



HAL
open science

Family-based prevention against substance abuse and behavioral problems: culture-sensitive adaptation process for the modification of the US-American Strengthening Families Program 10-14 to German conditions

Martin Stolle, Julian Stappenbeck, Astrid Wendell, Rainer Thomasius

► To cite this version:

Martin Stolle, Julian Stappenbeck, Astrid Wendell, Rainer Thomasius. Family-based prevention against substance abuse and behavioral problems: culture-sensitive adaptation process for the modification of the US-American Strengthening Families Program 10-14 to German conditions. *Journal of Public Health*, 2011, 19 (4), pp.389-395. 10.1007/s10389-011-0405-7. hal-00631689

HAL Id: hal-00631689

<https://hal.science/hal-00631689>

Submitted on 13 Oct 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Martin Stolle, Julian Stappenbeck, Astrid Wendell, Rainer Thomasius

Family-based prevention against substance abuse and behavioral problems: Culture-sensitive adaptation process for the adaptation of the US-American Strengthening Families Program 10-14 to German conditions.

Universitätsklinikum Hamburg-Eppendorf (UKE), Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters (DZSKJ).

Ph.D. Martin Stolle

Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters

Martinstraße 52

20246 Hamburg, Germany

E-Mail: M.Stolle@uke.de

Phone: +49-40-7410-59289

Fax: +49-40-7410-56571

Aim: The Strengthening Families Program 10-14 (SFP 10-14) was developed in 1993 at the Iowa State University as universal family-based prevention program against substance abuse and behavioral problems in youth aged 10 to 14 years. Its effectiveness in delaying the initiation of tobacco, alcohol and cannabis use, in decreasing the average amount consumed and in reducing adolescents' problem behavior in school and at home has been repeatedly evaluated in randomized-controlled studies in the US. While there is a well-established system of school- and community-based prevention in Germany, there is a lack of family-based prevention. This situation will be improved by the cultural adaptation and evaluation of SFP 10-14 in Germany. *Subjects and Methods:* Focus group meetings were held with experts from family assistance and drug prevention, as well as with parents of children in the age of the target group, in three geographically different cities in Germany (Hamburg, Schwerin and Munich). Group members were presented the original version of the material from the US (teaching manuals and DVDs), as well as an already adapted version from the UK. Group members developed criteria in a group discussion process necessary for the adaptation of the material to the German culture. Following the newly defined criteria, new teaching DVDs and manuals were produced. *Results:* As a result from the focus groups meetings, several aspects concerning the adaptation of the material had to be considered. Four aspects were especially important: (1) Application to the regional social structures in Germany, within the target group (risk population: migration background, socioeconomic status, family structure), (2) adaptation to the German language (colloquial language, idiomatic expressions, non-verbal language), (3) considering culturally dependent norms about parents' and children's role model behavior, as well as the problem definition for behavior that is supposed to be addressed (family, school, peer group) and (4) the program's adequate incorporation into the conditions of the local support system. *Conclusions:* Neither of the two existing SFP versions (US and UK version) could serve as a matrix for the German version, extensive adaptations were necessary. Results from the adaptation process carried out earlier in the UK with the original material from the US were helpful in this process. The German version of the program ("Familien stärken") will be evaluated for a target group that consists of families with low socioeconomic status. This randomized-controlled multicenter study will be carried out in different German cities (Hamburg, Hanover, Schwerin, Rostock and Munich) between 2010 and 2013.

Keywords: family-based drug prevention; cultural adaptation; Strengthening Families Program 10-14; adolescence

Introduction

Despite promising international findings, universal and selective family-based approaches in the field of drug prevention are not well established in Germany. The focus is usually on settings like school and leisure activities, communities and media, as well as on the legal framework (Bühler & Kröger, 2006). The age range of the target group and the co-morbid mental disorders in children and youth suggest the development of family-based prevention programs (Ramey & Ramey, 1998; Scheithauer, Mehren & Petermann, 2003).

The best studied programs for family-based prevention against drug- and behavior problems originate from the US: First stage-1-research began some 25 years ago. The quality of evaluations of different prevention programs for children and youth varies considerably, as Foxcroft, Ireland, Lister-Sharp, Lowe and Breen (2003) state in their review. Many evaluations suffer from methodological weaknesses, such as missing pre-test assessments, high drop-out rates or short follow-up periods. Other authors (Gruner Gandhi, Murphy-Graham, Petrosino, Schwartz Chrismer & Weiss, 2007; Gorman, Conde & Huber, 2007; Midford, 2008) criticize widespread “selective reporting” which reports preventive, but no contrary effects. Foxcroft et al. (2003) compared various evaluation studies of family-based prevention programs and identified the *Strengthening Families Program 10-14* (SFP 10-14; Molgaard, Spoth & Redmont, 2000) as one of eight programs that can be listed in the second highest evidence class (IB). For programs in this class, preventive effects can be found even after a follow-up period of two years. A literature review conducted by the author (Stolle, Sack, Stappenbeck & Thomasius, 2010) led to the conclusion that the *Strengthening Families Program 10-14* is well evaluated, especially in the context of universal prevention of drug and behavior problems. The authors state also that this program has the strongest tendency to include the entire family. It will be described next.

The Strengthening Families Program For Parents and Youth 10-14 (SFP 10-14)

SFP 10-14 was developed from 1993 on by Molgaard and colleagues at Iowa State University for the universal family-based prevention of addictive- and behavior problems in children and youth in the age from 10 to 14 (Molgaard et al., 2000). It is an adapted version of the nearly synonymous “Strengthening Families Program“ from Utah, which was developed and evaluated for selective prevention by Kumpfer and DeMarsh (1983); target group in this case were children in the age from 6 to 12 of substance abusing parents. Both programs are theoretically based on the socio-ecological model (Bronfenbrenner & Morris, 1998).

SFP 10-14 from Iowa is manual-based and consists of 7 weekly sessions plus another 4 booster sessions which are carried out 4-6 months after the first 7 sessions. Per session, there are at least three group facilitators who work with 8-12 participating families. Program elements exist for parents, children and the entire family. SFP 10-14 aims at improving youth’s self-efficacy, coping with stress and with peer pressure. Parents are encouraged to reflect their education style, to develop a more consistent form of parenting („using love and

limits“) and to express positive affect more openly. Dysfunctional communication patterns within the family are addressed and family cohesiveness is strengthened.

The recruitment of families (often socially deprived and uneducated) for intensive and time-consuming prevention programs is difficult and costly. Evaluation studies in the US report retention rates between 65 and 80%. Various means are applied to keep a high retention rate:

- Offering family meals to promote informal interactions between families („support group effects“) and to relieve parents from household duties
- Child care for younger siblings
- Transportation (if needed)
- Incentives for youth
- Weekly „keep in touch“-calls, as well as birthday cards.

Evaluation of SFP 10-14

SFP 10-14 was evaluated in a longitudinal controlled study from 1993 to 2000 in rural economically deprived regions in Iowa (Gates, McCambridge, Smith & Foxcroft, 2006; Spoth, Reyes, Redmond & Shin, 1999; Spoth, Redmond & Shin, 2001; Spoth, Redmond, Shin & Azevedo, 2004). In a study with pre- and post intervention assessments and with follow-ups after 1 ½, 2 ½, 4 and 6 years, 446 families were included (238 families in the intervention group, 208 families serving as controls). Families filled out standardized questionnaires; family communication and interaction were also assessed by trained experts who rated videotaped behavior samples. Compared with the controls, youth who had followed SFP 10-14 reported (Spoth et al., 2001):

- Significant lower average use of alcohol- and tobacco after a one-year period (with mostly small effect sizes)
- A 30-day-prevalence that was 30 % (alcohol) respective 46% (tobacco) lower at the 4-year-follow-up assessment.

Furthermore, there was a significantly lower risk in the SFP group for using cannabis, in lifetime, as well as in 12-month-prevalence. The findings for the use of inhalants and other illicit drugs are less clear, however. It was also reported that there were significantly less

behavior problems (oppositional defiant disorder) at school after taking part in the program, together with improved academic performance. On average, the differences between intervention- and control group became more distinct over time („ sleeper effects“). Compared to controls, it was found that parents who had followed SFP 10-14 (Spoth et al., 2001) showed:

- Better parenting skills and a more consistent education style
- A more effective communication (expressing affection and setting limits)
- Better parental monitoring.

The authors of this article base their decision to adapt SFP 10-14 on the results from the quoted reviews and evaluation studies that meet the highest standards for evidence based research (Spoth et al., 1999, Foxcroft et al., 2003, Spoth et al., 2004, Gates et al., 2006, Stolle et al., 2010). In the case of a positive evaluation, the program will be further disseminated, introducing family-based prevention in the German prevention scene.

Demands on the cultural adaptation

Kumpfer et al. (2002) point out that the majority of US-American prevention programs is very much based on the values of white middle-class families. The effectiveness of prevention programs increases with the extent of participating families' identification with program content. For that reason Kumpfer et al. (2002) adapted the selective preventive SFP for African Americans, Native Americans and Latin Americans (Kumpfer & Alvarado, 2003). The universal preventive SFP 10-14 has further been accommodated so far for Sweden (since 2002), the United Kingdom (since 2004) and since 2005/2006 for Spain, Italy, Poland and Greece. Allen et al. (2006) report that for the United Kingdom (UK), the cultural distance between the US-American program features and the characteristics of the target population in the UK warrants changes in four areas:

- Culture-sensitive definition of dysfunctional behavior
- Culture-sensitive (family) role behavior
- Linguistic adaptations (also colloquial)
- Adaptations to the specific features of the local help systems.

The US-American original material was revised, following the results of nominal and focus group work of youth and their parents from the UK, and considering the guideline mentioned above. According to Allen et al. (2006), the challenge was to conduct a cultural adaptation that leaves enough space for the program to be carried out in heterogeneous cultural settings in societies that are also characterized by migration. Also, the theoretical and conceptual integrity of the program had to be maintained.

Methods

The culture-sensitive adaptation of the US-American material for Germany was carried out as a pilot study applying a focus group technique. Focus group meetings were set up in three different regions in order to portray regional characteristics in Germany: In the North (Hamburg), in the East (Schwerin, former German Democratic Republic, GDR), and in the South (Munich). In order to incorporate different perspectives of professionals on the one hand and parents on the other hand, two focus groups were planned at each site. Well-established local counseling agencies for youth drug prevention at the three sites were asked to identify and invite experts for the focus groups. Prerequisite was experience in the field of youth drug prevention and in family counseling in socially deprived neighborhoods for several years. Also, parents from the target group, recruited in family counseling centers, met in groups. The target group was defined according to the criteria of the randomized-controlled study design which means that it included parents with at least one child in the age from 12 to 13 years, living in socially demanding circumstances. A total of 30 persons with an age range from 35 – 50 years participated in the groups. Detailed participants' characteristics can be found in Table 1. The project leader of this adaptation study led a total of six focus group meetings, another team member minuted. The duration of a meeting was limited to 180 minutes. Focus group members were awarded an allowance of 50 €. In a structured procedure, all participants were presented a total of three video excerpts with an overall length of 30 minutes. Excerpts were selected on the base of being exemplary for the program. The intent was to give an example of the type of families that are shown in the videos with regard to clothing, housing situation, typical role behavior and parenting styles. Another aim was to present to the audience the special features of the video material, that is, short video scenes that are interrupted by a speaker who leads through the videos and a countdown indicating how much time program participants have to discuss topics in the group. Moreover, selected excerpts of the manual were presented to and discussed by the focus group members. Again,

examples of the manual were selected in order to give people unfamiliar with the program an impression of it. The experts' command of English was sufficient so that there was no need for translation. In the parent group, a staff member retold and summarized the content of the scenes in German. The entire six focus group meetings were tape recorded and transliterated for later content analysis and evaluation. The compositions of the individual focus groups are listed in Table 1.

Table 1: Compositions of focus groups

Results

Results from the expert focus group meetings

The focus group discussions were evaluated according to the four criteria for the culture-sensitive adaptation of prevention programs, introduced by Allen et al (2006). In a content analysis, statements from all six focus groups were classified in the different categories introduced by Allen et al. (2006). The content analysis yielded statements that are summarized later in this section. In a second content analysis, discrepancies between the different groups' statements were analyzed so that possible disagreements between groups (parents – professionals, North Germany – South Germany, East Germany – West Germany) could be detected. It seemed, however, that there were no important differences between groups. Overall, the analysis indicated that the experts agreed with the general intention of the American, as well as the British version of SFP 10-14.

Culture-sensitive definition of dysfunctional behavior

Regarding the culture-sensitive definition of dysfunctional behavior in parents and in youth that ought to be changed during the training, there was consensus that there was no need for fundamental adaptations. The program's goals, to promote parenting skills by encouraging an education style that expresses affection but also sets boundaries („love and limits“), that encourages an effective communication between parents and youth (uttering own feelings and expectations, as well as acknowledging feelings and expectations from the other) and an effective parental monitoring, was unanimously appreciated at all three sites. The presented approach to minimize relevant risk factors for drug- and alcohol consumption, academic

failure and problem behavior and at the same time strengthening protective factors was judged as realistic.

Experts were critical about the “moralizing attitude” towards juvenile problem behavior in the American and the British version. Partly, they disliked the fact that the obedience of family and society rules and norm beliefs seem to be presented as an unchangeable premise for a functioning family life. They felt that it remained unclear that juvenile problem behavior can also be regarded as part of an age-specific experimental behavior in which rule breaking behavior could be seen as necessary for the forming of identity. Several experts pleaded for adaptation in session 6 (“protecting against substance abuse”). The conveyed message was interpreted as “finger-wagging” demonizing alcohol- and drug consumption. The expectations parents were supposed to communicate to their children (“No drinking at home or with friends“, “No beer or wine coolers“, “No drugs ever“, “No drinking at parties“, “No smoking“) were deemed unrealistically high and as ignoring youth’s need to try out new behaviors. They even saw the risk of adolescents becoming interested in the consumption of psychotropic substances because of the program.

A sober-minded and objective dealing with alcohol and drugs like cannabis granting adolescents the development of competence regarding the use of alcohol and drugs seemed more suitable. The focus should be on the protective factors against risky consumption patterns, like trusting relationships within the family, a good engagement in schools and a non-deviant peer group. Other experts appreciated the clarity of SFP 10-14. The absence of any drive in the program and the expectation of a total abstinence communicated to youth were also praised. As youth are not older than 14, parents’ clear disapproving attitude could help to delay the initiation of substance consumption and prevent youth from developing problems in the future.

Culture-sensitive (family) role behavior

Regarding *culture-sensitive (family) role behavior* in SFP 10-14, the experts appreciated that there was a realistic portrayal of family combinations (representing single mothers, families with a migration background) and that fathers, when present, took an active role in family life.

A few experts criticized gender stereotypes, like a father repairing the car and playing basketball with the son, and the mother being responsible for the kitchen. At some points,

these stereotypes were defused (the father loading the dishwasher (British version) or drying the washing-up (American version)). Nonetheless, the traditional role allocation seemed still noticeable. The relationships shown between parents and youth were rated as adequate. Parents' roles were defined as dedicated and caring on the one hand and setting limits on the other hand. This was seen as contributing to youth's feeling of security and as useful for preventing role confusion.

Linguistic adaptations

Regarding *linguistic adaptations*, experts articulated extensive demands. A direct translation of the English original materials seemed impossible to them and linguistic adaptations seemed indispensable. Especially in the American version, the words "love" and "to love" are used frequently which is unusual for the German-speaking culture. Alternatives like "affection", „to be fond of someone“ or „to like someone“ seemed more adequate here. Also, emotions were seen as being uttered expressively and exaggerated. Especially experts from North- and East Germany emphasized that in Germany, people would do this in a more reserved manner. In South Germany, this was less considered as a problem. Local dialects should not be used in the German version, as it is not done in the British version, and standard German should be spoken. One expert remarked that in the British version, a much elaborated Oxford English is spoken. The majority of the experts advocated the use of colloquial language, without using slang, however. The experts suggested not using the word "penalty" which is used frequently in the British version. Instead of speaking of "penalty", the expression "consequence" should be used. This would be a more neutral wording and would be less associated with rigidity and physical punishment.

Specific features of the local help system

Adaptations to the *specific features of the local help systems* could be carried out easily, according to the experts. Differences between the individual federal German states should be considered, though. In Germany, the help system would rather be based on public agencies like youth- and education support, parent advisory centers, school counseling and institutions in the drug prevention, while the American system seemed to be based more on religious institutions. This difference should be considered for the adaptation.

Distinctive features of SFP 10-14, like offering a family meal after the training, as well as the use of incentives (e.g., vouchers for family activities) were appreciated unanimously by the

experts. Even though it is unusual for Germany to offer incentives to families in need of support or counseling, the high retention rates that were achieved in the US convinced the experts of this method. After having received an impression of the materials and acknowledging the training's strict timing and its highly structured character, the experts agreed that intensive multiple day schooling for the facilitators would be indispensable.

Results from the parent focus group meetings

Culture-sensitive definition of dysfunctional behavior

The analytic evaluation of the focus group meetings with parents out of the target group did not yield many differences regarding the *culture-sensitive definition of dysfunctional behavior*. Parents appreciated the idea of "love and limits" and the clear indications regarding the consumption of alcohol and substances. In contrast to several experts, parents did not consider moralizing or dramatization of any experimental consumption in the British version as a problem. Parents reported that this clarity would in fact help them and that it would be easier to keep these standards up this way.

Culture-sensitive (family) role behavior

With regard to *culture-sensitive (family) role behavior*, the (mainly female) parents appreciated that fathers were involved intensely in family life, but rated this as not very realistic. In the end, "it's the mothers who get stuck with the most of it." Single mothers with only one example in the role families were also seen as still underrepresented, as this phenomenon occurred much more often in the target group. Gender stereotypes, as mentioned in the expert group, were no issue. The parents appreciated the clear role allocation between parents and youth and regarded this as supporting them in having a clear standing with youth and holding up expectations.

Linguistic adaptations

Linguistic adaptations were assessed similarly by parents and experts. Parents suggested to change not only the "academic language" but also to incorporate some bad language to make family communication in conflict situations more realistic.

An adequate portrayal of the living situation in the four role families was a much discussed issue. More than the experts, parents argued that the role families' living situations were "too clean and intact". In order to attain high identification of families with the training, the living conditions should be designed according to families in socially demanding conditions. That means from the parents' point of view: instead of small-town residential areas (American videos) or a typical residential street (British version), priority should be given to a housing development in the periphery representing a German economically deprived area. These housing developments should not illustrate neglect and lack of perspective, but be in good and clean condition. Also with regard to the actors, the parents pleaded for more authenticity. The actors playing the parents were judged to be "too neat". Furthermore the parents advocated that the clothes might look "a bit neglected" and the children "less pretty", sometimes even being obese and having unclean skin. Families' homes tended to be "remarkably tidy", "little lived-in" and sometimes "too stylish". Partly it seemed that scenes were filmed in a studio and "not in actual apartments". Regarding an adequate ethnic mixture in the families, instead of Afro-American and Hispanic (American version) or Pakistani families (British version), there should be families with Turkish, Mediterranean or East European background. Beside single mothers, a blended family should be included. Different living environments, like suburban housing developments, old buildings in the city and a semi-detached house should also be portrayed.

Typical activities would have to be adapted to German habits as well: In Germany, children more often play soccer than basketball. Nordic walking and washing the car were not seen as typical activities in the German target group, this ought to be modified. Parents were critical about the mottos that are repeated at the end of each session. For the parent session, the motto goes as follows: "We are strong and caring parents who show love and set limits. We are helping our kids become responsible young adults." For youth and family sessions, corresponding mottos exist. The collective repetition of the mottos evoked bewilderment in the parents. It would feel like "being in church" or that certain ideas would be imposed on them. Many families would not partake in this and would even quit the program because of the mottos. According to parents, the mottos should be given up for the German version.

Due to technical reasons, it was not possible to present the newly adapted German material again to the focus groups. All adapted materials were presented to Prof. Molgaard, the program's developer, for verification. After having inspected all program parts, Prof.

Molgaard concluded that the program's content had been preserved during the culture-sensitive adaptation. Accordingly, the German program version "Familien stärken" was authorized as an official adaptation of the Strengthening Families Program 10-14.

Discussion

The pilot study, consisting out of three focus group meetings with experts and parents from the target group, delivered useful indications for the adaptation of both American and British SFP 10-14 materials for a German program version ("Familien stärken"). The *culture-sensitive definition of dysfunctional behavior*, as well as the basic assumptions of the program ("love and limits") found high levels of acceptance in both groups. It was aimed to keep the much praised clarity of the program by making only light modifications regarding alcohol and substance consumption towards a "less moralizing" approach and considering the juvenile interest in experimenting. The role behavior within the families had to be modified only slightly regarding a less stereotyping distribution of responsibilities within the families. Adaptations regarding the specific features of the local help systems were made.

Diverse revisions had to be made regarding *linguistic and cultural aspects*. Communication styles that were perceived as "typically American" were adapted to German habits. In the German version, the use of the word "love" was less frequent, though it was kept in the motto of the program ("love and limits", being "Liebe zeigen und Grenzen setzen" in German). The setting for the role families in the videos was changed considering the cultural conditions of a German target group that lives in difficult social conditions. 4 different housing situations were presented:

- A family living in a family house in a typical middle class neighborhood
- A family with a single mother living in an apartment block
- A family with a Turkish background living also in an apartment block
- A blended family living in an apartment in the city center.

It was taken care that the housing did not look too "shiny and neat" and also that actors did not look overly styled so that the setting was adjusted in a way that the composition of family members meets a typical urban German family. The language was changed to appear more colloquial and also some bad language was incorporated into the script. It became clear that

the high percentage of families with a migration background in the target group had to be taken into account. Nonetheless, only families could be addressed that are integrated into the German society and that are open for “Western“ education ideas. In order to address migrant families with poor German speaking skills and strong attachment in the origin societies, other programs are needed. The videos were shot with professional actors under the premise “more realistic“ and “less static“ in a typical urban setting using real apartments. Outside video takes made the videos livelier and more interesting for the participants to watch. Terms like “penalty“ were adapted. The afore mentioned family mottos were kept in the program, leaving it to the facilitators to decide whether or not to use them in the training.

In the pilot study, it became apparent that much importance should be placed on a sufficient facilitator’s training. Facilitators, coming from drug and family counseling, are trained in a three-day-seminar with a total of 24 hours for *Familien stärken*. Flexible and confident personalities are needed for this highly structured program, because it is important to respond to the different needs of families coming from different social classes or migration backgrounds.

Concluding, it can be stated that, despite manifold needs for adaptations that first had to be identified with considerable effort, it was possible to transfer SFP 10-14 into a German program version. Prof. Molgaard, the program developer from Iowa State University, authorized this version after her verification of the adapted material.

Directions for further research

Further research should be based on results of the pilot study for the development of “Familien stärken”. Currently, “Familien stärken“ is being evaluated in a multicenter study in socially deprived areas in different German cities. The study design is controlled-randomized, longitudinal and cross-sectional with pre- and post intervention assessments, as well as follow-ups after 6, 12, and 24 months. Intervention- and control group each include 144 families. The control group receives a minimal intervention only. Reliable and valid questionnaires are used to survey youth, parents and the family.

In the case of a positive evaluation, it is planned to introduce “Familien stärken” and with it family-based prevention into Germany’s health care prevention system in the following years.

The authors declare that they have no conflict of interest.

Acknowledgements

The cultural adaptation was carried out in a pilot study that was supported by the non-profit organizations “Keine Macht den Drogen e. V.” and by the “Förderverein für suchtgefährdete Kinder und Jugendliche e. V. (FSKJ)”. The evaluation study is funded by the German Federal Ministry of Education and Research (BMBF).

References

- Allen D, Coombes L, Foxcroft DR (2006). Cultural Accommodation of the Strengthening Families Programme 10-14: UK Phase I Study. Health Education Research Advance Access Published October 13, 14
- Bronfenbrenner U, Morris PA (1998). The Ecology of Developmental Processes. In: W Damon, RM Lerner (Eds.). Handbook of Child Psychology Vol.1. Theoretical Models of Human Development 5th edn. Wiley, New York, pp 993–1028
- Bühler A & Kröger C (2006). Expertise zur Prävention des Substanzmissbrauchs. Band 29. Köln: BZgA
- Foxcroft DR (2006). Alcohol Misuse Prevention for Young People: A Rapid Review of Recent Evidence. WHO Technical Report
- Foxcroft DR, Ireland D, Lister-Sharp DJ, Lowe G und Breen R (2003). Longer-term primary prevention for alcohol misuse in young people: A systematic review. *Addiction*, 98, 397-411
- Gates S, McCambridge J, Smith LA, Foxcroft DR (2006). Interventions For Prevention of Drug Use by Young People Delivered in Non-School Settings. *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art.No.: CD 005030. DOI: 10.1002/14651858.CD005030.pub2
- Gorman DM, Conde E & Huber JC (2007). The creation of ‘evidence based’ drug prevention: a critique of the Strengthening Families Program Plus Life Skills Training evaluation. *Drug and Alcohol Review*, 26(6) 585-593
- Gruner Gandhi A, Murpy-Graham E, Petrosino A, Schwartz Chrismer S & Weiss CH (2007). The devil is in the details. Examining the evidence for “proven” School-based Drug abuse prevention programs. *Evaluation Review*, 31(1), 73-74
- Kumpfer KL, Alvarado R (2003). Family-Strengthening Approaches for the Prevention of Youth Problem Behaviors. *American Psychologist* 58 (6/7), 457-465
- Kumpfer KL, Alvarado R, Smith P & Bellamy N (2002). Cultural sensitivity and adaptation in family -based prevention interventions. *Prevention Science*, 3, 241-246
- Kumpfer KL, DeMarsh JP (1983). Strengthening families Program: Training Curriculum Manual. Salt Lake City, UT: University of Utah, Graduate School of Social Work, Social Research Institute
- Midford R (2008). Is this the path to effective prevention? *Addiction*, 103, 1169-1173
- Molgaard VK, Spoth RL, Redmond C (2000). Competency Training. The Strengthening Families Program: For Parents and Youth 10-14. *OJJDP Juvenile Justice Bulletin* [www.ncjrs.gov/html/ojjdp/2000_8_1/contens.html], 23.03.2007
- Ramey CT, Ramey SL (1998). Early Intervention and Early Experience. *American Psychologist* 53, 109-120
- Scheithauer H, Mehren F, Petermann F (2003). Entwicklungsorientierte Prävention von aggressiv -dissozialem Verhalten und Substanzmissbrauch. *Kindheit und Entwicklung* 12 (2), 84-99
- Spoth RL, Reyes ML, Redmont C, Shin C (1999). Assessing a Public Health Approach to Delay Onset and Progression of Adolescent Substance Use: Latent Transition and Log-Linear Analyses of Longitudinal Family Preventive Outcomes. *Journal of Consulting and Clinical Psychology* 67 (5), 627-642
- Spoth RL, Redmond C, Shin C (2001). Randomized Trial of Brief Family Interventions for General Populations Adolescent Substance Use Outcomes 4 Years Following Baseline. *Journal of Consulting and Clinical Psychology*, 1-15
- Spoth RL, Redmond C, Shin C, Azevedo K (2004). Brief Family Intervention Effects on Adolescent Substance Initiation School-Level Growth Curve Analyses 6 Years Following Baseline. *Journal of Consulting and Clinical Psychology* 72 (3), 535-542

Stolle M, Sack PM, Stappenbeck J, Thomasius R (2010). Familienbasierte Prävention bei Kindern und Jugendlichen. Das Strengthening Families Program. Sucht, 56 (1), 51-60

Table 1: Compositions of focus groups

Experts focus group	Participants			Vocational background
	tot.	m.	f.	
Hamburg (North Germany)	3	1	2	Social education workers from parent advisory centers, health authorities and youth welfare offices
Schwerin (East Germany, form. GDR)	5	2	3	Social education workers from youth welfare offices, education support agencies and drug prevention
Munich (South Germany)	5	2	3	4 Social education workers from youth welfare offices, education support agencies and drug prevention, 1 educator working as systemic therapist
Parents focus group	Participants			Family background
	tot.	m.	f.	
Hamburg	5	1	4	2 single mothers, 3 parent pairs, 2 with Turkish background
Schwerin	6	1	5	3 single mothers, 2 parent pairs, 1 of a blended family, no parents with migration background
Munich	6	2	4	2 single mothers, 2 parent pairs, of which 1 Iranian background, 2 parents of blended families