressure I	Building Family Communication
Protecting Against Substance Abuse	Handling Peer Pressure II	Practicing Peer Resistance Skills
Using Community Resources	Reaching Out To Others	Putting It All Together and Graduation

Partnerships or collaborations

Currently, the *SFP: 10-14* is being implemented in 14 communities in Iowa and Pennsylvania by local teams in a research/Extension project called PROSPER (Promoting School-community-university Partnerships to Enhance Resilience). These teams are being led by a local Extension Service staff member and staff from the local school district. Other team members include local mental health agency staff, drug treatment agency staff, county health department staff, local sheriff's office staff, parents, students, and representatives from the business and faith communities. Each team functions independently from the others but there are similarities. In all communities, the local teams made independent decisions to implement the *SFP: 10-14*. With start-up funding, they were initially responsible for hiring facilitators to teach the program, setting up program dates and locations, and recruiting families to participate. In subsequent years, they have been implementing the program as well as raising funds and garnering community support to sustain the program. The teams meet regularly to make decisions regarding program implementation, fund raising, and public awareness. Some teams have hired part-time staff to handle aspects of program implementation; in other communities, team members volunteer to perform key

functions. The research staff at Iowa State University and Pennsylvania State University collect data from many sources to evaluate the project including monitoring the fidelity of implementation; collecting data from team members on team functioning; interviewing parents in participating communities as well as parents in control communities; and administering questionnaires to youth in participating communities and non-participating communities. Some of the outcomes described below are the result of this current project as well as from earlier projects.

Program Evaluation

Process

Over the 13 years that the *SFP: 10-14* has been implemented, over 2000 Iowa families have participated. Unknown numbers of families have participated in other states. Trainers for the program report that as many as 500 facilitators have been trained in 40 states during each of the last three years. Most of the *SFP: 10-14* groups have not been part of research projects; however, over the years a number of research projects have been conducted to measure the outcomes of the *SFP: 10-14*. Those results are reported in the next section. Data collected on *SFP: 10-14* in 14 communities currently being evaluated show that community teams recruit an average of 17% of families from the targeted group. In those communities, over 90% of families who attend one session continue to attend five or more sessions.

As described in the following section, the program has produced many positive results with youth. However, the trainers emphasize to the facilitators they are training that similar results can be expected only if the program is implemented with fidelity—i.e., adhering to the activities and tasks detailed in the manual. In the current research project, trained observers attended two of the sessions for each *SFP: 10-14* group to check on program fidelity. Fidelity observations showed average coverage of component tasks and activities was 93% in the family sessions, 88% in the parent sessions, and 91% in the youth sessions. These data indicate high quality program implementation.

Outcomes and impacts

The program has been scientifically evaluated in several randomized, controlled tests with families of sixth graders (at pretest) through Project Family at Iowa State University. In one large-scale project, experimental design trials involved random assignment of groups from 33 Iowa communities. Outcome evaluations entailed the use of multi-informant, multi-method measurement procedures at pretest, posttest, and follow-up data collections completed approximately 1/2, 1 1/2, 2 1/2, 4, and 6 years after pretest. Assessments included in-home videotapes of families in structured family interaction tasks and in-home interviews that included scales from standardized instruments and commonly used measures such as the National Survey of Delinquency and Drug Use. (Space limitations do not permit the description of assignment of subjects to intervention and control groups. More information about how these studies were conducted is available in the published articles listed in Appendix B.)

Analysis of data demonstrated positive results for both parents and youth. Comparisons between the intervention and control groups showed significantly improved parenting behaviors:

- Communicating specific rules and consequences for using substances
- Controlling anger when communicating with the child
- Positive involvement with the child
- Better communication with the child

Analysis of youth substance use and related youth behaviors has demonstrated positive outcomes at follow-up assessments (summarized below and shown on the graphs in Appendix A):

- At the 8th grade, students who participated in *SFP: 10-14* while in the sixth grade exhibited a 49% relative reduction in alcohol use and at 10th grade, a 32% relative reduction in alcohol use compared to control group students ($p < .01$).
- At the 8th grade, *SFP: 10-14* students exhibited a 59% relative reduction in drunkenness and at 10th grade exhibited a 37% relative reduction ($p < .01$) in drunkenness compared to control group students.
- Students who participated in *SFP: 10-14* while in 6th grade were 53% less likely than students in the control group to use marijuana at a follow-up evaluation four years later.
- Students who participated in *SFP: 10-14* while in 6th grade were 58% less likely than students in the control group to report aggressive behavior at follow-up evaluations two and four years later.
- Students who participated in *SFP: 10-14* while in 6th grade were approximately half as likely as students in the control group to smoke cigarettes at follow-up evaluations two years and four years later.

For some outcomes, positive results—differences between youth who attended the program and the control youth—actually increased over the six years of follow-up assessment.

Communication to Stakeholders

Extension has widely publicized the results and opportunities of *SFP 10-14* for the past 13 years in county, state and federal Extension reports to stakeholders, as well as college and university reports. Staff and participants have provided testimonials and success stories to community and state stakeholders on an ongoing basis.

Community partners participating in the PROSPER program receive newsletters with research results from the data gathered from participating families. The community partners can use these results to garner community support for the program, to recruit families to subsequent *SFP: 10-14* sessions, and to write grant proposals for funding. In addition, the results of the studies on the effectiveness of *SFP: 10-14* have been widely published (see Appendix B). In addition, the results can be found on the website:

<http://www.extension.iastate.edu/sfp/sfpeval.cfm>. The results have been accepted by several federal agencies that recognize *SFP: 10-14* as an evidence-based program.

Program Sustainability

SFP: 10-14 has been implemented by Iowa communities for 13 years. Because *SFP: 10-14* is often funded by state and federal agencies, it is implemented by a number of organizations that receive grants for youth development and parent education programs. Iowa Extension field specialists in 4-H Youth Development and Families Extension have been trained to implement the program. Extension staff members in Iowa also serve as trainers who train non-Extension staff to be facilitators throughout Iowa and in other states, as well. A current project of the Partnerships in Prevention Science Institute is studying the sustainability of community implementation of *SFP: 10-14*. More information about the project is available at the website www.prosper.ppsi.iastate.edu. Preliminary results from the research show that all 14 participating communities were successful in acquiring funding for continuation of the program and maintain high quality implementation of the program.

Replication

As indicated, the *SFP: 10-14* has been replicated numerous times throughout the United States. Thirty-nine states other than Iowa have hosted training workshops for *SFP: 10-14* facilitators. The *SFP: 10-14* has been implemented in other countries including Costa Rica, England, Spain, and Sweden. The program has been translated into Spanish and Swedish. The videotapes have been re-made in some countries to account for language and cultural differences.

In addition to the extension staff, schools, and prevention agencies who typically implement the *SFP: 10-14*, a variety of other groups around the country have successfully used the program: court-referred youth; families in low-income housing projects; churches; Native American groups; Asian families (Hmong); Hispanic, including non-English speaking parents; and families with older teens.

While these groups have not received the large grants needed to complete a scientific study of the program (i.e. random assignment, control group, follow-up evaluations), most have conducted pre- and post-tests, using the evaluation instrument included in the teaching manual. Based on analyses of these self-report surveys, parents and youth in these groups report that they have made significant gains in specific targeted behaviors.

Rationale and Importance of Program

The *Strengthening Families Program for Parents and Youth 10-14* helps shield adolescents from risky behavior problems. The program is unique in that parents and youth learn skills separately that reduce risk factors and then spend time together as families working on activities designed to enhance family bonding and communication, as well as practicing together the skills learned.. The program focuses on protective factors for youth including goal setting, peer resistance skills, and bonding with families. Parents focus on improving their parenting skills including more consistent discipline, limit setting with appropriate consequences, and showing affection for their children. Follow-up evaluations have shown that participating parents have a better understanding of youth development, a willingness to get help for special family needs, an ability to

make specific rules regarding youths' use of substances, and an understanding of risk and protective factors for youth. Participating youth have a reduced use of drugs, a more positive future orientation, improved emotional management skills, an increased willingness to follow rules, an increased ability to recognize positive-influence qualities in other youth, and an ability to handle negative peer pressure. Economic analyses demonstrate an economic benefit to society from participation in the program.

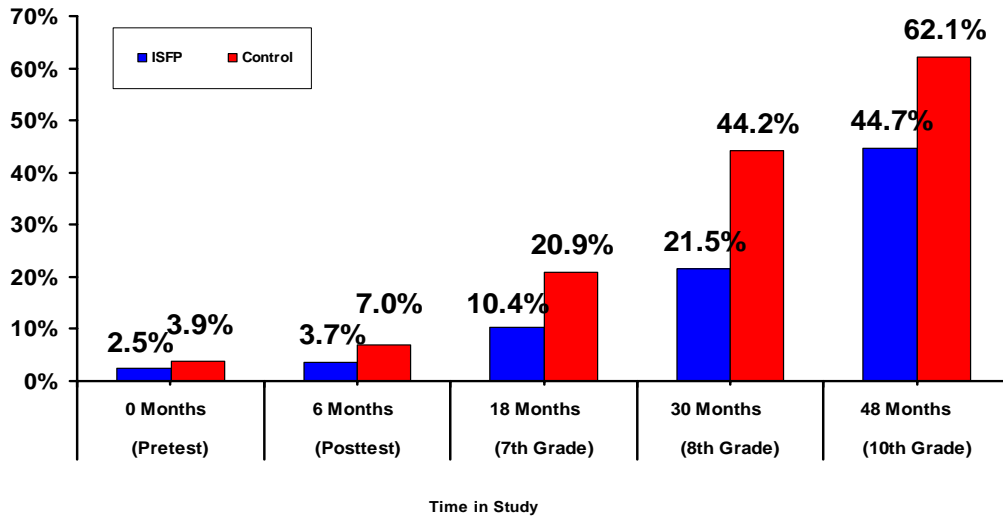
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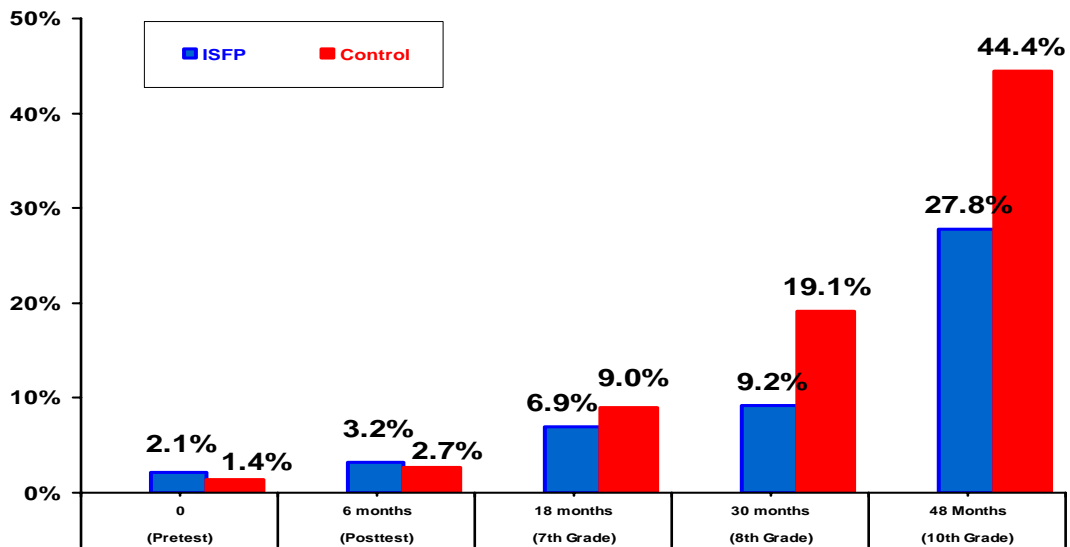
Appendix A. Graphs Showing the Effectiveness of SFP: 10-14 (shown here as ISFP)

1. Lifetime alcohol use without parental permission, 6th grade baseline through 10th grade follow-up of students receiving SFP 10-14 and control group students



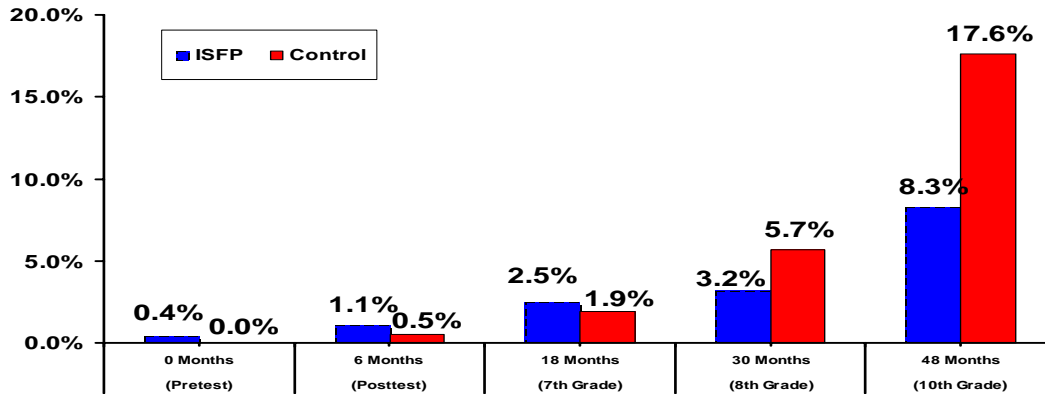
At the 8th grade, SFP 10-14 students exhibited a 49% relative reduction in alcohol use and at 10th grade, a 32% relative reduction in alcohol use compared to control group students ($p < .01$).

2. Lifetime Drunkenness by condition



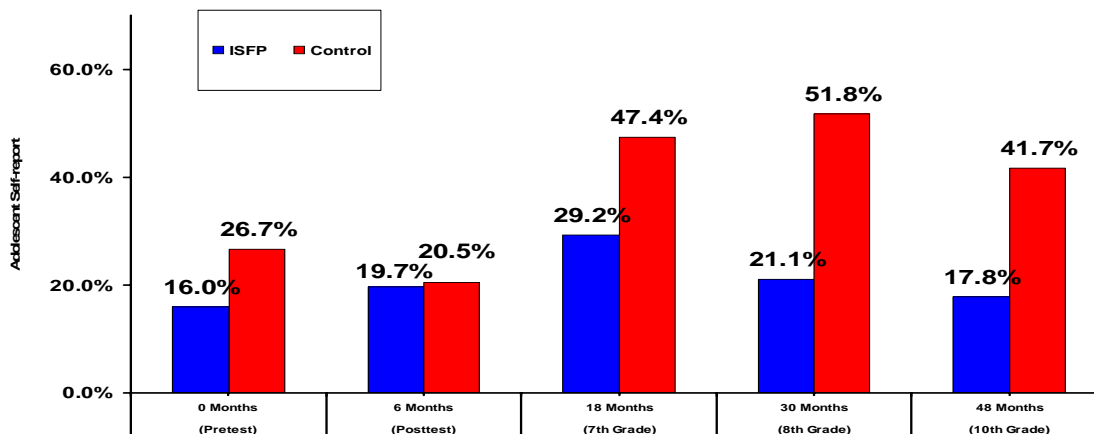
At the 8th grade, SFP 10-14 students exhibited a 59% relative reduction in drunkenness and at 10th grade exhibited a 37% relative reduction ($p < .01$) in drunkenness compared to control group students.

3. Lifetime Marijuana Use



Students who participated in SFP: 10-14 while in 6th grade were 53% less likely than students in the control group to use marijuana at a follow-up evaluation four years later.

4. Self-reported aggressive behavior* in youth receiving SFP 10-14 and control group, 6th grade baseline through 10th grade

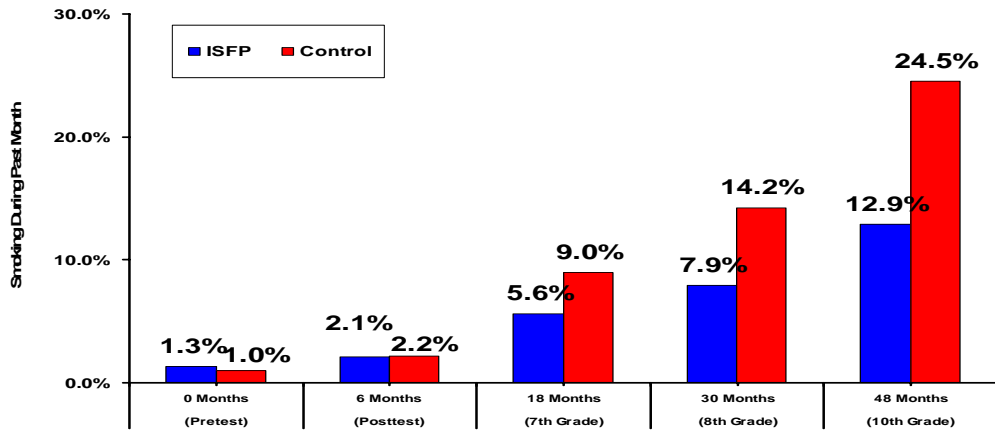


Students who participated in SFP:10-14 while in 6th grade were 58% less likely than students in the control group to report aggressive behavior at follow-up evaluations two and four years later.

*Aggressive-Destructive Conduct Index is based on an in-home questionnaire derived from the National Youth Survey and measures the

frequency with which youth engaged in identified behaviors including physically aggressive behavior toward people ($p=.01$).

5. Cigarette Use – SFP: 10-14 Vs. Control



Students who participated in SFP: 10-14 while in 6th grade were approximately half as likely as students in the control group to smoke cigarettes at follow-up evaluations two years and four years later.

Appendix B. Selected Published Articles on SFP 10-14 Outcomes

- Molgaard, V., & Spoth, R. (2001). Strengthening Families Program for young adolescents: Overview and outcomes. S. Pfeiffer & L. Reddy (Eds.), *Innovative mental health programs for children*. Binghamton, NY: Haworth Press. 15-29.
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