

Strengthening Families
for Parents and Youth

Parent Action on Drugs

Region	Global
Country	Canada
Organization	Parent Action on Drugs (PAD)
Name	Strengthening Families for Parents and Youth (SFPY)
Category	Health
Start date	2009
End date	Ongoing
Partners	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, Youth Diversion Program, Canadian Mental Health Association, Firefly Northwest, Supportive Housing of Waterloo (Since the original 2009-2011 project, additional partners have come on board: Phoenix Center for Children and Youth, Wilmot Family Resource Program, Aamjiwnaang First Nation, Breakaway Addiction Services, Peterborough Drug Strategy, Renfrew County Public Health, Addiction Services of Renfrew Hospital and DREAM Futures Without Borders).
UN involvement	Non-UN
Contact	Diane Buhler, Executive Director, Parent Action on Drugs pad@sympatico.ca

1. Background and description ²

Research has shown that some youth are at a higher risk of having problems at school, exhibiting anti-social behaviour or using alcohol and other drugs, while others have personal characteristics and support from their families or communities that help to 'protect' them from problems and enable them to cope successfully with life's challenges. Positive family relationships and supportive parenting practices are two very important protective factors that support a child's resiliency and ability to make healthier choices when coping with life's struggles.

According to the Canadian Centre for Substance Abuse, parenting and family

¹ Desk review (May-September 2014); Inquiry form (July 2014); Interview (16 October 2014)'Write up (2 December 2014); Internal validation (2 December 2014-16 December 2014); Implementer validation (23 December 2014); Final validation (October 2015).

² pad website <http://parentaction.server295.com/program-resources/resiliency-building-programs-and-resources/>.



relationships strongly affect the well-being and substance use behaviours of young people. These factors can also affect various other health-related behaviours and the mental health of children and youth.

The Centre noted a pressing need for family-based prevention and health promotion interventions for youth at both the individual and societal levels: “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”.³ Indeed, family skill programmes have been shown to contribute effectively to youth health and family well-being.⁴

In 2007, a Toronto Public Health consultation with community agencies that explored opportunities, needs and gaps related to effective parenting programmes for children and participants outlined the following criteria as elements of an effective parenting programme:⁵

- evidence-based;
- focused on building resiliency;
- providing support and mentoring;
- capacity-building for both the parent and child;
- conveniently located;
- participatory, and with a meal provided.

Strengthening Families for Parents and Youth 12-16 (SFPY) is a project that works on enacting 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.⁶

SFPY takes a ‘whole family’ approach that helps parents and teens to develop trust and mutual respect. This ‘whole family’ approach (parent/caregiver and teen together) uses a skills acquisition and practice learning model to improving family functioning, parent-youth communication and empathy, joint problem-solving and negotiation.

SFPY has been implemented in schools, drug treatment centres, family and youth service agencies, child protection and foster care agencies, community mental health centres, housing projects, homeless shelters, churches, drug courts and prisons.⁷

Organization profile

Parent Action on Drugs (PAD) is an organization that addresses substance misuse by providing innovative, evidence-based programmes and resources for youth, families, professionals and community members concerning issues that impact substance use and youth. Since 1996, PAD has worked with the Strengthening Families Program (SFP) model which is researched, developed and implemented on an international scale by Dr. Karol Kumpfer. SFP is a skills-building programme for both parent and child to encourage family-related protective factors. With extensive evaluations conducted with hundreds of families, SFP is a recognized best-practice initiative with proven results in improving family functioning and supporting youth resiliency.⁸

3 Canadian Centre on Substance Abuse, 2007, p.3.

4 Canadian Centre on Substance Abuse, 2010, p.10.

5 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, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Report.pdf

6 Ibid.

7 SFPY website, <http://www.strengtheningfamiliesprogram.org/evaluation.html>

8 pad website <http://parentaction.server295.com/program-resources/resiliency-building-programs-and-resources/>



2. Goal and objectives

2.1. Goal

The overall goal of the programme is to increase family functioning, parenting skills and youth social competencies, thereby supporting and increasing youth resiliency factors.

2.2. Objectives

The long term objectives of SFPY include increased youth resilience and capacity to prevent, avoid or minimize the use of alcohol and other drugs.⁹

SFPY specifically aims to empower the target group members by:¹⁰

- Giving them the skills to build resiliency and the ability to bounce back from difficult situations and make healthier choices when coping with life's struggles;
- Unifying them as a family;
- Promoting self- and social awareness;
- Promoting resilience-building and comprehensive programming in a humanitarian context.

Implementers worked with partners providing SFPY in neighbourhoods, communities and regions identified as experiencing high levels of stress due to economic hardship, immigration and family dysfunction.

3. Target group

3.1. Age group

The programme targets youth between the ages of 12 and 16 years. Youth were recruited in different ways, e.g., from those being served by the hospital or agency or involved in child protection services as members of a family experiencing mental health or addiction problems. In other applications of the SFPY programme, there

is a more open recruitment of families and they do not necessarily meet strict criteria. There is a 'best served' number of 10 families for each programme cycle, i.e., having 10 families begin the programme ensures that with a small attrition rate, eight families will complete the programme ('graduate') and there will be sufficient youth and adults in each session for activities and discussion. Having more than 12 families may limit the opportunity for participants to receive sufficient attention and allow for disruptive behaviours to dominate.

In an initial SFPY pilot research project (2009-2011), the average age of the youth was 14 years; 48 (53 per cent) were between the ages of 12 and 14 years and 43 (47 per cent) were 15-16 years old. Among the



youth who graduated, the largest subgroup was 14 years old (28 per cent), followed by 15 year olds (26 per cent), with 22 per cent being 16, 14 per cent being 13 and 10 per cent being 12 years of age.¹¹ In this respect, graduation criteria were based on the number of sessions attended, including at least eight or nine sessions (out of a total of nine sessions). The non-completion rate was 20 per cent.

It is worth noting that it is difficult to match actual population numbers for this age range against the youth population of Ontario (most population measures for Ontario/Canada are for the age groups 10-14 and 15-24 years) and thus, estimates of the provincial youth population in this age range would be between 750,000 and 800,000. Therefore, this programme, as an intensive, whole-family initiative, involves only a very small portion of this population.

3.2. Gender considerations

While there are no outreach strategies to involve an equal number of males and females in the SFPY programme, experience shows that about an equal number of male and female participants have been involved. Females tend to dominate the parent group and mothers in particular (and some grandmothers and aunts) attend on their own. Males who participate tend to be with their spouses/partners.

3.3. Ethnic / disability considerations

The intervention was inclusive of ethnic minorities, representing the ethnic diversity (immigrant and aboriginal) of Toronto residents. Kumpfer's SFP model has been both adapted for and evaluated with specific cultural populations (e.g., Hispanic and Pacific Islanders) and in general, SFP has shown evidence of significant outcomes

with different ethnic populations. In many urban areas of Ontario, making SFPY inclusive rather than targeted makes much more sense. The best practice is to ensure that one or more facilitators represent the ethnic background of the majority of participants and the programme followed that practice (e.g., with African/Caribbean/Canadians and Aboriginals in particular).¹²

All service providers involved in the delivery of SFPY need to comply with the Accessibility for Ontarians with Disabilities Act, which mandates that they provide accommodations for those with disabilities, allowing them to access services equally. Accommodation was made for those with a physical disability (e.g., providing a taxi for a grandmother with a cane and walking disability) and to youth with learning problems, hyperactivity syndrome and acute mental health problems.

3.4. Targeting the most marginalized / most at risk

The programme is not necessarily limited to youth/parents involved in active treatment for mental illness or addictions but many of those involved in the intervention meet that criterion. The research project had a specific focus on the disadvantaged and newcomers to Canada. The programme was implemented in neighbourhoods identified by high economic need and/or violence.¹³

The target group lives with a parent/caregiver and has one or several of the following characteristics:

- lives in regions that are hard to serve;
- youth experiencing behavioural issues, difficulties with school bonding and performance.
- youth experiencing mental health concerns,

11 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, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Report.pdf

12 Interview with Diane Buhler, Executive Director, on 16 October 16 2014.

13 Ibid.

substance use and / or parents with mental health and/or substance use issues;

- youth experiencing high levels of family conflict and other environmental risk factors, such as family isolation and economic stress.

3.5. Human rights programming¹⁴

SFPY employs a child rights approach and also focuses on issues of enhancing equity or decreasing inequities between the youth and their parents by building mutual respect.

Because of the population diversity in southern Ontario, programmes are generally very inclusive and there is a strong emphasis on equity in most social services. SFPY deliverers are strongly focused on equity and respecting diverse cultural traditions. Respect for family heritage is part of the SFPY curriculum, although social justice is not approached as an issue in itself. Family heritage is outlined to parents as being an important protective factor, and together parents and youth participate in an activity which asks them to consider what is of value to them as a family and come up with promises to respect their family and their heritage (as appropriate for them).

SFPY strongly promotes youth empowerment in a multigenerational setting, providing an environment of safety and support where youth can express their opinions on sensitive topics to their parents and the other adults in the programme.

3.6. Youth involvement

While the topics, themes and approaches of SFPY are standardized, youth are involved in creating specific activities that cover the topics, engage their interest and empower

them to express their opinions and be heard.¹⁵

Examples of these activities include: creating a design of their own choice that expresses their goals and dreams; creating a 'message to our parents' about what they need from their parents and what they feel they can offer; creating statements about how they feel they contribute to family life/household routines; participation in a forum about 'difficult topics' such as drugs and limits; and participating in problem-solving situations as equal partners to the adults.

4. Strategy and implementation

4.1. Strategies / theoretical approaches / methodologies

SFPY is a nine-week skills-building programme for families with teens. It is a shortened, adapted version of the 14-week Strengthening Families Program developed by Dr. Karol Kumpfer of the University of Utah. Dr. Kumpfer's SFP has been implemented since the early 1990s; the SFPY variant was developed by PAD in 2009.^{16,17}

The 14-week skills-development model of Dr.Kumpfer's SPF provides weekly one-hour sessions for parents and a concurrent one-hour session for children/youth, followed by a one-hour session for families. Sessions



¹⁴ Ibid.

¹⁵ Inquiry form completed by Diane Buhler in July 2014.

¹⁶ Interview with Diane Buhler, 16 October 2014.

¹⁷ SFPY website, <http://sfpy-pad.org/about/>



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.¹⁸

However, SFPY is more adapted and shorter, lasting 9 weeks instead of 14. The SFPY variant was developed for and tested with Ontario families, to produce a curriculum with an increased degree of activity-based learning, particularly for youth and families. The learning model developed within the SFPY variant is 'Tell, Show, Do' for parents with an emphasis on skill application. In each parent session there is at least one skill application which participants complete in order to show that they have understood and can apply a skill, such as using a praise word with their youth. The youth model emphasizes '5 E's: Engage, Explain, Explore, Experience, Empower.

*The following explains the 5 E's strategy for a facilitator:*¹⁹

Engage: This is the first job of the facilitator; if youth are not engaged, they will not be open to learning. Activities are intended to be fun and participatory. By leading activities with enthusiasm and expecting that all will join in, facilitators can set the tone for a fully engaging curriculum. If any particular activity is not engaging, consider re-arranging it or moving on to the next one.

Experience: Experiential learning is the underlying approach of the SFPY youth sessions. The skills-building model for youth provides the opportunity to learn the skill through specific activities. The use of active learning emphasizes to the youth that this programme is different than traditional school.

Explain: Sometimes it will be important to provide an explanation of the skill and why it is important, or provide a few salient facts on a topic. However, the learning benefit of any kind of didactic teaching in the context of this programme is limited, and explanations should be kept brief. At all costs, avoid lecturing the teens!

Explore: Often, youth will not enter into a conversation about a topic when it is first introduced. In that situation, it is best to go on to the activity rather than attempting to bring out discussion. However, at some points in the sessions, the teens may want to express their thoughts about a topic. In this situation, it is important for the facilitator to pick up on their cues and assist them in making the most of their discussion before going on to another activity.

Empower: The youth sessions, in combination with the family sessions, aim to empower youth – to give them an opportunity to be heard in an environment they can trust, to present a 'youth picture' to the parents and to be put on an equal footing as participants in the programme.

The SFPY programme design reflected international standards of the United Nations Office on Drugs and Crime specifically by following the 'Guide to implementing family skills training programmes for drug abuse prevention'. Furthermore, the project contributes to the [Ontario] provincial framework by building youth, strengthening family bonds and improving health.²⁰

The Ontario Ministry of Children and Youth Services utilizes a framework called 'Stepping Up' to support the success of youth in the province. The cornerstones and principles of the SFPY programme include a positive, asset-based view of youth, targeted

¹⁸ 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, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Report.pdf

¹⁹ Strengthening Families for Parents and Youth: a 9 week program to create stronger family connections – Facilitators Manual. Parent Action on Drugs. Toronto, Canada. 2011,

²⁰ Interview with Diane Buhler, 16 October 2014.



support for those who need it, support for diversity and evidence-informed choices, and supportive adults and families.²¹

Pilot²²

The programme had an initial pilot phase which was carried out prior to launching the intervention, which took place from 2009 to 2011 in Toronto. The pilot was composed of eight cycles or cohorts, each cycle having a duration of nine weeks. This pilot was conducted to test the outcomes with Dr. Kumpfer's evaluation instruments and to check if they are positive and relevant to Canada. The results of the pilot are mentioned in the evaluation section.

4.2. Activities

The SFPY programme operates weekly for nine weeks with a team of four professional facilitators. Facilitators are provided by the agency/agencies delivering the programme and have been trained by PAD staff.

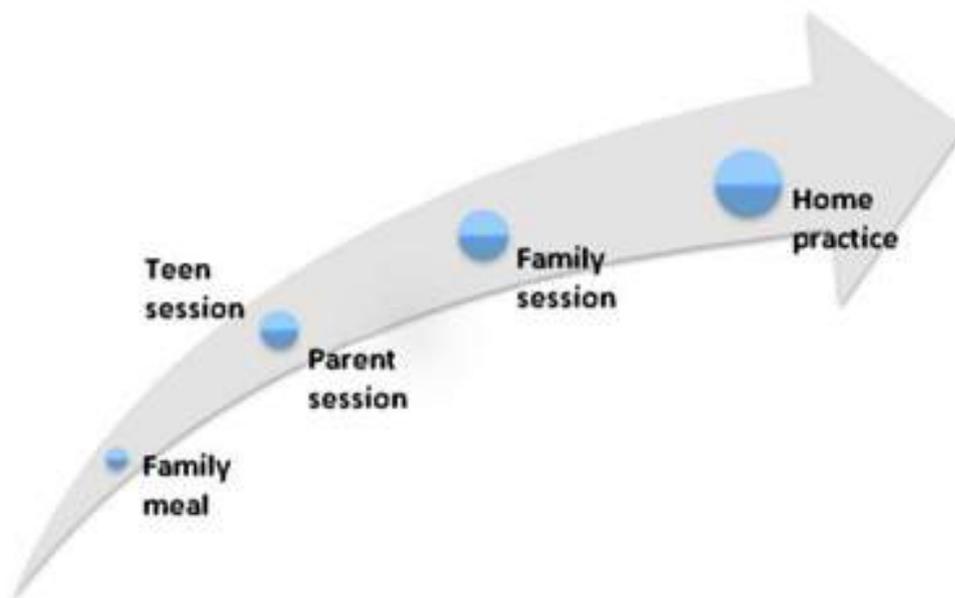
Sessions typically begin in the early

evening and are provided on the same day of the week for nine consecutive weeks, unless a holiday is involved and a session needs to be postponed. The programme adheres to the following format:²³

- First hour: Participation in a family meal;
- Second hour (70 minutes): Parents and youth participate separately in a skills-building session;
- Third hour (50 minutes): Families participate in a session together, building on the topics and skills they have explored separately.

Parents and teens must commit to attending the sessions together as both must participate in the sessions to gain from the programme. The programme encourages the same parent to attend throughout the cycle but it is not mandatory. Sometimes the parents' schedules do not allow for this and flexibility allows the family to continue to attend the programme. The SFPY programme can accommodate families with single or multiple

SFPY programme format



²¹ Follow-up with implementers

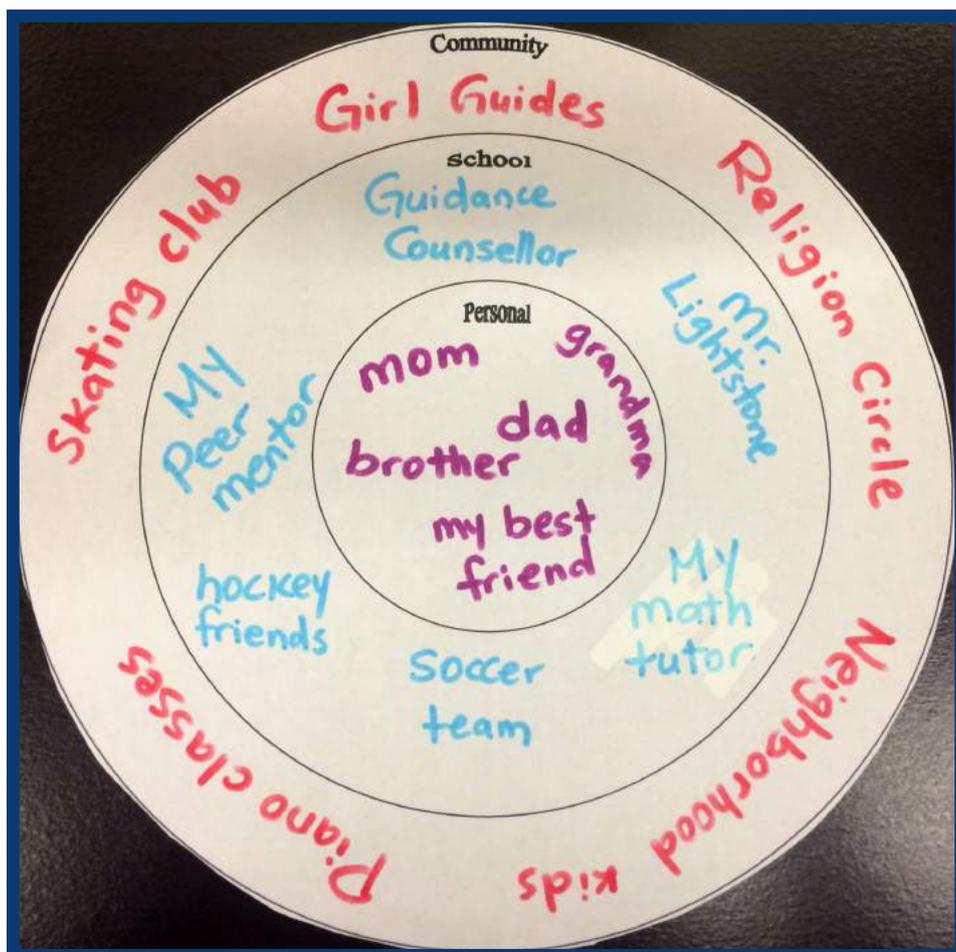
²² Interview with Diane Buhler, 16 October 2014.

²³ Strengthening Families for Parents and Youth (SFPY): An Evidence-Based Model for Implementation with Families of At-Risk Youth, http://www.parentactionondrugs.org/padsfpy/documents/SFPY_9_week_Program_Overview.pdf

'parents' and single or multiple children within the 12-16 year age range. 'Parent' is defined as the child's primary caregiver(s) and is interpreted in an inclusive, broad context (e.g., foster parents, boyfriends, step parents, adoptive parents, grandparents or other forms of kinship care, etc.).²⁴ Parents are asked to practice the skills they have learned and the routines that have been introduced at home with their teen and other family members.²⁵

Curriculum delivery ²⁶

The SFPY Facilitator Manual provides facilitators with a complete discussion and activity guide, including suggested wording and additional information to give group leaders a good understanding of the concepts and skills they are delivering. All the discussion guides and activities have been tested many times with diverse audiences. In the parents' session, it is especially important for facilitators to make sure that they cover the key themes to meet the session's objectives and, in particular, include the skills practice activity where indicated. Nonetheless, the programme is flexible in how the materials are delivered to make the curriculum meaningful for the specific audience without deviating from the designated themes. The youth session especially allows for a flexible approach in order to make sure the activities selected are appropriate for the



24 PAD website, guidelines for implementing the SFPY program http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf

25 Strengthening Families for Parents and Youth (SFPY): An Evidence-Based Model for Implementation with Families of At-Risk Youth, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_9_week_Program_Overview.pdf

26 PAD website, guidelines for implementing the SFPY program http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf



"I found I can look at issues from a different angle now and we have a calmer home."

(SFPY Parent)

SFPY 9-Week Curriculum

PARENT SESSIONS

Establish the foundation of positive parent-teen interaction and build a tool kit for effective family functioning

- Adolescent Development
- Parent and Teen: Roles and Responsibilities
- Positive Behaviour Change
- Positive Attention
- Introduction to Teen Time
- Communication – Teens and Respectful Dialogue
- Family Meetings
- Clear Expectations and Supporting Goals and Dreams
- Fair Limits, Appropriate Consequences
- Handling Stress and Anger
- Substance Use
- Risk and Protective Factors
- Problem solving and putting it all together
- Building Resiliency

"I liked the program activities – and I actually learned stuff!"

(SFPY Teen)

"This program helped me build my confidence in myself"

(SFPY Teen)

"It was fun!"

(SFPY Teen)

"This program let my family start to treat each other with respect."

(SFPY Parent)

YOUTH SESSIONS

Activities that engage, explain, explore, experience and empower

- Teens and Parents: Roles and Responsibilities
- Praise
- Introduction to Teen Time
- Communication
- Setting and achieving goals
- Behaviour, choices and consequences
- Stress and Anger
- Substance use
- Review
- Getting Support
- Being Resilient

FAMILY SESSIONS

Opportunities for active, positive parent-teen exchange

- Parent and Teen Interaction Game
- Teen Time Activity
- Communication Activity
- Family Meetings
- Supporting Youths' Goals and Dreams
- Group Dialogue on Limits and Consequences
- Stress and Anger
- Group Dialogue on Substance Use and Teens
- Family Strengths



youth group and the youth are fully engaged. Many of the activities require advance review and preparation to ensure that they are fully understood and can be delivered confidently. The SFPY Program Materials Preparation Guide, which accompanies the Facilitator Manual, provides a complete list of the materials necessary for each session activity. Participation in a full-day designated training workshop by all programme deliverers ensures that they understand fully how to balance curriculum flexibility to ensure the best results.

4.3. Innovativeness

When the Strengthening Families Program was initially developed by Dr. Kumpfer in the 1990s, it was unique in its whole family approach. Since then, there have been other programmes aimed at increasing positive parenting, family functioning and children's resiliency that take the whole family approach. However, these are geared to children rather than to adolescents/teens. The SFPY variant is unique in that it is a nine-week intervention and provides unique youth-engagement activities and approaches.

4.4. Cost and funding

Expenses for conducting the programme include site costs, coordinator and facilitators' fees, food for a family meal, programme supplies, small incentives and prizes, transportation and childcare.

The budget plan for the intervention is \$5,000-\$7,000 (Canadian dollars) per cycle. This budget is based on having 10 families enrolled, with about \$2,500 for a nutritious meal (a very important part of the programme), \$800 for child minding, \$2,000 for staffing/coordination fees if necessary and the remainder for

materials. Training could involve extra cost and would depend on travel, etc.

The SFPY research project was made possible by funds from Health Canada and conducted by Parent Action on Drugs. Health Canada is the federal department responsible for helping Canadians to maintain and improve their health, while respecting individual choices and circumstances. It funded the project under the Drug Strategy Community Initiatives Fund and the Toronto Drug Strategy.²⁸ If participating agencies make in-kind contributions – particularly for the provision of the site, coordination and facilitation – the costs of the programme are reduced greatly. Donations of food and prizes can also be sought.²⁹

4.5. Sustainability

The intervention was sustained through grants. Because of the budget requirements, most agencies need to seek additional funds from national, provincial and municipal funding bodies.

Elements needed to deliver and sustain the programme:³⁰

STAFF: A total of four facilitators are needed to deliver the programme (two co-leaders for the youth sessions and two for the parent sessions). If possible, the group leaders should reflect the ethno-cultural diversity of the families in the programme. A site coordinator is also needed to oversee the programme, manage logistics and supervise staff. This person should be accessible to families between sessions.

The facilitators and site coordinator should be experienced in working with at-risk youth and parents and it is strongly recommended that they receive training in the programme by attending a designated SFPY workshop.

27 PAD website, guidelines for implementing the SFPY program http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf

28 Strengthening Families for Parents and Youth_ Report , SFPY website, <http://sfpy-pad.org/about/>

29 PAD website, guidelines for implementing the SFPY programme http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf

30 PAD website, <http://parentactionondrugs.org/program-resources/resiliency-building-programs-and-resources/sfpy/>





SPACE: Since each session begins with a shared family meal, a space large enough to accommodate all families comfortably is needed. Separate meeting spaces for parents and youth are also required. These spaces must be large enough for the groups to sit comfortably and to move around.

CHILDCARE: If possible, it is important to provide childcare for younger siblings while the sessions are occurring. When providing childcare, a separate space and caregivers will also be required.

4.6. Replicability

SFPY has been implemented primarily in Ontario, Canada with some implementation in other provinces, primarily Nova Scotia and Newfoundland. In 2014, an additional project has begun to replicate the pilot research findings with nine agencies in Ontario, delivering nine cycles of SFPY and building the capacity of organizations in rural and remote parts of Ontario to sustain the delivery of SFPY. In addition, *Resserrer les Liens entre Parents et Jeunes*, the French-language counterpart of SFPY, is being piloted in francophone areas of Ontario.

This is most effective where a single lead agency takes responsibility for integrating the SFPY programme into its delivery system and networks with other regional agencies to supplement the delivery by providing facilitators and supporting the recruitment of families by identifying youth and families in need.

5. Evaluation of effectiveness

*Evaluation:*³¹

An evaluation plan was developed prior to the initiation of the intervention. Targets included an

80 per cent retention rate, diversity of audience and the 21 positive outcomes posited by Dr. Kumpfer. Evaluation data were disaggregated by sex, age, ethnicity, geographic region and socioeconomic status.³²

There are three cluster measurements for parents, family and children and 18 outcome variables grouped into three areas: parent immediate change objectives (five measures); child/youth change objectives (seven measures); and family change objectives (five measures); in addition to parental alcohol and drug use (one measure).

Parent immediate change objectives

Increases in:

- Positive parenting;
- Parenting skills;
- Parental supervision;
- Parental efficacy;
- Parental involvement;
- Decrease in parental substance use or misuse

Child/youth change objectives

- Increase social skills (cooperation, assertion, responsibility and self-control);
- Reduced externalizing;
- Reduced covert aggression;
- Reduced concentration problems;
- Reduced criminal behaviour;
- Reduced hyperactivity;
- Reduced depression

Family change objectives

- Increase positive parent/child relationship or family cohesion;
- Reduce family conflict;

³¹ Interview with Diane Buhler, Executive Director, 16 October 2014.

³² Ibid.





Increase family organization and order;
Increase family communication skills;
Increased overall family strength and resilience

Parent Action on Drugs contracted the LutraGroup to develop the outcome evaluation methodology and instruments, enter and analyse the data and prepare an evaluation for the programme. 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.

Effectiveness:³³

The PAD SFPY variant was evaluated by Dr. Kumpfer with excellent results in the areas of parental skills, family functioning and increases in mental health and social competencies on the part of the youth.

In terms of meeting the programme's objectives, 77 per cent of the families enrolled in SFPY attended, and 20 of Dr. Kumpfer's 21 outcomes were achieved, with 19 showing significant change as stated:

"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

33 Ibid.



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."³⁴

At the ninth session during the programme evaluation in Ontario, parents who completed the programme in seven cohorts were asked to rate their experience using the SFP Parent Retro Post-Test Questionnaire (n=40). The top common responses to questions about the benefits of the programme were:

- Learned effective parenting skills (positive approach, be less critical, hold family meetings (15 out of 40). "We learned how to start discussion in a healthy way."
- Improved communication skills (15 out of 40). "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 out of 40). "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 that they liked the 'whole family' approach of the programme, found that their family was closer/more respectful because of the programme, enjoyed the social aspects of the programme and saw improvements in their child with regard to confidence and independence.³⁵

6. Strengths and opportunities

One of the core strengths of this programme

is the family approach.

Providing a meal for the family makes it easier for families to participate in the programme. It also provides an important chance for families to spend time together and practice the skills they have learned as well as an opportunity to meet informally with facilitators and build a communal experience for all members of the SFPY group.³⁶ The family session not only allows parents and teens to work on skills together but also provides a meaningful opportunity for them to communicate outside of their immediate family, thereby presenting the opportunity for intergenerational dialogue in a safe and accepting environment through enjoyable activities. Childcare is provided for children younger than 12 years of age, to allow parents to commit to the programme without concern for the care of younger siblings. The SFP model was originally devised to meet the needs of families experiencing dysfunction because of the involvement of parents with alcohol and other drugs. The current implementation of SFPY targets youth who are experiencing behavioural issues, difficulties with school bonding and performance, mental health concerns, substance use and/or parents with mental health and/or substance use issues.

7. Challenges

Some of the challenges of the pilot research project were unique to that project and others are challenges faced by the continued implementation of the SFPY programme in subsequent replications.

- Unique challenges of a research project concern the research protocols, such as passing an ethics review, getting consent from participants for a very involved

34 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, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Report.pdf

35 Ibid.

36 Strengthening Families for Parents and Youth (SFPY): An Evidence-Based Model for Implementation with Families of At-Risk Youth, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_9_week_Program_Overview.pdf





evaluation process and getting full compliance from the programme delivery team for their part of the evaluation.

- Ongoing challenges of sustaining SFPY as a continued programme concern financing the cycle (funds for food, childcare, materials) and accessing the facilitation team for the cycle.
- Outreach to families and family retention is well acknowledged in the literature as a challenge for all parenting and family programmes.³⁷ However, continued attendance was ensured by applying strategies such providing a family meal of good quality and variety, childcare for younger children, assistance with transportation³⁸ and providing ongoing reminders and positive contact with the families (with the use of mobile phones and texting being a recent way of ensuring this).
- Issues of confidentiality and disclosure were worrisome to the youth. From the initial session, it was stressed that the discussions in the youth group would not be shared with the parents, unless the youth decided by consensus that there was something specific they wanted their parents to hear. However, it was also made clear (and written in the curriculum) that by legislation, group leaders have a duty to disclose if they feel a child is being neglected or abused in any way. During training sessions, how disclosure is handled is discussed at some length. Furthermore, people who had court orders that limited their contact with their children face a barrier in working through the programme requirements, although families involved in a child protection case who participated in the programme

showed benefits from their participation.³⁹

8. Next steps and the way forward

At this time, Parent Action on Drugs has received another grant from Health Canada to develop a capacity-building model to see the SFPY programme introduced and sustained in nine different jurisdictions across Ontario, with particular focus on rural and remote parts of the province. This project involves the same evaluation methodology as the 2009-2011 research project and will therefore provide an enhanced sample size of families to build the evidence on effectiveness.

9. Components to consider for scale-up in MENA

- A family-based skills-building programme that targets parents and youth, with the active participation of parents and youth.
- The strategy, curriculum content, training and support modules and assessment tools have been assessed for effectiveness and are available for adapting the programme.

37 United Nations Office of Drugs and Crime, 'Guide to implementing family skills training programmes for drug abuse prevention', 2009.

38 PAD website, guidelines for implementing the SFPY program http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf

39 Interview with Diane Buhler, 16 October 2014.

10. Resources

Guidelines for Implementing the SFPY program

http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Implementation_Guidelines.pdf

United Nations Office of Drugs and Crime (2009), 'Guide to implementing family skills training programmes for drug abuse prevention', New York.

Link: <http://www.unodc.org/documents/prevention/family-guidelines-E.pdf>

Other resources are available upon request from implementer.

11. References

Inquiry form completed by Diane Buhler in July 2014.

Interview with Diane Buhler, Executive Director of PAD, 16 October 16 2014.

Parent Action on Drugs (PAD) www.parentactionondrugs.org

Pad website <http://parentaction.server295.com/program-resources/resiliency-building-programs-and-resources/>

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,

http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_Report.pdf

Strengthening Families for Parents and Youth (SFPY): An Evidence-Based Model for Implementation with Families of At-Risk Youth, http://www.parentactionondrugs.org/pad-sfpy/documents/SFPY_9_week_Program_Overview.pdf

United Nations Office of Drugs and Crime (2009). Guide to implementing family skills training programmes for drug abuse prevention. United Nations. New York.

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Annex

Evaluation results of the original SFP by Dr. Kumpfer:

“SFP has also been shown to produce positive outcomes that specifically address substance use. This is based on evidence from the USA Center for Substance Abuse. In the “Evaluation Report on Eight Cohorts in Toronto, Ontario, Canada, 2009 - 2011” prepared for Parent Action on Drugs, Kumpfer et al illustrated SFP’s effectiveness in the USA:

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)