Overview

Trampoline (German: "Trampolin")

Quality level
Quality level: 3

Executive summary
Background: A strong risk factor for developing substance use disorders (SUD) in adolescence or early adulthood is a family history of SUD. Children of substance-abusers (COS) also are at risk for a variety of other psychosocial developmental issues. Prevention programs for COS typically combine psychosocial education on substance use in the family with exercises and group activities aimed at enhancing children's emotional and practical coping on a daily life. Even though the number of studies on prevention programs for COS is small, there is preliminary evidence for the effectiveness of these programs.

Aims: The overall goal of TRAMPOLINE is to prevent substance use disorders (SUD) in children from substance-affected families. Due to funding and age of children, substance use could not be directly investigated in the study at hand. Therefore, we focused on factors derived from literature that promote resilience and reduce risk for SUD in children of alcohol or drug using parents. The following goals were defined for the TRAMPOLINE program (see specific objectives).

Abstract

Background: A strong risk factor for developing substance use disorders (SUD) in adolescence or early adulthood is a family history of SUD. Children of substance-abusers (COS) also are at risk for a variety of other psychosocial developmental issues. Prevention programs for COS typically combine psychosocial education on substance use in the family with exercises and group activities aimed at enhancing children's emotional and practical coping on a daily life. Even though the number of studies on prevention programs for COS is small, there is preliminary evidence for the effectiveness of these programs. However, empirical support for the usefulness of including education components in preventive efforts for COS is lacking to date. Objectives: To study at hand tests the effectiveness of the group program TRAMPOLINE for children aged 8-12 years with at least one substance-abusing or -dependent caregiver. The intervention is specifically geared to the issues and needs of COS. Specifically, we explore the role of psychosocial education on children's well-being by comparing the effects of TRAMPOLINE to an intervention for COS that is very similar with regard to setting, dose, and trainer qualification, but does not include addiction-specific content or activities. We hypothesize that addition-specific education, activities and role play will enhance the effectiveness of a prevention program compared with a prevention program without educational components. Methods: The effectiveness of the manualised nine-group session program TRAMPOLINE was tested among 218 children from substance-affected families in a multicenter randomized controlled trial. 27 outpatient counseling facilities across Germany delivered the interventions. Data was collected shortly before and after as well as six months after the interventions. Results: The mean age of the children at baseline was 9.79 (SD = 1.87) years. 52% were male, 31% indicated another than the German nationality. Both intervention and control group showed significant improvements after six months in the areas of avoidant coping, mental distress, cognitive capabilities, peer acceptance, self-worth, self-concept and quality of life regarding relationship and autonomy with parents compared to baseline. Significant group differences were found in the areas of knowledge, mental distress, and social isolation. Discussion/Conclusion: While COS benefit from both an intervention with and without addiction-related content and activities, participants in the addiction-specific group program showed superior outcomes. Therefore, knowledge appears to be an important empowerment and self-understanding tool that provides relief by ameliorating children's misconceptions and thereby reduces anxiety and social isolation. Future interventions should further explore essential ingredients that make preventive interventions for COS effective.

Context and theory

Initial situation

The overall impact of parental substance use on children is not documented by a multitude of studies and reviews, especially for children of alcoholics. It includes physical, psychological and cognitive consequences for children's development. Children and adolescents affected by parental drug use show higher rates of externalizing and internalizing problems such as anxiety disorders and depression [1,2], social behaviour disorders [3,4], or hyperactivity disorders [5,6]. With regard to substance use problems, their records more often show an early onset of substance consumption [6,7], earlier drunkenness episodes [8], and onset of drinking or drug use disorders at a younger age than comparable peers [10]. Approximately 35% to 40% of all children with a substance-using parent will develop a substance use disorder themselves [11,12]. In Germany, it is estimated that approx. 2.85 million children are affected by parental alcohol abuse or dependence until they come of age [16]. A more recent study concludes that five in two hundred under the age of twenty have at least one parent with alcohol problems [37]. It is likely that an additional large number of untreated cases exist [38]. Germany holds a highly differentiated addiction care system for alcohol and drug users that includes low-threshold offers such as outreach work, but also outpatient treatment centres, inpatient treatment services in psychiatric clinics as well as inpatient rehabilitation treatment. The situation of children is rarely taken into account when a parent enters the German drug aid system. Even though current data do not exist, statistics from 1998 show that when parents receive addiction treatment or counselling, only ten percent of all children are also treated [39]. Arene-Groening and Kober [40] estimated in 2007 that about 40-50 treatment centres for this target group exist in German outpatient centres. Our own study conducted in 2009 identified 48 outpatient counselling centres that offered prevention programmes for children of substance-using parents [41]. About half of these children were 8-12 years old. The intervening centres were mostly of either the addiction aid (“Suchhilfe”) or from the area of youth welfare aid (“Jugendhilfe”) or from a combined form. Taking into account the large number of affected children it can be concluded that help for children of parents with alcohol or drug problems is still rare in Germany. Although several programmes for at-risk children exist, programme delivery is rather unstructured due to the multicentric and heterogenous help system for affected families as well as to the multi-factorial and changing needs and dynamics in the cases. Thus, there is a clear need to provide prevention programmes for at-risk children that are equipped with exercises and group activities aimed at enhancing children's emotional and practical coping in daily life. Even though the number of studies on prevention programs for COS is small, there is preliminary evidence for the effectiveness of these programs but empirical support for the usefulness of including education components in preventive efforts for COS is lacking to date.

Basic assumptions/theory

The theoretical underpinnings of the programmes were derived from existing literature. In particular, TRAMPOLINE is based on the following theoretical concepts: The challenge model by Wolin and Wolin [1] posits that a child can cope more constructively with difficulties if it interprets them as a challenge. He or she will then actively react to the situation and, from this feeling of control, as also described in Rutter [2], will eventually develop, even while facing difficult situations, as a result of substance abuse. The stress coping model by Vellamen and Templer [11] also view the individual cognitive processing of stressful situations as critical for the kind of reaction it will evoke. Hence, interpretation and appraisal are targeted as different times during the intervention. The stress coping-support model by Vellamen and Templer [14] adds by this, that effective coping is usually evoked by the combination of a coping strategy that is appropriate to the situation and is also perceived as effective by the children. Family as a social support system (such as peer support, family support, social support from friends and others) is a major determinant of children's resilience. Due to their experiences of parental illness, children are at risk for various psychosocial developmental issues. Prevention programs for COS are designed to provide children with education on substance use in the family with exercises and group activities aimed at enhancing children's emotional and practical coping on a daily life.

Empirical support for the usefulness of including education components in preventive efforts for COS is lacking to date. Objectives: To study at hand tests the effectiveness of the group program TRAMPOLINE for children aged 8-12 years with at least one substance-abusing or -dependent caregiver. The intervention is specifically geared to the issues and needs of COS. Specifically, we explore the role of psychosocial education on children's well-being by comparing the effects of TRAMPOLINE to an intervention for COS that is very similar with regard to setting, dose, and trainer qualification, but does not include addiction-specific education, activities and role play. We hypothesize that addition-specific education, activities and role play will enhance the effectiveness of a prevention program compared with a prevention program without educational components. Methods: The effectiveness of the manualised nine-group session program TRAMPOLINE was tested among 218 children from substance-affected families in a multicenter randomised controlled trial. 27 outpatient counseling facilities across Germany delivered the interventions. Data was collected shortly before and after as well as six months after the interventions. Results: The mean age of the children at baseline was 9.79 (SD = 1.87) years. 52% were male, 31% indicated another than the German nationality. Both intervention and control group showed significant improvements after six months in the areas of avoidant coping, mental distress, cognitive capabilities, peer acceptance, self-worth, self-concept and quality of life regarding relationship and autonomy with parents compared to baseline. Significant group differences were found in the areas of knowledge, mental distress, and social isolation. Discussion/Conclusion: While COS benefit from both an intervention with and without addiction-related content and activities, participants in the addiction-specific group program showed superior outcomes. Therefore, knowledge appears to be an important empowerment and self-understanding tool that provides relief by ameliorating children's misconceptions and thereby reduces anxiety and social isolation. Future interventions should further explore essential ingredients that make preventive interventions for COS effective.

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Objectives and indicators

Process evaluation
Operational objectives
With regard to process evaluation, we examined whether the intervention was delivered in time and according to defined standards, if the manual was adhered to and whether the programme meets the expectations of caregivers, parents and involved children. We also explored strategies with which programme deliverers meet recruitment challenges. We aimed at including 218 children into the program.

Process indicators
Satisfaction of trainers, parents, and participating children
Satisfaction of trainers, parents, and participating children
recruitment strategies and challenges

Instruments used
Type of evaluation carried out
Evaluation design
evaluation of intervention planning (needs assessment); outcome evaluation (how far are the specific objectives achieved); process evaluation (how far are the operational objectives achieved)

Specific objectives and outcome indicators
Specific objective 1
To teach participants effective strategies for coping with stress

Outcome indicator 1
Primary outcomes were related to stress and coping. We hypothesized that participants in the IG would show a significant improvement in the use of constructive coping strategies (in general and within the family) over time. The study therefore consisted of two phases: a pretest phase (pre) and a posttest phase (post). The study was part of the German rival study "Erhmgung von Stresserлерung & Stressbewältigung im Kinder- und Jugendalter" (Lohaus, Eschenbeck, Kohlmann & Klein-Heßling, 2006) for measuring coping strategies. This measure describes a stressful situation (conflict with a close friend) and asks the participant to answer how he/she would act in such a stressful situation. We adapted this measure by adding a situation caused by substance use in the family and applying the same five dimensions to the situation. Five dimensions of coping are covered by the instrument: seeking social support ("If this happens to me, I ask a friend for help"), problem-focused coping ("I try to tackle the problem"), avoidance coping ("...I pretend that it does not affect me"), constructive-palliative emotion regulation ("...I try to relax"), and destructive-angry emotion regulation ("...I get angry and slam the door"").

Specific objective 2
To reduce the psychological stress for participants resulting from parental substance abuse or dependency by extending children’s knowledge about alcohol and drugs, their effects on people and the consequences of substance-related disorders for affected persons and their family

Outcome indicator 2
Knowledge on alcohol, drugs, and substance use problems. - Own development, 9 items testing knowledge on physiological and mental effects of substances, knowledge on effects of substance use on parental (own/peer) and social support, knowledge on the social consequences of substance use, knowledge on external criteria of substance use. - Own development, 5 items derived from the three "C"s - "Cause", "Control", and "Cure" ("Cause": Do you feel guilty for your parent(s) use of alcohol or drugs?" "Do you think that your parent(s) use alcohol or drugs because of the addiction problem in the family?" "Control": Do you feel you need to control your parent(s) substance use?" "Cure": Do you think that you need to heal your parent(s) alcohol or drug problem?". Social isolation caused by parental substance use - Own development, 3 items measuring social isolation ("Do you feel that it is not to speak with other children about your parent(s) alcohol and drug use in your family?").

Specific objective 3
To improve feelings of self-worth and self-efficacy and to help develop a positive concept of self.

Outcome indicator 3
Self-concept/self-worth - SPSC - Self Perception Profile for Children (German version); Expectations of self-efficacy - WIRKALL - Psychometrische Skala zur Allgemeinen Selbstwirksamkeitserwartung (SWE) / Psychometric scale for general expectation of self-efficacy - adapted version for children (Adaptation of a scale used for measuring self-efficacy in the family)

Instruments used
Type of quantitative instrument

Name of instrument (standardised instrument)

Name of instrument (modified standardised instrument)
SSK 3-8 - Fragebogen zur Erhmgung von Stresserлерung & Stressbewältigung im Kinder- und Jugendalter Questionnaire for perception of stress and stress management in childhood and adolescence

Type of qualitative instrument
Action

The name “TRAMPOLINE” was chosen because it evokes positive associations in children, but also because a trampoline combines the ability to jump higher with protection and a soft landing. In this way, the programme is empowering participating children while at the same time providing support and a safe place to be. Developing the group programme TRAMPOLINE, a three-step approach was chosen.

In the first step, we reviewed the international literature to identify key features of successful programmes. In the second step, we invited experts in the field such as counsellors and social workers to provide us with material from their previous work with children from substance-affected families. From this knowledge exchange and the results of our literature review, we drafted a first version of the TRAMPOLINE programme. The draft programme was then reviewed by potential participants and their parents and was modified accordingly.

In the third step, we conducted and closely monitored a pilot trial of the programme in one of the participating centres, after which further amendments were made. The resulting detailed manual included nine weekly 90-minute modules for the children as well as two optional parent sessions. Even though the modules build on one another, each module is also a closed unit with a specific theme: Module 1 – getting to know each other, module 2 – self-worth: how I feel about myself, module 3 – alcohol and/or drug problems in my family, module 4 – knowledge: what I need to know about drugs and addiction, module 5 – handling difficult emotions, module 6 – self-efficacy: what I can do to solve problems, module 7 – learning new patterns of behaviour in my family, module 8 – what I can do to improve feelings of self-worth and self-efficacy and to help develop a positive concept of self. The content of the second module, is to inform parents about the programme their children will be attending and about risk and protective factors children face when growing up in a substance-affected environment. Also, parents share hopes they have for living together with their children and are encouraged regarding parenting skills and their importance for the children. The content of the second session, conducted at the end of the programme, is to inform parents about how the programme went from the trainee perspective, to answer questions about issues that may have come up at home in the course of the programme and to sensitize parents for the needs of children in substance-affected families and how caregivers may be empowered in the future. Also parents are motivated to seek and accept further support in their parenting role. The manual provides for parent questions, group discussion and practical use.

Results
Process evaluation
Results
Of the 49 available videotapes, 48 videotapes from 21 study sites were complete and included in the fidelity measurement. Two independent raters reviewed the training sessions with regard to adherence and quality of delivery with standardized checklists. Kappas ranged from .36 to

References

Contact
Responsible organisation
Name of organisation
Additional information

Number of staff involved
- Project staff: 1 PI (part-time), 2 PM (part-time), 2 full-time researchers, 50 part-time trainers

Status/profession of staff involved
- Psychologists (project staff), social workers, pedagogues, psychologists (trainers)

Type of evaluator
- Internal evaluator

Name of external institution(s)
- Meaning: we, the research institute conducted the evaluation. However, we did not deliver training.

Full reference to evaluation report

Budget

Annual budget
- Over 100,000 to 500,000

Sources of funding
- National government

Percentage from each source
- National government: 100%

Additional remarks

It is important to note that TRAMPOLINE was not tested against wait-list control groups but against a challenging addiction-unspecific group programme. This second group programme of same duration, but with no addiction-related psychoeducational content and exercises, was developed to function as CG. Children were engaged in “fun-and-play” activities such as drawing, crafts, exercises, and games according to the manual of this control program. To avoid bias, the group was promoted as equally attractive towards parents and children. Trainers had the same addiction-related qualifications as TRAMPOLINE trainers but were instructed to refrain from initiating the discussion of addiction-related topics in the group and to deal with them as briefly as ethically possible if they should come up. Parents in the control condition did not receive a structured intervention.