

Completers and Dropouts in a Prevention Programme for Parents of Adolescents with High-Risk Behaviours

José J. López-Goñi¹, Alfonso Arteaga¹, Sonia Iturain¹, and Javier Fernández-Montalvo²

¹ Universidad Pública de Navarra, and ² IdiSNA (Instituto de Investigación Sanitaria de Navarra)

Abstract

Background: The main goals of this study were to determine the rate of retention/dropout in a prevention programme for parents of adolescents with risk behaviours, to compare completers and dropouts in several characteristics, and to establish the main variables related to treatment completion and dropout. **Method:** The sample was composed of 367 parents (165 men and 202 women). Information was collected on sociodemographic characteristics, adolescents' attendance at the programme, psychopathological symptoms, emotional states, educational styles, and maladjustment to everyday life. **Results:** The retention rate was 79.29% (n = 291), with no sex differences between completers and dropouts. Completers were older, maintained the composition of the nuclear family of origin and had their children simultaneously receiving treatment in the prevention programme for adolescents at the same centre. Four groups were found in the cluster analysis. The highest dropout rates were observed among parents whose children did not participate in the programme (29.5%; n = 18) and among families that had undergone changes in the composition of the nuclear family of origin (28.9%; n = 26). **Conclusions:** This study highlights the importance of family composition and the involvement of both parents and adolescents in the effectiveness of the indicated prevention programmes.

Keywords: Adolescence; risk behaviours; parents; prevention programmes; dropout.

Resumen

Altas y Abandonos en un Programa de Prevención para Padres de Adolescentes con Conductas de Riesgo. Antecedentes: los principales objetivos fueron determinar la tasa de retención/abandono en un programa de prevención indicada para padres de adolescentes con conductas de riesgo, comparar a los que finalizaron y abandonaron en diferentes características y establecer las principales variables relacionadas con la finalización/abandono de la intervención. **Método:** la muestra estuvo compuesta por 367 padres (165 hombres y 202 mujeres). Se recogió información sociodemográfica, síntomas psicopatológicos, estados emocionales, estilos educativos y desajustes en la vida cotidiana. **Resultados:** la tasa de retención fue del 79,29% (n = 291), sin diferencias de sexo entre los que completaron y abandonaron. Los que completaron la intervención eran mayores, mantenían el núcleo familiar de origen y sus hijos recibían simultáneamente tratamiento en el programa de prevención para adolescentes del mismo centro. Se obtuvieron cuatro grupos en el análisis de conglomerados. Las mayores tasas de abandono se observaron entre los padres cuyos hijos no participaron del programa (29,5%; n = 18) y entre las familias que habían experimentado cambios en la composición del núcleo familiar de origen (28,9%; n = 26). **Conclusiones:** se destaca la relevancia de la composición familiar y el involucramiento de padres y adolescentes en la efectividad de los programas de prevención indicada.

Palabras clave: adolescencia; conductas de riesgo; padres; programa de prevención; abandono.

Risk behaviours in adolescence, such as substance use, delinquency, school dropout, teen pregnancy, and violence, can be devastating for parents and have serious social, health, and economic consequences (Catalano et al., 2012). Several strategies have been proposed to date to help parents cope with these problems; among these strategies, parenting programmes are promising in preventing risk behaviours in adolescents (Haggerty et al., 2013). However, little is known about parents' psychological states when they seek help in these programmes. Parents of adolescents with risk behaviours present with high levels of psychological

problems, predominantly symptoms of anxiety, depression and irritability. These parents show a high level of parental stress and maladjustment in daily life (Iturain et al., 2017). These problems seem to be more severe among mothers than among fathers, with more anxiety and depression symptoms in mothers of adolescents with risk behaviours (Iturain et al., 2017).

The few interventions carried out in parenting programmes addressing behavioural problems have focused on parents' psychological situations (Högström et al., 2017). In the specific field of adolescent risk behaviours, a recent study has shown that an indicated prevention programme for at-risk adolescents may be a suitable context both to teach parents to deal appropriately with their children's risk behaviours and to improve their psychological state. This programme improved parents' authoritative parenting style, decreased the degree of parental stress, and reduced psychopathological symptoms and maladjustment to daily life (Fernández-Montalvo et al., 2020).

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Corresponding author: José J. López-Goñi
Departamento de Ciencias de la Salud
Universidad Pública de Navarra
31006 Pamplona/Iruñea (Spain)
e-mail: josejavier.lopez@unavarra.es

Recruiting parents to participate in prevention programmes is a relevant challenge (Oesterle et al., 2018). These programmes are usually focused on the improvement of the adolescents' risk behaviours and not directly on the improvement of the parents' psychological state. Moreover, both adolescents and families in these programmes need to receive a sufficient dosage of the content or services to achieve the outcomes desired (Holland et al., 2018). The best guarantee of sound long-term results is to ensure that participants complete all sessions of the programmes. Hence, it is necessary to prevent the participants in the intervention from dropping out through the improvement of the intervention's retention strategies (Supplee et al., 2018). Anyway, parent training may require tailoring for specific subgroups and pairing with strategies for enhancing early engagement and reducing treatment barriers (Akin & Gomi, 2017).

This study is part of a larger investigation targeting parents attending an adolescents indicated prevention programme. In a previous study of this research, aspects related to parenting style, degree of parental stress, psychopathological symptoms and maladjustment to daily life were assessed (Ituráin et al., 2017). In a second study, achievement of parents who accomplished this programme was found, without gender differences (Fernández-Montalvo et al., 2020). In the current study, a larger sample was recruited to identify the variables associated to the programme completion.

Therefore, the general goal of this study was to determine the specific profile of parents who dropped out of the prevention programme before being discharged; this information would allow for improvement in the rate of programme completion by means of tailoring the intervention to that specific parental profile. Specifically, the main objectives of this study were as follows: (a) to determine the rate of intervention retention/dropout among parents who receive help in the prevention programme; (b) to compare completers and dropouts on sociodemographic characteristics, adolescents' attendance at the programme, educational styles, parental stress, psychopathological symptoms and levels of maladjustment at the intervention intake; and (c) to establish the main variables related to treatment completion and dropout.

Method

This study's protocol was approved by the ethics committee of the Public University of Navarra (Code: PI-003/14).

Participants

The sample for this study was composed of 367 parents (165 fathers and 202 mothers) of adolescents between 12 and 18 years old who presented risk behaviours: substance abuse (84.9%), violent family behaviours (40.7%), school failure (12.8%) and criminal behaviours (1.2%). All of these parents sought support from an indicated prevention programme delivered in two sites, but with one single methodology: *Suspertu* of the *Proyecto Hombre Navarra* Foundation (Pamplona, Spain) and *Hirusta* of the *Bizkaia Gizakia* Foundation (Bilbao, Spain) between 2013 and 2014. They had knowledge of these programmes through media and social networks (23%), social services (19%), school centres (18%), other users (17%), health centres (7%) or other channels (16%).

The inclusion criteria for this study were as follows: (a) participation in the indicated prevention programme; (b) completion

of the assessment tools; and (c) signing of the informed consent to participate in the study.

The mean age of the study participants was 48.8 years ($SD = 5.69$). Most parents had completed secondary education (44.0%; $n = 158$), followed by university education (32.0%; $n = 115$). Most of them were employed (81.0%; $n = 285$). In 70.1% of cases ($n = 255$), the composition of the nuclear family of origin remained intact, and 95.1% of the parents in the sample ($n = 347$) lived with the adolescent child. A deeper analysis of the characteristics of the sample can be found in Ituráin, et al. (2017).

Instruments

The *Parenting Practices Questionnaire (PPQ)* (Robinson et al., 1995, 2001) identifies three parenting educational styles: authoritative, authoritarian and permissive. The questionnaire presents parents with a series of statements on possible behaviours exhibited during interactions with their children. Parents must choose one of four response options on a Likert scale ranging from one (*never*) to four (*always*), depending on their agreement or disagreement with each of them. A shortened Spanish version with 34 items (Arranz et al., 2010) was used in this study. The Authoritative scale includes 13 items (score range: 13-52), the Authoritarian scale includes 11 items (score range: 11-44), and the Permissive scale includes 10 items (score range: 10-40). Higher scores denote a higher prevalence of the educational style evaluated. The internal consistencies are 0.86 for the Authoritative scale, 0.62 for the Permissive scale, and 0.77 for the Authoritarian scale.

The *Parental Stress Scale (PSS)* (Berry & Jones, 1995) is a self-administered questionnaire with 12 statements that are answered on a Likert scale with five response options ranging from one (*strongly disagree*) to five (*totally agree*), depending on the degree of parents' agreement with each of the statements. This test assesses the degree of stress and gratification perceived by parents regarding their roles as fathers or mothers. Higher scores indicate a higher degree of parental stress (score range 12-60). In addition to the total score, this test includes two subscales that offer information on two dimensions of perceived stress: (a) Rewards from the child (five items), which assesses the degree of gratification perceived in his/her role as a father/mother; and (b) Stressors (seven items), which assesses the degree of perceived stress in his/her role as a father/mother. The Spanish adaptation by Oronoz, et al. (2007) was used in this study. The internal consistencies are 0.77 for the Rewards subscale and 0.76 for the Stressors subscale.

The *Symptom Checklist (SCL-90-R)* (Derogatis, 1992) is a self-administered questionnaire that was developed for the assessment of general psychopathology. It includes 90 items with five response options on a Likert scale ranging from zero (*no*) to four (*a lot*). The questionnaire is designed to reflect a subject's symptoms of psychological distress. The SCL-90-R is composed of nine dimensions of primary symptoms (somatisation, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism). In addition, it offers three global indexes that reflect a subject's overall level of severity: Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST). The Spanish version by González de Rivera (2002) was used. The internal consistency ranges from 0.70 to 0.90. In this study, the percentiles of each dimension were considered.

The *Maladjustment Scale* (Echeburúa et al., 2000) reflects the extent to which each patient’s problematic situation affects various areas of everyday life: work or studies, social life, free time, partner relationships, family life, and global situations. This instrument includes six items ranging from zero (*nothing*) to five (*a lot*) on a Likert scale. The total scale range is 0–30. The cut-off point revealing a significant maladjustment is two points for each area and 12 points for the full scale. The internal consistency is 0.94.

Procedure

Once the participants were selected according to the inclusion criteria, sample data were collected in two sessions. In the first session, sociodemographic characteristics, adolescents’ attendance at the programme, educational styles and perceived stress were assessed. In the second session, psychopathological symptoms (SCL-90-R) and maladjustment to everyday life due to family problems with the adolescents were assessed. Participants were interviewed by psychologists with more than five years of experience in assessing and treating parents of adolescents with risk behaviours.

After the evaluation sessions were completed, the parents initiated the intervention of the prevention programme. During the intervention, a detailed follow-up of each parent was carried out by the programme staff to determine the rates of completion (attending at least 80% of programmed sessions and obtaining therapeutic discharge) and dropout (discontinuing the programme without being discharged).

The intervention programme is voluntary (without any specific incentive for attending) and provides a specific intervention for both adolescents with risk behaviours and their parents. The parental intervention involves individual interviews with parents, and family gatherings with the adolescent and their parents. Individual interviews are based on motivational interview and provide emotional support and skills for managing daily conflicts. Family gatherings are aimed at mediating and confronting family relationships and specific conflicts. The programme is composed of two simultaneous intervention components: a family therapy and a group education. They are cognitive-behavioural intervention based on a risk/protective factors perspective and are implemented by master’s level psychologists with more than five years of experience in treating parents of adolescents with risk behaviours. The family therapy is focused on specific daily life problems in the family, and the parental group education is aimed at providing general parental skills. The effectiveness of this programme in parents of adolescents with risk behaviours has been proven (Fernández-Montalvo et al., 2020).

Specifically, the family therapy involves tailored sessions with both parents (one family at a time). Successful programme completion usually requires 12 months. The therapy includes weekly sessions (60 minutes) during the first 6 months, and every other week sessions (60 minutes) during the rest of the time.

Parental group education involves psychoeducational components, behaviour modification techniques, communication skills, and coping skills to manage disturbed emotional states associated with situations of conflict. The intervention is conducted

Table 1
Comparisons between Completers and Dropouts on Sociodemographic Characteristics and on Adolescents’ Attendance at the Programme

	Total (N = 367)		Completers (n = 291)		Dropouts (n = 76)		t (df)	p
	M	SD	M	SD	M	SD		
Age	48.80	5.69	49.18	5.34	47.32	6.74	2.5 (348)	.013
	N	%	n	%	n	%	χ² (df)	p
Sex								
Male	165	45.0%	131	45.0%	34	44.7%	0.0 (2)	.965
Female	202	55.0%	160	55.0%	42	55.3%		
Education level								
Primary	86	24.0%	65	22.5%	21	30.0%		
Secondary	158	44.0%	126	43.6%	32	45.7%	3.0 (2)	.222
University	115	32.0%	98	33.9%	17	24.3%		
Labour situation								
Homemaker	30	8.5%	23	8.2%	7	10.0%		
Employed	285	81.0%	224	79.4%	61	87.1%	5.6 (3)	.131
Unemployed	26	7.4%	25	8.9%	1	1.4%		
Retired	11	3.1%	10	3.5%	1	1.4%		
Adolescent in the programme	306	83.8%	248	85.8%	58	76.3%	4.0 (1)	.045
Living with the adolescent	347	95.1%	275	95.2%	72	94.7%	0.0 (1)	.881
Type of family								
Nuclear family of origin	255	70.1%	212	73.4%	43	57.3%		
Reconstituted family	21	5.8%	12	4.2%	9	12.0%	10.5 (3)	.015
One-parent family	72	19.8%	54	18.7%	18	24.0%		
Others	16	4.4%	11	3.8%	5	6.7%		

in groups of approximately 20 parents and consists of 24 weekly ninety-minute sessions.

Data Analysis

Descriptive analyses for all variables were carried out. In the bivariate analyses (comparisons between completers and dropouts), χ^2 tests or t-tests were used depending on the nature of the variables studied. Once these results were obtained, one cluster analysis with the statistically significant variables related to dropout was carried out; specifically, variables selected for the cluster analysis were sociodemographic and adolescents' attendance at the programme. The groups derived from the cluster analysis were compared on rates of dropout. Moreover, completers and dropouts were compared in each group derived from the cluster analysis. A difference of $p < .05$ was considered significant. Statistical analyses were carried out using SPSS (version 24.0 for Windows).

Results

Rate of Completion

The rate of parents who completed the whole intervention programme was 79.29% ($n = 291$). Therefore, 20.71% ($n = 76$) of parents dropped out of the programme prematurely. There were no sex differences in the rates of completion/dropout.

Comparisons between Completers and Dropouts

Comparisons between completers and dropouts in sociodemographic characteristics showed statistically significant differences in three variables (Table 1): age, adolescents' attendance at the programme, and type of family. Specifically, completers were older, had more frequently their children receiving treatment in the specific adolescent prevention programme and maintained the composition of the nuclear family of origin to a greater extent.

On the other hand, completers and dropouts scored similarly on the rest of the variables studied: educational styles, parental stress, psychopathological symptoms and maladjustment (Table 2).

Cluster Analysis

Four groups were obtained in the cluster analysis carried out with the statistically significant variables. These groups were compared on the rates of dropout (Table 3). The results showed that groups 1 and 2 had the highest rates of dropout (29.5% and 28.9%, respectively). In the other groups, the dropout rate was significantly lower (14.3% and 15.4%). Group 2 accumulated 34.2% ($n = 26$) of the total number of dropouts.

The differential characteristic of group 1 (16.6%; $n = 61$) was that, although the parents were in the programme, the adolescent was not. In contrast, in the rest of the groups, all the adolescents

Table 2
Comparisons between Completers and Dropouts

	Total sample (N = 367)		Completers (n = 291)		Dropouts (n = 76)		t	(df)	p	d	1 - β
	Mean	(SD)	Mean	(SD)	Mean	(SD)					
Maladjustment Scale											
Work/studies	2.07	(1.36)	2.07	(1.34)	2.08	(1.44)	0.04	(363)	.971	0.01	0.06
Social life	1.92	(1.29)	1.90	(1.27)	1.99	(1.36)	0.50	(365)	.618	0.07	0.13
Free time	2.37	(1.38)	2.38	(1.35)	2.30	(1.48)	0.44	(365)	.658	0.06	0.06
Partner relationship	2.48	(1.33)	2.46	(1.30)	2.58	(1.46)	0.70	(363)	.487	0.09	0.17
Family life	2.71	(1.28)	2.71	(1.29)	2.68	(1.26)	0.23	(363)	.815	0.02	0.07
Global item	2.74	(1.15)	2.71	(1.12)	2.84	(1.24)	0.85	(363)	.398	0.11	0.21
Total	14.16	(6.11)	14.14	(6.06)	14.25	(6.34)	0.14	(365)	.887	0.02	0.07
Psychopathological symptoms*											
Somatisation	62.04	(31.09)	61.68	(31.30)	63.46	(30.44)	0.44	(362)	.661	0.06	0.11
Obsession-Compulsion	63.58	(30.83)	63.96	(30.24)	62.09	(33.19)	0.46	(362)	.643	0.06	0.12
Interpersonal sensitivity	61.43	(31.38)	62.04	(31.25)	59.03	(31.96)	0.74	(362)	.462	0.10	0.18
Depression	66.78	(30.86)	66.74	(30.98)	66.91	(30.60)	0.04	(362)	.968	0.01	0.05
Anxiety	63.67	(29.06)	64.03	(28.97)	62.27	(29.57)	0.47	(362)	.642	0.06	0.12
Hostility	62.98	(30.05)	62.78	(30.61)	63.74	(27.92)	0.25	(362)	.806	0.03	0.08
Phobic anxiety	34.88	(34.59)	34.84	(35.07)	35.07	(32.87)	0.05	(362)	.959	0.01	0.06
Paranoid ideation	53.59	(31.47)	52.41	(31.98)	58.19	(29.14)	1.41	(362)	.159	0.18	0.43
Psychoticism	56.21	(34.38)	56.28	(34.01)	55.95	(36.02)	0.08	(362)	.940	0.01	0.06
Global Severity Index	65.61	(31.53)	65.61	(31.74)	65.64	(30.89)	0.01	(362)	.995	0.00	0.05
Positive Symptom Distress Index	47.88	(29.11)	47.33	(29.16)	50.04	(29.01)	0.71	(362)	.476	0.09	0.18
Positive Symptom Total	70.34	(30.31)	70.52	(30.51)	69.62	(29.72)	0.23	(362)	.821	0.03	0.08
Educational styles											
Authoritative	40.2	(6.66)	40.00	(6.64)	40.99	(6.70)	1.15	(365)	.250	0.15	0.31
Authoritarian	16.73	(3.51)	16.65	(3.35)	17.04	(4.08)	0.85	(365)	.394	0.11	0.20
Permissive	21.43	(3.75)	21.31	(3.54)	21.91	(4.47)	1.06	(97.5)	.292	0.16	0.31
Parental stress											
Rewards	16.74	(4.69)	16.52	(4.81)	17.61	(4.12)	1.98	(133.7)	.050	0.23	0.59
Stressors	19.64	(5.35)	19.43	(5.37)	20.43	(5.23)	1.46	(365)	.146	0.19	0.43
Total	34.67	(6.80)	34.45	(6.85)	35.54	(6.57)	1.25	(365)	.212	0.16	0.35

Note: * Percentiles according to the general population

Table 3
Characteristics of the Groups Derived from the Cluster Analysis

	Group 1 (n = 61)		Group 2 (n = 90)		Group 3 (n = 112)		Group 4 (n = 104)		F	p	Post hoc
	M	SD	M	SD	M	SD	M	SD			
Age	48.5	4.6	47.6	6.0	47.9	5.3	51.0	5.4	8.3	< .001	4 > 1-3
	n	%	n	%	n	%	n	%	χ^2 (df)	p	Phi
Completed the intervention	43	70.5%	64	71.1%	96	85.7%	88	84.6%	11.1 (3)	.011	0.17
Gender											
Men	27	44.3%	34	37.8%	0		104				
Women	34	55.7%	56	62.2%	112	100%	0	100%	220.7 (3)	< .001	0.77
Education level											
Primary	10	16.9%	23	27.8%	22	19.8%	30	29.1%			
Secondary	23	39.0%	41	45.6%	52	46.8%	43	41.7%	8.2 (6)	.225	0.15
University	26	44.1%	24	26.7%	37	33.3%	30	29.1%			
Labour situation											
Homemaker	7	12.3%	6	6.9%	15	13.8%	2	2.0%			
Employed	45	78.9%	72	82.8%	85	78.0%	83	83.8%			
Unemployed	3	5.3%	8	9.2%	9	8.3%	6	6.1%	n.a.		
Retired	2	3.5%	1	1.1%	0		8	8.1%			
Adolescent in the programme	0	–	90	100%	112	100%	104	100%	367 (3)	< .001	1.00
Living with the adolescent	57	96.6%	74	82.2%	112	100%	104	100%	43.2 (3)	< .001	0.34
Type of family											
Nuclear family of origin	42	68.9%	0		112		104				
Reconstituted family	4	6.6%	17	18.9%	0		0				
One-parent family	10	16.4%	62	68.9%	0	100%	0	100%	308.4 (9)	< .001	0.92
Others	5	8.2%	11	12.2%	0		0				

Note: n.a. = not applicable (excess of categories)

participated in the prevention programme. Group 2 (24.5%; $n = 90$) was mainly characterized by having undergone changes in the nuclear family of origin. Group 3 (30.5%; $n = 112$) and group 4 (28.3%; $n = 104$) were composed of women and men, respectively, whose families of origin remained the same.

Comparisons between completers and dropouts in each group derived from the cluster analysis are shown in Table 4. In group 1, there were no differences between them. In group 2, dropouts showed more parental stress. In group 3, composed only of women, dropouts were more permissive. Finally, in group 4, dropouts felt more rewarded as parents.

Discussion

The results from this study showed a high retention rate among parents of adolescents with risk behaviours who were receiving help in an indicated prevention programme. Specifically, only 20.71% ($n = 76$) of parents dropped out of the programme prematurely. This high completion rate is relevant, as the programme is very demanding in terms of the schedule and intensity of the intervention (duration, number of sessions, etc.). Perhaps the fact that the attendance was voluntary, as well as the fact that there was a specific intervention with the adolescent at the same time, influenced the high retention rate. Comparisons between parents

who completed the programme and those who left the programme before being discharged showed that the significant differences were fundamentally sociodemographic and adolescents' attendance at the programme. In fact, the highest dropout rates were observed among parents whose children did not participate in the programme and among families with a composition different from that of the nuclear family of origin.

These results highlight the importance of developing family-based interventions and of involving both parents and adolescents in prevention programmes for risk behaviours. In fact, some previous studies have shown the effectiveness of involving parents in indicated prevention programmes (Koning et al., 2009; Kumpfer et al., 2003; Kuntsche & Kuntsche, 2016; Molgaard & Spoth, 2001; Rohrbach et al., 1994), showing improvement in parenting style, parental stress, psychopathological symptomatology and maladjustment to daily life (Fernández-Montalvo et al., 2020). Moreover, special attention should be developed when the family structure has changed because this characteristic has been shown to be related to intervention dropout, mainly among parents with higher scores for parental stress. There are no previous studies analysing this phenomenon, and consequently, more research is needed.

One relevant result in this study is the sex-based differences found among parents who maintained the structure of the nuclear

Table 4
Comparisons between Completers and Dropouts in Each Group Derived From the Cluster Analysis

Group 1	Completers		Dropouts		<i>t</i>	<i>(df)</i>	<i>p</i>	<i>d</i>	<i>1 - β</i>
	Mean	(SD)	Mean	(SD)					
	<i>(n = 43)</i>		<i>(n = 18)</i>						
Total Maladjustment Scale	13.84	5.74	13.39	6.78	0.3	59	.793	0.07	0.08
Psychopathological symptoms*									
Global Severity Index	72.71	25.20	75.59	24.56	0.4	57	.691	0.12	0.11
Positive Symptom Distress Index	57.93	26.33	55.12	29.85	0.4	57	.722	0.10	0.10
Positive Symptom Total	74.62	26.88	78.47	21.18	0.5	57	.600	0.16	0.14
Educational styles									
Authoritative	40.00	7.73	41.06	7.49	0.5	59	.625	0.14	0.12
Authoritarian	17.07	3.67	16.72	3.74	0.3	59	.739	0.09	0.09
Permissive	21.40	3.56	21.00	4.70	0.3	57	.730	0.10	0.10
Parental stress									
Rewards	32.09	8.99	33.50	6.90	0.6	59	.555	0.18	0.15
Stressors	15.98	5.65	16.17	4.54	0.1	59	.900	0.04	0.06
	19.84	5.85	20.33	5.51	0.3	59	.760	0.09	0.09
Group 2	<i>(n = 64)</i>		<i>(n = 26)</i>						
Total Maladjustment Scale	13.59	7.19	14.08	7.16	0.3	88	.773	0.07	0.09
Psychopathological symptoms*									
Global Severity Index	64.77	35.33	63.88	33.52	0.1	87	.914	0.02	0.06
Positive Symptom Distress Index	48.44	30.89	52.20	29.26	0.5	87	.602	0.12	0.13
Positive Symptom Total	69.30	33.74	67.08	33.80	0.3	87	.781	0.07	0.09
Educational styles									
Authoritative	42.28	6.19	42.27	6.69	0.0	88	.994	0.00	0.05
Authoritarian	15.98	3.18	16.73	4.36	0.9	88	.369	0.20	0.21
Permissive	21.16	3.67	22.08	4.51	1.0	88	.316	0.22	0.24
Parental stress									
Rewards	33.95	7.66	37.38	6.77	2.0	88	.050	0.47	0.65
Stressors	17.75	4.75	18.85	3.98	1.0	88	.303	0.25	0.28
	18.92	6.18	22.00	5.64	2.2	88	.031	0.52	0.72
Group 3	<i>(n = 96)</i>		<i>(n = 16)</i>						
Total Maladjustment Scale	15.32	5.66	16.25	6.03	0.6	110	.549	0.16	0.15
Psychopathological symptoms*									
Global Severity Index	69.02	28.47	74.13	24.16	0.7	110	.500	0.19	0.18
Positive Symptom Distress Index	49.91	29.14	62.19	28.74	1.6	110	.121	0.42	0.47
Positive Symptom Total	73.94	27.35	76.13	24.63	0.3	110	.765	0.08	0.09
Educational styles									
Authoritative	40.54	6.26	42.13	6.21	0.9	110	.350	0.25	0.24
Authoritarian	16.89	3.56	18.19	4.85	1.3	110	.203	0.31	0.30
Permissive	21.71	3.94	23.94	4.96	2.0	110	.046	0.50	0.57
Parental stress									
Rewards	36.36	5.36	36.06	5.79	0.2	110	.837	0.05	0.07
Stressors	16.49	4.20	15.81	3.92	0.6	110	.548	0.17	0.15
	20.13	4.92	20.13	4.63	0.0	110	1.00	0.00	0.05
Group 4	<i>(n = 88)</i>		<i>(n = 16)</i>						
Total Maladjustment Scale	13.39	5.64	13.50	4.60	0.1	102	.940	0.02	0.06
Psychopathological symptoms*									
Global Severity Index	59.11	34.33	49.31	33.76	1.1	102	.295	0.29	0.28
Positive Symptom Distress Index	38.67	27.23	29.13	16.93	1.9	31.2	.072	0.42	0.46
Positive Symptom Total	65.72	32.62	57.69	33.01	0.9	102	.368	0.24	0.23
Educational styles									
Authoritative	37.75	6.19	37.69	5.67	0.0	102	.970	0.01	0.05
Authoritarian	16.68	3.05	16.75	3.21	0.1	102	.935	0.02	0.06
Permissive	20.95	2.92	20.50	3.03	0.6	102	.571	0.15	0.14
Parental stress									
Rewards	33.86	6.01	34.31	6.27	0.3	102	.785	0.07	0.08
Stressors	15.92	4.95	19.00	2.99	3.4	32.3	.002	0.75	0.87
	18.85	4.93	18.31	4.32	0.4	102	.683	0.12	0.11

Note: *Percentiles according to the general population

family of origin and whose children simultaneously attended the prevention programme. In the case of mothers, those who dropped out were more permissive. In the case of fathers, those who dropped out felt more rewarded in their parental role. A recent study showed that mothers more frequently used permissive parenting styles (Ituráin et al., 2017). Therefore, prevention programmes should accurately assess both parenting styles and parental stress, as they considerably increase the risk of intervention dropout.

The present study had a number of limitations. The first limitation was related to the evaluated sample. Our study included patients who sought help at a specialized intervention programme in two centres of Spain. Undoubtedly, the use of such a sample creates a bias that prevents us from generalizing the results to parental intervention programmes carried out in other contexts. It would be beneficial for researchers to study broader samples that are representative of other types of intervention programmes. Second, this study assessed variables related to sociodemographic characteristics, adolescents' attendance at the programme, educational styles, parental stress, psychopathological symptoms and levels of maladjustment. Future research should take into account other variables not included in this study, such as motivational variables, and aspects

related to the nature of the programme itself (e.g., frequency of sessions and intensity of the intervention). Finally, in this study, the adolescents' results were not taken into account. Future studies should consider the effect that the adolescent intervention has on parents' progression.

In summary, the present study, which has been conducted with a large sample, highlights the relevance of family composition and the involvement of both parents and adolescents in the effectiveness of indicated prevention programmes. Furthermore, an accurate assessment of parenting styles and parental stress is highly recommended to facilitate the development of a tailored intervention based on the specific characteristics of the parents. Specifically, these programmes should develop definite strategies for improving the retention of adolescents and considering new approaches for families with a composition different from that of the nuclear family of origin.

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