

## **STARS for Families**

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*Program developers or their agents provided the Model Program information below.*

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### **BRIEF DESCRIPTION**

STARS for Families (Start Taking Alcohol Risks Seriously) is a health promotion program designed for preventing alcohol use among middle school and junior high school youth. All prevention strategies are matched to the specific stages of initiating alcohol use and the risk and protective factors of individual children.

### **PROGRAM BACKGROUND**

STARS for Families was developed at the Center for Drug Prevention Research, University of North Florida, College of Health, with grants from the National Institute on Alcohol Abuse and Alcoholism. STARS for Families is a health promotion program that uses health care providers and parent prevention materials to prevent alcohol use among at-risk youth. The program is founded on the Multi-Component Motivational Stages (McMOS) prevention model, which posits stages of habit initiation in health-damaging behavior, such as substance use, that parallel and exist in conjunction with the stages of change described in the transtheoretical Model. The McMOS prevention model hypothesizes that progression through the stages of initiation and change is influenced by risk and protective factors such as those described as constructs within contemporary psychosocial health theories. Finally, McMOS proposes the use of a range of communication channels for matching prevention content and strategies to specific stage status, including a media and media-related materials channel, an interpersonal channel, and an environmental channel.

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### **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

The Urban Institute: Promising Prevention Program



## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

### UNIVERSAL

Developed for a universal audience.

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## **INTERVENTION TYPE**

### SCHOOL-BASED

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## **CONTENT FOCUS**

### ALCOHOL

Targets prevention of early alcohol use, specifically postponement of alcohol use until adulthood. Youth who participate in the program will receive (1) an individual brief consultation by a nurse or other health care provider about how to avoid alcohol use; (2) Key Facts postcards mailed to parents/guardians on what to say to their child about staying away from alcohol; and (3) four weekly take-home lessons, with facts and activities on how kids can avoid alcohol, for parents/guardians and children to complete and return.

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## **INTERVENTIONS BY DOMAIN**

### INDIVIDUAL, PEER, FAMILY

#### INDIVIDUAL

- Life/social skills training

#### PEER

- Peer-resistance education

#### FAMILY

- Task-oriented family education sessions to improve family interactions
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## **KEY PROGRAM APPROACHES**

### INFORMATION SHARING, PARENT-CHILD INTERACTIONS, PEER SUPPORT, OTHER: HEALTH CONSULTATION

#### INFORMATION SHARING

Key Facts postcards are used by parents to help parents convey the importance of alcohol avoidance to their children. Parents are asked to read and talk about the important Key Fact found on the card, and each Key Fact addresses a particular risk or protective factor. Up to 10 postcards are mailed, and issues addressed are the same as in the health consultations. Each card is endorsed and signed by a local pediatrician and the project director.

## PARENT-CHILD INTERACTIONS

Key Facts postcards are mailed to parents telling them what they can say to their children to help them avoid alcohol.

Parents complete take-home prevention activities with their children, including an alcohol avoidance contract for the child to sign. Detachable sections of the Key Facts postcards and feedback sheet from the family take-home lessons are used to collect data about program effects.

Physician-endorsed, family-based lessons provide a set of four brief activities with activity sheets, a contract for child to avoid alcohol use, and a feedback sheet to collect process data. Two lessons address risk factors for alcohol use (environment and vulnerability to influence, situation, and expectancies) and protective factors (perceived susceptibility and severity, expectations, self-efficacy, and behavioral capability). Activity sheets include true-false statements, checklists, fill in the blanks, and role-playing activities.

## PEER SUPPORT

Trained, eighth-grade peer role models escort the youth to and from the nurse consultation. These youth are trained to be healthy role models, keep a positive attitude, maintain an alcohol-free lifestyle, and keep all contacts confidential.

## OTHER: HEALTH CONSULTATION

Nurse or other health care provider delivers a one-on-one health care consultation to youths.

Each nurse's protocol includes directions for implementing the consultation, an RN interview form providing stage-matched prevention messages, title of the risk/protective factor, and a nurse recommendation contract asking the child to avoid future alcohol use. The consultation protocol uses a checklist format, suggesting up to 12 risk and protective factors. It included demonstrations, role-play, and feedback from project staff.

## HOW IT WORKS

STARS for Families consists of three primary strategies:

- **Health Care Consultation**—A nurse or other health care provider delivers a brief (20-minute) annual health consultation concerning how to avoid alcohol use. The intervention is designed to reach youth at specific stages of alcohol initiation and readiness for change and provides a range of prevention messages.
- **Key Facts Postcards**—Ten Key Facts postcards are mailed to parents or guardians in sets of 1 or 2 per week for 5 to 10 weeks. The cards tell parents what they can say to their children to help them avoid alcohol. Parents can return a detachable postage-paid portion of the card to provide information about their interaction with their children and its usefulness.
- **Family Take-Home Lessons**—Parents and guardians are provided with four weekly take-home prevention activities they can complete with their children and return. The lessons include an alcohol avoidance contract for the child to sign and a feedback sheet to collect satisfaction and usage data from parents.

Unlike most existing programs that consist of several weeks of classroom lessons, the STARS for Families program uses very brief, potentially cost-effective strategies. These strategies can be implemented within schools, health clinics, youth organizations, work sites, families, religious organizations, and communities, using little time and causing minimal organizational disruption.

Successful replication of STARS for Families involves:

- Recruiting participating youth of middle or junior high school age
  - Training nurses or health care providers to administer the program
  - Delivering and monitoring annual one-on-one nurse-youth consultations
  - Delivering and monitoring implementation of Key Facts postcards
  - Delivering and monitoring implementation of family take-home lessons
  - Conducting pre- and post-program outcome data collections to measure program effects
- STARS for Families can be implemented anytime.

A sample implementation timeline is provided in the *STARS for Families Complete Manual*, which also includes all intervention protocols, forms, process measures, program evaluation materials, and training materials.

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## **OUTCOMES**

### **DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, INCREASES IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES**

#### **DECREASES IN SUBSTANCE USE**

Participants were less likely to be in more advanced stages of alcohol initiation 3 months after completing the program.

Participants were less likely to have drunk alcohol in both the past 7 days and past 30 days, 3 months after completing the program.

Participants were less likely to have drunk heavily during the past 30 days, 3 months after program completion.

Participants were less likely to be planning to drink in the next 6 months, 1 year after the program ended.

Participants decreased their intention to drink in the future, 1 year after the program ended.

Participants had greater motivation to avoid alcohol use, 1 year after program ended.

#### **REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS**

Participants experienced fewer total alcohol-use risk factors, 1 year after the program ended

Delays the onset of alcohol use among youth

Reduces quantity and frequency of any alcohol use and heavy alcohol use among those already drinking

Reduces alcohol use risk factors and beliefs that support the use of alcohol

#### **IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS**

Increases motivation to avoid alcohol use

Increases parent-child communication about alcohol use prevention

#### **OTHER TYPES OF OUTCOMES**

Increases protective factors and resistance skills

## **EVALUATION DESIGN**

The Center for Drug Prevention Research, University of North Florida, has conducted research studies of brief alcohol preventive interventions, including STARS for Families, for more than 8 years. The Center recently studied a modified version of STARS for Families using a randomized controlled trial that tested the program's feasibility and efficacy in physical examinations for school sports teams. The evaluation involved 178 seventh through ninth grade students from one urban, one suburban, and one rural school located in a northeast Florida county. Participating youth were recruited by project staff and introduced to participating nurses during physicals for school sports programs. Most subjects were male (52 percent), and either White (75 percent) or African American (13 percent), with a mean age of 13.1 years (SD=1.00). Subjects were randomly assigned to the intervention or a control group with a 6-month posttest.

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## **DELIVERY SPECIFICATIONS**

5–24 WEEKS, 1–3 YEARS

**Amount of time required to deliver the program to obtain documented outcomes:**

Health consultation takes 20 minutes, annually. Intervention components are typically administered over the course of 1 to 3 years.

Key Facts Postcards: mailed to parents in sets of one or two per week for 5 to 10 weeks.

Family Take-Home Lessons: four weekly take-home prevention activities.

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## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

This program has been tested in all three settings.

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## **FIDELITY**

**Components that must be included in order to achieve the same outcomes as those cited in the developer:**

- Participants must be of middle or junior high school age
  - Nurses or health care providers must be trained to administer the program
  - One-on-one health consultation must be delivered to youth
  - Key Facts postcards must be delivered and use must be monitored
  - Family take-home lessons must be delivered and use must be monitored
  - Pre- and postprogram outcome data collections must be conducted to measure program effects
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## **BARRIERS AND PROBLEMS**

NO INFORMATION PROVIDED

## PERSONNEL

FULL TIME, PART TIME, PAID, VOLUNTEER

Trained nurses or other health care providers and a program coordinator are necessary.

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## EDUCATION

SPECIAL CERTIFICATION, SPECIAL SKILLS

Recommended: R.N. and/or Health Education Specialist.

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## PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, Location: ONSITE (user)/OFFSITE (developer or trainer's location), Length: BASIC (2 days)

Nurses and coordinator receive 2 days of training, which is recommended to obtain accurate and effective consultations. The program can be implemented immediately after training. Even though STARS for Families' consultation protocols are highly scripted, training is recommended to ensure the implementation of accurate and effective consultations.

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## COST (estimated in U.S. dollars)

\$1,001–\$5,000

Cost considerations for implementing this Model Program as recommended by the developer:

### TRAINING

2-day training . . . . .	\$2,000, plus trainer's expenses
1-day training . . . . .	\$1,500, plus trainer's expenses

### Available products:

STARS for Families complete manual includes:

- Scripted health care consultation protocol
- 50 student sets of Key Facts Postcards (8 in each set)
- 50 student sets of weekly family take-home lessons (4 in each set), in English and Spanish
- Process measures and program evaluation materials

Training materials for nurses and peer support role models. Training materials include an agenda, peer health model rules, and protocols for student recruitment, parental consent, and student retention; protocol for administering student assent forms; program evaluation survey; evaluation survey scoring guide; short screening instrument and scoring key; and sample timeline. Cost: \$299

50 additional postcard sets—\$49.95 each  
50 additional take-home lesson sets—\$49.95 each  
20% discount on materials ordered for 500–999 students  
30% discount on materials ordered for 1,000 or more students

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### **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14), TEENAGE (15–17)

Developed for middle and junior high school youth, 11 through 15 years of age.

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### **INTENDED POPULATION**

AFRICAN AMERICAN, WHITE

STARS is built on 7 years of research with urban, suburban, and rural at-risk students in Northeast Florida, including Duval and Clay Counties.

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### **GENDER FOCUS**

BOTH GENDERS

Developed for both male and female students.

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### **REPLICATIONS**

NO INFORMATION PROVIDED

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### **ADAPTATIONS**

NO INFORMATION PROVIDED

## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

The program was developed at the Center for Drug Prevention Research at the University of North Florida. The original developer was Chudley E. Werch, Ph.D., CHES, FAAHB.

### **FOR INFORMATION, CONTACT:**

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