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► [Guide to implementing family skills training programmes for drug abuse prevention.](#)



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Kumpfer K.

United Nations Office on Drugs and Crime, 2009.

UN-commissioned guidance from international experts on how to mount prevention programmes based on family skills training involving parents and children in a joint effort to improve family dynamics and child development. Engaging parents seems the major barrier.

Abstract This review and guidance initiated by the UN Office on Drugs and Crime concerned the role of family skills training programmes in the prevention of substance use problems among children in families across the board ('universal'), or families whose children are particularly at risk ('selective'). Unless integrated with these types of interventions, the document [did not include](#) programmes aimed at individuals identified as at high risk or as already experiencing substance use problems ('indicated'). A literature and website review identified 130 universal and selective programmes. Research articles and programme descriptions were solicited from the developers. Practitioners, managers, researchers and developers from these programmes throughout the world were invited to a technical consultation meeting. The guide was drafted on the basis of the discussions and the literature review. This account largely relies on its final chapter, which summarised the major points.

Families can act as powerful [protective forces](#) in healthy child development, in particular with regard to substance use. To bolster this process, 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 attachment between parents and children. These approaches are more intensive and differ from parent education, which typically limits itself to providing parents with information about substances and their effects and does not involve the children.

Such programmes have been extensively evaluated and found effective in preventing

substance abuse and other risky behaviours – about three times more effective than life skills education programmes aimed only at children and young people, and with more long-lasting benefits. Conservative estimates indicate that for each pound spent, over the long term these programmes return a saving of nine pounds. They also form part of effective multi-component programmes which offer other interventions in other settings (such as schools, media and the community), and of tiered programmes which operate across several levels of prevention simultaneously according to the needs of the families (universal, selective and indicated).

Although the evidence is limited to few programmes in high-income countries, recommended principles for family skills training programmes can be identified. These include a solid theory of how the training will affect risk and protective factors based on research on factors related to substance abuse which can be addressed at the family level. Programmes should be matched to the target population, especially the age and developmental stage of the children and the level of risk or problems in the families. This makes accurate needs assessment vital. Programmes must be of sufficient intensity and duration to address the targeted outcomes. In general, universal programmes extend over four to eight sessions, selective programmes for higher risk families, 10 to 15. Sessions last about two to three hours and should be based on interactive techniques implemented in small groups of eight to 12 families. 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.

Recruitment and retention of parents are significant barriers to the dissemination of such programmes. However, retention rates of over 80% can be achieved by addressing the practical (transportation, childcare) and psychological (fear of stigmatisation, feelings of hopelessness) barriers. Interventions are most effective if participants are ready for change, such as at major transition points like children starting school or a new school phase.

Often it most feasible and/or cost-effective to base a project on an evidence-based programme developed elsewhere for a similar target group, preferably one with the best prevention record. In this case, it is important to carefully and systematically adapt the programme to the cultural and socioeconomic needs of the target population. Such adaptations enhance recruitment and retention of families. However, during its initial use the programme should be implemented with only **minimal** local adaptations or changes. Feedback from participants and group facilitators on what worked or did not work so well can be used as the basis for further refinements. Experience with these and outcome evaluations should be used to assess whether a deeper adaptation is required.

As with other types of programmes, 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. Training should give them the opportunity to practise their skills, but also discuss the theoretical foundations, evidence of effectiveness, and the values of the programme. Ongoing support by programme managers and supervisors (and, if possible and appropriate, from programme developers) is important, especially in the form of e-mail contacts and web-based networking of group facilitators across agencies. Site visits and debriefing sessions also enhance quality and fidelity of implementation, as well as the collection of monitoring

data.

Programmes should include strong and systematic monitoring and evaluation components. This work contributes to the understanding of prevention strategies, indicating which programmes are effective, under which circumstances, and for which populations, and provides evidence of effectiveness which can be used to lobby policymakers and donors, potentially helping to sustain the programme.

FINDINGS There is no question that the family is a [powerful influence](#) on child development and on substance use and problems in particular, nor that interventions with families and parents *can* (see for example [this](#) demonstration from Sweden) help prevent substance use in various forms. What [is questionable](#) is whether the research, though sometimes promising, is sufficiently extensive and sound to warrant widespread implementation of these programmes. Searching for practical guidance, British reviewers [found](#) that research deficiencies mean that no clear choice could be made about what works best either for marginalised and vulnerable groups, or for families in general. The [background notes](#) focus on two of the best researched family skills interventions (the [Strengthening Families Programme](#) and the [Family Check-Up](#)) as a way of testing the adequacy of the evidence overall, and address the issue of [engaging](#) families of early adolescent children. For other relevant evidence run this search for [pre-school and parenting](#) interventions on the Findings site.

When in 2008 the US government [analysed](#) the costs and benefits of substance use prevention programmes, family skills training programmes were among those with the highest benefit to cost ratio, though they lagged behind some other school/community/family programmes, and also well behind some entirely different kinds of initiatives like enforcing laws on serving drunk customers in licensed premises. Estimates for the two relatively well researched family skills interventions focused on in the background notes rested on one or two studies, which in both cases provided a narrow and at best tentative basis for the calculations, casting doubt over the degree to which they can be relied on to guide prevention programme planning. Nevertheless, the same may be said of some of the other programmes included in the analysis. For the analysts, the major drawback of family training as a universal prevention modality was its higher cost relative to other types of initiatives, leading them to suggest that this approach be reserved for high risk schools, areas or families

A particular issue is whether by the time family skills training comes in to its own – [from age six to 11](#), and in major studies not until the early years of secondary schooling – enough families can be involved to make these strategies a viable way of curbing youth substance use problems across the population as a whole. British experience so far suggests this is not the case, though high-risk families under pressure to attend and/or energetically and sensitively targeted can be engaged in and benefit from family skills training. As the featured review comments, one way cost and accessibility barriers are being addressed is through computerisation of such programmes so families can go through them at times convenient to them and in their own homes, a tactic [tried](#) for example with some success among mothers and daughters in New Jersey.

Based on UK experience and the adequacy of the international evidence, family skills training programmes of the kind reviewed can be recommended for consideration for

families who have come to attention because their children (age six upwards) are at risk of behavioural problems which may include risky substance use. Sensitive personal approaches from programme staff, perhaps preferably from the same communities, can recruit many to participate, stay in and benefit from the programmes. Universal application to all families seems at the moment to lack sufficient evidence (especially in the UK) to warrant the considerable investment required, a situation which may change if low-cost, accessible computer-based alternatives prove feasible, effective and capable of widespread implementation.

Thanks for their comments on this entry in draft to Karol Kumpfer of the University of Utah in the USA. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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[Education's uncertain saviour](#) KEY STUDY 2000

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[Evaluating mediators of the impact of the Linking the Interests of Families and Teachers \(LIFT\) multimodal preventive intervention on substance use initiation](#) ABSTRACT 2009