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Guide to implementing family skills training programmes for drug abuse prevention

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Contents

Acknowledgements iii

I. Introduction 1

II. Families and the need for family skills training programmes. 5

The family as a protective and risk factor in substance abuse 5
Definition of family skills training programmes 8
Effectiveness of family skills training programmes 11

III. Principles of a good family skills training programme 15

IV. Culturally adapting family skills training programmes 27

First principles: adapt minimally at first 27
Steps in culturally adapting family skills training programmes 28

V. Recruiting and retaining parents and families 33

Recruiting families to the programme 33
Retaining families in the programme 35
Defining criteria for graduation from the programme 37

VI. Selecting, training and supporting group leaders 39

Selecting group leaders 39
Training group leaders 40
Supporting, supervising and providing technical assistance for group leaders 41

VII. Monitoring, evaluating and ensuring the sustainability of family skills training programmes 43

Monitoring programmes 43
Evaluating the implementation of programmes 44
Evaluating the impact of programmes 44
Ensuring the sustainability of programmes 47

VIII. Summary of the effectiveness, principles and benefits of family skills training programmes 49

Effectiveness of family skills training programmes 49
Principles of family skills training programmes 50
Benefits of family skills training programmes 51

I. Introduction

Supportive families are essential to raising socially, mentally and physically healthy and well-adjusted children and preventing later adolescent problems. The challenges faced by many parents around the world as they try to provide for their families include balancing family and work life, juggling financial commitments, ensuring adequate support and social contacts and finding time for the family to be together. Sometimes parents struggle with substance abuse problems, which affects their parenting skills. Factors such as a lack of security, trust and warmth in parent-child relationships, a lack of structure in family life and inappropriate discipline practices and insufficient limit-setting can render children at greater risk of problem behaviours and subsequent substance abuse and mental health disorders.

Family skills training programmes have been found to be effective in preventing many of these risky behaviours, including substance abuse. Research findings confirm that skills training produces better results than do programmes that provide parents only with information about substances. Better yet, programmes including skills training for parents, children and families can be implemented from infancy through adolescence and have been shown to positively change family functioning and parenting practices in enduring ways. This results in healthier and more supportive environments in which children can grow and develop.

As part of its efforts to promote evidence-based practice, the United Nations Office on Drugs and Crime (UNODC) initiated a review of family skills training programmes and the evidence of their effectiveness worldwide, with the assistance of Karol Kumpfer of the University of Utah. The review process focused on universal programmes that target all parents and families, and selective programmes that target parents and families that belong to groups or communities that, by virtue of their socio-economic situation, are particularly at risk of substance abuse problems. Except where they were part of tiered programmes, indicated level programmes that work mostly with individuals with screened, referred or diagnosed risk factors associated with a high probability of negative outcomes and that involve highly trained professionals were not considered for the review process, although their importance was, of course, recognized.

Some 130 universal and selective programmes were identified and practitioners, programme managers, researchers and programme developers from these programmes throughout the world were invited to a technical consultation meeting on family skills training in October 2007. At the meeting, participants discussed the principles,

content, implementation and cultural adaptation of effective existing universal and selective family skills training programmes.

The present *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* has been compiled on the basis of the review of family skills training programmes, the meeting and a literature review and focuses on providing basic information and guidance to those policymakers and programme managers interested in launching a family skills training programme at the universal or selective level. As a companion to the present *Guide*, UNODC will publish a list of all of the evidence-based programmes identified in the course of the review process. The list will include information for policymakers or programme managers wishing to choose the most appropriate existing, evidence-based programme to be adapted and implemented in their community (for example, the level of evidence available, the extent to which a programme has already been implemented in different settings, the target groups for which the programme has been found to be effective, and so forth). It is hoped that the *Guide* and the list will complement each other in promoting implementation of this important substance abuse prevention strategy.

Chapter II of the *Guide* explores the evidence of the family as both a protective and a risk factor in child and youth development and the evidence of the effectiveness of family skills training programmes. The aim of this chapter is to highlight the importance of the family environment in the healthy development of youth and families, and the effectiveness of family skills training programmes in preventing substance abuse and other risky behaviours.

Chapter III sets out 12 basic principles for launching an effective family skills training programme. Many family skills training programmes have been evaluated and some have been replicated in different settings. Chapter III includes a discussion on how to choose the most appropriate programme for a specific community and a description of what an effective family programme comprises.

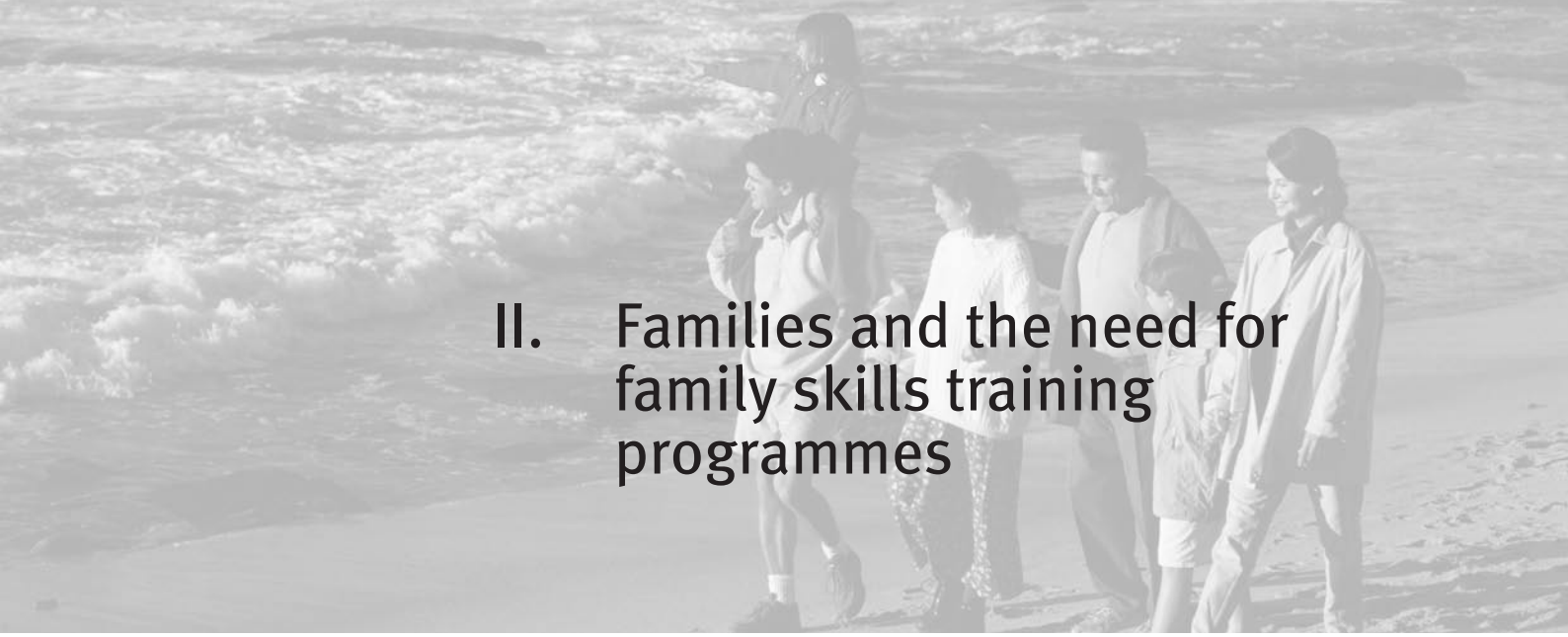
Family skills training programmes can at times be challenging to implement. Chapters IV, V and VI are devoted to discussing major implementation challenges and ways to overcome them. Evidence and the experience of the participants in the technical consultation show that it is possible to implement well-attended and effective family skills training programmes in spite of the challenges.

Chapter IV is devoted to the process of culturally adapting an existing evidence-based programme. In many instances, it will not be possible or cost effective to develop a programme from scratch and adaptation is a valid alternative. However, the process of adaptation itself needs to be carefully planned to effectively balance the needs, resources and culture of the community, while retaining fidelity to programmes that have been demonstrated to be effective elsewhere.

Many family skills training programmes experience difficulties in recruiting and retaining parents in the programme. Chapter V explores ways to improve the recruitment and retention rates of parents.

Chapters VI and VII are devoted to basic implementation issues such as training and support of staff, monitoring and evaluation and sustainability. Although such issues are common to all substance abuse prevention programmes, these are crucial for the effective implementation of prevention programmes.

The final chapter of the *Guide* provides an overview of the major points made in each earlier chapter, namely the evidence and effectiveness of family skills training programmes and the protective and risk factors in the family. A brief outline of the principles of a family skills training programme is given. Implementation challenges regarding recruitment and retention of families, training of staff and monitoring and evaluation of the programme are also briefly discussed.



II. Families and the need for family skills training programmes

The family as a protective and risk factor in substance abuse

Although researchers have attempted to provide an accurate definition of the family, that fundamental unit in society,[1, 2, 3] each society and culture defines family differently. The present *Guide* does not, therefore, attempt to provide a definition, but takes the family as being that unit in any given society that includes children and those who care for them, who would usually be the biological parents of the children, but who could equally be other relatives or adults, depending on the situation, the society and the culture.

Many family interventions involve not only biological parents and their children, but also anyone who is considered to be part of the family. Hence, others who care for the children (grandparents, aunts or uncles, older siblings, hired caregivers, adoptive or foster parents and others) can also be invited to attend family skills training programmes. The words "parent" and "main caregiver" have therefore been used interchangeably.

While genetic, temperamental and environmental factors all contribute to shaping child and youth development, family dynamics play a very important role.[4, 5] In particular, it is clear from research that competent parenting is a powerful protective factor.[6, 7, 8, 9] Families can protect children from many different risky behaviours and mental health

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[1] S. Minuchin, *Families and Family Therapy* (Cambridge, Massachusetts, Harvard University Press, 1974).

[2] R. D. Parke, "Development in the family", *Annual Review of Psychology*, vol. 55, 2004, pp. 365-399.

[3] Alan Carr, *Family Therapy: Concepts, Process and Practice*, 2nd ed. (West Sussex, John Wiley and Sons, 2006).

[4] M. Glantz and A. I. Leshner, "Drug abuse and developmental psychopathology", *Development and Psychopathology*, vol. 12, No. 4 (2000), pp. 795-814.

[5] E. M. Cummings, P. T. Davies and S. B. Campbell, *Developmental Psychopathology and Family Process: Theory, Research, and Clinical Implications* (New York, Guilford Press, 2000).

[6] M. S. Forgatch and N. M. Knutson, "Linking basic and applied research in a prevention science process", *Family Psychology: Science-based Interventions*, H. A. Liddle and others, eds. (Washington, D.C., American Psychological Association, 2001).

[7] E. Maccoby and J. Martin, "Socialization in the context of the family: parent-child interaction", *Handbook of Child Psychology: Socialization, Personality and Social Development*, 4th ed., P. Mussen and E. M. Hetherington, eds. (New York, John Wiley and Sons, 1983), vol. IV, pp. 1-101.

[8] T. J. Dishion and S. G. Patterson, *Preventive Parenting with Love, Encouragement and Limits: the Preschool Years* (Eugene, Oregon, Castalia Publishing, 1996).

[9] T. J. Dishion, D. W. Andrews and L. Crosby, "Antisocial boys and their friends in early adolescence: relationship characteristics, quality and interactional process", *Child Development*, vol. 66, No. 1 (1995), pp. 139-151.

problems, including substance abuse and delinquency, by providing children with emotional and economic security, guidance and appropriate limit-setting, supervision, satisfaction of basic needs, security, developmental stimulation and stability.[10, 11, 12, 13]

Researchers have tested several models to explain in what way different factors influence the possibility that an adolescent starts to abuse substances. In all of these models, parental and family factors have a central position in the long-term pathways leading to substance abuse, whereas peer influence acts as a contributing factor closer to the time when youth initiate drug or alcohol use. In other words, although peer influence is often the major reason adolescents initiate negative behaviours, a positive family environment is the primary reason youth do not engage in these behaviours, including drug and alcohol abuse, delinquency and early or unprotected sex.[14, 15, 16, 17, 18, 19] While it is recognized that the peer group is influential, it is now known that an adolescent's choice of peers is greatly affected by the relationship he or she has with his or her parents. When adolescents have a positive relationship with their parents, they are more likely to choose peers who are a positive influence.

Further research[15, 16, 20, 21, 22, 23] has identified the critical family factors that help to protect children from substance abuse:

(*a*) Secure and healthy parent/child attachment;

(*b*) Parental supervision, monitoring and effective discipline;

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[10] D. Jones, "The assessment of parental capacity", *The Child's World: Assessing Children in Need*, J. Horwath, ed. (London, Jessica Kingsley, 2001), pp. 255-272.

[11] H. van der Vorst and others, "The impact of alcohol-specific rules, parental norms about early drinking and parental alcohol use on adolescents' drinking behaviour", *Journal of Child Psychology and Psychiatry*, vol. 47, No. 12 (2006), pp. 1299-1306.

[12] H. van der Vorst and others, "Parental attachment, parental control, and early development of alcohol use: a longitudinal study", *Psychology of Addictive Behaviors*, vol. 20, No. 2 (2006), pp. 107-116.

[13] H. van der Vorst and others, "Alcohol-specific rules, personality and adolescents' alcohol use: a longitudinal person-environment study", *Addiction*, vol. 102, No. 7 (2007), pp. 1064-1075.

[14] K. L. Kumpfer and C. W. Turner, "The social ecology model of adolescent substance abuse: implications for prevention", *International Journal of the Addictions*, vol. 25, Suppl. 4 (1990), pp. 435-463.

[15] D. V. Ary and others, "Development of adolescent problem behavior", *Journal of Abnormal Child Psychology*, vol. 27, No. 2 (1999), pp. 141-150.

[16] K. L. Kumpfer, R. Alvarado and H. O. Whiteside, "Family-based interventions for substance use and misuse prevention", *Substance Use and Misuse*, vol. 38, Nos. 11-13 (2003), pp. 1759-1789.

[17] M. D. Newcomb and P. M. Bentler, "The impact of late adolescent substance use on young adult health status and utilization of health services: a structural-equation model over four years", *Social Science and Medicine*, vol. 24, No. 1 (1987), pp. 71-82.

[18] E. R. Oetting and others, "Indian and Anglo adolescent alcohol use and emotional distress: path models", *The American Journal of Drug and Alcohol Abuse*, vol. 15, No. 2 (1989), pp. 153-172.

[19] F. Gardner, J. Burton and I. Klimes, "Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change", *Journal of Child Psychology and Psychiatry*, vol. 47, No. 11 (2006), pp. 1123-1132.

[20] R. Simons and others, "A test of latent trait versus lifecourse perspectives on the stability of adolescent antisocial behavior", *Criminology*, vol. 36, No. 2 (1998), pp. 217-244.

[21] N. S. Tobler and K. L. Kumpfer, "Meta-analyses of family approaches to substance abuse prevention", unpublished report prepared for the Center for Substance Abuse Prevention (Rockville, Maryland, 2000).

[22] E. Sale and others, "Risk, protection, and substance use in adolescents: a multi-site model", *Journal of Drug Education*, vol. 33, No. 1 (2003), pp. 91-105.

[23] United States of America, Department of Health and Human Services, National Institutes of Health, *Preventing Drug Use Among Children and Adolescents: a Research-Based Guide for Parents, Educators, and Community Leaders*, 2nd ed., NIH publication No. 04-4212(A) (Bethesda, Maryland, National Institute on Drug Abuse, 2003).

(*c*) Communication of pro-social family values;

(*d*) Parental involvement in child's life;

(*e*) Supportive parenting (emotionally, cognitively, socially and financially).

Research on resiliency has also confirmed these points. This body of research focuses on children and families living through acute or chronic stressful life events and confirms that parental and family factors contribute to the capacity of youth to overcome adverse family situations and achieve positive outcomes.[24] Research shows that parents who are supportive, who encourage their children to become independent, expect compliance with rules and are consistent and fair in their discipline practices have children who are more resilient than other children. This style of parenting is often labelled "authoritative parenting".[25, 26] Other factors that have been found to contribute to resiliency are an organized family environment, supportive relations, family beliefs, family cohesion and flexibility, family problem-solving and coping skills, and communication.[27, 28, 29, 30]

The research provides strong evidence that parents and families can be powerful protective factors in the lives of children and youth; conversely, the research provides clear evidence that certain family characteristics can act as strong risk factors.

Poor management of children's behaviour, harsh and inconsistent discipline, and lack of opportunities to learn social skills have been associated with social, psychological and academic problems in children and adolescents.[6, 7, 8, 9] In general, a chaotic home environment and lack of structure in the family life are major risk factors for substance abuse.[23]

Moreover, parent-child relationships and families characterized by indifference, non-responsiveness, emotional insecurity and lack of consistency by parents in caring and comforting children during the early years of development are associated with higher risks of depression, anxiety and relationship problems among children and adults.[31] Childhood depression has been further associated with drug use in early adolescence.[32]

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[24] M. Rutter, "Resilience concepts and findings: implications for family therapy", *Journal of Family Therapy*, vol. 21, No. 2 (1999), pp. 119-144.

[25] M. T. Stephenson and D. W. Helme, "Authoritative parenting and sensation seeking as predictors of adolescent cigarette and marijuana use", *Journal of Drug Education*, vol. 36, No. 3 (2006), pp. 247-270.

[26] M. T. Stephenson and others, "Authoritative parenting and drug-prevention practices: implications for antidrug ads for parents", *Health Communication*, vol. 17, No. 3 (2005), pp. 301-321.

[27] A. S. Masten and M. Reed, "Resilience in development", *Handbook of Positive Psychology*, C. R. Snyder and S. J. Lopez, eds. (New York, Oxford University Press, 2005), pp. 74-88.

[28] F. Walsh, "Family resilience: a framework for clinical practice", *Family Process*, vol. 42, No. 1 (2003), pp. 1-18.

[29] F. Walsh, *Strengthening Family Resilience*, 2nd ed. (New York, Guilford Press, 2006).

[30] D. H. Olson and D. M. Gorall, "Circumplex model of marital and family systems", *Normal Family Processes: Growing Diversity and Complexity*, 3rd ed., F. Walsh, ed. (New York, Guilford Press, 2003), pp. 514-547.

[31] L. Porter and B. Porter, "A blended infant massage-parenting enhancement program for recovering substance-abusing mothers", *Pediatric Nursing*, vol. 30, 2004, pp. 363-401.

[32] Shoshana Berenzon and others, "Los factores relacionados con el uso y el abuso de sustancias psicoactivas en estudiantes de enseñanza media y media superior de la República Mexicana", *Salud Mental*, vol. 19, Suppl. 1 (1996), pp. 44-52.

These factors often characterize families with substance-abusing parents, where family relationships are likely to be disrupted, particularly if the mother is an addict.[33] When parents abuse substances, children have greater chances of repeated exposure to family conflicts and violence, including physical and verbal abuse, and to alcohol and drugs. Families with addiction problems tend to socially isolate to protect themselves from detection, social censure and criminal action. A side effect of this is that children also become isolated and develop fewer pro-social relationships.[34]

To conclude, research[6, 7, 8, 9, 23, 31] indicates that the main factors in a family that put children and youth at risk of substance abuse are the same factors that place youth at risk for other problem behaviours; hence efforts to prevent substance abuse will also have beneficial effects on other risky behaviours. The main factors in a family that put children and youth at risk of substance abuse are:

(*a*) Lack of bonding and insecure relationship with parents;

(*b*) Lack of a significant relationship with a caring adult;

(*c*) Ineffective parenting;

(*d*) Chaotic home environment;

(*e*) Parents or siblings who abuse substances, suffer from mental illness or are involved in criminal behaviour;

(*f*) Social isolation.

Definition of family skills training programmes

What are family skills training programmes? Family skills training programmes generally aim at strengthening the family protective factors that have been mentioned above. For example, they might include exercises to increase communication, trust, problem-solving skills and conflict resolution or they might include opportunities for parents and children to spend positive time together, as ways to strengthen the bonding and attachment between parents and children. To match the protective and risk factors described above, family skills training programmes generally include strategies aimed at increasing:

(*a*) Positive family relationships;

(*b*) Family supervision and monitoring;

(*c*) Communication of family values and expectations.[15, 35]

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[33] L. A. Bennett and others, "Couples at risk for transmission of alcoholism: protective influences", *Family Process*, vol. 26, No. 1 (1987), pp. 111-129.

[34] S. Luthar and others, "Multiple jeopardy: risk and protective factors among addicted mothers' offspring", *Development and Psychopathology*, vol. 10, No. 1 (1998), pp. 117-136.

[35] T. K. Taylor and A. Biglan, "Behavioral family interventions for improving child-rearing: a review of the literature for clinicians and policy makers", *Clinical Child and Family Psychology Review*, vol. 1, No. 1 (1998), pp. 41-60.

These strategies are generally grouped and presented in three sub-sessions within a given intervention session: family skills training programmes generally combine: (*a*) training of parents to strengthen their parenting skills; (*b*) training of children in personal and social skills; and (*c*) family practice sessions. Thus, a typical session will see parents and children attending their own training groups and, at the end, coming together as a whole family for some practice time.[36, 37, 38, 39] These interventions are generally delivered to groups of families and allow for practice time within individual families. Some programmes use technology (computer-based learning and telephones) as an intervention modality, especially for universal-level delivery and for families living in remote locations.

A recent research review[40] concluded that the most effective family skills training programmes include active parental involvement, focus on the development of adolescents' social skills and responsibility among children and adolescents, and address issues related to substance abuse. Effective interventions also involve youth in family activities and strengthen family bonds.

Family skills training programmes differ from parent education programmes, which focus on providing parents with information about the use of substances in the absence of skills training for parents and children. Parent education programmes are often shorter in duration (less than eight hours in total), whereas family skills training programmes typically consist of a minimum of four to eight sessions of two to three hours each for universal programmes. Moreover, parent education programmes have not been found as effective as family skills training programmes.[41, 42, 43, 44]

Family skills training programmes have been used mainly for universal- and selective-level prevention. Universal prevention targets general populations through entire schools, neighbourhoods, communities, states or provinces, without any specific consideration related to the risk level present. These approaches share the assumption that almost anyone can benefit from prevention efforts with a health promotion orientation.

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[36] K. L. Kumpfer, V. Molgaard and R. Spoth, "The Strengthening Families Program for the prevention of delinquency and drug use", *Preventing Childhood Disorders, Substance Abuse, and Delinquency*, R. DeV. Peters and R. J. McMahon, eds. (Thousand Oaks, California, Sage Publications, 1996).

[37] A. Melo, "Em Busca do Tesouro das Famílias: Intervenção Familiar em Prevenção Primária das Toxicodependências" (Discovering the treasure of family: family-based approach in drug abuse prevention) Viana do Castelo, Portugal, Gabinete de Atendimento à Família, 2004.

[38] A. Melo and A. Simões, "A local evaluation of Searching Family Treasure program for substance abuse prevention", manuscript submitted to publication, 2007.

[39] A. Abbey and others, "Evaluation of a family-based substance abuse prevention program targeted for the middle school years", *Journal of Drug Education*, vol. 30, No. 2 (2000), pp. 213-228.

[40] J. Petrie, F. Bunn and G. Byrne, "Parenting programmes for preventing tobacco, alcohol or drugs misuse in children < 18: a systematic review", *Health Education Research*, vol. 22, No. 2 (2007), pp. 177-191.

[41] N. S. Tobler and others, "School-based adolescent drug prevention programs: 1998 meta-analysis", *Journal of Primary Prevention*, vol. 20, No. 4 (2000), pp. 275-336.

[42] N. S. Tobler, "Lessons learned", *Journal of Primary Prevention*, vol. 20, No. 4 (2000), pp. 261-274.

[43] United States of America, Department of Health and Human Services Administration, Center for Substance Abuse Prevention, *Preventing Substance Abuse Among Children and Adolescents: Family-centered approaches; Reference Guide*, Prevention Enhancement Protocols System series, DHHS publication No. (SMA) 3223-FY98 (Washington, D.C., Superintendent of Documents, United States Government Printing Office, 1998).

[44] K. L. Kumpfer and R. Alvarado, "Family strengthening approaches for the prevention of youth problem behaviors", *American Psychologist*, vol. 58, Nos. 6-7 (2003), pp. 457-465.

Selective prevention approaches target groups that are at higher risk of substance abuse. This means that in epidemiological surveys or research, these groups have been shown to have higher rates of substance abuse (for example, children of substance abusers or prisoners, families living in poverty, abused or neglected children, families going through divorce or with separated parents). Selective prevention recognizes that, although a sub-group of the general population might appear to be at higher risk of substance abuse, individual children and families within that sub-group may not be at elevated risk in the same way, as they might be protected by individual or other resiliency and protective factors. However, selective prevention programmes share the philosophy that programmes can and should be tailored to the higher risk level of the target populations.[45]

The present *Guide* has focused on universal- and selective-level family skills training programmes, as well as those indicated level programmes that are part of tiered programmes. Most family skills training programmes have been developed and designed for universal- or selective-level prevention and most of the evidence exists for these two levels of risk. This is not to say that there is no evidence of use of family skills training programmes at an indicated level of risk.[19, 46, 47, 48]

Indicated prevention programmes target individual youth and their families that have been individually screened, referred or diagnosed with factors that evidence has associated with a high probability of negative outcomes such as later substance abuse.[23, 49] More often than not, these individuals display aggressive and disruptive behaviour already at an early age and therefore early problem behaviour may form an important target for early substance abuse prevention using parenting or family skills training programmes.

Tiered programmes provide youth or parents with services specific to their particular needs[50] and simultaneously address varying levels of risk (universal, selective and indicated) for different individual and family problems. Although a few programmes of this kind have been tailored and tested,[51] those that have been evaluated have been

[45] M. E. Medina-Mora, "Prevention of substance abuse: a brief overview", *World Psychiatry*, vol. 4, No. 1 (2005), pp. 25-30.

[46] M. R. Sanders and others, "The Triple P-Positive Parenting Program: a comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems", *Journal of Consulting and Clinical Psychology*, vol. 68, No. 4 (2000), pp. 624-640.

[47] S. Scott and others, "Multicentre controlled trial of parenting groups for childhood antisocial behavior in clinical practice", *British Medical Journal*, vol. 323, No. 7306 (2001), pp. 194-203.

[48] C. Webster-Stratton and M. Hammond, "Treating children with early-onset conduct problems: a comparison of child and parent training interventions", *Journal of Consulting and Clinical Psychology*, vol. 65, No. 1 (1997), pp. 93-109.

[49] European Monitoring Centre for Drugs and Drug Addiction, "Preventing later substance abuse disorders in identified individuals during childhood and adolescence: review and analyses of international literature on the theory and evidence base of indicated prevention" (Lisbon, 2008).

[50] M. R. Sanders, "Triple P-Positive Parenting Program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children", *Clinical Child and Family Psychology Review*, vol. 2, No. 2 (1999), pp. 71-90.

[51] R. P. Weissberg and M. T. Greenberg, "School and community competence-enhancement and prevention programs", *Handbook of Child Psychology: Child Psychology in Practice*, 5th ed., W. Damon, I. E. Sigel and K. A. Renninger, eds. (New York, John Wiley and Sons, 1998), vol. IV, pp. 877-954.

found to have good results. Tiered programmes typically offer universal-level prevention activities targeting the whole population or community in various settings: mass media, teacher-led activities for youth in school and classes for parents. Higher risk youth and families participating through these activities may be offered home visits or more intensive family skills training programmes at the same time. In this way, while the whole community is exposed to the prevention programme, at-risk youth and families are reached with more individually tailored intervention approaches in a way that may be less stigmatizing than a "programme for families in need".[23, 50]

Finally, a family skills training programme may form part of a multiple-component prevention programme and may in fact greatly contribute to the effectiveness of such a programme. Multiple-component programmes include prevention activities for multiple sectors of communities, such as teacher-led activities in schools, alternative activities for youth organized in community centres, awareness-raising activities involving mass media, family skills training, and so forth.[23, 50] A major emphasis of multiple-component programmes is to reinforce information and skills development by delivering activities that consistently reinforce them across multiple sectors, thereby building a positive community norm with regard to substance abuse.

Effectiveness of family skills training programmes

Family skills training programmes have proven highly effective in preventing substance abuse and other risky behaviours. This is no surprise, for such programmes work by strengthening powerful protective factors, thereby reducing the probability of risks.

When family skills training programmes were compared with other prevention approaches, they were found to be the second most effective approach after in-home family support, and approximately 15 times more effective than programmes that provided youth only with information and self-esteem, and approximately three times more effective than life or social skills training.[21, 52, 53]

Moreover, a review of programmes aimed at preventing alcohol abuse found that, while the positive results of life skills education and community-based prevention programmes seemed to decrease over the years, the effect of family skills training programmes was sustained over time.[52, 54, 55, 56] As an example, the best family skills training programme was found to have a number to treat of nine at a four-year follow-up. This means that nine families needed to participate in the programme for one fewer youth

[52] D. R. Foxcroft and others, "Longer-term primary prevention for alcohol misuse in young people: a systematic review", *Addiction*, vol. 98, No. 4 (2003), pp. 397-411.

[53] F. Faggiano and others, "School-based prevention for illicit drugs' use", *Cochrane Database of Systematic Reviews* (online), No. 2, 2005.

[54] D. R. Foxcroft and others, "Primary prevention for alcohol misuse in young people", *Cochrane Database of Systematic Reviews* (online), No. 3, 2002.

[55] D. R. Foxcroft, *Alcohol Misuse Prevention for Young People: A Rapid Review of Recent Evidence* (Geneva, World Health Organization, 2006).

[56] S. Gates and others, "Interventions for prevention of drug use by young people delivered in non-school settings", *Cochrane Database of Systematic Reviews* (online), No. 1, 2006.

to report having used alcohol four years after the intervention.[52] As a comparison, a recent review reported that the best life skills education programme needed more than 30 youths to participate in an education programme for one more youth to be prevented from using substances after one year.[53]

The long-term results of family skills training programmes in children show delayed initiation of substance abuse, improved youth resistance to peer pressure to use alcohol, reduced affiliation with antisocial peers, improved problem-solving and reduced levels of problem behaviours such as delinquency. In parents, positive results include sustained improvement in family and child management skills (setting standards, monitoring of behaviour and consistent discipline).[23] In fact, family skills training programmes may be more effective over time compared to youth-only skills training programmes, because family skills training programmes include training for parents as well and may therefore change the family environment in enduring ways.

Finally, family skills training programmes have been found to be cost-effective, in long-term follow-up studies. A conservative estimate has been calculated to be of nine dollars saved for every dollar spent.[23, 57]

Universal and selective family skills training programmes have also been found to be effective as part of multiple-component programmes. For example, adding family-focused interventions to community-based interventions[58, 59] or school-based interventions[60] increases the overall effectiveness of a programme, as more risk and protective factors are addressed at the same time. One study looked at the reduction in substance abuse initiation one year after the programme and found that, while a youth-only programme reduced initiation behaviour by 4 per cent, the results jumped to a 30 per cent reduction in initiation behaviour when a family programme was added to the same programme.[57] Tiered programmes also provide more possible access points for families to enter the programme, receive appropriate services and better coordination among the different professionals and parents involved. More importantly, the positive changes in the social environment due to the universal prevention activities seem to support the positive changes among the youth at risk and their families who

[57] R. L. Spoth and others, "Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs", *Psychology of Addictive Behaviors*, vol. 16, No. 2 (2002), pp. 129-134.

[58] Charles M. Borduin and others, "Multisystemic treatment of serious juvenile offenders: long-term prevention of criminality and violence", *Journal of Consulting and Clinical Psychology*, vol. 63, No. 4 (1995), pp. 569-578.

[59] M. A. Pentz, "Prevention research in multiethnic communities: developing community support and collaboration, and adapting research methods", *Drug Abuse Prevention with Multiethnic Youth*, G. J. Botvin, S. P. Schinke and M. A. Orlandi, eds. (Thousand Oaks, California, Sage Publications, 1995), pp. 193-214.

[60] C. Webster-Stratton and T. Taylor, "Nipping early risk factors in the bud: preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years)", *Prevention Science*, vol. 2, No. 3 (2001), pp. 165-192.

receive indicated or selective-level components of the programme. There is also less stigma attached to participating in the programme (especially in the case of higher risk families) since everybody in the community is exposed to the programme to some extent at the universal level through media, school, and so forth.[61, 62, 63, 64, 65]

[61] Conduct Problems Prevention Research Group, "Merging universal and indicated prevention programs: the Fast Track model", *Addictive Behaviors*, vol. 25, No. 6 (2000), pp. 913-927.

[62] T. J. Dishion and K. Kavanagh, "An ecological approach to family intervention for adolescent substance use", *Prevention of Antisocial Behavior: Starting at (Pre-) Conception?* W. De Mey and others, eds. (Brussels, University of Ghent, 2000), pp. 137-154.

[63] K. L. Kumpfer and others, "Effectiveness of school-based family and children's skills training for substance prevention among 6-8 year old rural children", *Psychology of Addictive Behaviors*, vol. 16, No. 4 (2002), pp. S65-S71.

[64] M. R. Sanders, "Community-based parenting and family support interventions and the prevention of drug abuse", *Addictive Behaviors*, vol. 25, No. 6 (2000), pp. 929-942.

[65] R. E. Tremblay and others, "A bimodal preventive intervention for disruptive kindergarten boys: its impact through mid-adolescence", *Journal of Consulting and Clinical Psychology*, vol. 63, No. 4 (1995), pp. 560-568.

III. Principles of a good family skills training programme

It is hoped that chapter II has left the reader with an appreciation of the importance and effectiveness of family skills training programmes. The present chapter is devoted to a discussion of principles that should form the basis of any family skills training programme for it to be evidence-based and effective.

Twelve principles have been identified, on the basis of academic research and of the collective experience of participants in the technical consultation meeting on family skills training programmes organized by UNODC in late 2007. Each principle is presented with a short description of the evidence on which it is based and/or its meaning in the context of the implementation of a family skills training programme.

Principle 1
A family skills training programme should be based on theory

Two types of theory should underlie any programme that seeks to prevent problem behaviour: one that addresses the primary causes of problem behaviours and one that considers how to change the behaviour.

In the case of substance abuse prevention, this means that a family skills training programme should be based on a theoretical background, that is, a theory about which causes of substance abuse would be addressed by the programme and a theory of why the proposed interventions would be effective in addressing them. Any such theory should be evidence-based, that is, supported by the results of scientific research in this field. All programmes that have been extensively evaluated and found to be effective have started from a solid theoretical base. Therefore, evidence-based family skills training programmes are typically based on solid theory and a model derived from that theory that includes the processes and mechanisms that will be employed in reducing risks and building protection, as discussed in chapter II.

It is necessary to know the cause of a problem behaviour and a programme must also provide a rationale for how it will change the problem behaviours or reinforce the appropriate behaviours. This is sometimes called "theory of change" and credible theories of change are based on evidence of effectiveness from past research on different kinds of interventions for various problem behaviours and on risk/protective factors.[66]

[66] B. Flay and J. Petraitis, "Bridging the gap between substance use prevention: theory and practice", *Handbook of Drug Abuse Prevention: Theory, Science and Practice*, Zili Sloboda and William J. Bukowski, eds. (New York, Kluwer Academic/Plenum Publishers, 2003).

As discussed in chapter II, family skills training programmes do not attempt to change only the knowledge and attitudes of parents and youth towards substance abuse. The important aim is to change the actual behaviours of children that increase their risk of substance abuse (aggressiveness, poor achievement in school, experimenting with substances and so forth). Research suggests that, in order to achieve this, changes are needed in both the parenting style and the family dynamics[67] and that is why family skills training programme sessions are structured to include three sub-sessions: parent groups, child groups and family groups.

Principle 2
A family skills training programme should be based on a needs assessment

When selecting a family skills training programme, it is important to match the programme to the needs and characteristics (for example, age of children) in the target population (see principles 3 and 4). A programme should also be planned, selected and implemented with consideration given to the resources available.

Regardless of whether the programme will be implemented in a community or at the national level, it is crucial to undertake a needs assessment so that the choice of programme is based on an accurate understanding of the situation. Needs assessments can employ diverse methodologies (surveys among youth, parents and families, key informant interviews, focus groups and so forth) to find out the characteristics of the target population and of the substance abuse problem and, in particular, to identify family-related risk and protective factors.

A needs assessment should be systematic, but does not need to be a complex or complicated endeavour. However, the larger the scope of the programme, the more important it becomes to undertake the needs assessment in a systematic and rigorous way and to perhaps involve a research institution in the process.

Principle 3
A family skills training programme should be matched to the level of risk of the target population

Even when a programme has good evidence of effectiveness, it will not necessarily be effective with a population that differs in significant ways from the population for which it was originally designed and tested. This includes the level of risk of the target population. There should be a good "fit" of the families and the programme.

As discussed above, family skills training programmes have been developed for and utilized with all families, regardless of whether they are at risk or not (universal programmes), and with families determined to be at risk because of some common risk or problem (selective programmes).

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[67] A. J. Sameroff and B. H. Fiese, "Transactional regulation and early intervention", *Handbook of Early Childhood Intervention*, 1st ed., S. J. Meisels and J. P. Shonkoff, eds. (New York, Cambridge University Press, 1990), pp. 119-149.

The activities of universal, selective and indicated programmes differ. For example, in the case of families with a higher level of risk or problems (selective programme), interventions beginning early in the life cycle of children (that is, prenatally or in early childhood) are more effective.[58] It is therefore crucial to decide, on the basis of the needs assessment, whether to target all families or only families at risk, and, in the latter case, which level and type of risk, prior to choosing a programme that matches their needs. In the case of tiered programmes, which offer parallel services at all levels, families at high risk with identified or diagnosed factors (indicated programmes) can also be offered services. It is important to note that families themselves need to be part of the process of determining their needs and assessments should not be driven only by the programme staff or other professionals and/or service providers.

Principle 4
A family skills training programme should be matched to the age and level of development of children in the target population

Family skills training programmes should be appropriate for the age and the developmental level of the children concerned. As their children mature, families need to enrol in different programmes or different versions of the same programme targeting children of a different age.[68]

For families with younger children (3-12 years of age) effective programmes include those that bring parents and children together in interactive and structured skills training sessions, as well as those that work with only groups of parents in order to learn, discuss and apply new skills to their own family needs.[19, 45, 69] Effective programmes also concentrate on the parenting skills that are most effective with younger children.[43] As children become older, programmes that are most effective contain separate sessions for parents and children, as well as joint family sessions. Older children are taught skills to make decisions and monitor and change their own behaviour, while the sessions for parents include skills on parenting practices and monitoring.

Principle 5
The intensity and duration of a family skills training programme should be adequate

It is crucial that family skills training programmes provide families with a sufficient number of sessions to practise skills and that they allow for behaviour change. It is difficult to provide an exact indication of what constitutes a sufficient number of sessions, as this will vary with the level of risk of the families in the target population.

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[68] K. L. Kumpfer and S. Alder, "Dissemination of research-based family interventions for the prevention of substance abuse", *Handbook of Drug Abuse Prevention: Theory, Science and Practice*, Zili Sloboda and William J. Bukowski, eds. (New York, Kluwer Academic/Plenum Publishers, 2003), pp. 75-100.

[69] C. Webster-Stratton, "Preventing conduct problems in Head Start children: strengthening parenting competencies", *Journal of Consulting and Clinical Psychology*, vol. 66, No. 5 (1998), pp. 715-730.

In general, universal family skills training programmes include four to eight sessions, as the families in the target populations are characterized by fewer risk factors and can change more easily. Selective family skills training programmes for higher risk families would typically include 10 to 15 sessions. The higher the number of risk factors within the family, the more time is needed for developing trust, changing behaviours and providing support to meet basic or other socio economic needs,[70, 71, 72] particularly because high-risk families frequently miss sessions and have difficulty utilizing the skills taught during the sessions at home, necessitating more sessions to re-present and emphasize skills previously presented.[73, 74] For both universal and selective programmes, the length of each session is approximately two to three hours.

Principle 6
Family skills training programme sessions should use interactive activities and techniques, with groups of no more than 8-12 families

Providing information on and discussing family skills are insufficient; evidence-based family skills training programmes need to employ interactive techniques to provide parents and families with the opportunity to practise the skills learned during sessions. Home practice is another vital interactive technique. To accomplish this, the number of families attending each session should be minimized. Although it is difficult to be prescriptive, the recommended number of families in one group varies between 8 and 12 families, with groups of as few as 5 and as many as 14 families having been found to be effective. Some programmes have found that smaller groups of families participating in the programme provided a more intimate, supportive atmosphere, in which relationships between participants and group leaders improved.[36] Smaller groups may also have the benefit of decreasing the social isolation of families, thus providing an important source of support. However, if the group becomes too small, families can lose some of the benefit of learning tips and ideas from each other. Groups that are too small also offer fewer possibilities for families to expand their social support network through the programme. These are some of the disadvantages of online, Web-based parenting classes, unless they are combined with small-group discussion.

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[70] United States of America, Department of Health and Human Services Administration, Center for Substance Abuse Prevention, *Signs of Effectiveness in Preventing Alcohol and Other Drug Problems* (Washington, D.C., Superintendent of Documents, United States Government Printing Office, 1993).

[71] A. E. Kazdin and others, "Problem solving skills training and relationship therapy in the treatment of antisocial child behavior", *Journal of Consulting Clinical Psychology*, vol. 55, No. 1 (1987), pp. 76-85.

[72] A. E. Kazdin, Conduct Disorders in Childhood and Adolescence, 2nd ed., *Developmental Clinical Psychology and Psychiatry series*, vol. 9 (Thousand Oaks, California, Sage Publications, 1995).

[73] K. L. Kumpfer and R. Alvarado, "Strengthening families to prevent drug use in multi-ethnic youth", *Drug Abuse Prevention with Multiethnic Youth*, G. J. Botvin, S. P. Schinke and M. A. Orlandi, eds. (Thousand Oaks, California, Sage Publications, 1995), pp. 253-292.

[74] J. P. DeMarsh and K. L. Kumpfer, "Family-oriented interventions for the prevention of chemical dependency in children and adolescence", *Journal of Children in Contemporary Society*, vol. 18, Nos. 1-2 (1985), pp. 117-151.

Principle 7
A family skills training programme should provide parents with the skills and opportunities to strengthen positive family relationships and family supervision and monitoring, and assist them in communicating family values and expectations

Although family skills training programmes vary greatly, they are based on a relatively common understanding of the risk and protective factors in families and therefore include many basic characteristics and skills. Participants in the technical consultation meeting on family skills training organized by UNODC in 2007 agreed that family-based prevention programmes should address some main content and skills in a developmentally appropriate way. Some of the content may be addressed by common activities and the list presented below should not necessarily be viewed as corresponding to one lesson for each theme.

Content and skills for parents

Teaching parents to be responsive

Parents should learn and practise how to:

(*a*) Display affection and empathy appropriately to each other, their children and other people;

(*b*) Use positive attention and praise, consistent with desirable behaviour that has been communicated clearly to the child (see rules and structure). This meant telling children they are behaving well at appropriate times;

(*c*) Appropriately express their feelings and emotions, talk about their own and their children's feelings and emotions, and help their children to recognize their feelings and emotions;

(*d*) Identify and model behaviour that corresponds to the values and norms they want to transfer to their children;

(*e*) Learn new coping, resiliency and anger-management skills to avoid further stress, use fair conflict strategies and eliminate verbal and physical fighting;

(*f*) Use responsive play skills, that is, how to let the children lead the play and learn to manage the children while they lead the play;

(*g*) Have expectations that are appropriate to the age and developmental level of their children.

Teaching parents to provide structure

Parents should learn and practise how to:

(*a*) Use age-appropriate discipline methods, including how to teach children about the consequences of their behaviour;

(*b*) Establish clear rules and values for appropriate behaviour and how to help children understand the rules and values of the family and community;

(*c*) Recognize possible problems and problem situations in the family and in the community (Internet use, media, neighbourhood environment, and so forth) and how to protect their children;

(*d*) Recognize what their good qualities as parents are and build on these qualities;

(*e*) Reach agreement with each other on core issues of child-rearing, parenting style and family life and put them into practice or, in the case of a single parent, consciously decide on core issues by themselves;

(*f*) Monitor children's whereabouts, activities, friends, school and academic performance;

(*g*) Support children in reaching the goals that parents and children think are important and praise them for doing so;

(*h*) Manage conflicts in the family, solve arguments and demonstrate forgiveness;

(*i*) Protect children from involvement in parental arguments and help them understand the reasons for parental arguments;

(*j*) Provide structure for the family life in general (having meals together at certain times of the day, establishing times for going to bed, and so forth).

Teaching parents to become involved in their children's school and studies and in the community

Parents should learn and practise how to:

(*a*) Monitor and assist their children in the school and with their homework;

(*b*) Cooperate and communicate with the school and recreation and health centres in the community on matters involving their children.

Content and skills for children

Children's skills are presented in two different groups, as children need to be taught skills that are important for themselves, but also skills that are related to relationships and other people.

Content and skills related to self

To strengthen their emotional capabilities, children should learn and practise how to:

(*a*) Recognize and name their own emotions and those of other people;

(*b*) Express their emotions appropriately;

(*c*) Manage and control their own behaviour in difficult situations;

(*d*) Feel and show empathy;

(*e*) Receive feedback from others about their emotions, reactions and behaviour.

To acquire motivation and orientation to the future, children should learn and practise how to:

(*a*) Think what they value in their lives, what is good at the moment, and about future possibilities;

(*b*) Define dreams of what they want to become, what they want to learn and accomplish;

(*c*) Plan and set their own goals based on their dreams;

(*d*) Delay gratification and reward for their actions.

To build their self-esteem, children should learn and practise how to:

(*a*) Recognize their own skills and achievements and what they can do well and feel good about;

(*b*) Build their confidence in their own capabilities and skills;

(*c*) Manage negative comments from others about themselves, such as remarks about personal appearance, particularly height and weight.

To acquire problem-solving skills, children should learn and practise how to:

(*a*) Make decisions, weigh options and plan how to reach goals;

(*b*) Monitor their emotions, behaviour and thoughts.

To care for themselves, children should learn and practise how to:

(*a*) Take care of their own body, health and appearance by learning about the importance of cleanliness, exercise and a healthy diet;

(*b*) Know the effects of substances on the brain and on physical development, behaviours, emotions, cognitive abilities, appearance, health, friendships, family relationships, school/academic performance and future options.

Content and skills related to children's relationships to other people

To build social relationships, children should learn and practise how to:

(*a*) Build sustainable and positive relationships with other people;

(*b*) Share, think and interact with other people by learning to take turns, help others and be responsible for tasks and working together;

(*c*) Know their own role(s) and rights, as well as their obligations;

(*d*) Understand the boundaries of social relationships and respond to the demands and requests of others without endangering themselves.

To respect others, children should learn and practise how to:

(*a*) Respect individual differences in personality, temperament, culture, ethnicity, background and skills;

(*b*) Respect their elders by helping and asking for and taking advice.

To communicate effectively, children should learn and practise how to:

(*a*) Listen actively to others;

(*b*) Express their own needs and respond to other people's needs when they are in need of help;

(*c*) Ask for help when they do not know what to do and identify appropriate people or service providers to talk to;

(*d*) Face conflicts and solve them by using methods that help defuse the situation, take different parties into account and help people discuss the problem in practical terms.

To resist peer pressure, children should learn and practise how to:

(*a*) Develop new skills and interests through hobbies and out-of-school activities;

(*b*) Learn normative skills and the true nature and extent of substance abuse;

(*c*) Develop skills to resist effectively and systematically peer pressure to try and/or use drugs and other substances;

(*d*) Mix with people and friends who do not abuse substances and know what qualities a good friend has;

(*e*) Find reliable information about drugs and their effects.

To read the social context, children should learn and practise how to:

(*a*) Take responsibility for their own behaviour;

(*b*) Match behaviour to and negotiate different social situations and social roles.

To acquire academic skills, children should learn and practise how to pay attention to school work and homework.

Content and skills for families

To interact together, families should learn and practise how to respond, attend to and encourage each other in a more positive manner by being more sensitive and using rewards and praise.

To acquire communication skills, families should learn and practise how to:

(*a*) Listen to each other;

(*b*) Organize family meetings to discuss important issues;

(*c*) Discuss how to define responsibilities and tasks among family members by listening to each other;

(*d*) Calmly discuss difficult topics such as alcohol, drugs, relationships and sexuality.

To set limits and provide structure for family life, families should learn and practise how to:

(*a*) Solve problems together using the various methods and skills learned during the programme;

(*b*) Use developmentally appropriate disciplinary methods for the actions of each family member;

(*c*) Stay consistent and fair in discipline practices for each family member;

(*d*) Provide appropriate feedback to each other.

To maintain goals for the future of the family, families should learn and practise how to:

(*a*) Use community resources effectively and decrease social isolation by, for example, forming relationships with other families and making contact with support services (health, social welfare, job centres, community groups, and so forth);

(*b*) Plan and organize for future family life;

(*c*) Develop and understand a shared set of values;

(*d*) Spend time together and plan common activities.

Principle 8
A family skills training programme should focus resources on recruiting and retaining families, including reaching them at important transition points

Recruitment and retention of parents are significant barriers to the dissemination of family skills training programmes. A typical complaint with regard to family skills training programmes is “parents don’t come to the sessions” or “the parents who come

to the sessions are those who least need the training". Yet research shows that relevant and well-organized family skills training programmes can achieve retention rates of more than 80 per cent.[75, 76]

In chapter V, some practical guidelines on how to maximize the recruitment and retention rates of programmes are discussed. In general, research demonstrates that interventions are most effective if the participants are ready for change, such as at major transition points.[76] For example, some programmes have targeted parents for a family intervention in the sixth grade, because this is an age when even normally well-adjusted youth begin to have behavioural and emotional adjustment problems. Parents are often "ready" to participate and change, because they are beginning to see the development of oppositional behaviour.

The following transition points can therefore become opportunities to recruit and reach families:[23]

(*a*) Children starting school or a new school phase (such as kindergarten, primary school or junior high school);

(*b*) Parents starting a new job or changing workplace;

(*c*) Registering at a new health clinic;

(*d*) Beginning a drug or alcohol therapy programme with a commitment to change and be a better parent;

(*e*) Other changes in family circumstances, such as divorce, new step-parent, permanent placement with other family members.

Principle 9
A family skills training programme should be chosen on the basis of its level of evidence of effectiveness

In many cases, it is not possible, cost-effective or desirable to develop a new family skills training programme. It might make better sense to adapt a programme that was developed elsewhere for a similar target group (at least in terms of age of children and level of risk). When the choice is made to adapt a programme, it is important to choose the programme with the highest level of evidence of effectiveness.

In general, programmes are considered to have the highest level of evidence of effectiveness when they have been proven to be effective in changing the targeted behaviours in several independent replications using rigorous scientific methodologies (randomized control trials, for example), with results published in peer-reviewed scientific journals. Results from a single trial or from less rigorous scientific methodologies (such as quasi-experimental studies or those with pre-post measurement but no control group) should

[75] R. Spoth and others, "A controlled parenting skills outcome study examining individual difference and attendance effects", *Journal of Marriage and the Family*, vol. 57, No. 2 (1995), pp. 449-464.

[76] R. Spoth and C. Redmond, "Study of participation barriers in family-focused prevention: research issues and preliminary results", *International Quarterly of Community Health Education*, vol. 13, No. 4 (1993-1994), pp. 365-388.

be considered less strong evidence. Weaker still is the evidence from programmes comparing only pre-intervention and post-intervention results without a control group, as such results cannot be clearly attributed to the programme activities.

Comparing the design of the evaluation, the strength of evidence and the validity of results is no easy task and policymakers and programme managers might find it useful to consult authoritative sources that have already undertaken such systematic reviews. Several reliable sources of information exist that have compared different programmes and prevention approaches and their reports on these efforts are available in the public domain and on the Internet.

Principle 10
A family skills training programme replicated in a different community from that in which it was developed should be adapted to meet the cultural and socio-economic needs of the target population through a well-resourced, careful and systematic process

In many cases, it will be more cost-effective to adapt an evidence-based programme developed elsewhere to a local community or culture than to start developing a new programme. The adaptation process should be systematic and carefully planned to balance the needs of the community with the need to retain fidelity to the original programme that was evaluated as having been effective.[77] Chapter IV of the present *Guide* is devoted to an in-depth discussion of best practices in undertaking an adaptation process.

Programmes should match or be adapted to match the culture of the participating families. Families want programmes that have been developed specifically for their parenting issues, family needs and cultural values. Moreover, the adaptation of an existing programme to fit the local situation increases participation and shows respect for families.[73, 78, 79] Studies[80] suggest that cultural adaptations of at least the "superficial level" of programmes (songs, stories and pictures) are critical to recruiting, engaging and retaining participants and can increase the retention rate by 40 per cent.[73, 78, 79] Families will attend more willingly if the programme honours their cultural values and traditions. However, the programme does not need to teach families the actual cultural values or traditions as these will already be familiar to the families; additional sessions focusing on them have been shown not to add to the effectiveness of programmes.[81, 82]

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[77] D. Allen, L. Coombes and D. Foxcroft, "Preventing alcohol and drug misuse in young people: adaptation and testing of the strengthening families programme 10-14 (SFP10-14) for use in the United Kingdom", *Alcohol Insight*, vol. 53, 2008.

[78] Richard F. Catalano and others, "Using research to guide culturally appropriate drug abuse prevention", *Journal of Consulting and Clinical Psychology*, vol. 61, No. 5 (1993), pp. 804-811.

[79] K. L. Kumpfer and others, "Cultural adaptation process for international dissemination of the Strengthening Families Program", Evaluation and the Health Professions, vol. 31, No. 2 (2008), pp. 226-239.

[80] K. L. Kumpfer and others, "Cultural sensitivity and adaptation in family-based prevention interventions", *Prevention Science*, vol. 3, No. 3 (2002), pp. 241-246.

[81] V. A. Kameoka, "The effects of a family-focused intervention on reducing risk for substance abuse among Asian and Pacific-Island youths and families: evaluation of the strengthening Hawaii's families project", Honolulu, University of Hawaii, Social Welfare Evaluation and Research Unit, 1996.

[82] V. A. Kameoka, "Psychometric evaluation of measures for assessing the effectiveness of a family-focused substance abuse prevention intervention among Pacific Island families and children", *Responding to Pacific Islanders: Culturally Competent Perspectives for Substance Abuse Prevention*, Noreen Mokuau and others, eds., CSAP Cultural Competence Series 8, DHHS publication No. (SMA)98-3195 (Rockville, Maryland, Substance Abuse and Mental Health Services Administration and others, 1998).

Principle 11
A family skills training programme should provide adequate training and ongoing support for carefully selected staff

To ensure that implementation is of a high quality, it is critical to carefully select and train competent, respectful and, when possible, culturally matched group leaders.[83, 84] The training should provide group leaders with the skills and knowledge necessary to work with families using interactive methods and should ensure that they understand the core values of the programme and the importance of fidelity to the core content, structure and timing of the exercises. The group leaders also need to learn the best methods for recruiting and retaining families, and how to monitor the programme and ensure the quality of implementation. To this end, ongoing supervision and support of group leaders is essential; a more detailed discussion of this important implementation issue is provided in chapter VI of the present *Guide*.

Principle 12
A family skills training programme should include strong and systematic monitoring and evaluation components

Constant monitoring of the implemented activities, of recruitment, retention and graduation rates, of the reasons why families leave the programme, as well as the reasons why they stay, are important sources of information and should be collected throughout the programme implementation to assess what went well and what could be improved. This culture of monitoring and process evaluation is the basis of high quality implementation of evidence-based family skills training programmes.

Apart from monitoring and process evaluation, it is important to plan an evaluation of the impact of programmes. This is especially important in the case of the replication of programmes in circumstances different from those in which the original test of the programme occurred. Evaluations also contribute to the understanding and knowledge base of the global prevention community, revealing which family skills training programmes are effective under what circumstances and for which population; thus they provide much-needed evidence of effectiveness to be used for advocacy vis-à-vis policymakers and donors.

In chapter VII, on monitoring, evaluating and ensuring the sustainability of family skills training programmes, the first two sections on monitoring and evaluating programmes discuss ways in which a strong monitoring and evaluating component can be included in a family skills training programme.

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[83] M. R. Sanders and K.M.T. Turner, "Reflections on the challenges of effective dissemination of behavioral family intervention: our experience with the Triple P-Positive Parenting Program", *Child and Adolescent Mental Health*, vol. 10, No. 4 (2005), pp. 158-169.

[84] C. Webster-Stratton, "Affirming diversity: multi-cultural collaboration to deliver the Incredible Years Parents Programs", forthcoming.

IV. Culturally adapting family skills training programmes

In many cases, it will be more cost-effective to adapt an evidence-based programme developed elsewhere to a local community or culture than to develop a completely new programme. As discussed above, a process of adaptation is necessary, as research suggests that such adaptations of the programme are critical to recruiting, engaging and retaining participants and can increase the retention rate by 40 per cent.[73, 78, 79] Many existing family skills training programmes have been adapted and implemented in many different cultures and the results have shown them to be very effective.

Culturally adapting a programme for families from different ethnic or cultural backgrounds requires a systematic, careful and culturally and socio-economically sensitive process, supported by research and theory.[84, 85, 86] When such cultural adaptation is carried out properly, there is good evidence that family skills training programmes can be effective with diverse groups.[87] However, although the adaptation needs to respond to the culture and socio-economic situation of the target population, fidelity to the evidence-based programme must be ensured. In other words, adaptation must retain the core elements of the programme that has been evaluated as having been effective elsewhere.

First principles: adapt minimally at first

The evidence regarding common sense or minimal adaptations (such as language translation, ethnically and racially correct pictures, culturally appropriate welcomes, blessings on the group, songs, stories, dances, exercises, examples and videos) indicates that these minimal adaptations are necessary, do not affect the core elements of the programme and maintain the effectiveness of the original programme. However, there is little evidence as to what is a core element, when an adaptation is called for or what constitutes an acceptable adaptation that will ensure fidelity to the evidence-based programme. Although an adaptation that reduces fidelity does not make the adapted

[85] M. K. Ho, "Differential application of treatment modalities with Asian American youth", *Working with Culture: Psychotherapeutic Interventions with Ethnic Minority Children and Adolescents*, L. A. Vargas and J. D. Koss-Chioino, eds. (San Francisco, Jossey-Bass, 1992), pp. 182-203.

[86] M. Barrera and F. G. Castro, "A heuristic framework for the cultural adaption of interventions", *Clinical Psychology: Science and Practice*, vol. 13, No. 4 (2006), pp. 311-316.

[87] M. J. Reid, C. Webster-Stratton and T. P. Beauchaine, "Parent training in Head Start: a comparison of program response among African American, Asian American, Caucasian, and Hispanic Mothers", *Prevention Science*, vol. 2, No. 4 (2001), pp. 209-227.

programme automatically unacceptable or ineffective, it cannot be considered a replication of an evidence-based programme and therefore its effectiveness cannot be guaranteed. The general principle, therefore, is to select and implement a programme with such a good "fit" to the problem and the population that it needs minimum adaptation.

Once a minimally adapted programme has been implemented, the results of the monitoring and evaluation process may suggest that a deeper adaptation is necessary.[81] This process becomes akin to the development of a new programme and should obviously be based on the principles discussed above, with a particular emphasis on being driven by theory and by an assessment of the risk and protective factors at play in the target population. Under such circumstances, it may be advisable to involve a research institution with experience in the assessment of risk and protective factors for risky behaviour in families, such as university faculties of psychology or social work.

This process of minimal adaptation should not affect the core structure and sequence of the programmes. The following are all examples of modifications that would not ensure fidelity to an evidence-based programme and should therefore be avoided:

(*a*) Changing the theoretical approach on which the programme is based;

(*b*) Using group leaders who are not trained or qualified as recommended;

(*c*) Using fewer group leaders than recommended;

(*d*) Reducing the number, type (parent, child, family) or length of sessions;

(*e*) Changing the content (for example, changing key messages or skills, removing topics or omitting homework assignments) and sequence of sessions;

(*f*) Using the programme for populations it was not designed for (in terms of age or level of risk) (see the principles set out in chapter III);

(*g*) Lowering the criteria for participant engagement.

Steps in culturally adapting family skills training programmes

The following describes the recommended process for minimal adaptation to ensure the effective balance of the socio-economic and cultural needs of the target population without reducing the fidelity to the evidence-based programme.

Collect information on appropriate evidence-based programmes

Family skills training programmes should be selected to address the assessed needs of the target population. A needs assessment should therefore be undertaken to give policy-makers and programme managers the necessary information to select an appropriate evidence-based programme to match the age and level of risk of the target population. In general, once these criteria are established, few (one to three) evidence-based programmes will be available to choose from.

When making the final decision about which programme to use, it is a good idea for policymakers and programme managers to contact the programme developers to request more information about the programme.[88] Discussing the materials, the activities and the monitoring and evaluation instruments will provide a more precise idea of the appropriateness of the programme. It is also important to find out if the programme has been culturally adapted before and, if it has, to which culture and language it was adapted, with what results and what further modifications would be acceptable. Other important questions would be: "Who should deliver the programme?" and "What qualifications and training are needed?" The issue of materials should also be explored: they are not usually available free of charge and must be purchased. Even when materials are available without charge, it may be difficult to utilize them without purchasing support from the programme developer. In general, together with the programme developer, it is possible to assess the "fit" of the programme to the needs of the local agency and the administrative and family context of the local culture.

Create a cultural adaptation team

It is a good idea to create a cultural adaptation team to plan and oversee the implementation of the minimal adaptation process to ensure balance between the needs of the community and fidelity to the evidence-based programme. Besides the programme manager, the team should include the programme developer (or a representative), a translator (see below for a discussion on the importance of the translation process), a representative of the research institute in charge of the evaluation, and representatives from the community (at a later stage, it is also useful to include parents who have gone through the programme). Depending on the circumstances, it might be useful to include staff or volunteers or clinicians who have experience of implementing a family skills training programme and a representative of the donor agency.

Translate and adapt materials to the local language and culture

Translating the training programme, the monitoring and evaluation instruments and the materials into the local language is a time-consuming and complex process. Sufficient time and resources need to be allocated to ensure that key messages are not lost in the process. It is therefore recommended that professional translators be hired to work collaboratively with the cultural adaptation team, including the programme developer.

An important consideration in the process is to reach an agreement with group leaders and future participants on basic terminology: it is important that ideas and concepts are introduced in the words used in the community so that they are immediately understandable. Similarly, songs, stories, pictures and examples may need to be changed to achieve a cultural "fit". This process of minimal adaptation is necessary to increase the effectiveness of programmes implemented in a community different from the one in which they were originally developed, implemented and tested. However, the process

[88] Craig H. Blakely and others, "The fidelity-adaptation debate: implications for the implementation of public sector social programs", *American Journal of Community Psychology*, vol. 15, No. 3 (1987), p. 253.

should never go so far as to change the core structure and content of the programme. Professional translators should back translate to the language of origin and the programme developer should review the results to ensure that the core components of the programme are retained.

Measure the baseline

Before implementing the programme, it is important to collect baseline data on the targeted outcomes, other variables specified in the change model and those related to the population and context. The baseline data collection provides information about the target population and context before the intervention, so that it is possible to compare it to the situation after the intervention.[89]

Evidence-based programmes should include their own monitoring and evaluation instruments, necessary for the collection of information at baseline and after the implementation. Depending on the design of the evaluation, it would be advisable for a research institution to be involved in this process. In this case, the research institution should be part of the cultural adaptation team and be involved in the minimal cultural adaptation process. In fact, the monitoring and evaluation instruments also need to be translated, culturally adapted and, if at all possible, piloted before being used to collect the baseline information.[90] The issue of the monitoring and evaluation of family skills training programmes is examined in greater detail in chapter VII of the present *Guide*.

Include a strong monitoring component

Any family skills training programme should include a strong monitoring component. This is particularly crucial during the implementation of a freshly translated and minimally adapted evidence-based programme developed elsewhere. Every effort should be made to utilize the monitoring instruments to the fullest in documenting attendance rates, obtaining feedback from participants, assessing fidelity to the original programme and documenting successes and barriers.

Evaluate the cultural adaptation

Following implementation, an assessment of the situation among the target population and the context should be conducted to provide the data for comparison with the data collected during the baseline. Enough data to assess the process and the impact of the adapted programme should be collected. It is crucial that this information be collated, analysed and, above all, fed back to the programme to further improve it. This is called the "continuous quality improvement cycle". Further minimal adaptation might be necessary and should be undertaken. In some cases, the programme may not be producing the expected or desired changes. If this is the case, it is important to determine why.

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[89] *Monitoring and Evaluating Youth Substance Abuse Prevention Programmes* (United Nations publication, Sales No. E.06.XI.7).

[90] D. M. Fetterman, S. J. Kaftarian and A. Wandersman, eds., *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability* (London, Sage Publications, 1995).

There are many possible reasons for this, some of which are problems with training, implementation, fidelity and cultural acceptance and barriers to programme utilization. All of these potential reasons should be explored to determine what additional, and possibly more substantive, adaptations should be made.

For these reasons, the evaluation must be undertaken in a systematic way and, when possible, should use rigorous scientific methodology. It is also important to make the evaluation results available to the global prevention community. If a research institution has been involved and has undertaken the evaluation while ensuring a scientifically rigorous process, it would be crucial for the results to be published to augment the available knowledge of the effectiveness of culturally adapted or modified versions and models. Even if the highest design and methodological standards have not been adhered to, the results may provide important knowledge for the global prevention community and should therefore be made available.

V. Recruiting and retaining parents and families

The recruitment and retention of parents is a significant barrier to the dissemination of family skills training programmes. Yet research shows that relevant and well organized family skills training programmes can achieve retention rates of more than 80 per cent.[75, 76] The present chapter offers some practical guidelines for maximizing the recruitment and retention rates of programmes.

Recruiting families to the programme

A typical concern regarding family skills training programmes is that, even if enough families have enrolled in the programme, not all of them actually attend. A certain level of drop-out between enrolment and the first session may be inevitable and, in fact, many programmes have found it helpful to enrol more families than the number they want to graduate. In general, it has been found that the longer the time between enrolment and the first session, the higher the number of dropouts. It therefore makes sense to keep the gap between the two sessions as short as possible.

Outreach visits to meet the families during the recruitment process are a good way to motivate families to participate, as they provide opportunities to discuss the programme and possible practical barriers to attendance at an early stage.[91, 92] This is particularly important in the case of families at higher risk. Outreach visits provide a good opportunity to start building a relationship of trust with the families in the community and are especially important for families at higher risk, as they have often had negative contacts with social assistance agencies. Developing a more personal relationship between the programme staff and the families may also enhance the recruitment in many cultures where personal relationships are valued. An important consideration is designating who should conduct these outreach visits. Research has shown that, especially with higher risk families, recruitment was higher when they were contacted by a

[91] K. L. Kumpfer, "How to get hard-to-reach parents involved in parenting programs", *Parenting as Prevention: Preventing Alcohol and Other Drug Abuse Problems in the Family*, D. Pines, D. Crute and E. Rogers, eds. (Rockville, Maryland, Office of Substance Abuse Prevention, 1991), pp. 87-95.

[92] J. D. Hawkins and others, "The Seattle Social Development Project: effects of the first four years on protective factors and problem behaviors", *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*, J. McCord and R. E. Tremblay, eds. (New York, Guilford Press, 1992).

"community liaison" representative such as a member of another family that has gone through the programme already or someone from an organization or a practitioner who has volunteered to help with the recruitment of families[93] than when they were contacted by a university research team.[94]

Later in the implementation process, word of mouth is an important advocacy tool, as families who attended the programme and were satisfied can promote the programmes to other families. Parents should be encouraged to understand that their participation and feedback about the programme can be helpful to other families in their community and throughout their country or geographic area. It is not exaggerating to tell parents who participate in the early stages of a programme in a community that they are actually leaders in bringing prevention to other families. This view helps families to feel like contributors rather than simply recipients of help.

If families are referred to the programme by other agencies, inviting those agencies to the presentation or the first session of the programme has been found helpful in encouraging them to continue referring families and in motivating them more effectively. Another useful way to encourage agencies to make referrals may be to plan and organize programme information sessions during their regular team meetings.

Approaching parents and informing them of the programme at various locations and through various activities, such as religious/faith and community meetings, may provide men and women comfortable opportunities to ask questions they may not be willing to ask when confronted individually by programme staff. Reaching out in this way, especially to fathers and men in the community, may be easier.

Another important way to assist the recruitment of families is to talk to elders and leaders in the community and have them endorse and support the programme.

The way the programme is presented can also make a difference. In many societies, drug use is stigmatized and parents' participation in drug prevention programmes might be seen as admitting that there is a problem in the family. It has been found helpful to present family skills training programmes as beneficial to parents in managing their adolescent children or in promoting their health and academic performance.

Practical arrangements are often a barrier to participation and retention, as will be discussed in the next section. They can also play a part in ensuring a higher recruitment. For example, parents are more likely to come to the first session of a programme if it is held in a safe, non-stigmatizing and easily accessible location.

As discussed in chapter III, tiered programmes that offer prevention activities on two or more levels of risk (universal, selected and indicated) make it easier for families to enrol for the different services of the programme because the programme is offered to everybody in the community at least at the universal level of activities.[59,60,61,62,65]

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[93] Gene H. Brody and others, "The strong African American families program: translating research into prevention programming", *Child Development*, vol. 75, No. 3 (2004), pp. 900-917.

[94] R. L. Spoth, C. Redmond and C. Shin, "Randomized trial of brief family interventions for general populations: adolescent substance use outcomes 4 years following baseline", *Journal of Consulting Clinical Psychology*, vol. 69, No. 4 (2001), pp. 627-642.

Retaining families in the programme

Recruiting families to the programme is one half of the battle. The other half is to keep families participating regularly for the remainder of the programme. There are many ways to ensure that families stay with the programme, but it is important to remember that during the first pilot of the programme, the dropout rate can be as high as 60 per cent. This does not mean that the programme should be abandoned. Once group leaders have developed more experience, practical barriers to participation have been addressed and positive messages about the benefits of participating in the programme have surfaced, the retention rate should increase to as high as 85 per cent of the recruited families.[95] In general, in the experience of many programme developers, if parents attend the first three sessions, they are likely to continue and complete the programme.

To assist parents in maintaining their attendance, it is essential to identify the practical barriers for parents and find ways of overcoming them. This issue is often discussed in the first session. Group leaders will typically stress the importance of attendance and will lead a brainstorming session to identify barriers to attendance (such as a sick child, a car breakdown or having to work and miss a session) and possible solutions, as well as settle on a plan to help parents attend the programme. Such a plan could include:

(*a*) Organizing sessions where and when it suits parents (such as evenings and weekends), keeping in mind that the time and location should also be culturally acceptable;

(*b*) Organizing and paying for transportation (such as arranging to pick up participants or providing tokens for buses or taxis, or coupons for the purchase of petrol);

(*c*) Organizing and paying for childcare on site;

(*d*) Organizing and paying for meals (before or after the training sessions) or offering meals as part of the programme;

(*e*) Negotiating permission for parents to attend with important stakeholders in the community (such as employers, elders or husbands).

It might be helpful to organize sessions by taking advantage of "natural meetings", that is, meetings that happen regularly in a community, such as faith community meetings, teacher-parent meetings and planning councils. One facilitator innovatively used the time parents spent on commuter trains to deliver the programme. Some programmes are delivered at the workplace during release time or lunch hours. Programmes are often held where the parents live, such as in the housing community itself, in a social hall, health centre or housing complex. If parents only have to walk a short distance to the sessions with their children, time and logistic barriers are

[95] G. B. Aktan, "Organizational frameworks of a substance use prevention program", *International Journal of the Addictions*, vol. 30, No. 2 (1995), pp. 185-201.

reduced. The advantage of holding the programme in schools is that it can increase the involvement of school personnel and parent-school communication. It should be kept in mind, though, that for young adolescents who are not attending school regularly or who have problems in school, the school setting may not be the best location for programme implementation.

Parents' own feelings of inadequacy and discouragement may keep them from attending the programme. Every opportunity should be taken to address and positively challenge these self-doubts and reassure, encourage and praise parents and families. Programmes that involve children can be successful because the children encourage their parents to participate by their own desire to attend. Hence, on evenings when parents might not want to attend because they are tired or busy, they might often come to the group because the children want to attend.

Group leaders must show respect for the families who attend the programme. Group leaders who are respectful of and, as far as possible, culturally matched to families and who are well supported will have higher retention rates. Families will most likely respect group leaders if those leaders take a "strength-based" approach, understanding that all families have strengths. The purpose of the programmes is to build on the strengths families already have. Ways of demonstrating respect for the families will differ culturally: some of the many examples reported are sending invitations for the first session with the families' names engraved on them; having fresh flowers on the table for the first meal; and having group leaders serve the first meal to the families.

Some family skills training programmes have a "fixed" lottery for the families who have completed their home practice each week and all families get a prize in the course of the programme. Each week, group leaders decide in advance which family should win. Parents know that the lottery is fixed, but they do not know when they will win and agree not to tell the children that it is fixed. This not only keeps the element of surprise for the children, but also gives additional status to parents.

A number of family skills training programmes use a system of small gifts. It has been found that receiving gifts throughout the programme is more acceptable if families feel that they can also contribute to the programme. In this context, it has been noted that, while some programmes actually pay families for participating, this might not necessarily be appropriate, sustainable or effective.

Another idea to improve retention is to involve families during the last five to six sessions in the planning of the graduation ceremony. Having parents and children contribute their talents to the graduation ceremony increases excitement about and commitment to graduating.

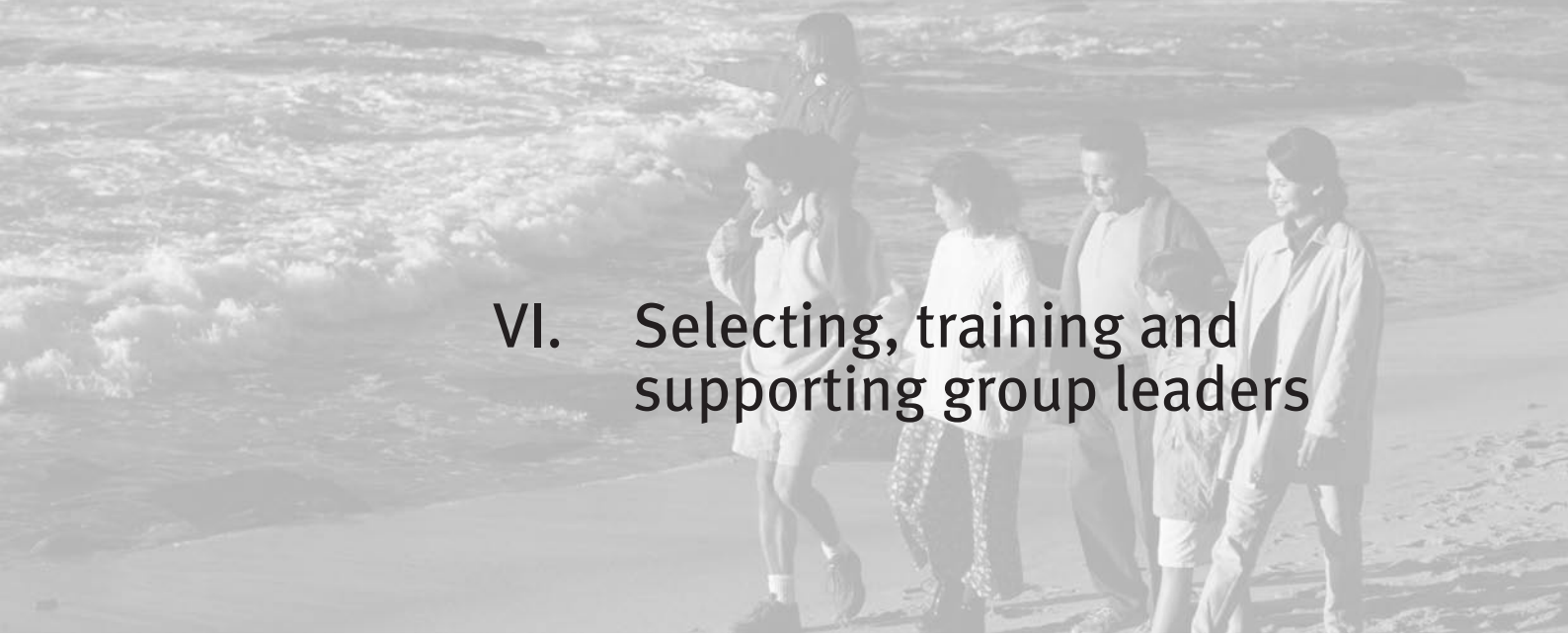
Occasionally, it must be recognized that enrolment in the programme has come at a time that was simply not right for a certain family. These families should be supported in their decisions to put their energies elsewhere and encouraged to enrol for a later session.

Defining criteria for graduation from the programme

In addition to making the recruitment and retention of parents a major focus of the programme, programmes need to define what it means to "attend" the programme and how many sessions families will be required to attend in order to graduate. Group leaders may have to consider a continuum of attendance levels rather than an either/or situation for graduation. For example, some programmes provide two levels of "certification" for graduation, one for those who attend to the end of the programme even if they missed half of the sessions, and one for those who graduate having attended most of the programme sessions (for example, 85 per cent of the sessions). Some programmes identify the most crucial elements and therefore a minimum of sessions that parents might need to complete to graduate. Others make provision for occasional absences if families compensate by completing additional homework assignments, readings or accept staff visits to help them to complete the missed lesson(s).

Most family skills training programmes require participants to attend no later than for the third session of the programme, otherwise they would miss too much. However, in some circumstances, the programme will allow families to return to a programme or come in and out of the programme at different times. For example, in the case of aboriginal communities in Australia, it is common for families to go "walkabout" for weeks or months and thus drop out of a programme. This does not mean that the families are not interested; rather, if given the opportunity, they will often re-enter the programme and complete it successfully.

It is helpful for families to know that they will be welcomed back to a subsequent programme if, for whatever reason, they are unable to continue the one in which they were initially enrolled. Also, families whose current needs may be beyond the scope of the programme being offered should be reassured that they will be welcome to attend at another more appropriate time.



VI. Selecting, training and supporting group leaders

Careful selection of competent, respectful and, wherever possible, culturally matched group leaders is critical to the successful implementation of any family skills training programme. Quality training and support increase the willingness of group leaders to implement the programme as intended[83] and help to ensure programme fidelity.[84] The present chapter is devoted to this crucial implementation issue.

Selecting group leaders

In prevention work, little research has been carried out on the characteristics or attributes of group leaders that result in better outcomes. However, a consensus does appear to exist that some people make good family skills group leaders and others do not. Participants in the technical consultation meeting on family skills training organized by UNODC agreed that the characteristics associated with effective group leaders included:

(*a*) Empathy;

(*b*) Open-mindedness;

(*c*) Enthusiasm about the programme;

(*d*) Supportiveness of families;

(*e*) Good communication and cross-cultural skills.

Research carried out into the cultural adaptation of family skills training programmes has shown that a co-group leader model, with two leaders per group, is often effective. Some favourable outcomes are obtained by a warm and empathetic group leader, others by a "taskmaster" who drives families harder to make positive behavioural changes.[96] One strategy that could help to determine who is likely to be a good group leader is to train many more people than are needed. This allows a programme manager to use the training practice sessions to observe the future group leaders and select the best from among them.

[96] M. Park and K. L. Kumpfer, "Characteristics of health educators contributing of improved outcomes", dissertation, University of Utah, Salt Lake City, Utah, 2005.

In some programmes, parents who have completed the programme or college students can be trained and hired as support co-group leaders, working together with experienced group leaders. It should be kept in mind that, when using volunteers, the turnover of group leaders can be even higher than when using paid staff. It is also important to consider the management and support needs of volunteers and the additional resources required to carry out the programme effectively with volunteers.

Training group leaders

Most family skills training programmes do not require group leaders to hold formal professional qualifications. However, training the group leaders (whether staff or volunteers) who will be working with the families is clearly crucial. Group leaders need to understand the core concepts and the model of change of the programme itself, to be able to explain the underlying programme model, activities and the benefits of the programme to the families, to guide and support them through the exercises and to provide them with relevant feedback. Group leaders also need to know how to recruit and retain families, how to monitor the programme and how to ensure the quality of and fidelity to the programme during implementation.

If the programme is new to an organization, staff will not necessarily immediately embrace this new method of working with families. Many may be trained only in working with individuals or in therapy programmes and may have little or no experience of group-based or family programmes. Objections such as "it will not work with our families" or "parents are too difficult to involve" are common. Training can therefore be useful not only to equip staff with the necessary skills in managing families in group programmes, but also to educate them about the change model of the programme, its prior use and results, the programme itself and how it can be a powerful preventive tool in their community.

Staff may also believe that working with an evidence-based programme will require more work. Evidence-based family skills training programmes are lengthier than parent education activities (which are more common), require more staff and time, and cost more, thereby giving the impression that they may require more work. The training of group leaders should focus on the fact that implementing an evidence-based programme does not mean working more, but working in a better way, being more effective. It is particularly important to present evidence from research and previous evaluations to illustrate these points.

It is recommended that administrative staff and supervisors attend the training for at least the first half day, when typically the programme and the results of research and previous evaluations are presented. This has been found to help and ensure that the entire organization takes the programme seriously. It has also been found helpful to invite other organizations in the community that might be used to reach parents and families to these initial parts of the training. Here again, it may also be helpful for programme organizers to reach out to potential trainees and their organizations through talks and presentations at staff group meetings in the months and weeks prior to the training.

Finally, offering programme training on a multi-agency basis may also prove useful as a way of fostering effective and ongoing collaboration between agencies, as it may provide an opportunity to develop a sense of shared goals.

Content of the training

Most family skills training programmes require or recommend a minimum of two to three days of training for 10 to 30 potential future group leaders. In most cases, and especially in the case of a programme being implemented for the first time, this is a phase in which it will be advisable to enlist the assistance of the programme developer. In general, a good training workshop for group leaders should include, at a minimum:

(*a*) The concepts underlying the programme;

(*b*) The programme mechanics and content;

(*c*) Information on effective ways of recruiting and retaining families;

(*d*) Tips and practice in facilitating groups;

(*e*) Ethics, confidentiality and tips and practice on how to deal with sensitive situations.

The training should provide group leaders with the values of respect for parents and their experiences. It should focus on building the knowledge and skills of group leaders and allow time and provide opportunities to practise the skills and to discuss feedback from the trainer. While group leaders can strongly contribute to the cultural adaptation of materials, it should go without saying that their training should be culturally sensitive and appropriate. As already discussed, it is helpful to include an overview of the results of research and of previous evaluations that highlight the effectiveness of the family skills training programme in similar target populations.

This should be complemented by a discussion of the importance of ensuring fidelity to the programme and why it is important to collect monitoring and evaluation information. Staff will not necessarily embrace a culture of continuous monitoring and evaluation instinctively. They might feel that continuous monitoring and evaluation will be used to check and assess them and not to improve the programme, and that collecting that information is unnecessary additional work. These feelings are understandable and it is important to anticipate and set aside time and resources to allay such fears, to make clear what is expected of group leaders and to discuss why these continuous quality improvement efforts are crucial to the implementation of the programme.

Supporting, supervising and providing technical assistance for group leaders

The initial training workshop is generally insufficient to ensure effective implementation and should be supplemented by ongoing support and supervision, which should be provided by the implementing organization with or without the assistance of someone licensed by the programme developer.

The presence of an on-site supervisor working at least part-time with the group leaders is probably the best way of providing support, ensuring fidelity and quality of implementation, and collecting monitoring data. The on-site supervisor regularly attends sessions and leads the debriefing for group leaders to discuss and share their experiences immediately after the sessions. The debriefing has been found useful not only to ensure the collection of monitoring data, but also to provide immediate support to group leaders by discussing weaknesses and strengths observed during the session and to plan for subsequent sessions.

Some programme developers offer supervision through site visits. For example, programme developers will travel to programme sites to observe sessions using standardized fidelity checklists, including a rating for quality of implementation. The site visitor from the programme will then spend time with group leaders providing tips for improving the implementation, fidelity and quality. These visits can be useful, especially during the first implementation of a family skills training programme, but can be costly for programme managers and should be negotiated with programme developers before the start of the process of adaptation and implementation.

Supervision and support through regular telephone or online conversations with the programme developer can be a less expensive alternative. These are typically offered to a group of people implementing the same programme at the same time and their on-site or site-visiting supervisors may have the added advantage of creating a network of programme implementers and managers for the ongoing exchange of experiences, suggestions and support.

In some cases, programme developers have moved from training of group leaders to certification of organizations. Others have moved to a process of independent quality certification, such as International Organization for Standardization (ISO) certification. Such certification is provided by an independent body that examines the structure, processes and workings of the organization during the certification process. In both cases, the certification process is exhaustive and has been found to improve the effectiveness of the organization and the level of success in gaining donor support. It might therefore constitute an important contribution to the sustainability of family skills training programmes in the long term.

VII. Monitoring, evaluating and ensuring the sustainability of family skills training programmes

Issues of monitoring, evaluation and sustainability associated with family skills training programmes are not greatly different from those associated with other substance-abuse prevention and health-promotion programmes. A few basic points are made in the present chapter, especially as they pertain specifically to family skills training programmes or to the relationships between programme managers implementing and adapting an evidence-based programme created by another programme developer. The interested reader can find a more extensive discussion of the monitoring and evaluation process specific to non-governmental organizations with relatively limited resources in the UNODC handbook entitled *Monitoring and Evaluating Youth Substance Abuse Prevention Programmes*.[89]

Monitoring programmes

Evidence-based programmes provide monitoring instruments to collect essential information at the end of each session. It is essential that group leaders are trained on how to use these instruments as a debriefing tool during the training and, as discussed in chapter VI, through the support of supervisors. At a minimum, these instruments include records of attendance of participants and checklists for reporting which elements of the session were delivered as planned (fidelity checklists). Such instruments will often request group leaders to document their thoughts on the following questions:

(*a*) What went well and why;

(*b*) What did not go so well and why;

(*c*) Did the cultural or local adaptations that were made work well;

(*d*) Did anything important about individual families emerge for discussion;

(*e*) Do any of the families need a referral for additional services;

(*f*) What recommendations for a better implementation of the programme should be noted for the future;

(*g*) What is required in preparation for the next session.

Data collected through the monitoring process will form the basis of the process evaluation to be conducted at the end of the programme. However, it is important that the programme also include some mechanism to quickly review and discuss the monitoring data at regular intervals during implementation (for example, once a month) to facilitate continuous quality improvement by identifying and finding possible solutions to problems experienced in the implementation process.

Evaluating the implementation of programmes

The information that was gathered during the implementation of the programme through the monitoring process (such as attendance records, dropout rates, quality/fidelity checklists and debriefing documentation), complemented by feedback from supervisors and participants on possible improvements, is critically important to a meaningful process evaluation. Qualitative research methods may well be used for at least part of the process evaluation to answer questions to which impact evaluation may not be able to provide an answer.

Process evaluation looks at the process of implementation of the programme and focuses on what was done, how it was done and whether the programme was implemented according to plan. At a minimum, process evaluation results are useful to continuously improve the implementation of the programme. If the results of the impact evaluation are different from those normally found, the process evaluation data are very useful in determining what may have caused the changes in the outcomes.

Finally, if a programme is implemented with a target population similar to the original target population for which it was developed and the process evaluation data confirm a high degree of fidelity to the original programme, this can help support and inform the evidence of effectiveness of the programme, even if the impact evaluation was not based on a scientifically rigorous methodology.

It is often useful to employ a professional evaluator to assemble and interpret data for the process evaluation. Although an external professional evaluator lends more credibility to any evaluation, if one is not available or affordable or having one is not possible, a process evaluation can and should be conducted by the programme staff themselves. If conducted in a systematic and transparent manner and presented in a clear and user-friendly report, even a process evaluation led by the programme staff themselves can greatly assist in improving and presenting the results of the programme.

Evaluating the impact of programmes

The primary focus of impact evaluation is not on the process of implementation, but on the impact of implementation on the targeted outcomes for the population. Impact evaluation can be designed in many different ways. In an ideal world, the most rigorous design (randomized controlled trial) would be employed for all evaluations, thus

allowing an accumulation of evidence of the highest level. However, such evaluations are expensive and complex to undertake and programme managers will need to decide what is the most appropriate design, taking into account the circumstances of the programme and the available resources. For example, when a programme is implemented on a large scale or at a national level, it is important to collaborate with the most suitable research institution or a university to ensure rigorous monitoring and a rigorous evaluation process with control group(s).

If programme managers are implementing a family skills training programme that has been developed from scratch or are using one that has not been rigorously evaluated elsewhere, a rigorous research design is not only desirable but essential. However, as previously stated, the development of any new family skills training programme should have been driven by theory and by an assessment of the risk and protective factors at play in the target population. Such a process should be led by a research institution in a position to identify, develop and validate the necessary evaluation instruments, as well as to design the research methodology. This kind of evaluation should not be undertaken without the assistance of experienced research institutions.

Rigorous research design and therefore the involvement of research institutions is also desirable in the case of programme managers implementing evidence-based programmes developed elsewhere and adapted to local conditions. Unfortunately, it cannot be assumed that a programme that has been evaluated as being effective in certain cultural and socio-economic circumstances will be effective in different circumstances, even if it has been respectfully adapted. Therefore, measures and analyses capable of identifying why the programme works or fails are necessary and professional evaluators are best suited for these tasks.

Monitoring and evaluation instruments will have been developed for evidence-based programmes; these instruments also need to be translated, adapted and piloted. As mentioned earlier, the evaluator should be part of the adaptation team to ensure the correct translation and adaptation of the instruments. The advantage of using these instruments is that they have already been validated to assess the results of the programme. Their reuse makes it easier to compare results across communities, thus facilitating the building of evidence.

In some cases, it is possible to negotiate with the programme developers to obtain their support in analysing the results of the impact evaluations. For example, the raw data from surveys undertaken using the evaluation instruments can be sent electronically or input directly into Web-based databases. The programme developer can then perform statistical analyses and return a report, sometimes comparing results to similar target groups. This may be useful in cases where it was deemed impossible to undertake an impact evaluation including a control group. Although this service will come at some cost, it can often be negotiated, as programme developers also gain from the process by receiving comparable data on replications of their programme. However, it is worth remembering that it may be advantageous (for example, in making a case for funding) if the evaluator is independent of both the developer and the delivery organization.

It is vital that data on programme participants be protected and that measures are taken to ensure confidentiality for the families. For example, online data systems should protect data so that only the individual group leader or other person who inputs data should have access to the identification codes for individual families. Other personnel, including programme managers and programme developers, should have access only to the aggregated data. Data in all other formats must be protected.

The minimum evidence recommended for an impact evaluation is the comparison of an assessment of the target population before and after implementation. It should be emphasized that the evidence that would be provided by this type of evaluation is not strong, as it cannot be certain that the impact is due to the programme itself or that any positive results will last over time. Many other things apart from the programme itself may have influenced the outcomes. However, such an evaluation can still provide an indication of the implementation and effectiveness of a programme. Moreover, as mentioned earlier, if the programme has been implemented with high fidelity in circumstances similar to the original ones and outcomes are comparable, it can be concluded with reasonable certainty that the outcomes are the result of the programme.

A more desirable but definitely more challenging impact evaluation would include a comparison group of families who were followed from the very beginning in order to allow for more precise results of the effectiveness of the programme. This would mean involving a research institution in the process and meticulous planning of the methodology and analyses of the results. It would also be important to ensure follow-up of the families and measure again after one or two years to see if the programme has had an impact on the substance abuse behaviour of the children as they grow up.

In this kind of evaluation, it is especially important to try and utilize different methods to collect data on the same indicator from different sources, to arrive at a more precise picture of what has been achieved. For example, on a pre-implementation survey, many parents will not report that they use negative parenting practices, whereas they may do so during the post-implementation survey. If the evaluation was only based on the comparison of the pre- and post-implementation surveys from these parents, the results would show negative programme outcomes, while in fact parenting skills may have greatly improved. Sometimes parents do not report their parenting practices accurately in the pre-implementation survey because they do not completely understand the parenting concepts that they are being asked about. After completing the programme, they may report on their parenting practices more accurately because their understanding of the parenting concepts has improved. This is another example in which a survey might report negative outcomes from the programme, while in fact the situation is improved. Complementing the results of such a survey with the results of other methods (for example, observation of the parents in class and reports from the children) would allow a programme manager to build a more accurate picture of how the situation has changed.

Undertaking a simple impact evaluation of this kind does not have to be a complex process, especially since the evaluation instruments should be readily available in the

package of the evidence-based programme. Such an evaluation can be undertaken without the involvement of a professional evaluator and/or a research institution, but programme managers must ensure adequate time and resources for impact evaluation.

Ensuring the sustainability of programmes

To ensure the ongoing sustainability of the programme, funding needs to be sustained. This is especially the case in the initial stages of adapting a new family skills training programme as it is likely to take some time to reach the maximum level of recruitment of parents and families.

It is crucial for organizations seeking to implement evidence-based family skills training programmes to be creative in seeking funding and support. It should be recognized that obtaining long-term funding for a programme is not always possible and that finding and negotiating (continuous) short-term funding may be the only option. A brief discussion of possible funding sources appears below.

Grants and contracts from local government authorities

It is helpful to constantly monitor, either through contacts and/or the Internet, how government policies are changing and how this affects potential funding (both positively and negatively). In this respect, it is important to remember that family skills training programmes are effective with regard to a range of different problem behaviours and disorders and therefore could be found useful by many different sectors (such as justice, education and mental health).

Private funding sources

Many partners in the private and community sectors may be able to provide in-kind support for meals, premises, transportation, small incentive gifts for attendance, premises and other programme costs. When looking for funding or support, it can be beneficial to contact influential people in the community with a personal interest in the issue of substance abuse prevention among youth and/or family. It has to be kept in mind that it may be difficult to approach individuals because of the stigma and negative feelings attached to substance abuse issues. Private funding sources are very difficult to identify and private grants are not as common as they are for medical research or treatment in other areas.

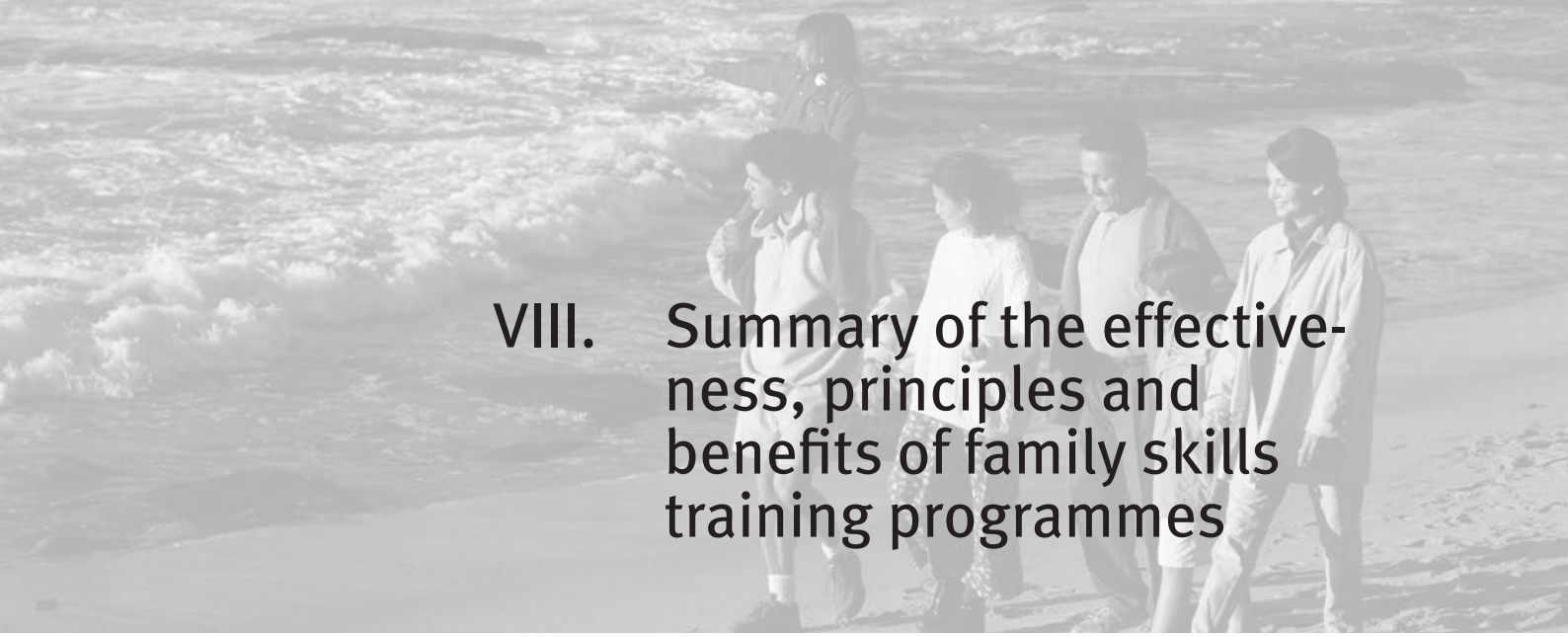
Volunteers

Volunteer support for programme implementation staffing, childcare, transportation and meal preparation will significantly reduce the cost of family skills training programmes. Faith communities are a good source of volunteer support for childcare and meals. Sometimes college or high school students can provide programme support to group leaders in the implementation of programmes.

It is important, however, to try to ensure that volunteers want to be part of the programme for the right reasons, and the procedures used in contracting their services should be similar to those used for other programme staff, including interviews and possible background checks. Volunteers should also be trained in the same way as other staff to ensure that they understand the programme and are able to assist and participate fully.

Contributions by participants

Sometimes participants contribute meals if allowed by state or country rules and laws. In fact, in many cultures sharing food is important to improve group acceptance. It is also important for participants to feel that they have a stake in the programme, and in some cultures it is helpful to encourage participating families to contribute in some way, even if the contribution is not monetary. This has been shown to be possible even in relatively impoverished or at-risk communities and families. However, care should be taken to ensure that contributions, in-kind or monetary, do not become a source of exclusion, burden or stigmatization.



VIII. Summary of the effectiveness, principles and benefits of family skills training programmes

Effectiveness of family skills training programmes

Families can act as powerful protective forces in the healthy development of children and adolescents. Strong attachments between parents and children, supportive parenting and supervision, monitoring and effective discipline have all been found to be linked to less engagement in problematic and risky behaviours during adolescent years. In particular, parents have been found to be a powerful protective factor for children and adolescents with regard to substance abuse.

Both universal and selective family skills training programmes generally aim at strengthening the protective factors in families, equipping parents with the skills to provide supportive parenting, supervision, monitoring and effective discipline, and giving entire families opportunities and skills to strengthen the attachment between parents and children. These approaches are more intensive and differ from parent education, which typically limits its aims to providing parents with information about substances and their effects.

Family skills training programmes have been extensively evaluated and have been found to be effective in preventing substance abuse and other risky behaviours. In particular, family skills training programmes have been found to be approximately three times more effective than life skills education programmes for children and youth alone, and results have been shown to endure over time. Moreover, conservative estimates of the long-term cost-effectiveness of these programmes in a long-term follow-up indicate that, for each dollar spent, they return a saving of nine dollars.

Family skills training programmes have also been found to be effective as part of a multiple-component programme that offers other interventions in other settings (such as schools, media and the community) and as tiered programmes, that is, programmes that offer services on many different levels of prevention simultaneously according to the needs of the families (universal, selective and indicated).

Although much research remains to be done and the evidence base is limited to relatively few programmes studied in high-income countries, the characteristics of effective family skills training programmes can be discerned and that knowledge provides useful guidelines for policymakers and programme managers intending to develop or implement family skills training programmes.

Principles of family skills training programmes

Family skills training programmes should be based on a solid theory that describes how risk factors are reduced and protective factors are developed and enhanced. In addition to being based on theory, they should be based as much as possible on evidence from academic research on the risk and protective factors for substance abuse that can be addressed at the family level and should specify how change occurs. They should also be based on an evidence-based theory of change supported by scientific evidence that describes how risk factors will be reduced and protective factors will be developed and enhanced through the training.

Family skills training programmes should be matched to the characteristics of the target population, with particular emphasis given to the age and developmental stage of the children and the level of risk or problems in the families concerned. It is therefore crucial to undertake a needs assessment so that the development or the choice of an evidence-based programme to be replicated is based on an accurate understanding of the situation.

Effective family skills training programmes must have sufficient intensity and duration in terms of structure and content to address the targeted outcomes. In general, universal family skills training programmes include four to eight sessions, whereas selective programmes for higher risk families would typically include 10 to 15 sessions. In both cases, the length of each session is approximately two to three hours. Moreover, sessions should be based on interactive techniques among small groups of families (8-12). Although the content of programmes varies greatly, a typical and effective programme will provide parents with the skills and opportunities to strengthen positive family relationships, family supervision and monitoring, and improve the communication of family values and expectations.

The recruitment and retention of parents are significant barriers to the dissemination of family skills training programmes. However, research shows that family skills training programmes can achieve retention rates of more than 80 per cent by addressing the practical (transportation, childcare) and psychological (fear of stigmatization, feelings of hopelessness) barriers to the recruitment and retention of parents. In particular, interventions are most effective if participants are ready for change, such as at major transition points (children starting school or a new school phase).

Family skills training programmes should be chosen on the basis of their level of evidence. In many cases, it might not be possible or cost-effective to develop a new family skills training programme. It might make sense to adapt a programme that has been developed elsewhere for a similar target group. In this case, it is important to choose the programme with the highest level of evidence of effectiveness and adapt it to meet the cultural and socio-economic needs of the target population through a well-resourced, careful and systematic process. Making culturally sensitive adaptations to the programme has been found to increase the recruitment and retention of families.

It is highly recommended that the programme be implemented with the content and structure intact, apart from minimal cultural adaptation (for example, careful translation and the insertion of culturally appropriate activities, songs, stories, names, and so forth) during the initial use of the programme. Such implementation with minimal adaptation should include a strong monitoring and evaluation component to assess the effectiveness of the adaptation, as well as the possible need for a deeper adaptation process.

The need for training for family skills training programmes does not differ from other substance abuse prevention and skills training programmes and adequate training and ongoing support must be provided to carefully selected staff. Most evidence-based programmes require two to three days of training for 10 to 30 future group leaders. The training should give future group leaders the opportunity to practise their skills, but also discuss the theoretical foundations, the evidence of effectiveness and the values of the programme. Ongoing support by programme managers and supervisors (and, if possible and appropriate, from programme developers), especially in the form of site visits and debriefing sessions, also increases the quality and fidelity of implementation, as well as the collection of comprehensive monitoring data.

Finally, family skills training programmes should include strong and systematic monitoring and evaluation components. Evaluations contribute to the understanding of the prevention strategies, indicating which family skills training programmes are effective, under which circumstances and for which populations. This is especially important with regard to low- and middle-income countries, for which evidence is rarely available. Thus, these evaluation data provide much-needed evidence of effectiveness to be used for advocacy vis-à-vis policymakers and donors and can ensure a greater potential for sustainability of the programme.

Benefits of family skills training programmes

The task of selecting and implementing an evidence-based family skills training programme using the principles presented in the present *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* may seem overwhelming in the light of the extent of the planning and resources required. However, it is hoped that the present *Guide* will provide readers, policymakers and programme managers with a strong sense of the potential benefits and short- and long-term rewards of employing such a strategy. To quote one of the participants of the UNODC technical consultation meeting on family skills training programmes, "Implementing evidence-based family skills training programmes is not working more, it is working smarter, as it is about being more effective". The authors and staff of UNODC are confident that your journey of discovery in implementing family skills training programmes with families in your community will be a rewarding one.

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