

# Lions Quest Skills for Adolescence

Reviews: March 2017; February 2018

**Note on provider involvement:** This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

**Lions Quest Skills for Adolescence (SFA) teaches cognitive-behavioural skills for building self-esteem and personal responsibility, communicating effectively, making better decisions, resisting social influences, and increasing knowledge with regards to drug use and consequences to children in the school setting.**

Lions Quest SFA is a universal programme delivered to all children in the classroom setting, by trained teachers. Note that in the UK, the programme is now delivered by youth work teams. Contents of the programme are taught using interactive training methods such as role play, group work, group discussion and self-reflection in journals or workbooks.

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Evidence  
rating: **3**

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Cost rating:  
**NA**

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## EIF Programme Assessment

Lions Quest Skills for Adolescence has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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Evidence  
rating: **3**

### What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

While there are several variations of the Lions Quest programme (elementary school, middle school, high school, and out of school), the evidence presented here only pertains to the Lions Quest SFA, which targets children in middle school during school hours.

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## Cost rating

**NA** indicates that the information required to generate a cost rating is not available at this time.

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Cost rating:  
**NA**

# Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

## Preventing substance abuse

### Reduced lifetime marijuana use

#### Based on study 1

3.26-percentage point decrease in proportion of participants with lifetime marijuana use (measured using a self-report measure adapted from Monitoring the Future Survey)

Improvement index: **+4**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 54% and worse outcomes than 46% of their peers, if they had received the intervention.

**Long-term** A year later

### Reduced recent marijuana use

#### Based on study 1

2.47-percentage point decrease in proportion of participants with recent marijuana use (measured using a self-report measure adapted from Monitoring the Future Survey)

Improvement index: **+5**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 55% and worse outcomes than 45% of their peers, if they had received the intervention.

**Long-term** A year later

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# Key programme characteristics

## Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents
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## How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group
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## Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Secondary school

The programme may also be delivered in these settings:

- Primary school
  - Secondary school
  - Community centre
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## How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal
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## Where has it been implemented?

United Kingdom, Ireland

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

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## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning
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## About the programme

### What happens during delivery?

#### How is it delivered?

- Lions Quest SFA is delivered in 36 sessions of 45 minutes' duration each by one practitioner, to groups of children.

### What happens during the intervention?

- Children are taught the skills necessary to cope with physical, emotional, and social challenges of early adolescence.
- Various themes are covered throughout the programme, including strengthening self-confidence; dealing with feelings; relationships with friends; dealing with temptations and peer pressure; and decision making.
- Teachers (or youth work teams) and children are provided with workbooks to help guide them through the programme content, which is taught using a combination of role play, group work, discussion, and self-reflection.
- Each lesson is divided into four phases of learning: (1) Discovering (explicit instruction defining the concepts addressed during the lesson); (2) Connecting (individual work applying the concepts of the lesson); (3) Practising (students role-play using the learned skills); and (4) Applying (students apply skills to a new situation).

### What are the implementation requirements?

#### Who can deliver it?

- The practitioner who delivers this programme is a teacher with QCF-6 level qualifications.

## **What are the training requirements?**

- The practitioners have between 8 and 16 hours of programme training. Booster training of practitioners is recommended.
- The teachers (or youth work teams) attend a three-day workshop conducted by Quest International-certified trainers, where they receive teacher manuals and student workbooks for each participating student.
- The purpose of the workshops is to provide teachers with detailed explanations and practice sessions for teacher SFA; learn and practise specific skill-building exercises such as cooperative learning, team building, communication skills, and problem solving; reinforce the importance of maintaining fidelity to the session-by-session sequence of the programme.

## **How are the practitioners supervised?**

- It is recommended that practitioners are supervised by one host agency supervisor, qualified to QCF-6 level, with 12 hours of programme training.

## **What are the systems for maintaining fidelity?**

- Teacher and student workbooks
- Face-to-face training
- Fidelity monitoring and assessment
- Implementation toolkit for users

## **Is there a licensing requirement?**

There is no licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

- Lions Quest SFA assumes that the active promotion of positive pro-social behaviours will lead to the reduction of negative behaviours including drug use, violence, and discipline problems.
- Pro-social behaviours are promoted by using social influence and social cognitive approaches to teach cognitive behavioural skills for building self-esteem and personal responsibility, communicating effectively, making decisions, resisting social influences and asserting rights and increasing drug-use knowledge and consequences.
- In the short term, Lions Quest SFA improves positive pro-social behaviours, including self-discipline, responsibility to self and others, good judgement, and the ability to get along with others.
- In the longer term, students will be more likely to live safe and healthy lives free from the harm of alcohol and other drugs and will have stronger commitments to themselves, their families, peers, schools, and communities.

### Intended outcomes

Supporting children's mental health and wellbeing  
Enhancing school achievement & employment  
Preventing crime, violence and antisocial behaviour  
Preventing substance abuse

### Contact details

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## About the evidence

Lions Quest's SFA most rigorous evidence comes from one cluster RCT.

This study identified statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study, which in this case is the Eisen et al, (2003) study, and so the programme receives a level three rating overall.

This programme does not receive a rating of four as it has not yet replicated its results in another high quality study (where at least one of the high quality studies suggests long-term impact, and at least one of these studies uses assessment measures independent of study participants).

## Study 1

**Citation:** Eisen et al (2003)

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**Design:** Cluster RCT

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**Country:** United States

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**Sample:** 34 schools (n = 7,426 consented sixth graders)

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**Timing:** Pre-intervention and one-year follow up

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**Child outcomes:**

- Reduced lifetime marijuana use
  - Reduced recent marijuana use
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**Other outcomes:**

- None measured
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**Study rating:** 3

Eisen, M., Zellman, G. L., & Murray, D. M. (2003). Evaluating the Lions–Quest ‘Skills for Adolescence’ drug education program: Second-year behavior outcomes. *Addictive Behaviors*, 28(5), 883–897.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/12788263>

**Study design and sample**

This was a Cluster RCT conducted in the USA. It included 7,426 children with a mean age of 11 years at baseline, across 34 middle schools. This paper only reports on the long-term (one year post intervention) findings.

Schools were only included if they met the following eligibility criteria: (1) contained grades six to eight or seven to nine; (2) had an enrolment of at least 200 students by the end of eighth or ninth grade; and (3) were not using SFA at the time of selection. In the final sample, 34 middle schools from four school districts in the three metropolitan areas were included.

Schools were match-paired within each district. They were matched on sixth grade prevalence of any recent use of tobacco, alcohol, or illicit drugs. Matched-pairs were then randomised to the control (n = 17) or treatment (n = 17) conditions.

**Measures**

Annual surveys were group administered in the classroom by trained interviewers.

Questionnaires were adapted (primarily from the Monitoring the Future Survey (MTF)), or developed for this evaluation.

The annual survey contained the following questionnaires:

**Primary outcomes**

1. Prevalence rates of tobacco use

- Three cigarette smoking questions were used that had been established by the National Cancer Institute as standard items in several major smoking prevention studies.

1. Prevalence of alcohol and illegal drug use

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- Standard questions adapted from Monitoring the Future (MTF) surveys.

## Mediational/intermediate outcomes

1. Behavioural intentions to use tobacco, alcohol, marijuana, cocaine in the next three months

- Assessed using items adapted from the MTF survey.

1. Social influence and interpersonal perceptions

- Assessed using standard questions on students' normative beliefs about the prevalence of substance use by a best friend, friends in general, and same-grade peers.
- Many of the social influence items were reportedly adapted from questions used in the MTF.

1. Perceptions of the harmful effects of alcohol, binge drinking, smoking marijuana, and cocaine

- Assessed using three-item scales focusing on whether each substance helps or harms one's health, ability to relax, and popularity.

1. Sense of self-efficacy around refusing the use of alcohol, cigarettes, marijuana, and cocaine in various situations

- Measured using separate 3-item scales (alphas = .87–.92).

1. Perceived parent monitoring of students' behaviour

- Assessed with a two-item scale focusing on knowing the students' whereabouts after school and on keeping close track of how they are doing in school.

1. Psychosocial factors thought to be related to adolescent drug use such as propensity for sensation-seeking

- Assessed using Likert-scale questions: 'doing dangerous things just for fun' (1 = *never* to 5 = *always*).

## Findings

With regards to the primary outcomes, findings indicated a significant treatment effect on reduced lifetime ( $p = .05$ ) and recent (30 days) ( $p = .03$ ) marijuana use in the SFA schools.

With regards to the secondary/mediational outcomes, findings indicated significant treatment effects for increasing students' sense of self-efficacy about being able to refuse offers of marijuana ( $P < .02$ ) and of alcohol ( $P < .05$ ). These outcomes were however measured using a measure not validated independently of this study.

There were additional subgroup findings which indicated that baseline binge drinkers in the intervention schools were less likely to report recent binge drinking at the end of the eighth grade (27%) than students in the control schools (37%,  $p < .01$ ).

## Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Matschek-Jauk, M., Krammer, G., & Reicher, H. (2017). The life-skills program Lions Quest in Austrian schools: implementation and outcomes. *Health promotion international* - **This reference refers to a quasi-experimental design, conducted in Austria.**

Switzer, J.L. (2016). Evaluation of the Intervention Efficacy of Lions Quest Skills for Adolescence. Walden University, Walden Dissertation and Doctoral studies - **This reference refers to a pre-post study, conducted in the USA.**

Kidron, Y., Garibaldi, M., & Osher, D. (2016). Lions Quest Skills for Adolescence: Implementation and outcome study in Wood County, West Virginia - **This reference refers to a quasi-experimental design, conducted in the USA.**

Malmin, G. (2007). It is my CHOICE (Det er mitt VALG, DMV).

Kahnert, H. (2002). Evaluation of the Lions Quest program 'Erwachsen Werden' (German version of Skills for Adolescence). University of Bielefeld - **This reference refers to a study, conducted in Germany.**

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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