



**UNIKLINIK
KÖLN**

Institut für
Gesundheitsökonomie und
Klinische Epidemiologie

Children Affected by Parental Alcohol Problems (ChAPAPs)

Evaluation of Direct Preventive Interventions with Children of Alcoholics

Anna Marie Passon, Sara Santos, Markus Lungen

2009

Table of Contents

- 1 Introduction 4
- 2 Development of the EIPICOA 6
- 3 Evaluation Instrument for Direct Preventive Interventions with Children of Alcoholics 14
- 4 EIPICOA Manual 18
 - 4.1 Whom is EIPICOA for and what is it about? 18
 - 4.2 What are the ex- and inclusion criteria? 18
 - 4.3 General Overview 19
 - 4.4 Ranking 19
 - 4.5 Fill-in help 20
- 5 Evaluation Results 28
 - 5.1 Evaluation of ‘General Information’ 29
 - 5.2 Evaluation of the quality categories ‘Concept Quality’, ‘Project Quality’ and ‘Outcome Quality’ 31
- 6 Literature 33

Index of Figures

- Figure 2-1: EIPICOA Expert Questionnaire 6
- Figure 2-2: Evaluation results of EIPICOA Expert Questionnaire question 1 11
- Figure 2-3: Evaluation results of EIPICOA Expert Questionnaire question 6 13
- Figure 3-1: EIPICOA 14
- Figure 5-1: The intervention was conducted in: 29
- Figure 5-2: Which setting was chosen? 30
- Figure 5-3: How was the intervention program delivered? 30

Index of Tables

- Table 2-1: Evaluation results of EIPICOA Expert Questionnaire question 2-5 11
- Table 5-1: Overview of the evaluated interventions 28
- Table 5-2: Could the interventions meet quality criteria? 31

1 Introduction

Children affected by parental alcohol problems (ChAPAPs) are exposed to various negative health outcomes. The physical and mental consequences of parental alcohol misuse were extensively analyzed and described in various studies in the last years (Gance-Cleveland, 2008; Winqvist, 2007). Negative health outcome as a result of parental alcohol misuse can on the one hand be observed in children with fetal alcohol syndrome (FAS). This specific disease is a consequence of maternal alcohol misuse during pregnancy. Beyond the physical damages, which are accompanied by FAS, many mental problems are described in the literature. Children of families with alcohol problems tend to have a significantly heightened chance for internalizing behavior of 2.6 (odds ratio), depression symptoms (2.0) and socially deviant behavior (2.7) (Díaz et al, 2008). Children of alcoholics are twice as likely as controls to have subclinical symptoms and four times more likely to have a definite diagnosis of any mental disorders. The heightened chance of illicit drug abuse by ChAPAPs in comparison to children from families without alcohol problems is described as 4.6 for maternal alcohol abuse, 2.1 for parental alcohol abuse and 4.8 if both parents are abusing alcohol in Anda et al (2002).

Beside physical and mental damages, problems regarding social behavior are described in the literature. Behavioral problems are mainly observed in male ChAPAPs and include aggressive and violent behavior. Regarding own partnerships, studies indicate that ChAPAPs bear a higher risk to repeat negative parental behavior. A high number of children exposed to maternal alcohol misuse during pregnancy show a very low level of self-confidence and self-esteem compared to non-exposed children. Additionally, ChAPAPs have significantly more learning difficulties, reach, by trend, inferior graduations and are leaving school more often than non-ChAPAPs do. This is further enforced by the negative image ChAPAPs have. It was proven, that teachers tend to grade ChAPAPs worse in comparison to non-ChAPAPs, if they know about drinking behaviors of their parents.

The inferior education chances of ChAPAPs lead to worse labor-market outcomes. Moderating factors as a high level of interfamilial cohesion, good communication with parents and a close parent-child attachment can have positive effects on coping skills and social behavior of ChAPAPs.

The strong negative effects of parental alcohol misuse on children reveals the necessity of preventive interventions with these children. Several efforts regarding preventive interventions with children affected by parental alcohol problems

(ChAPAPs) have been carried out and were described in the literature. Thereby, it was consistently pointed out that at least the outcome of the interventions should be controlled via some selected and adequate measures. While outcome, process, project and concept quality measures are more and more important in prevention planning and research in other fields of prevention and health promotion, projects concerning ChAPAPs comparatively seldom meet the requirements of evidence-based prevention. The main reason for the lack of evidence base in this field is the absence of an open and public discussion about adequate parameters to measure quality of preventive interventions with ChAPAPs. Only a very few interventions with ChAPAPs have been analyzed by objective measures. This constricts learning effects both, regarding good and regarding bad practice.

Work Package 7

The evaluation of preventive interventions with ChAPAPs requires adequate parameters. Since there is no consensus about those parameters yet, the Institute of Health Economics and Clinical Epidemiology Cologne was commissioned to provide a criteria catalogue with parameters that might be important when evaluating preventive interventions with ChAPAPs. This analysis is part of the European Commission funded Project “*Reducing Harm and Building Capacities for Children Affected by Parental Alcohol Problems*”. For the evaluation of preventive activities, we concentrated on direct interventions. This includes all interventions, which address ChAPAPs directly. Indirect interventions as for example mediator trainings are not supposed to be evaluated by this instrument even though these kinds of interventions play an important role in prevention with COAs as well.

After developing the criteria catalogue, we evaluated existing direct preventive interventions with this instrument to get information on the quality and the outcome of previous activities.

2 Development of the EIPICOA

The criteria catalogue was developed in three steps. We first studied common and internationally known instruments used for the evaluation of preventive interventions. These instruments are the Dutch 'PREFFI' instrument (Molleman, 2006), the Swiss instrument 'Quint-Essenz' (quint-essenz) and the German instrument 'QIP' (Kliche et al, 2008). We preselected parameters, which we found important for the evaluation of preventive interventions with ChAPAPs. Additionally to these parameters, we analyzed the literature about ChAPAPs in general and about prevention in ChAPAPs in particular. With the information of these first two steps, we developed a first version of the Evaluation Instrument for Direct Preventive Interventions with Children of Alcoholics (EIPICOA) with 34 questions.

In order to validate the EIPICOA, we undertook a Delphi expert discussion with the other work package leaders of the project "*Reducing Harm and Building Capacities for Children Affected by Parental Alcohol Problems*". In the first round of the Delphi discussion, we provided the EIPICOA Instrument and Manual and explained the categories to the expert group. Afterwards we discussed the Instrument in a group discussion. Finally, an Expert Questionnaire as shown in Figure 2-1 was provided as an evaluation instrument for EIPICOA. The experts were asked to fill in this questionnaire anonymously.

Figure 2-1: EIPICOA Expert Questionnaire

EIPICOA Expert Questionnaire			
1. The development and implementation of an instrument for the evaluation of prevention programs with COAs is...			
... very important	... fairly important	... not so important	... not at all important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
2. Regarding the general information of prevention programs with COAs:			
2.1. With the help of the EIPICOA Manual: I do understand the questions in the category 'general information'...			
... very well	... fairly well	... not very well	... not well at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. All questions in the category 'general information' do comprise important			

aspects of concepts of prevention programs:

Very true	Somewhat true	Not very true	Not at all true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. If you think that not all questions in the category 'general information' are important: Which questions are not important to you?

2.4. There is no important question missing in the category 'general information':

Very true	Somewhat true	Not very true	Not at all true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5. If you think that important aspects of 'general information' are missing: Which aspects are missing?

3. Regarding the **concepts** of prevention programs with COAs:

3.1. With the help of the EIPICOA Manual: I do understand the questions in the category 'conceptual quality'...

... very well	... fairly well	... not very well	... not well at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. All questions in the category 'conceptual quality' do comprise important aspects of concepts of prevention programs:

Very true	Somewhat true	Not very true	Not at all true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3. If you think that not all questions in the category 'conceptual quality' are important: Which questions are not important to you?

3.4. There is no important question missing in the category 'conceptual quality':

Very true	Somewhat true	Not very true	Not at all true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5. If you think that important aspects of 'conceptual quality' are missing: Which aspects are missing?

4. Regarding the **processes and structures** of prevention programs with COAs:

4.1. With the help of the EIPICOA Manual: I do understand the questions in the category 'project quality'...

... very well	... fairly well	... not very well	... not well at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2. All questions in the category 'project quality' do comprise important aspects of concepts of prevention programs:

Very true	Somewhat true	Not very true	Not at all true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3. If you think that not all questions in the category 'project quality' are important: Which questions are not important to you?

4.4. There is no important question missing in the category 'project quality':

Very true

Somewhat true

Not very true

Not at all true

4.5. If you think that important aspects of 'project quality' are missing: Which aspects are missing?

5. Regarding the **outcome** of prevention programs with COAs:

5.1. With the help of the EIPICOA Manual: I do understand the questions in the category 'outcome quality'...

... very well

... fairly well

... not very well

... not well at all

5.2. All questions in the category 'outcome quality' do comprise important aspects of concepts of prevention programs:

Very true

Somewhat true

Not very true

Not at all true

5.3. If you think that not all questions in the category 'outcome quality' are important: Which questions are not important to you?

5.4. There is no important question missing in the category 'outcome quality':

Very true

Somewhat true

Not very true

Not at all true

5.5. If you think that important aspects of 'outcome quality' are missing: Which aspects are missing?

6. All in all, the EIPICOA is a good instrument to measure the quality of prevention programs with COAs.

I strongly agree

I strongly disagree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

7. Very general: what are your suggestions for improvement?

In the second round of the Delphi expert discussion, we presented the evaluated evaluation results of the expert questionnaire of the first round and accordingly adjusted the EIPICOA instrument in the form of a group consensus approach. After adjusting the instrument, the experts again were asked to fill in the expert questionnaire. As expected, the results of the second round were better than the results of the first round. Figures 1-2 to 1-4 show the evaluation results of the EIPICOA Expert Questionnaire in the first and in the second round.

Figure 2-2: Evaluation results of EIPICOA Expert Questionnaire question 1

The development and implementation of an instrument for the evaluation of prevention programs with COAs is...

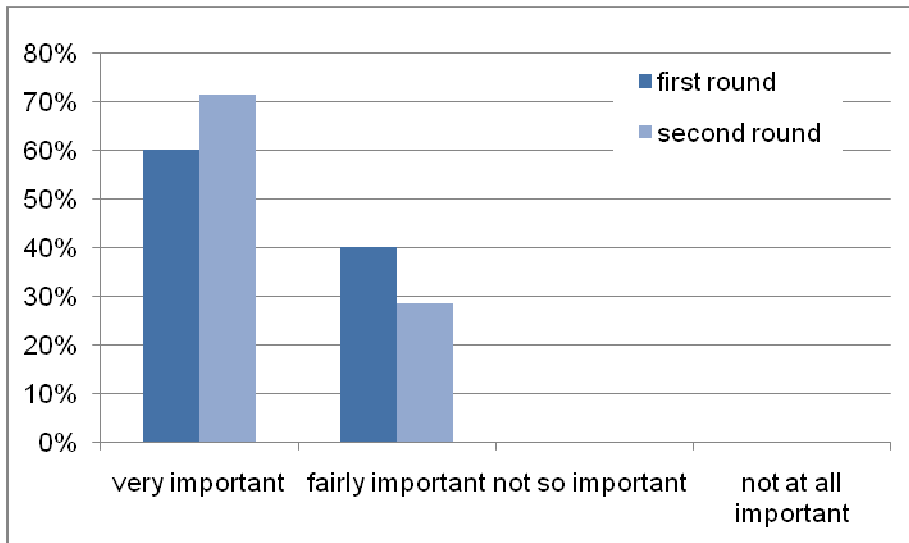


Table 2-1 shows the evaluation results of the non-open questions in block 2-5 of the EIPICOA Expert Questionnaire. Each of these questions could be answered within four categories whereas 1 means very good and 4 means very bad. N specifies the number of experts that answered the respective question. We computed the mean of the answers.

Table 2-1: Evaluation results of EIPICOA Expert Questionnaire question 2-5

Results of the first round:

		Mean	
General information	understanding manual*	1,22	N=9
	importance*	1,63	N=8
	no missing question*	2,11	N=9
* = see legend			
Concepts	understanding manual	1,67	N=9
	importance	1,67	N=9
	no missing question	1,89	N=9
Processes and structures	understanding manual	1,8	N=10
	importance	1,33	N=9
	no missing question	1,44	N=9

Outcome	understanding manual	1,3	N=10
	importance	1,4	N=10
	no missing question	1,56	N=9

Results of the second round:

		Mean	
General information	understanding manual	1,29	N=7
	importance	1	N=6
	no missing question	1,29	N=7

Concepts	understanding manual	1,14	N=7
	importance	1	N=7
	no missing question	1	N=7

Processes and structures	understanding manual	1,43	N=7
	importance	1,57	N=7
	no missing question	1,2	N=5

Outcome	understanding manual	1	N=7
	importance	1	N=7
	no missing question	1	N=6

Legend:

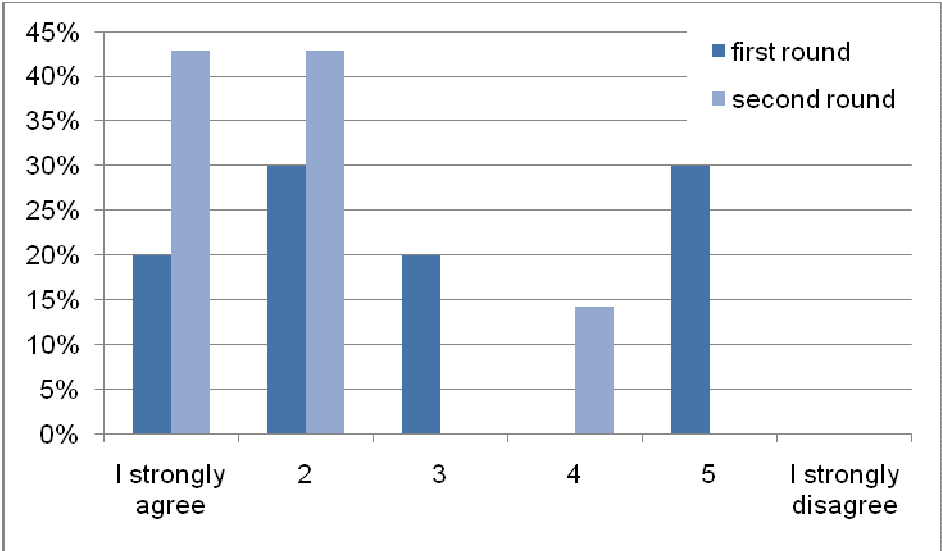
Understanding manual	With the help of the EIPICOA Manual: I do understand the questions in the category 'XXX'...
	1= Very well, 2= fairly well, 3= not so well, 4= not well at all
importance	All questions in the category 'XXX' do comprise important aspects of concepts of prevention programs:
	1= Very true, 2= somewhat true, 3= not very true, 4= not at all true
No missing question	There is no important question missing in the category 'XXX':
	1= Very true, 2= somewhat true, 3= not very true, 4= not at all true

Figure 2-3 shows the overall valuation of EIPICOA as an instrument to measure the quality of prevention programs with COAs. The mean of the experts valuation was 2.9 in the first round (best possible valuation 1, worst possible valuation 6) and 1.86 in the second round. As major critique, it was mentioned in the open question and in the discussion with the experts, that initially no clear definition of the type of interventions that should be evaluated with the instrument was available. In the second round, we adjusted the instrument respectively and defined that EIPICOA is

explicitly an instrument to evaluate direct interventions with ChAPAPs, and not meant for evaluating indirect interventions as for example mediator trainings. In doing so, no valuation of direct against indirect interventions is done since the limitation on direct interventions is due to the applicability of EIPICOA. The adjustment led to a considerable better rating in the second round. However, one expert still rated the overall quality of EIPICOA with 4 because of the lack of the inclusion of indirect interventions. An extension of EIPICOA regarding the evaluation of indirect interventions is a potential field for future research.

Figure 2-3: Evaluation results of EIPICOA Expert Questionnaire question 6

All in all, the EIPICOA is a good instrument to measure the quality of prevention programs with COAs:



3 Evaluation Instrument for Direct Preventive Interventions with Children of Alcoholics

According to the approach described in chapter 1, we finally developed an evaluation instrument that consists of 31 questions including general information, information about conceptual quality, project quality and outcome quality. We additionally developed a manual that explains how to use EIPICOA. The manual is presented in chapter 3.

Figure 3-1: EIPICOA

EVALUATION INSTRUMENT FOR DIRECT PREVENTIVE INTERVENTIONS WITH CHILDREN OF ALCOHOLICS (EIPICOA)

Please fill in your name:

Please fill in your institution:

Please fill in your profession:

Please fill in your email address and telephone number:

GENERAL INFORMATION

1 Was the intervention described in a study?

Yes

No

If 'yes': please provide the following information on the intervention (1.1 - 1.4):

1.1 Authors of the study:

1.2 Year of the publication:

1.3 Title of the study:

1.4 Publisher:

If 'no': please provide the following information on the intervention (1.5 - 1.7):

1.5 Contact persons:

1.6 Year of the presentation of the intervention:

1.7 Title of the intervention:

2 The intervention was conducted in (country):

3 Please describe how the intervention was implemented:

- Local Regional National

4 Which kind of intervention strategy was chosen?

- Universal prevention Selective prevention Indicated prevention

5 Which setting was chosen? Multiple answers are allowed.

- School Family service Internet
 Kindergarten Addiction service Family
 University Club (sports etc) Other
 No specific setting (public space)

5.1 If 'other' was chosen: please describe the setting in detail:

6 Please indicate using the tick boxes below how the intervention program was delivered. Multiple answers are allowed.

- Information and education Self-help/ support groups One to one counseling
 Group/one to one psychotherapy Other Kind of group activity Other

6.1 If 'information and education' was chosen: please describe in detail how information and education was delivered. Multiple answers are allowed.

- Mass media Oral (and not via mass media) Written
 Internet, sms, digital pdf, CD-Rom Exhibition Other

6.2 If 'other' was chosen: please describe the delivery method in detail.

7 How many people were included in the intervention?

8 How old was the target group?

9 Please describe the frequency of the intervention.

- One off session 2-5 sessions More than 5 sessions

10 How were the participating COAs chosen? Multiple answers are allowed.

- Referred by social services/children's services Children whose parents are in treatment Self-referral

Other

10.1 If 'other' was chosen: please describe in detail how the participating COAs were chosen.

11 Was the intervention limited to girls/women or boys/men?

- No Yes, girls/women Yes, boys/men

Partly

12 Are gender issues regarding the personnel involved in the intervention taken into account?

- Yes No n/a

13 Who is drinking in the family?

- Mother only Father only Both parents

One or both parents Other family member (grand parents etc.)

14 Are parents involved in the intervention (parent-conferences, handouts, training sessions)?

- Yes No

CONCEPTUAL QUALITY

15 Does the project reach the individuals and groups that are indeed in need of intervention

(Need felt/expressed)?

- Yes Partly No

16 Does the intervention aim at reinforcing individual and social resources (Empowerment)?

- Yes Partly No

17 Are service users involved in the design, delivery and implementation of the intervention (Participation)?

- Yes Partly No

18 Have desired outcomes and outputs been formulated?

- Yes Partly No

18.1 If desired outcomes and outputs have been formulated: please specify in detail which outcomes and outputs have been formulated for the intervention? Multiple answers are allowed.

- Strengthening of resiliences/ coping strategies Prevention of alcohol/drug dependence Improvement of mental state of health
- Improvement of cognitive skills Communication with other persons concerned Others

18.2 If 'others' was chosen: which other outcomes and outputs are formulated?

PROJECT QUALITY (PROCESSES AND STRUCTURES)

19 Are the objectives (if applicable, with indicators and desired target values) 'smart' i.e. specific, measurable/verifiable, achievable, relevant and time-limited?

- Yes Partly No

20 Are the procedures (strategies, measures) convincingly justified?

- Yes Partly No

21 Is it explained which evaluation methods will be the most appropriate in order to assess the intervention's impact in a conclusive way (summative evaluation)?

- Yes Partly No

22 Is the intervention's structure adequate and comprehensible?

- Yes Partly No

23 Are the people involved in the intervention adequately qualified to accomplish their tasks (concerning COAs, areas of health promotion/prevention, project management and quality development)?

- Yes Partly No

24 Is the intervention project making the most of possible networking opportunities in order to achieve its objectives?

- Yes Partly No

OUTCOME QUALITY

25 Are the effects of the intervention evaluated?

- Yes Partly No

26 Have the intervention objectives been attained?

- Yes Partly No

27 Was effect measure chosen via objective rating?

- Yes Partly No

28 Has a comparable control group been chosen?

- Yes Partly No

29 Did participants evaluate the intervention?

- Yes Partly No

30 Are results and experiences from the intervention disseminated and made available to others?

- Yes Partly No

31 What main result(s) of the intervention are pointed out?

4 EIPICOA Manual

4.1 Whom is EIPICOA for and what is it about?

EIPICOA is used as an instrument to evaluate direct preventive interventions with children of alcoholics. The instrument can be used by:

Scientist who are working in the specific field of COAs

- Scientists can provide information for the scientific community and the public about the current state of art in direct prevention with COAs.
- Scientists can give support for policy decisions regarding the sponsorship of preventive interventions with COAs.

Practitioners who are working with COAs

- Practitioners can use the instrument to control their own preventive intervention projects regarding to quality criteria.
- Practitioners can use the instrument to evaluate the quality of other projects to have a guideline for own planned interventions.

4.2 What are the ex- and inclusion criteria?

EIPICOA targets on the evaluation of direct preventive interventions. This includes all interventions, which address COAs directly. Indirect interventions as for example mediator trainings are not supposed to be evaluated by this instrument even though these kinds of interventions play an important role in prevention with COAs as well.

Inclusion criteria:

- Direct interventions with target group COAs.
- Interventions, which are not only directed to COAs but to children with any kind of drug dependence of parents (except for smoking). COAs must be named as a direct target group in the intervention.

Exclusion criteria:

- Unspecific interventions, which may have an effect on COAs but COAs are not the target group (e.g. revision of statutes regarding alcohol consumption, amendments, general alcohol prevention programs which are targeted to reduce alcohol consumption).
- Indirect interventions (e.g. interventions, which are targeted on mediators and multipliers in the field of COAs and direct effects on children are not considered).
- Pharmacological interventions.

4.3 General Overview

General information

Questions 1 to 13 are general descriptive questions about the location and the setting of the preventive intervention as well as about several attributes of the target group. These questions are descriptive questions and are not sufficient to evaluate interventions regarding to their quality.

Conceptual quality

Questions 15 to 18 cover the conceptual quality of the study. The conceptual quality deals with the overall concept of the preventive interventions. Except for questions 18.1 and 18.2 these questions are used for a ranking of interventions by point scores.

Project quality

Questions 19 to 24 regard the project quality, which includes processes and structures of the intervention project. The intervention quality is supposed to describe the intervention project's organization and management and therefore is targeted on the concrete realization of the project. According to the conceptual quality questions, the intervention quality questions can be evaluated and ranked with the help of a point score.

Outcome quality

Questions 25 to 31 examine the outcome quality. This includes questions about the effect of the intervention and about the methods used for measuring the effect of the output. The outcome quality covers qualitative (question 25 to 30) and descriptive (question 31) outcome criteria.

4.4 Ranking

The qualitative questions are used for a ranking of the evaluated preventive interventions. Each and only the qualitative questions can be answered within the categories 'Yes', 'Partly' and 'No'. Thus, following questions are qualitative questions: 15-18, 19-24, 25-30.

1 point is allotted to the answer 'Yes'. 0.5 points are allotted to the answer 'Partly' and 0 points are allotted to the answer 'No'.

4.5 Fill-in help

In the very beginning, the person completing the questionnaire is asked to fill in his or her name, institution, profession, email address and telephone number for ease of reference.

GENERAL INFORMATION

1 Study

This question is used to distinguish between interventions which are described in a published study and interventions which are described by experts, in the internet or on congresses etc but explicitly not in a published study.

1.1 Authors

Questions 1.1 to 1.4 are only to be answered if question 1 was answered with “yes”. A study group or an institution may also be named if an unambiguous identification of the study is possible.

1.2 Year

Year of the publication.

1.3 Title

At least the first 10 words of the title of the study in terms of an unambiguous identification of the study.

1.4 Publisher

Journal: title, number, pages.

Miscellany: chapter title, editor, book title, pages, publisher, place.

Book: book title, publisher, place.

1.5 Contact persons

Questions 1.5 to 1.7 are only to be answered if question 1 was answered with “no”. Contact persons for the intervention project shall be entered to ensure an unambiguous identification of the project. The contact persons shall be named with fore- and surname and with the associated institution. An institution webpage and/or email addresses of the contact persons shall be entered, too, if these are available.

1.6 Year of presentation

Year of the intervention start.

1.7 Title of the intervention

Intervention title and abbreviation.

2 Country

The country in which the intervention is operated. Multiple answers are allowed.

3 Spatial level

The highest spatial level. If the spatial level is not named explicitly, it can be derived from the information in question 5.

4 Strategy

Universal prevention addresses the entire population (e.g. national, local community, school, district). All individuals, without screening, are provided with information and skills regarding parental alcohol abuse.

Selective prevention focuses on groups who have above average risk to suffer from parental alcohol problems (e.g. people who visit homepages with information about harm done by parental alcohol problems).

Indicated prevention involves a screening process to identify COAs who suffer from parental alcohol problems (e.g. self identification, identification via social services)

5 Setting

A setting is the clearly defined place or social context, where the prevention intervention is conducted. Multiple answers are allowed.

5.1 Other

Only to be filled in if another than the above stated setting was chosen.

6 Implementation

Which kind of assistance is offered to the affected population? Multiple answers are allowed.

6.1 Information

Only to be filled in if information was chosen in question 6. Multiple answers are allowed.

6.2 Other

Only to be filled in if another than the above stated implementation was chosen.

7 Number of included persons

The number of people who were included in the intervention. In case of intervention via internet homepage hits should be named. If information flyers were printed, the number of sent or distributed flyers should be given. If more than one group was included in an intervention the size of each single group should be named. The

number of people included in the control group(s) should be entered if a control group was built.

8 Age

The age range or alternatively the average age of the target group.

9 Number of intervention repeat

If the intervention was conducted among a longer period with more than one meeting etc, multiple/continuous intervention should be entered.

10 Identification of COAs

Self-referral should e.g. be entered if an ad was positioned in a newspaper which asks for people who suffer from parental alcohol problems as well as in case of intervention via internet.

10.1 Other

Only to be filled in if another than the above stated identification of COAs took place.

11 Sex limitations

Partly should be entered if e.g. several groups were formed and one of these groups is limited to girls.

12 Gender personnel

Does the project give consideration to gender issues regarding the persons who are working with the affected child?

13 Addicted relative

If no explicit information is given, "one or both parents" should be entered.

14 Parental participation

Were parents involved in the planning and implementation of the intervention?

CONCEPTUAL QUALITY

15 Need - felt/expressed

Does the intervention really reach the people who are in need of the intervention? This question aims on a ranking of parameters as the prevention strategy (universal, selective, indicative) and the selection of the participants of the intervention. The question describes how precisely the intervention reaches the persons in need and thus also refers to an efficient allocation of resources.

Yes The intervention reaches the persons in need very precisely (all of the people who are reached by the intervention are COAs). No person that is not in need of an intervention is addressed by the intervention. If the intervention project comprises more than one intervention, each intervention must reach the persons in need of intervention precisely.

Partly The intervention reaches primarily the people in need of the intervention. Some people who are not in need of the intervention are addressed.

No The intervention addresses mainly people who are not in need of an intervention (e.g. broad offer of information in form of flyers towards a not specified group of people).

16 Empowerment (self-determination, personal responsibility, independent decisions)

Empowerment aims at strengthening the ability of individuals or groups to make decisions and have control over decisions and actions affecting their mental and physical health, including opportunities to shape their own environments and the conditions which have an impact on health.

Yes One of the intervention aims is to increase the degree of self-determination on COAs. That means that abilities shall be strengthened in such a way that COAs are independent on the addiction of their parents. This includes the combating of co-dependence, combating of own alcohol or drug abuse and strengthening of resiliences or coping strategies. It is not enough if the intervention project took empowerment into consideration. Empowerment must be a declared goal of the intervention.

Partly Empowerment strategies are established but empowerment is not explicitly named as a goal of the intervention.

No Strengthening of empowerment is not part of the intervention.

17 Participation

Participation means that the individuals on whom the intervention is targeted are involved in the planning, implementation and evaluation of interventions.

Yes The target group was involved in each the planning (e.g. pretest), implementation and evaluation of the intervention.

Partly The target group was involved in not each but at least one of the intervention development steps planning, implementation or evaluation of the intervention.

No The target group did not participate in the planning, implementation or evaluation of the intervention.

18 Goals

Are goals, hypotheses or research questions formulated?

Yes An explicitly formulated goal, hypothesis or research question must be formulated for each intervention that is part of the project. An indirect conclusion on a goal, hypothesis or research question is not sufficient.

Partly Goals, hypotheses or a research questions are formulated for only some of the interventions which are part of the project.

No No goals, hypotheses or research questions formulated.

18.1 Kind of goals

Which goals were formulated? Only to be filled in if concrete goals were formulated in the intervention description. Multiple answers are allowed.

18.2 Others

Only to be filled in if others than the above stated goals were chosen.

PROJECT QUALITY (PROCESSES AND STRUCTURES)

19 Smart

Is the intervention project specific, measurable, achievable, challenging and time limited? Specific: Is there a precise definition of the intervention's objectives. Measureable: Is the achievement of the objectives measurable? Achievable: Are the objectives attainable in relation to the utilized resources? Relevant: Are the defined objectives relevant according to the overall context. Time limited: Is an ending of the intervention planned?

Yes All of the five parameters can be answered with yes

Partly At least three of the five parameters can be answered with yes

No None, one or only two of the five parameters can be answered with yes.

20 Justification of procedures

Are the approaches, procedures and activities adopted in order to reach specific (intervention) goals justified?

Yes 1. The methodology and the procedures could successfully be implemented in other comparable intervention projects regarding each target group (allowed are also comparable projects which do not deal directly with COAs).
2. There is a justification of cause and effect regarding the effect of the adopted approaches, procedures and activities on the interventions objectives and goals. It is not enough to infer subjectively from the

intervention project description that the two above named statements are true. Objective scientific evidence must be existent in form of experiences from other interventions or journal studies.

Partly Only one of the two above named statements is true.

No None of the statements is true.

21 Summative evaluation

This is part of the project management and therefore a part of the intervention quality.

Yes An examination of firstly the effects which should be measured and secondly the methods which should be used to measure the effects is done in the beginning of the intervention project.

Partly An examination of the aspired effects and measures is done for some but not all of the intervention objectives.

No No examination of the aspired effects and measures is prepositioned.

22 Intervention's structure adequate

The intervention structure describes all individuals, groups and institutions who are involved in or concerned by a intervention, their function within the intervention and the interaction between all concerned.

Yes 1. The way in which individuals, groups and institutions are involved in the intervention is transparent. 2. The role, duties and responsibilities of all concerned are regulated in a clear and binding way.

Partly Only one of the above named statements is true.

No None of the above named statements is true.

23 Personnel qualification

Yes The team members and all others involved in the intervention are sufficiently qualified for their specific tasks. This includes project management (basic condition) as well as prevention, health promotion and experiences regarding COAs (practitioners experiences). Those skills must be stated in the intervention description.

Partly Only one, either the basic condition or the practitioners experience is documented in the intervention description.

No Nothing about the qualification of the staff is said in the intervention description.

24 Networking

Yes 1. Possibilities of collaboration and synergies, as well as eventual obstacles, have been examined on every relevant level (from local to international). 2. Important players (key personalities) are identified and contact has been established.

Partly Only one of the above mentioned statements is true.

No None of the above mentioned statements is true.

OUTCOME QUALITY

25 Evaluation of effects

Evaluation comprises the systematic collection and analysis of information.

Yes All objectives and goals that are formulated in the intervention are evaluated.

Partly Only some of the objectives and goals that are formulated in the intervention are evaluated.

No None of the objectives and goals that are formulated in the intervention are evaluated.

26 Attainment of objectives

Yes All objectives and goals that are formulated in the intervention are attained. This question doesn't consider a scientific foundation in terms of an objective measure. Objective as well as subjective ratings about the attainment of goals are allowed.

Partly Only some of the objectives and goals that are formulated in the intervention are attained.

No None of the objectives and goals that are formulated in the intervention are attained or nothing is said about it in the intervention description.

27 Objective rating

Contrary to question 27, scientific methods regarding the goal attainment are evaluated here. Objective rating is meant in terms of objective statistical analysis of goals and objectives that are formulated in the intervention.

Yes All objectives and goals that are formulated in the intervention are evaluated by objective rating.

Partly Only some of the objectives and goals that were formulated in the intervention are evaluated by objective rating.

No None of the objectives and goals that were formulated in the intervention are evaluated by objective rating.

28 Control group

Was a control group established to control the results of the evaluation of the goals and objectives?

Yes All objectives and goals that are formulated are controlled with the help of a comparable control group.

Partly Only some of the objectives and goals that were formulated in the intervention are controlled with the help of a comparable control group.

No None of the objectives and goals that were formulated in the intervention are controlled with the help of a comparable control group.

29 Evaluation by participants

Yes A formal evaluation of the interventions by the participants is provided. A subjective rating is not sufficient.

Partly Only a subjective rating of the participant satisfaction is provided (e.g. informal report of statements that were done by the participants)

No Neither objective nor subjective evaluation of the interventions by participants is provided.

30 Multiplication

Yes Certain purposeful aspects of the intervention have been formally communicated to a broad community (e.g. in form of a journal article, a manual, multiplier trainings, conferences or the dissemination of a intervention report).

Partly Only some very general information about the intervention are publicly available (e.g. general information about the intervention on the internet page of the executing institution. No or scant information about intervention planning, structure, processes).

No Information are not publicly available. Only a narrow expert body has access to information about the intervention.

31 Results

Please fill in the main results of the intervention if pointed out in the study/project description.

5 Evaluation Results

We evaluated 10 direct interventions in the field of ChAPAPs. The relatively low number of evaluated programs is due to a scarce number of published direct interventions, which meet the information requirements for an evaluation with EIPICOA. Six of the evaluated preventive interventions were described in the literature and four interventions were selected as good practice examples in work package 8 in the context of the European project “*Reducing Harm and Building Capacities for Children Affected by Parental Alcohol Problems*”. Table 5-1 gives an overview of the evaluated interventions.

Table 5-1: Overview of the evaluated interventions

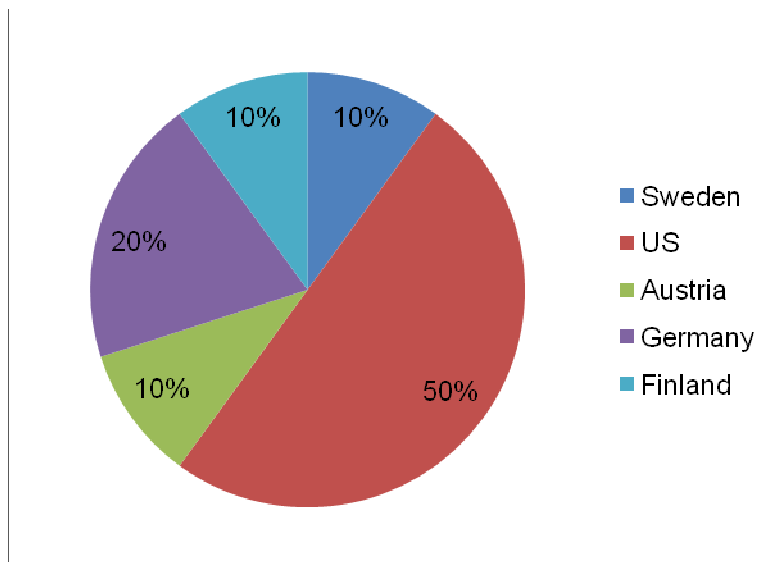
Author	Year	Title	Journal	Country
Hansson H., Rundberg J., Zetterlind U., Johnsson K.O., Berglund M.	2006	An intervention program for university students who have parents with alcohol problems: A randomized controlled trial	Alcohol & Alcoholism; 41 (6):655-663	Sweden, Malmö
Kuhns ML	1997	Treatment outcomes with adult children of alcoholics: depression	Adv Prac Nurs Q; 3(2); pp. 64-69	Atlanta, USA
Kable JA, Coles CD, Taddeo E	2007	Socio-cognitive Habilitation Using the Math Interactive Learning Experience Program for Alcohol-Affected Children	Alcohol Clon Exp Res; 31(8):1425-1434.	Atlanta (Georgia), USA
Woodside M, Bishop RM, Miller LT, Swisher JD	1997	Experimental Evaluation of "The Images Between": An Alcohol Education and Prevention Program	J Drug Education; 27(1):53-65	East coast of the US
Gance-Cleveland B	2004	Qualitative Evaluation of a School-Based Support Group for Adolescents With an Addicted Parent	Nursing Research Vol.35, No.6	Midwestern of the US
O'Connor MJ, Frankel F, Paley B, Schonfeld AM, Carpenter E, Laugeson EA, Marquardt R	2006	A Controlled Social Skills Training With Fetal Alcohol Spectrum Disorders	Journal of Consulting and Clinical Psychology, Vol. 74, No. 4, pp.639-648.	US, Los Angeles
A-Clinic Foundation. Minna Ilva. 00358443534932. Minna.Ilva@a-klinikka.fi		Shadow World		Finland
Fachverband Prävention. Helga Dilger. Kartaeuserstrasse 77, 79104 Freiburg. 004976133216. maks@agj-freiburg.de		MAKS: Modelprojekt Arbeit mit Kindern von Suchtkranken		Germany
Ambulanter Familiendienst Bregenz, Supramobil Austria. Harald Anderle. 6900, Bregenz, Mehrerauerstraße 11. 0043557477322. www.kasulino.at		Kasulino- Kinder aus Suchtfamilien		Austria

KOALA e.V. c/o Katholische Hochschule (KatHO) NRW, Abteilung Köln. Michael Klein. Woerthstraße 10, 50668 Koeln. 00492217757155		KidKit		Germany
--	--	--------	--	---------

5.1 Evaluation of ‘General Information’

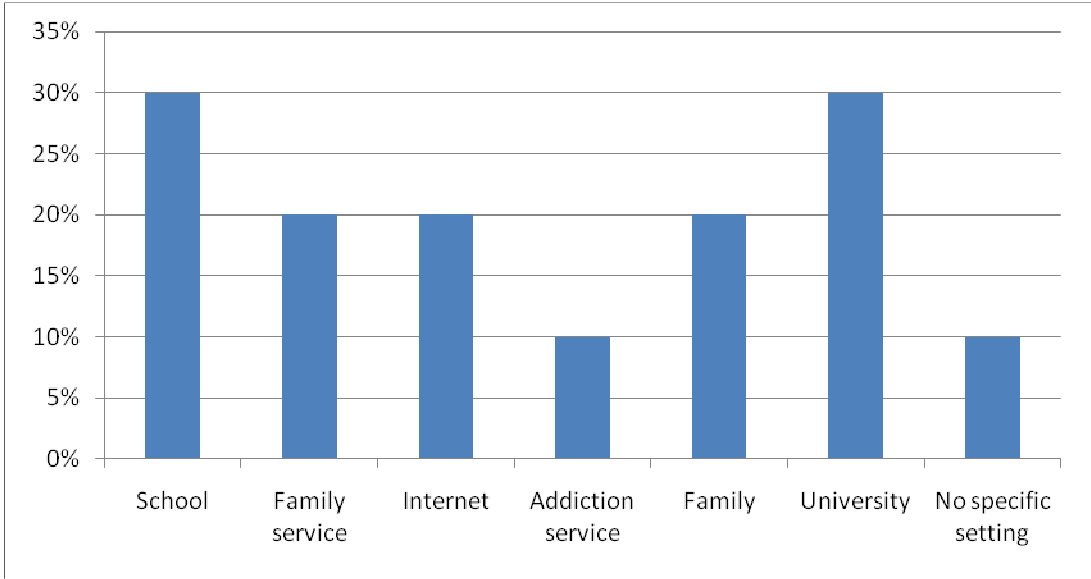
The category ‘General Information’ describes the interventions rather than giving information on their quality. As can be seen in Figure 5-1, most of the interventions took place in US. This share is rather underrepresented, since four of the interventions evaluated were collected within a European project and consequently are European interventions. In the published literature, interventions mainly are conducted in US.

Figure 5-1: The intervention was conducted in:



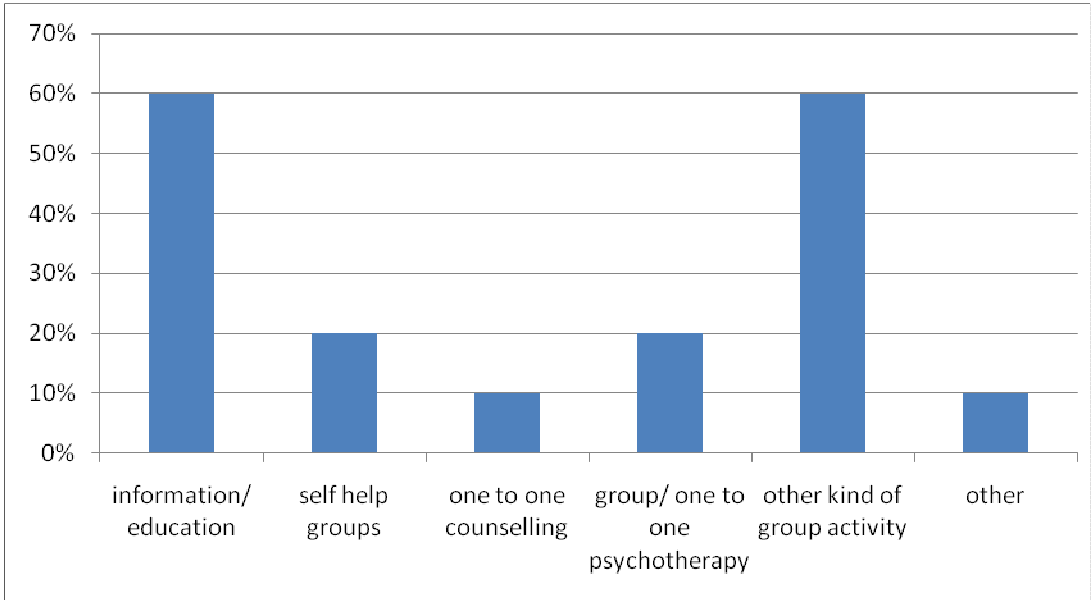
Most of the interventions were conducted in school and universities. This shows that interventions with ChAPAPs are not limited to interventions with children and adolescents. Adult children of alcoholics are an important target group for interventions as well.

Figure 5-2: Which setting was chosen?



The biggest part of the preventive interventions were conducted by information and education. This included information on alcohol in general and information about how to deal with parental alcohol misuse.

Figure 5-3: How was the intervention program delivered?



Information were mainly (57%) distributed by oral schooling in within group activities. 29% of the interventions each used information distribution by internet and written information. An innovative way of distributing information to possible affected children was chosen in a project in Finland via a comic book.

5.2 Evaluation of the quality categories ‘Concept Quality’, ‘Project Quality’ and ‘Outcome Quality’

The quality categories can be used to rank the interventions in respect to their quality. Thus, we can describe the results of the evaluation numerically on an ordinal scale which includes one point for each question that can be answered with ‘yes’, half a point for questions that can be answered with ‘partly’ and zero points for question that must be answered with ‘no’. As measured by the maximum amount of points the programs could have reached at best, Table 5-2 shows the share of quality points the evaluated interventions did reach in each quality criterion.

Table 5-2: Could the interventions meet quality criteria?

CONCEPTUAL QUALITY

15 Does the project reach the individuals and groups that are indeed in need of intervention (Need felt/expressed)?	70%
16 Does the intervention aim at reinforcing individual and social resources (Empowerment)?	85%
17 Are service users involved in the design, delivery and implementation of the intervention (Participation)?	30%
18 Have desired outcomes and outputs been formulated?	95%

PROJECT QUALITY

19 Are the objectives (if applicable, with indicators and desired target values) 'smart' i.e. specific, measurable/verifiable, achievable, relevant and time-limited?	75%
20 Are the procedures (strategies, measures) convincingly justified?	55%
21 Is it explained which evaluation methods will be the most appropriate in order to assess the intervention's impact in a conclusive way (summative evaluation)?	60%
22 Is the intervention's structure adequate and comprehensible?	75%
23 Are the people involved in the intervention adequately qualified to accomplish their tasks (concerning COAs, areas of health promotion/prevention, project management and quality development)?	90%
24 Is the intervention project making the most of possible networking opportunities in order to achieve its objectives?	10%

OUTCOME QUALITY

25 Are the effects of the intervention evaluated?	65%
26 Have the intervention objectives been attained?	55%
27 Was effect measure chosen via objective rating?	50%
28 Has a comparable control group been chosen?	50%

29 Did participants evaluate the intervention?	35%
30 Are results and experiences from the intervention disseminated and made available to others?	80%

Considerably bad scores can be observed in participation (30% of maximum attainable points), networking (10%) and evaluation by participants (35%). Many interventions are not evaluated at all by objective measures. Evidence about effectiveness of the particular intervention is thus not available. This hinders an efficient allocation of resources to the best known approaches and may lead to lesser financial support of policy makers (Nutbeam et al, 2008). The compliance with accepted and proved quality criteria is accordingly a requirement for the success and the funding of preventive interventions in ChAPAPs.

6 Literature

- Díaz R, Gual A, García M, Arnau J, Pascual F, Canuelo B, Rubio G, de Dios J, Fernández-Eire MC, Valdés R, Garbayo I. Children of alcoholics in Spain: from risk to pathology. Results from the ALFIL program. *Soc Psychiatry Psychiatr Epidemiol* 2008, 43(1):1-10.
- Anda RF, Whitfield CL, Felitti VJ, Chapman D, Edwards VJ, Dube SR, Williamson DF. Adverse Childhood Experiences, Alcoholic Parents, and Later Risk of Alcoholism and Depression. *Psychiatr Serv*. 2002, 53(8):1001-1009.
- Gance-Cleveland, B., Mays, M.Z., Steffen, A. (2008). Association of adolescent physical and emotional health with perceived severity of parental substance abuse. *Journal for Specialists in Pediatric Nursing*;13(1): 15-25.
- Winqvist, S., Jokelainen, J., Luukinen, H., Hillbom, M. (2007). Parental alcohol misuse is a powerful predictor for the risk of traumatic brain injury in childhood. *Brain Inj.*;21(10):1079-85.
- Molleman GR, Ploeg MA, Hosman CM, Peters LH. Preffi 2.0- a quality assessment tool. *Promot Educ*. 2006;13(1):9-14.
- Kliche T, Mann R. Prevention and care for obese children and adolescents in Germany: quality and efficiencies of programs and interventions. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2008;51(6):646-56.
- quint-essenz. Quality Development in Health Promotion and Prevention. *Promotion Santé Suisse*. <http://www.quint-essenz.ch/en/resources/131>.
- Nutbeam D, Boxall AM. What influences the transfer of research into health policy and practice? Observations from England and Australia. *Public Health*. 2008;122(8):747-53.