

Cluster randomised controlled trial of expert system based on the transtheoretical ("stages of change") model for smoking prevention and cessation in schools

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| Submission date 23/01/2004 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered |
| Registration date 23/01/2004 | Overall study status Completed | <input type="checkbox"/> Protocol |
| Last Edited 10/11/2022 | Condition category Mental and Behavioural Disorders | <input type="checkbox"/> Statistical analysis plan |
| | | <input checked="" type="checkbox"/> Results |
| | | <input type="checkbox"/> Individual participant data |

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

Study information

Scientific Title

Cluster randomised controlled trial of expert system based on the transtheoretical ("stages of change") model for smoking prevention and cessation in schools

Study objectives

To examine whether a year long programme incorporating three sessions using an expert system computer programme and three whole class lessons based on the transtheoretical model (TTM) of behaviour change could reduce the prevalence of teenage smoking.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Mental and behavioural disorders: Addiction

Interventions

The intervention group received six sessions of two types: one computer session and one class lesson for each of the three terms of year 9 (autumn 1997 to summer 1998). For the computer session, the research team set up a classroom with about 30 computers and removed these at the end of the day. Whole classes came in turns and each student used a computer with headphones. The computer program was based on that developed by Prochaska and colleagues, containing questionnaires measuring the key concepts of the transtheoretical model. After each questionnaire students received feedback both through the headphones and on screen of how their temptations, for example, compared to stage based data collected by Pallonen et al (normative feedback) and in second and third sessions, what change had occurred since last time (ipsative feedback). The questionnaires were interspersed with video clips of young people talking about their thoughts about smoking that were relevant to the stage of change of the student concerned. The other transtheoretical model intervention was a one hour lesson delivered by ordinary class teachers. The teachers attended a two day training course organised by Public Management Associates, who had developed licensed training and lesson plans in consultation with Prochaska and colleagues. The three lessons developed the young people's understanding of the stages of change and how the pros and cons of smoking would vary in different stages, and the lessons got young people to use these concepts. More details of how we delivered the intervention are available.

Our aim for students in the control group was that they would be exposed to no intervention other than the normal health education on tobacco, which is part of the English national curriculum. However, as a reward for participation, teachers in control group schools were given three lesson plans and handouts on smoking. These lessons consisted of quizzes on facts about tobacco and one lesson on different ways of persuading someone to stop smoking. The content of the lessons was all taken from generally available teaching support material. The lesson plans

and materials were provided to all control group schools, but teachers in these schools received no training in smoking issues or delivery of the lessons and it was up to the individual schools whether or not they used the materials.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Prevalence of teenage smoking and proportion of positive stage movements 12 months after the start of the intervention.

Key secondary outcome(s)

Not provided at time of registration

Completion date

31/03/2000

Eligibility**Key inclusion criteria**

52 schools in the West Midlands region.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Sex

Not Specified

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

01/09/1997

Date of final enrolment

31/03/2000

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Department of Public Health and Epidemiology

Birmingham

United Kingdom

B15 2TT

Sponsor information

Organisation

NHS R&D Regional Programme Register - Department of Health (UK)

Funder(s)

Funder type

Government

Funder Name

NHS Executive West Midlands (UK)

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|------------------------------------|---|--------------|------------|----------------|-----------------|
| Results article | | 09/10/1999 | | Yes | No |
| Results article | 2 year follow up | 01/10/2001 | | Yes | No |
| Other publications | Can the stages of change for smoking acquisition be measured reliably in adolescents? | 01/10/2002 | | Yes | No |

[Other publications](#)

The risk of smoking in relation to engagement with a school-based smoking intervention

01/02
/2003

Yes

No