STRENGTHENING
Our Skills

Canadian Guidelines for Youth Substance Abuse Prevention **Family Skills Programs**

CCSA - CCLAT

A component of a **Drug Prevention Strategy for Canada's** **youth**

STRENGTHENING
Our Skills

Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs

A supplement to the Canadian Standards for School-based Youth Substance Abuse Prevention and the Canadian Standards for Community-based Youth Substance Abuse Prevention

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Executive summary

Strengthening Our Skills: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs is a supplement to the *Canadian Standards for School-based Youth Substance Abuse Prevention* and the *Canadian Standards for Community-Based Youth Substance Abuse Prevention*. Together, these documents form a portfolio of national standards and guidelines prepared under the leadership of the Canadian Centre on Substance Abuse (CCSA).

The Standards Portfolio is an integral part of *A Drug Prevention Strategy for Canada's Youth,* a five-year initiative launched by CCSA in 2007 aimed at reducing drug use among Canadian youth aged 10–24. The Strategy is a response to a call to action towards reducing substance abuse among Canada's children and youth—a national priority identified by 2005's *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*.

The development of *A Drug Prevention Strategy for Canada's Youth* was informed by promising research that indicates that prevention efforts are most effective when multifaceted (i.e., when media messages are used in tandem with prevention programs involving schools, communities and families) and sustained over time. As a result, the Strategy uses three complementary approaches to reinforce and multiply each approach's impact while delivering specific results:

- Forming and maintaining sustainable partnerships (e.g., National Advisory Group on Youth Substance Abuse Prevention);
- Developing a portfolio of Canadian prevention standards; and
- Building and sustaining a Media/Youth Consortium (e.g., www.Xperiment.ca).

The School-based and Community-based Standards guide prevention teams in assessing the situation in a school/community and identifying whether there is a need to support families on this issue. Based on assessment findings, prevention teams may choose to organize or oversee family skills programming within a comprehensive approach. Family skills programs are defined as multisession skills-based programs directed to groups of parents or families with children aged 0–18 years, which include in their objectives the prevention of substance abuse among the children in those families.

This document (the Family-based Guidelines) provides direction to teams wishing to design their own family skills program, strengthen an existing program or adopt a published program. It is an important resource because it provides a benchmark for family skills programming as well as a framework for planning, implementation and evaluation.

The guidelines found in this supplement are evidence-based and represent best practice. They are the result of a rigorous methodology consisting of a thorough search and review of the scientific literature, ongoing direction from the Canadian Standards Task Force, and a bilingual, online consultation with individuals involved in parent or family training/education programs across the country.

These programs are the focus of the Family-based Guidelines because they have been shown to be effective in a variety of cultural contexts and can potentially reach a broad population. Most of the family factors associated with substance abuse are also linked to other health and social issues—such as mental health problems, violence, criminal behaviour and risky sexual practices—so these programs can have broad effects.

Family skills programs are best suited to 'universal' and 'selective' populations (i.e., primary prevention). They are led by trained prevention facilitators who, rather than focus on individual problems, employ strength-based techniques to encourage personal exploration of shared parenting concerns (e.g., communication, discipline).

This document presents family skills programs as lying within both substance abuse prevention and family support systems in a community. Organizations or facilitators may come to the Family-based Guidelines through various routes; however, they are primarily intended for prevention resource persons (i.e., individuals with a mandate and expertise to conduct community and school prevention activities) working with a

team that has an interest in providing health promotion and prevention support to families.

The Family-based Guidelines is made up of four sections: *Section One: Context for the Guidelines* discusses factors affecting family well-being and youth substance abuse; presents a definition, description and theoretic underpinnings of family skills programs; and summarizes the benefits and challenges of implementing these programs. *Section Two: Guidelines* presents the nine guidelines for family skills programs, accompanied by an explanation of each. *Section Three: Suggested Outline of Content for Family Skills Programs* presents a content framework proposed by the United Nations Office on Drugs and Crime in its *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* (2009). *Section Four: Appendices* includes the methodology, references and bibliography.

The nine guidelines for family skills programs are:

1. Build cultural competence into the program.

2. Clarify needs, resources, targets and aims.

3. Identify theory to guide design, implementation and evaluation.

4. Establish a solid organizational and community context for the program.

5. Pay attention to facilitator selection, training and support.

6. Ensure active recruitment of participants.

7. Implement evidence-based programming with fidelity.

8. Take steps to retain participants.

9. Monitor, evaluate and revise the program accordingly.

In presenting a benchmark for family skills programming, CCSA encourages teams to pursue continuous improvements in planning, implementing and evaluating family skills programming. As with the other items in CCSA's Portfolio of Canadian Standards for Youth Substance Abuse Prevention, various practical resources will be prepared and assembled to support teams in this work. ◻

Preamble: Family-based Guidelines

Strengthening Our Skills: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs (also referred to as the Family-based Guidelines) is part of a portfolio of national standards and guidelines prepared under the leadership of the Canadian Centre on Substance Abuse (CCSA). With funding support from Health Canada, CCSA has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms.

The Family-based Guidelines were developed by the Canadian Standards Task Force with representation from CCSA, partners and other leading Canadian experts in substance abuse prevention, child development and family education from various sectors:

- Luc Beaucage, Royal Canadian Mounted Police
- Doug Beirness (co-chair), Canadian Centre on Substance Abuse
- Shiela Bradley, Alberta Health and Wellness
- Diane Buhler, Parent Action on Drugs
- Gloria Chaim, Centre for Addiction and Mental Health
- Heather Clark, Canadian Centre on Substance Abuse
- Asma Fakhri, Canadian Centre on Substance Abuse
- Penny Froh, Saskatchewan Ministry of Health
- Sylvia Kairouz, Concordia University
- Marvin Krank (co-chair), University of British Columbia
- Jodi Lane, Alberta Health and Wellness
- Betsy Mann, Canadian Association of Family Resource Programs
- Ray Peters, Queens University
- Gary Roberts, Gary Roberts and Associates
- Corry Rusnak, Yukon Health and Social Services

CCSA's Standards Portfolio

The *Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs* is part of CCSA's Portfolio of Canadian Standards for Youth Substance Abuse Prevention. This document is a supplement to the *Canadian Standards for School-based Youth Substance Abuse Prevention* and the *Canadian Standards for Community-Based Youth Substance Abuse Prevention*, both of which may be obtained from the Canadian Centre on Substance Abuse's website (www.ccsa.ca).

CCSA's Standards Portfolio features resources specific to various settings with the aim of strengthening the quality of youth-focused substance abuse prevention initiatives in Canada. To support these efforts and assist in its application, the Standards Portfolio is supported by two databases: a Database of Prevention Resources* to aid in the understanding and implementation of the Standards, and a Database of Canadian Prevention Initiatives** for those looking for examples of initiatives that have been assessed against the Standards.

The School-based and Community-based Standards call on groups or teams to strengthen their work by aiming towards long-term, comprehensive initiatives within their respective spheres. Thus, the School-based Standards and the Community-based Standards are companions, encouraging school- and community-based teams to strive towards coordinated, broader efforts that are interconnected.

In the context of **schools**, a comprehensive approach means giving attention to the school's environment, curriculum and policies, and partnering with and coordinating initiatives in the broader community such as family skills programming.

In **community** contexts, comprehensiveness means filling gaps, bringing quality and coordination to initiatives in other settings (such as family programming, recreational settings, media, post-secondary institutions, workplaces and bars) and coordinating with school-based efforts as needed.

The School-based and Community-based Standards guide teams in assessing the situation in a school or community and identifying whether there is a need to support families on this issue. Based on assessment findings, prevention teams may organize or oversee family skills programming within a comprehensive approach. The **Family**-based Guidelines provide direction to teams with this intent. ◻

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* http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx
** http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPrevInitiatives.aspx

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Canadian Guidelines for Youth Substance Abuse Prevention
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SECTION ONE: CONTEXT FOR THE GUIDELINES

1. INTRODUCTION

Canadian families and children live in tremendously diverse circumstances with their own unique strengths and challenges (e.g., families living in rural and remote communities, single parents, families with same-sex parents, foster-care families).[i] In terms of ethnoracial ancestry, Canada's is one of the most diverse nations in the world.[1] As of 2006, Canadians reported 200 ethnic origins, and one in five was born outside the country.[2] That same year, the number of Canadians who identified themselves as Aboriginal passed the one million mark.[3] As a result of this diversity, the term 'family' has multiple meanings and family life takes many forms.

In all its diverse forms and for all its rewards, parenting and family life is challenging. Over the years, an array of resources and supports have been developed to help parents in their role, including parent-child play groups, fact sheets, parent homework on youth issues, information sessions, media messaging, parenting classes, family therapy, telephone counselling and supportive home visits.

The Family-based Guidelines provide direction to groups wishing to implement a particular form of prevention support: family skills programming to prevent youth substance abuse.

Family skills programs are defined as multisession skills-based programs directed to groups of parents or families with children aged 0–18 years, which include in their objectives the prevention of substance abuse among the children in those families.

Family skills programs are the focus of the Family-based Guidelines because they:

- Address a number of factors key to youth development and substance abuse prevention;[4]
- Are supported by a strong evidence base that includes Canadian research;[5][6][7]
- Have been found to be cost effective;[8]
- Can be adapted to a variety of cultural contexts;[9] and

The potential effectiveness of comprehensive school or community initiatives will be greatly increased by including family skills programming in those initiatives.

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[i] See the companion document *Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention* for discussions of several diverse youth populations (e.g., Aboriginal youth; youth disengaged from school and community activities; gay, lesbian, bisexual and transgender youth; new Canadian youth; youth with less access to the social determinants of health; youth with mental health issues) and a discussion of sex and gender differences.

- Can potentially serve a broad range of families in a community. [10]

Thus, the potential effectiveness of comprehensive school or community initiatives will be greatly increased by including family skills programming.

While lying within a comprehensive approach to substance abuse prevention, family skills programming should be seen as a component of general parenting and family support in a community as well. Recognizing that organizations or facilitators may come to this resource through other routes, it is primarily intended for prevention resource persons (i.e., individuals with a mandate and expertise to conduct community and school prevention work, possibly within a broader job role). Prevention resource persons are encouraged to work with a broad-based group or team, [ii] which could be comprised of staff responsible for the program, program participants (past or current), funding partners, colleagues from partnering organizations, and other stakeholders.

Teams are encouraged to refer to this resource as they prepare to design their own program, strengthen an existing program or adopt a published program. [11] They can approach this work with confidence because the guidelines found in this document are evidence-based and represent best practice. They are the result of a rigorous methodology consisting of a thorough search and review of the scientific literature, ongoing direction from the Canadian Standards Task Force and a bilingual online consultation with individuals involved in parent or family training/education programs across the country. (See *Section Four: Appendices* for a detailed methodology.)

This section provides a context for the guidelines, discussing family-related factors affecting youth well-being and substance abuse; presenting a definition, description and theoretic underpinnings of family skills programs; and summarizing the benefits and challenges of implementing these programs. ◻

[ii] The term 'team' is used in CCSA's Standards and Guidelines to refer to groups that bring together a diversity of community members and representatives to take preventative action on youth substance abuse.

2. FAMILY FACTORS AFFECTING YOUTH WELL-BEING AND SUBSTANCE ABUSE

The range of factors that can influence youth development and problematic substance use is extensive. The various factors—from genetics and temperament to broad social and environmental influences—interact to form a complex web of protection and risk through an individual's life course. Among these various factors, the quality of parenting and family life looms large in affecting youth substance abuse and other health and social issues arising. [12]

Parenting and family life are in turn affected by broad societal factors (e.g., government economic and social policies, the wide income gap, work and family life balance issues, changes brought about by emerging technologies). [13] [14] [15] Broad factors such as these affect a family's ability to access the various social determinants of health (e.g., income and social status, social support networks, education and literacy, employment, working conditions, leisure opportunities, culture). [16] Access to these determinants varies with where one lives in this country (e.g., in cities; on reserve; in rural, remote or northerly locations). [17] Most locales possess a mix of assets and challenges—for example, a rural community may have relatively few resource people, but they collaborate closely, allowing those resources to go further.

As a determinant of health, 'culture' has a great bearing on the values and practices associated with both substance use and family life. Culture may be defined as a system of collectively held values, beliefs and practices that guides decisions and actions in patterned ways. Beyond the enormous range of ethnocultural groups in Canada, Canadians possess multiple cultural identities, including women; youth; seniors; gay, lesbian, bisexual and transgender people; people with different abilities; members of religious groups; or affiliations (e.g., military). Culture is woven into economic, social and other environmental factors to decrease or increase access to the determinants of health, and to affect substance use and family life patterns:

- Substance use patterns are very much culturally influenced, with different cultures having different histories, religious and social rituals, and norms and attitudes associated with particular substances (as well as quite different degrees of openness to

discussing substance use or seeking help); these may represent protective or risk factors; and

- Many critical aspects of family life, such as gender roles (including those in same-sex relationships), child-rearing practices and the role of extended family, are also strongly influenced by culture; these may also represent protective or risk factors.

From the outset, broader factors weave into day-to-day family life to form a unique pathway or journey for each child. From a developmental perspective, early experiences of risk or protection can have a powerful snowball effect, altering the subsequent course of development. Parent-child interactions in early life form the foundation for the child's social and emotional development. [19] For example, parenting practices may contribute to aggressive behaviour in the early years, which, if not successfully addressed, can lead to future learning, behavioural and social problems, including substance abuse. [20] Early risk factors tend to stick, but so too do early protective experiences. The simple act of enrolling a child in a program for girls or boys may have long-term benefits. The developing child remains open to risks and protective influences throughout the years, but transitions can be points of vulnerability. For example, a child who has fared well may experience vulnerability when questioning sexual identity as an adolescent. Consequently, interventions early in life and early in transition points are important.

While other factors can influence a young person's well-being and likelihood of engaging in problematic substance use, family-related factors are crucial because they can increase or decrease the effect of these other influences. [21] For example, in adolescence, peers and media (including social media) may be contributing factors for substance abuse, but a positive family environment can offset those influences. [22]

A positive family environment can have a preventative effect on substance use behaviours as well as other health and social issues, such as mental health problems, violence, criminal behaviour and risky sexual practices. [23]

Family factors that provide protection from these problems and promote resiliency [iii] [24] include: [25] [26] [2 7] [28]

- Secure and healthy parent/child attachment (e.g., warmth, trust);
- Parental supervision and monitoring;

[iii] Resiliency is the ability of children and families to adapt successfully in the face of adverse life events or circumstances (Masten & Obradovic, 2006).

- Consistent and effective discipline;

- Communication of healthy family values and expectations;

- Parental involvement in child's life (e.g., 'family time');

- Supportive parenting (e.g., emotionally, cognitively, socially, financially);

- Family problem-solving and coping skills; and

- Helping children develop dreams, goals and purpose in life.

Absence of the above factors in a family puts children and youth at risk for various health and social problems, including problematic substance use. Other important risk factors include: [29]

- Negative communication patterns (e.g., criticism, blaming, lack of praise);

- 'Laissez faire' parental attitude towards substance use;

- Chaotic home environment and/or parental conflict; and

- Parents or siblings with a substance dependency, who suffer from mental illness or are involved in criminal or gang activity.

The ongoing presence of risk factors in the family can lead to childhood mental health problems and/or unhealthy behaviours. Problems may be expressed through early use of alcohol or other substance use (usually defined as before 13 or 14 years of age), which in turn is viewed as an important risk factor for a range of problems in adulthood. [30]

Depending on their functioning, families can contribute to a family member's substance dependence or, on the other hand, serve as a crucial factor in recovery. Families with substance-dependent parents experience significant long-term disruption. Children in these families can be repeatedly exposed to conflicts and violence (including physical and verbal abuse) and to unhealthy patterns of substance use. Families with dependency problems tend to become socially isolated and children may develop fewer healthy relationships. [31] Children in families with a substance-dependent parent are at high risk to develop substance use

Most of the family factors associated with problematic substance use are also linked to other health and social issues, such as mental health problems, violence, criminal behaviour and risky sexual practices.

and mental health problems of their own. Successful intervention for family members struggling with substance dependence often hinges on strong family support, and success can have a strong preventive effect for the children in that family.

Canadian fathers are participating more in parenting and caring for their children. [32] This is a very positive trend, but there is as yet little research on their differing roles, factors affecting their roles or the impact of those roles on family life. It is most helpful to see the nature and amount of fathers' involvement with their children arising from a combination of assets and barriers within individuals, families and environments (e.g., policies, norms, availability of 'father-friendly' supports). The available evidence suggests that father involvement has a positive effect on children's academic success, social behaviour, and protection against delinquency and depression, particularly for boys. [33 34 35]

Among the many factors affecting the well-being and substance use behaviours of young people, parenting and family life factors loom large. These factors can also affect various other health-risk behaviours and child/youth mental health. Family skills programs have been shown to effectively address many of these factors for a diversity of families and to contribute to youth health and family well-being in a number of ways. ◼

3. DEFINING AND DESCRIBING FAMILY SKILLS PROGRAMS

Family skills programs are defined as multisession skills-based programs directed to groups of parents [iv] or families [v] with children aged 0–18 years, which include in their objectives the prevention of substance abuse among the children in those families. Although the line is not always clear, family skills programs are best suited to 'universal' and 'selective' populations (together these represent 'primary prevention'). Universal prevention is directed to groups (of families, in this case) without regard to their level of risk, while selective prevention programming is directed to groups known to be at risk (e.g., families with a parent participating in substance abuse treatment, families living in stress or undergoing transition). [vi]

Families with more severe or entrenched problems (e.g., child behaviour and emotional problems, a breakdown in parent-child interaction, violence issues) may well benefit from family skills programs due to strong motivation to resolve parenting or family stresses. However, they are likely to obtain more value from indicated prevention [vii] or treatment services such as individualized family therapy conducted by professionals with clinical skills, which are not covered by this document. [36 37 38]

Programs covered by the Family-based Guidelines are conducted by trained prevention facilitators who, rather than focus on individual problems, encourage personal exploration of shared parenting concerns (e.g., communication, discipline). [39] Because facilitators are not expected to screen for high-risk participants nor provide individual counselling, they do not require clinical counselling skills. [viii] They use various methods, including brief didactic sessions, skill demonstration and practice, role playing, videotape-based training, and group problem solving to achieve their objectives. Some programs focus solely on educating or training parents, while others add child training and parent/child sessions, which broaden the benefits. [40]

It is well established in the substance abuse prevention literature that skills-based interventions can be effective in shifting substance use behaviours, while information or knowledge-based approaches generally are not. [41] This is borne out in family-based substance abuse prevention research. Effective programs aim to strengthen parent, child and family functioning by building protective skills and insights among family members. [42] Parents typically learn basic parenting skills such as effective child management, supervision, bonding and problem solving with their children. The children's components typically focus on improving behaviour by strengthening social skills (e.g., communication, problem solving) and academic engagement. The focus for general family functioning includes attention to family cohesion, relationships and resolving conflict. [43]

Programming for parents of children under the age of 10 may not include substance use-specific content (research has not clarified whether family skills programs need to include a specific focus on substance use through this period), [44] while programming directed to parents of adolescents does. It is likely that these latter programs work by having both a specific effect on substance use as well as a more general protective effect (the two are usually interconnected). [45]

These programs take a strength-based rather than deficit-based approach. This is supported by evidence from both the substance abuse prevention and family support literature. [46 47 48 49] It is very important that facilitators set and maintain an empowering milieu for participants. The overriding message is that, while extremely rewarding, parenting can be very challenging and all parents can benefit from strengthening their skills. In what they say and do, facilitators need to make it clear that parent participants are fundamentally capable of successfully managing their families.

Family skills programs are an important resource in a community's toolkit (from both a substance abuse prevention and general family strengthening perspective) and the Family-

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[iv] 'Parents' is defined broadly to include those that care for children in a family context and can, for instance, include same-sex parents, step-parents, foster parents and grandparents. 'Parent' refers to either a female or male, although males are less likely to participate in these programs and less is known on the effectiveness of these programs for males (Moran et al., 2004).

[v] 'Families' are not restricted to biological parents and children, but can include anyone who is considered part of the family (United Nations Office on Drugs and Crime, 2009).

[vi] Selective prevention does not call practitioners to screen participants for risk factors or substance use problems. Instead, practitioners refer to epidemiologic research on risk (e.g., substance use prevalence surveys) to identify a population for selective prevention; as a result, the actual level of risk or prevalence of substance use problems in a selective population is unknown at the outset of a program (this information would be gathered for evaluation purposes through the course of a program).

[vii] Indicated (or secondary) prevention is defined as programming directed to individuals who are engaged in problematic behaviour (e.g., aggressive behaviour, substance abuse) but who do not have a severe or diagnosed disorder (e.g., conduct disorder, substance dependence).

[viii] Facilitators need to be mindful of professional limits. If it is suspected that a participant may benefit from more intensive services, a knowledgeable facilitator can recommend resources or initiate a referral during what may be an important 'window of opportunity'.

based Guidelines reflect the current evidence on effectiveness. Still, there is much to be learned about what is most effective for whom; more effective approaches and formats may well be possible for different populations (e.g., brief formats, online sessions, home-delivered and self-directed programming).

It is very important that organizations and facilitators bring professional judgment and understanding of local cultures and circumstances to this work. They need to be prepared to design or adapt these programs to the needs of local parents—while adhering to a sound theory base—and to evaluate these efforts. [ix] For example, some groups of parents may need less programming. By listening to parents, and by carefully innovating and evaluating, teams and facilitators can aim for 'just enough' and 'just the right kind' of programming, ensuring not only effectiveness but also good use of participant time and scarce resources. [50] In addition, programmers need to be alert to the possibility that, for some families, other forms of family-based prevention or more intensive support may be more appropriate or immediately relevant than a family skills program. [51]

Organizations, teams and facilitators need to bring cultural competence to their work. This means understanding the cultural make-up and trends in the community (in terms of race, ethnicity and other sources of culture), and making a commitment to enter an ongoing process of reflecting on and strengthening engagement with the various cultural groups in the community.

The participation of fathers in these types of programs (or in help-seeking more generally) tends to be quite low in relation to mothers' participation. There are many potential factors affecting fathers' involvement in this programming, ranging from individual to environmental factors, but it is possible that many programs are not particularly 'father friendly'. Consequently, teams need to assess fathers' particular circumstances and identify creative ways to attract and retain them in their programs. ◼

[ix] Every program has a theory attached to it; sometimes it is the programmer's implicit theory of how change will occur. It is valuable to make this theory explicit; if it isn't scientifically supported, there is greater onus on the programmer to ensure it is logical and to evaluate it.

4. THEORETIC AND CONCEPTUAL CONTEXTS FOR FAMILY SKILLS PROGRAMS

Family skills programs are best seen as lying within (a) substance abuse prevention; and (b) family support systems in a community.

(a) Substance abuse prevention system: CCSA's Standards Portfolio uses a 'social ecological' theoretic framework to help explain why some young people engage in substance abuse and some don't. According to this framework, the child or adolescent is affected by protective and risk factors in ever-widening spheres of influence (e.g., personal, interpersonal [i.e., family, school, social], community, societal). [52][53] A social ecological view of the factors at play in the lives of young people calls for a 'systems' response by the whole community. [54] When family skills programs are situated alongside prevention initiatives that reach young people in other parts of a community system (such as schools, recreational environments, youth media, workplaces, post-secondary institutions and bars), positive outcomes are more likely.

Figure 1. Social ecological framework

(b) Family support system: A social ecological theoretic framework can also be helpful in understanding parenting and family health in a community. The quality and quantity of mothers' and fathers' engagement with their children can be seen as arising from a number of factors (resources and barriers) that can be organized within the personal, interpersonal, community and societal spheres. In the community sphere, parents may be supported by an array of resources such as media messaging, home visit programs, brief consultations, developmental screenings, English language classes and family therapy. [56] Family skills programs fall within this array of family resources in the community.

Family skills programming that builds links with both the substance abuse prevention and family support systems fits well in a systems or 'whole population' approach. Indeed, a whole population approach provides a strong context for skills programming because it has the effect of 'normalizing' parent and family support and help-seeking, and ideally leads to a seamless range of services of varying levels of intensity for families in different circumstances and at different levels of risk. [57][58]

A whole population approach to family support and substance abuse prevention calls for collaboration between individuals, programs and organizations that may have historically had little contact. Collaboration may be aimed at increasing capacity for effective programming among participating individuals and agencies, increasing service integration, or advocating for health-promoting community policies and norms. Outcomes that can be expected from heightened collaboration in these areas include: [59]

- More joint projects;
- Increased referrals;
- More accountability between organizations;
- More inclusive community leadership;
- Better coordination and reduced fragmentation of services;
- More comprehensive interventions; and
- Changed policies and reinforced norms (e.g., connectedness of young people to adults and community institutions).

5. BENEFITS AND CHALLENGES OF FAMILY SKILLS PROGRAMS

Process evaluations have found that when family skills programs are well presented (e.g., not simply providing information), parents report that their well-being, enjoyment of parenting and interactions with their children improve. They appreciate the concrete nature of these programs, the specific skills learned, the practical take-home tips and the support received from other parents. [60]

Outcome evaluations have shown that universal and selective parent and family skills programming can have positive effects on child, parent and family functioning:

- Positive outcomes for children have included increases in health-promoting behaviours and decreases in problem behaviours such as aggression and delinquency. Positive effects have been found with regards to the onset and prevalence of alcohol use. [61][x] Children have also shown improved school engagement in middle school and academic success in high school, greater peer acceptance and increased positive interaction with their parents. [62]

- Positive outcomes for parents include improved parenting behaviour in the form of strengthened child management (e.g., more positive and competent discipline, limit setting, less harsh punishment), improved problem-solving skills and improvements in attitudes (e.g., greater acceptance of their child). [63]

- Areas of family functioning shown to be affected include improved parent/child family relations, decreased family conflict, increased family cohesion, and decreased family health and social problems (including substance abuse). [64]

Because most family factors addressed by substance abuse-focused family skills programs are also linked to the prevention of other health and social problems (e.g., mental health problems, violence, criminal behaviour, risky sexual practices),

Parents appreciate the concrete nature of these programs, the specific skills learned, the practical take-home tips and the support received from other parents.

these programs have potentially broad preventative effects. [65] Given that family factors can protect against a range of environmental risk factors that can be difficult to modify (e.g., highly available substances, various social influences), family skills programs are an important prevention option. [66]

As with all parenting education programs, significant challenges exist with the delivery of family skills programs. A common challenge is recruiting participants (particularly fathers) and keeping them engaged through the course of the programming. There are many possible reasons for this, but teams need to remember that there is always a cost or risk for participants associated with this kind of programming. Costs may be in the form of lost earnings while participating in the program, lost leisure time, or childcare and transportation costs. A learning experience of this sort may be seen as an opportunity for growth, but it could also be seen as a risk because it is unfamiliar. Learning new knowledge and skills may raise anxiety because it suggests giving up old ways of doing things. There is also the risk that, if not promoted, organized and delivered carefully, skills programs may attach stigma to participants (or cause distress to participants or parents unable to attend). [67] ▪

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[x] An important and relatively unique feature of these programs is that substance use-related benefits to youth have been sustained over a longer period than is the case with most other approaches (e.g., with school-based drug education, benefits tend to erode within a year or two) (Foxcroft et al., 2003).

6. CONCLUSION

Among the many factors affecting the well-being and substance use behaviours of young people, parenting and family life factors loom large. Family skills programs are an important health promotion and prevention resource for a diversity of families because they address many of these family-related factors, and because they have been shown to be effective.

Prevention resource persons (and the teams with whom they work) can confidently refer to this resource when designing their own program, strengthening an existing program or adopting a published program because they are evidence-based and represent best practice. This document provides a target or benchmark for this activity as well as a framework for planning, implementing and evaluating programs.

Teams are encouraged to view family skills programs as contributing to both substance abuse prevention activity and general family support in their community, and to strive towards a whole population approach to this work. An aim is to normalize parent and family support and help-seeking, and to cultivate a seamless range of services for families in different circumstances and at different levels of risk.

The potential benefits of family skills programs are significant, but there are significant challenges as well. Close attention to community context and adherence to evidence-based principles as reflected in the guidelines, which follow, will help teams meet the challenges and achieve the benefits of these programs. ■

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Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs

Section Two:
GUIDELINES

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SECTION TWO: GUIDELINES

The *Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs* provide a benchmark for family skills programming; [xi] they also represent a planning, implementation and evaluation framework or cycle. Although the guidelines appear as a series of steps to be undertaken in sequence, the process undertaken by programmers is best viewed as organic rather than linear (for example, while a community assessment needs to occur at the outset, information concerning needs and resources will arise at various points through a project cycle).

Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs	
1.	Build cultural competence into the program.
2.	Clarify needs, resources, targets and aims.
3.	Identify theory to guide design, implementation and evaluation.
4.	Establish a solid organizational and community context for the program.
5.	Pay attention to facilitator selection, training and support.
6.	Ensure active recruitment of participants.
7.	Implement evidence-based programming with fidelity.
8.	Take steps to retain participants.
9.	Monitor, evaluate and revise the program accordingly.

[xi] The Family-based Guidelines will be accompanied by various resources to help those striving to strengthen their skills-training programs and attain the benchmark.

1. BUILD CULTURAL COMPETENCE INTO THE PROGRAM

Culture has been defined as a system of collectively held values, beliefs and practices that guides decisions and actions in patterned ways. [68] Groupings take numerous forms (e.g., women; youth; seniors; gay, lesbian, bisexual and transgender people; people with different abilities; Aboriginal persons; refugees; immigrants; those based on religious beliefs or affiliations such as military, business or sports), and arise from life circumstances, life choices or some mix of the two. Of course, there are also many differences within ethnic and other cultural groups (First Nations people, for example, represent many diverse traditions). Some Canadians claim no particular culture while some claim or express more than one culture, so each of us has a unique cultural lens through which we see the world. In this sense, diversity is very much a reality for all Canadians and every human encounter is cross-cultural. [69]

Remembering each of us as an individual who cannot be fully defined by our cultural background, members of some cultural groups tend to participate less in mainstream activities and organizations [70] and report unsatisfactory experiences with mainstream services. [71] Language barriers, stigma, unemployment/underemployment, social isolation and, in the case of Aboriginal people and refugees, past traumas are some of the barriers that may hinder participation in community activities and access to various services.

Cultural competence has been defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals, enabling them to work effectively in cross-cultural situations. [72] Essentially, cultural competence is about valuing diversity and treating all people with dignity, regardless of their background. In a pluralistic society such as Canada, valuing and affirming cultural diversity is critical to effective service delivery. [73]

Ethically, it is extremely important for those implementing family skills programming to affirm cultural diversity and to approach family skills programming with cultural competence. Teams and facilitators need to appreciate that family structure, roles, responsibilities and parenting practices are very much culture-bound and affirm each family's sense of cultural values while exploring new family skills. [74]

Cultural competence will look different depending on where a team or facilitator is operating in the country and the cultural make-up of the community. Regardless, developing cultural competence needs to be viewed as a long-term process resting on a commitment to embrace diversity and to work with the full range of community members as effectively as possible. The process begins by recognizing how one's own cultural background fundamentally influences thinking and behaviour—and that communication and problem-solving style, and view of health, substance use and family life are all influenced by each person's unique cultural history. [75] [76]

The best way for a team to enter into the process of developing cultural competence is to see it as having both individual and organizational implications. At the individual level, team members and facilitators need to be encouraged to develop: [77]

- A sensitivity and understanding of one's own cultural identity;

- Knowledge of other relevant cultures' beliefs, values and practices; and,

- Skills to interact effectively with diverse cultures.

At the organizational level, whatever the relationship between the team and its host or sponsoring agency or network, activity will be enhanced if involved agencies see cultural competence as a priority. How this priority is expressed will depend on various circumstances (including the capacity of the organization), but an organization that aspires to be culturally competent needs to work towards: [78]

- Defining a set of values and principles, and presenting behaviours, attitudes, policies and structures that enable them work effectively cross-culturally;

- Having the capacity to value diversity; conduct self-assessment; manage the dynamics of difference; acquire and institutionalize cultural knowledge; and adapt to the diversity and cultural contexts of the individuals, families and communities they serve; and

- Incorporating the above considerations in all aspects of policy making, administration, practice and service delivery; and systematically involve relevant individuals, families and communities.

Ongoing critical reflection is a fundamental practice in strengthening the cultural competence of an agency or team. Reflection questions to start the process and to regularly revisit include: [79]

- What do we know about sociodemographic trends in the community?

- What are the social, economic and political circumstances for various groups (e.g., immigrant families, Aboriginal families) in the community?

- How can we stay informed of changing circumstances in the community?

- What are we currently doing to respond to those identified trends/realities in the community?

- How can we further strengthen our cultural competency?

Principles guiding a team or agency aiming to strengthen its cultural competence include:

- Including persons from diverse communities in all aspects of our work;

- Viewing ourselves as having responsibility to serve all families;

- Honouring and respecting families and youth of diverse cultures;

- Recognizing the strengths, skills, and resiliency of diverse families and youth; and

- Believing that parents and youth should be paid for any time and expertise shared with the team or agency. [80]

Clearly, a culturally competent organization needs to plan to consult with culturally diverse community members, but it must be prepared to go further—to involve these members on the team or in the network, and to welcome the change that their participation and leadership gives the initiative. ◼

2. CLARIFY NEEDS, RESOURCES, TARGETS AND AIMS

Given the challenges contemporary families generally experience, it might be assumed that parent/family support of some sort—substance use-focused or otherwise—would be welcomed in a community. Indeed, a broad community- or school-based substance abuse prevention needs assessment may confirm the need for, or interest in, family support. However, family support comes in various forms and it cannot be assumed that parents will have an interest in learning family skills.

A team or organization considering family skills programming needs to go beyond a general community needs assessment (as presented in Standards 1 and 2 in *Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention*) to determine the need for and interest in this specific programming. Before going too far, the team or organization needs to confirm it has the resources (i.e., the technical and financial assets) to undertake a family skills program. The assessment of needs and resources is the first step in the evaluation process, because one aim of the evaluation will be to determine the extent to which the programming met the initial need and how well resources were used. [81] In another sense, the process of assessing needs and resources must be considered an ongoing one: unless parents' needs are continually being met and resources remain adequate, the initiative will struggle. [82]

The aim of the initial community assessment is to determine whether there is sufficient need and interest to warrant implementation of a family skills program and, if so, to learn the characteristics of prospective families. When it comes to family skills programs, few communities or populations are particularly well served; successful implementation of a family skills program with any group of interested parents may be seen as an advancement.

However, there may well be some cultural communities or groups that are particularly underserved and the team may elect to see them as a priority. Gather information and analyze the sociodemographic situation and trends (ethnocultural and socioeconomic make-up) and issues in the community, and, within the analysis, identify groups that may benefit from and have an interest in this form of support. [83] Determining interest and need among members of the community that are less likely to participate in family skills programming (e.g., different cultural groups, fathers) will require concerted outreach efforts to engage them. Teams will need to obtain guidance and leadership from representatives of these groups in order to be effective in assessing their needs and assets, and will need to go to where these groups may be found (e.g., accessing fathers at children's sport settings). The team may find it helpful to identify a 'cultural guide'—possibly an Elder or senior—who can help them understand the community and engage with it. [84]

Some mothers and fathers may have more urgent needs and concerns, such as housing or medical care for their child. If those conducting the community assessment familiarize themselves with community resources, they may be able to provide invaluable assistance by referring parents to appropriate services or resources (which can ultimately facilitate parent readiness and participation). [85] [86] [87] In some cases, it is important to consider language and culture when making referrals to services and supports.

An assessment of needs and resources may take different forms depending on the size of the community and resources at hand. Options include holding a focus group, interviewing key informants, or administering a brief paper or online survey among parents in a neighbourhood, community or school. The best key informants are those who work closely with children and families in a school or community; they may include guidance counsellors; school parent council representatives; social workers; family lawyers; child, family or youth service workers; police (particularly in small communities); and clergy. Employing more than one method requires more effort, but doing so will provide a more accurate indication of needs and assets. Whichever methods are used, it is important to respect key informant or respondent confidentiality so that information can be shared and used for planning and evaluation purposes.

> *The aim of the initial needs assessment is to determine whether there is sufficient interest and need to warrant implementation of a family skills program and, if so, to learn general characteristics of prospective families.*

Important questions to be addressed by the initial needs assessment concern the age of the children of potential family participants and the nature of the participant population:

- Parent/family education programs need to be matched to the age and stage of development of children in the target population. As the programs work with parents on stage-related parenting skills, distinctions should be made between families of young children (0–6 years), older children (7–12 years) and adolescents (13–18 years). Programs for younger families are more likely to involve parents alone, while programs for older families often include separate sessions for youth and parents followed by time spent together to practice new skills.

- Parent/family education programs may be directed to families without considering whether they are at risk or not (universal prevention; for example, all junior high school parents),[xii] or to families viewed as at risk because of a common risk factor or circumstance (selective prevention; for example, parents attending a substance abuse treatment program).[88] The activities of universal and selective programs differ in that selective programs tend to involve more sessions.

Depending on the scope of the plans (e.g., pilot project, single, ongoing, multiple or tiered programs) it may be necessary to confirm technical (i.e., expertise) and financial (i.e., monetary and in-kind) resources or assets available to the initiative. The team itself no doubt brings important resources to the initiative; beyond that, an assessment of resources is best directed to groups and agencies in the substance abuse prevention and family support networks in the community. (See Guideline 3 for a list of community groups that may be a part of these networks.)

Upon completing the community assessment, it is important to clearly articulate the program's aims and objectives, because it will be on this basis that the program will be evaluated. A family skills program needs to include the prevention of substance abuse among youth as an ultimate or long-term aim. However, this does not mean the program cannot have other aims, such as preventing other youth health and social problems, or promoting youth development, family well-being or social capital in the community. As these aims share

many of the same protective and risk factors; incorporating substance use-related aims into a broad-based program is feasible and may in fact stimulate more interest from parents and potential partner agencies. Depending on the format of the family skills program, it will achieve its objective by strengthening parent skills—and possibly child/youth skills and family functioning—as protective factors, which are usually viewed as medium-term objectives.[89]

While bringing together necessary information on need, interest and resources, the community assessment process can also serve to generate interest in the programming. Communicating the general aim and nature of the family skills program (recognizing that finer details await the outcome of the needs assessment) will help mothers and fathers understand what they can expect if they participate.[90]

[xii] A universal family skills program may include families with youth who are at higher risk for substance abuse, but families are not specifically recruited into the program because of that risk.

3. DEVELOP THEORY BASE TO GUIDE DESIGN, IMPLEMENTATION AND EVALUATION

Underlying every parent or family skills program is a theory or logic that explains how it intends to produce changes. Sometimes the theory is implied or assumed by a programmer; it is more useful when the theory is explicitly presented, based on research and fits with the local context (e.g., resources, needs).

For these guidelines, 'theory' has two aspects: (a) it is a research-based explanation for how family skills programs produce the desired changes in participants (i.e., outcomes); and (b) it refers to the intuitive logic that planners use to connect a program's resources, activities, objectives and aims. Together, these provide a strong basis for planning because they indicate the team's thinking on where it wants to go with its programming and how it will get there. [xiii][92]

The School-based Standards, Community-based Standards and Family-based Guidelines view child/youth development and substance abuse prevention through a social ecological framework. This perspective sees the child or adolescent in the centre of a number of spheres of influence (e.g., family, social, school, community, society) that may serve to protect or place the young person at risk. Consistent with this perspective, parents need to be viewed as central influences—but not the only influences—in the lives of their children. This approach would help parents understand the protective and risk factors linked to substance abuse, clarify the importance of other influences in the child's life, explore ways they may reduce or enhance these other influences, and seek to ensure approaches and messages are consistent with other efforts to promote the health of children and families. [93] Similarly, from a family support perspective, parents can be seen as the centre of a number of spheres of influences. A program operating from this theoretic base or perspective would seek to collaborate with other family support initiatives to harmonize efforts and messages.

In terms of general program logic, family skills programs aim to produce positive child/youth outcomes with respect to substance use and possibly other behaviours by developing

Family skills programs often draw on social learning theory for a theoretic basis; it proposes that people learn from one another in social contexts by observing, imitating and modelling others.

prevention-related skills among parents. This logic is well supported by research not only for substance abuse prevention, but also for other outcomes such as preventing other youth behavioural problems, or promoting youth development, family well-being or social capital. [94] A body of research and practice argues that positive child outcomes are more likely when both parenting skills and family dynamics are the focus of the program; programs based on this logic provide programming for both the child and parents and offer opportunities to practice skills. [95]

Beyond this broad logic, a number of other theories have been found to be relevant for family skills programs. Some pertain to child and adult development and help programmers understand the developmental traits and needs of children and their parents. Others focus on how parents and children learn (e.g., behavioural theory, social learning theory, cognitive-behavioural theory). Family skills programs often draw on social learning theory for a theoretic basis; it proposes that people learn from one another in social contexts by observing, imitating and modelling others. [96][97]

Two other theories that can help to inform and ground a family skills program are: (a) adult learning theory (andragogy); and (b) the transtheoretical model of change (sometimes referred to as the 'stages of change' theory). Adult learning theory reminds programmers that adults are most likely to learn when material is relevant to their lives and helps them address actual situations or problems. One aspect of the transtheoretical model theorizes that individuals go through several stages when changing behaviour (in this case, parenting behaviour) and that parents who are not ready to change may not derive as much benefit from a family skills program. (Motivational strategies work well alongside transtheoretical model. For example, resistance to change is viewed not as a sign of lack of interest or defiance, but as a signal for the practitioner to adopt strategies that better match the individual's 'stage'.) [100]

Programs usually draw from more than one theory; it is important that the programmers have a reasonable understanding of the tenets of the theories they choose to employ and evaluate their particular use of the theories. ■

[xiii] If the program's theory isn't supported by research, there is greater onus on the programmer to ensure it is logical and to evaluate it.

4. ESTABLISH A SOLID ORGANIZATIONAL AND COMMUNITY CONTEXT FOR THE PROGRAM

Much of the initial and ongoing success of family skills programming will depend on the environment into which it is placed, both within a host organization and a community.

Organizational context: A team may implement a trial family skills program on a freestanding basis (i.e., without a lead or host organization, using grant funding). However, it is usually preferable that these programs find a comfortable 'home' in a lead or host organization that (a) is credible and broadly acceptable to the community; and (b) will offer solid organizational support.

A broad partnership reduces the visibility of any one organization, however the credibility and acceptability of the lead or host organization in the community remains a consideration. An organization or agency that serves the general population (such as a school, public health unit, municipality or band) will be broadly accepted; a family skills program situated in that context will avoid stigma that may be attached to attending a 'parenting program'. On the other hand, if the program is targeting a particular group, then a credible agency serving that group (e.g., cultural centre, substance abuse treatment centre, mental health clinic, faith-based centre) may be appropriate. An actively supportive champion from within the target group will generate interest and foster an inclusive environment from the outset.

Initiating this type of programming for the first time has implications for a lead organization and it makes sense to view initial implementation from an organizational change perspective. [101] Proponents of the program need to think through the additional resources required to implement the program (e.g., training, materials, equipment, space, food). They also need to aim for a consultative approach to introducing the program to the organization. Introduction by frontline staff without consulting management makes a program vulnerable from the outset. On the other hand, a top-down decision to implement this programming with insufficient input or ownership by the staff who will implement it will likely lead to resistance.

Management and staff briefings or consultations can help gain organizational support for a program. Consultation may reveal that the organization doesn't currently have the capacity to deliver programming. If staff members are working at full capacity, it may be necessary to identify funds for new staff or to wind down other programming areas (e.g., those that are not evidence-based) in order to clear staff time. Time will also be needed to attend training and/or prepare for the program; this translates into additional work for the program staff or non-participating staff backfilling for them. An early commitment to bring this programming into the core work of an organization places it on a strong footing. Stronger still is a commitment to introduce a culture of evaluation with the program, building in time for staff to monitor, evaluate and critically reflect on their work to ensure ongoing effectiveness. [102]

Community or partnership context: A context in which agencies, schools and various other parts of the community work with youth and their parents in a collaborative, interconnected manner is ideal. [xiv] A whole population approach would draw partners from both the family support and prevention networks, and broaden acceptability and participation for a family skills program. Involving a university in a partnership may bring monitoring and evaluation advice and resources to the team. [103]

As can occur at the organizational level, there may be partnership-level barriers to implementing family skills programs. These may include schedule conflicts, limited resources to support the partnership, and differences in issues to be addressed through the programming.

Addressing, at least to some extent, the interests of different groups in the partnership is imperative.

> *The team may better serve the community by exploring programming that cuts across issue areas, addressing multiple goals and outcomes concurrently.*

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xiv Possible partners at the community level may include: armed forces; band councils; church-based marriage, parenting and family programs; community health boards; culture-based community agencies; daycare centres; Elders' circles; family resource centres (e.g., maternal and child health, headstart programs); family therapists; First Nations and Métis child welfare services; hospitals; learning disabilities organizations; mental health agencies; parenting agencies; police services; public health services; recreation services; schools (e.g. home and school associations, school counsellors); social work agencies; workplace employee assistance programs; wellness clinics; women's centres; youth serving agencies (e.g., Boys and Girls Clubs, Big Sisters, Big Brothers, Scouts, Guides); and youth treatment centres.

This is best accomplished by developing or adapting programming that cuts across issue areas, addressing multiple goals and outcomes concurrently, [104] rather than deploying different parenting programs for each specific child issue (e.g., substance abuse, aggressive behaviour, ADHD, anxiety problems, social skills development). A positive family/child strengthening orientation that transcends issue areas has potential to be effective and broadly acceptable to partners and participants. [105]

Family skills programs will take full root only with ongoing investment from public, not-for-profit and private partners. There is strong rationale for this investment, given the evidence base for these programs and the issue areas they are able to address. The range of provincial/territorial government offices with a stake in family and youth health includes: education; child, youth and family; child welfare; community services; mental health; justice and probation; law enforcement; public health (e.g., chronic disease prevention); social services; and youth secretariats. Coordinated support of family skills programs by government offices and private foundations would make a significant contribution to the growth and sustainability of this programming in Canadian communities. ◻

5. PAY ATTENTION TO FACILITATOR SELECTION, TRAINING AND SUPPORT

The competence of the facilitator has a great bearing on the effectiveness of a family skills program; consequently, facilitator selection, training and support are large considerations. [106] [107] A trusted person from the community or target group who is a parent and a good role model, and possesses strong facilitation skills should be effective in this role. Relevant university or college preparation in social work, mental health or adult education is generally an asset (but not essential) for facilitators delivering programs to universal populations [xv] Empirical evidence is currently lacking, but some suggest that a male facilitator may be more acceptable to groups comprising fathers. [108] [109] Cultural competence is a consideration when hiring or selecting a facilitator (e.g., it should be included in the position description).

> *A facilitator has the delicate and demanding task of giving structure to the sessions and support to families without compromising parents' sense of personal effectiveness.*

A professional comportment is important for facilitators, characterized by an understanding of ethical issues (e.g., confidentiality and boundary setting), ongoing professional development (e.g., efforts to network and collaborate with colleagues) and self-care. [110] Because continuity and relationship development are important in family skills programs, a commitment by the facilitator to complete a program is clearly important. [111]

A facilitator has the delicate and demanding task of giving structure to the sessions and support to families without compromising parents' sense of personal effectiveness.[112] This task involves both relational and participatory practices. [113] Relational practices include the ability to form constructive relationships such as warmth, empathy, integrity, genuineness, humour, humility and cultural sensitivity. [114] [115] [116] Participatory practices include nonjudgmental language, the ability to balance program structure with flexibility, comfort with interactive methods, and the ability to instil a sense of partnership among participants. [117] [118] Some family skills program groups will be culturally specific (e.g., military, Korean families) but many will bring together families of various cultures. In all cases, the task of the facilitator is to recognize the diversity in the group and instil a 'group culture' that works for everyone. Some facilitators bring natural abilities to this work; others can strengthen their abilities through training. [119]

Standard programs in this area typically call for one to four days of training. There is little doubt that more extensive training likely translates into more effective delivery; however, onerous training requirements may serve as a barrier. As such, organizers are encouraged to monitor the effects of training and explore options for arriving at 'just enough' training and support to be effective. [120] The intensity of the training will usually vary with the level of intervention, with selective or targeted programs calling for more intensive facilitator training than universal programs. [121]

Facilitator training may include: [122] [123]

- Reliable, up-to-date knowledge of child development, family systems, family stress and substance abuse-related protective and risk factors;

- Adult education, group facilitation methods and strength-based communication;

- Theory base or concepts underlying the program;

- Exploration of personal values, power relations and the need for deep respect for participants;

- Program content and processes;

- Balancing fidelity to the program with needs of participants;

- Program monitoring and evaluation;

- Ethics, confidentiality and practice addressing sensitive situations;

- Information on effective methods of recruiting and retaining families; and

- Availability of written and video resources and of other services in the community.

Quality initial training makes a necessary contribution to effective program delivery, but in many ways it is not sufficient. Training cannot compensate for lack of organizational

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[xv] Professional preparation is more important when facilitating groups of higher-risk families in which more complex issues may arise through the course of the programming (Lochman & Van den Steenhoven, 2002); however, it is useful for these programs as well. The Certified Canadian Family Educator designation recognizes relevant preparation (http://www.parentsmatter.ca/index.cfm?fuseaction=Page.ViewPage&PageID=613).

support for the program and its facilitators, which may show up in the form of weak program visibility, inadequate funding, poor facilities/equipment or high staff turnover. [124] Ongoing support from a stable, committed lead organization—together with quality initial training—greatly increases the likelihood that a program will be effective and sustained.

A very important form of organizational support is regular supervision of the facilitator to track activity (e.g., discuss adaptations, minimize program drift) and to monitor use of resources. [125] [126] Occasional program audits to ensure content and delivery adhere to plans and methods laid out in the program manual (as revised for particular groups) can be useful when employed in a constructive manner.

An organization can also assist by encouraging the facilitator to arrange peer support. Peer support will vary with the organizational and community circumstances but can take the form of a mentoring arrangement, [127] regular critical reflection sessions, debriefing sessions to deal with particular issues [128], occasional use of two facilitators per group, and participation in a local or web-based practitioner network. [129]

Other important forms of organizational support include: [130] [131]

- Enough time for preparation;

- Participation by a respected Elder or senior;

- Maintaining an inventory of community resources for the facilitator's use with families;

- Ongoing training to keep knowledge up-to-date and to hone facilitation skills;

- Help in identifying indicators and collecting monitoring data; and

- Regular updating of manuals and other program materials, based on evaluations. ☐

6. ENSURE ACTIVE RECRUITMENT OF PARTICIPANTS

A longstanding challenge with parenting programs is recruitment of participants. Once recruited, most parents attend most sessions, but typically few are enticed to the opening session.[132] Nevertheless, there is a range of recruitment options available to a team—from broader, overarching measures to more specific actions that, taken together, greatly add to the potential reach for this kind of program.

Ideal is a community climate that is supportive of parents and presents parenting assistance as 'normal'. There are obvious resource implications, but this community climate is best achieved by providing parents with a variety of options in how they access information and skills strengthening support, accompanied by local media messaging to highlight those options. A pre-recruitment public awareness campaign can prepare the ground, raising interest while reducing stigma that some may attach to these programs. When parents have choices and are encouraged to learn more about parenting roles and skills in a manner that emphasizes their capabilities rather than weaknesses, they are more likely to access information or participate in activities or programs.

For family skills programs specifically, an active team and partnership can contribute significantly to participant recruitment. A decision to launch a program should be made only after consulting and gaining agreement from all pertinent groups or individuals (i.e., those affected by implementation or those whose cooperation is required), especially if they are expected to devote staff time or resources. Communicating a desire to partner with parents is also important [134] [135] and is consistent with a strength-based approach that views parents as fundamentally capable.

Basic to promotion of a program is a clear understanding of the program's elements (i.e., the target population, theoretic basis, logic, goals and activities), so team members and partners can promote it clearly and avoid confusion among parents.[136] [137] At the same time, a willingness to organize a program that suits the local context and parents' needs is important and can be accomplished with a consultation or needs assessment process. It is important that the team be clear on the limits of tailoring a family skills program and assess within those bounds. In their desire to tailor a program and best meet the needs of participants, programmers need to avoid trying to be all things to all parents.[138]

Clear communication from the lead organization to partners allows them to use their channels and networks to promote the program. If among the partners there is a particularly trusted and respected institution or individual, such as an Elder, it may be helpful to emphasize that link.[139] [140] Promotional assistance from others outside the team (e.g., schools, youth services, church networks, youth drop-in services, employers) and who have contact with parents and children will also help.[141] [142]

Persistence and use of all appropriate means in a community are called for when recruiting for these programs. [143] [144] For some ethnic, smaller or remote communities, this may mean relying on direct word-of-mouth contact from either the programmer or former participants. On the other hand, a program website is a straightforward way to provide relevant information about the program. [145]

In any community, phone calls, emails or social networking tools can provide an opportunity to answer questions, clarify expectations and bolster attendance at the initial meeting.[146] Language and literacy skills are important considerations for programs in some communities, beginning at the recruitment stage. In all cases, it is important to highlight the relevance of the program to parents. Relevance may be greater at some points than others, so timing is an important consideration. Parents may be more ready to participate at important transition points, such as when: [147] [148] [149] [150]

- Children are starting school or a new school phase (e.g., middle school, high school);
- Parents are starting a new job or changing workplaces;
- The family registers at a new health clinic;
- Beginning a substance abuse treatment program with a commitment to change;
- Youths have their first contact with law enforcement;
- Court has ordered children to be placed in care; and [xvi]
- Other changes in family circumstances occur (e.g., divorce).

> *Ideal is a community climate that is supportive of parents and presents parenting assistance as 'normal'.*

While preparing a recruitment plan, it is worthwhile to consider barriers that may hinder parents' participation. Commonly cited barriers include time constraints, scheduling conflicts, affordability, lack of childcare, fear of stigma, transport issues, and cultural and linguistic barriers. [151] [152] [153] Possible ways to address barriers and increase participation include: [154] [155] [156] [157] [158] [159] [160] [161]

- Promote the program in health care facilities, at schools, on community bulletin boards, religious/faith meetings, on service organization websites, at sports and other recreational venues, and at worksites;

- Consider using social media to help promote the program;

- Provide detailed information on what can be expected, highlighting the evidence in support of these programs to give parents confidence that their time will be well used;

- Present the program as being universally relevant rather than for 'failing' parents (e.g., "we've all made mistakes, but we all possess strengths as parents; this is about strengthening our skills, not blaming ourselves");

- Describe family skills programs as broadly beneficial to youth and family health and functioning rather than focused on substance use alone;

- Incorporate substance use-related aims into a program aiming to address broader youth development aims (e.g., "better academic performance for your child") to stimulate greater interest from parents and potential partner agencies;

- Present the program as fun, relaxing and informal;

- If, as may be the case in rural communities, there is an insufficient number of parents to conduct a program, explore alternatives such as connecting a facilitator and several communities through videoconferencing;

- Monitor recruitment and retention rates with various groups in the community (e.g., cultural groups);

- Use personal approach (e.g., visiting families) to build rapport and motivation;

- Invite relevant agencies to presentations or information sessions to encourage referrals to your program;

- Plan the program around other regular meetings that occur in a community such as faith meetings or parent-teacher meetings;

- Minimize the time between enrolment and the first session;

- Offer multiple incentives such as help with transportation, food, refreshments or childcare, or combining the program with a literacy element;

- Use a location that is familiar, nonthreatening and convenient for participants (e.g., requiring minimal travel time, supported by public transport);

- Strive for flexible scheduling and convenient times;

- Minimize initial time commitments by organizing 'taster' sessions (i.e., a drop-in information session or a one-time workshop);

- Emphasize opportunities for parent-to-parent peer support and interaction; and

- Target existing groups who share common experiences (e.g., parents of a music program or minor sports team).

If targeting a particular cultural community: [162] [163]

- Partner with relevant cultural groups in order to engage members of that community, and explore the value and implications of conducting family skills programming;

- Build relationships with community leaders (e.g., Elders) so they come to feel comfortable supporting the program;

- Identify and work with natural networks of support (i.e., the people and organizations that families turn to for help in their everyday lives) in diverse communities to increase awareness and interest in family skills programs;

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xvi By complying with a recommendation to attend family skills training, parents increase their chances that the court order will be lifted.

- Ensure the engagement processes and the program are adapted to the local context and to the cultural backgrounds of the targeted families; and

- Invite shared leadership to engage particular cultural communities and ensure relevance.

The team may find it helpful to invite members of the community to a focus group to explore the program and materials that will be used. Welcome their critique of the materials and explore preferences for: [164]

- Language;

- Learning styles (e.g., storytelling, written materials, workshops, videos, conversations);

- Participation styles (e.g., spouses together); and

- Location.

If there is a need for change, invite representatives of cultural groups to assist in adapting group process and program content (e.g., experiential exercises, wording, examples, language) of generic programs while maintaining fidelity.

A program can be expected to be more valuable to families when both parents participate; in some circumstances, it may be more feasible for a father to participate than a mother. However, fathers are less likely to subscribe to these programs; consequently, teams will likely need to give concerted attention to attracting couples or men. Listening to men on how a program can be offered in a father-friendly manner is the best place to start.

Other suggestions for increasing interest among men include: [165 166 167]

- Recognizing that there are a diversity of fathers in various circumstances (e.g., gay, Aboriginal, stay-at-home, new Canadians);

- Actively disseminating program information in informal venues such as washrooms, lunchrooms, sports bars, hallways, coatrooms and locker rooms;

- Using positive humour in promoting the program to fathers;

- Offering recreational activities as a component of the program;

- Asking fathers to offer services to the program, such as computer support or handyman skills.

There is some indication in the literature that fathers are less comfortable with 'talk-based' or 'sharing' formats. Consequently, the activity-oriented format used by family skills programs may be preferred by them; it may be worthwhile highlighting this feature when recruiting fathers. [168]

Be aware that some parents who might otherwise be interested may be overwhelmed or preoccupied by other more pressing concerns (e.g., job seeking, childcare, housing, food, legal aid, family health issues); an understanding of other family support resources in the community will allow recruiters to suggest appropriate resources or referrals. [169 170] □

7. IMPLEMENT EVIDENCE-BASED PROGRAMMING WITH FIDELITY

Programs falling within the broad genre of 'parenting' programs can have benefits for the parents (e.g., self-confidence), the children (e.g., social skills), the family (e.g., bonding) and the broader community (e.g., contributing to social support networks). [171] Family skills programs share many aims and features with other parenting programs. In order to be considered a youth substance abuse prevention program, a prevention program needs to explicitly aim to prevent youth substance abuse, and it must contain elements shown to have the effect of preventing youth substance abuse.

It is possible to accomplish this while addressing other aims because substance abuse shares risk and protective factors with other youth issues (e.g., mental health problems, violence, criminal behaviour, risky sexual practices). [172] Prevention of substance abuse and other youth issues is generally considered a longer-term aim, best achieved by an array of school-based and community-based programs working together; individual programs are typically evaluated on their ability to change known protective or risk factors (i.e., medium-term outcomes) among participating families.

Teams can be more confident of positive outcomes when they adopt and, when necessary, carefully adapt an evidence-based program than when designing their own from scratch. [xvii] Regardless, it is important that a facilitator be able to refer to an organized structure of content, processes, strategies and activities that link directly to the outcomes established by the team. [173] Indicated prevention programs—which are not the subject of this document—tend to be 'manualized', featuring a tight structure delivered by professional staff. Universal and selective prevention programs typically offer more flexibility and latitude for the facilitator to adapt a program to the participants' needs and local context. [174] (Even light adaptations, such as incorporating local stories and pictures, can help engage participants.)

Teams need to work towards preparation of a program manual that is detailed, flexible, easy to follow and consistent with the objectives and guiding principles of the program.

Nevertheless, teams need to work towards preparation of a program manual that is detailed, easy to follow, flexible and consistent with the objectives and guiding principles of the program. Documentation needs to include parent resource materials (e.g., workbooks, brief information on specific issues) that are logically linked to the objectives, guiding principles and strategies of the program. The facilitator needs to consider ethnicity/culture, literacy levels and education levels when developing materials or activities that require reading or writing. Documentation of this sort positions the program to be systematically delivered, monitored, evaluated, revised and delivered by others. [175][176]

Prior to (or early into) the program, the facilitator, employing adult-education techniques, will need to gain agreement from participants on how the program will achieve its objectives, and be prepared to make adjustments based on the particular needs and interests of a group. A possible challenge for the facilitator will be to strike a balance between honouring the documented 'curriculum' and honouring the interests of participants. If, as is the case with programs covered by this resource, substance abuse prevention aims are important to the program, decisions on what content to include and how to proceed need to be based on whether adjustments can achieve the program's prevention objectives (otherwise, the program could go in another direction with other aims). To address protective and risk factors most associated with substance abuse, prevention programs need to focus on building skills that strengthen positive family relationships, family supervision and monitoring, and communication of family values and expectations. [177] The facilitator needs to be able to draw insights and skills from the participants themselves.

Programs with the strongest evidence base organize each session to provide separate learning opportunities for parents and children, after which participants are brought together to practice newly learned skills. A sample outline for a family skills program includes the following content processed in

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xvii For details on a range of evidence-based prevention family skills programs see *Compilation of Evidence-Based Family Skills Training Programme* by the United Nations Office on Drugs and Crime, Vienna (2010). It is available online at: www.unodc.org/docs/youthnet/Compilation/10-50018_Ebook.pdf.

a developmentally appropriate manner (see *Section Four: Appendices* for a more detailed outline): [xviii]

Knowledge and skills for parents:

- Strengthening parents' responses to their child (e.g., learning and practicing how to display affection, use positive attention and praise, appropriately express feelings and emotions).

- Strengthening parents' ability to provide structure (e.g., using age-appropriate discipline methods, establishing clear rules, monitoring children's activities, having certain meals together).

- Strengthening parents' ability to become involved in their children's school studies and in the community.

Knowledge and skills for children:

- Strengthening children's knowledge and skills pertaining to self (e.g., strengthening their emotional capabilities, motivation and orientation to the future, problem-solving skills, ability to care for themselves).

- Strengthening children's knowledge and skills pertaining to relationships (e.g., building social relationships, respecting others, communicating effectively, managing peer influence, reading a social situation, strengthening academic skills).

Knowledge and skills for families:

- Strengthening family communication skills (e.g., listening skills, organizing family meetings, calmly discussing difficult topics).

- Strengthening the ability to develop structure for family life (e.g., solving problems together, providing appropriate feedback to each other).

- Strengthening family's goal orientation (e.g., using community resources effectively, decreasing social isolation, planning and organizing future family life).

Substance use-specific content for skills programs for families with children ages 10–18 may include: [178]

- A parent's role in preventing substance use;

- The importance of parental substance use attitudes and practices on a child's behaviour;

- Ways to establish and communicate clear expectations about substance use based on the developmental stage(s) of the child;

- How to discuss the consequences of substance use with children;

- How to help children practice substance use-related assertiveness skills;

- Ways to monitor their children's activities; and

- Analysis of the spheres of influence beyond the family (e.g., peer, school, media, community, societal) and the ways parents can reduce or enhance those influences.

At least as important as the content (the 'what') is the process (the 'how') by which it is delivered. [179] What works best is an interactive, family-centred approach (rather than one that is expert/professional-centred). [180] This means that the facilitator treats all families and cultural groups with dignity and respect, and avoids assuming or determining parents' needs; the facilitator instead seeks to engage and empower parents through participatory techniques. By demonstrating an interest in each individual participant, taking time to clarify particular interests/concerns, identifying opportunities for group decision making, and emphasizing participants' insights and solutions, a facilitator can create a satisfying and productive 'group culture'. [181]

> *At least as important as the content (the 'what') is the process (the 'how') by which it is delivered.*

Because the aim of these programs is to change behaviour—not just to simply inform or educate—the process also needs to be activity-based and skills-focused rather than 'talk-based'. Components of this kind of process typically include video modelling or demonstration of particular skills, rehearsal, coaching, role playing and practice. [183] [184] [185] This process works best with groups of 8–12 families (smaller groups help to avoid social isolation in a program; larger groups may produce more parenting tips). Home-based activity helps to cement new insights and skills and could involve 'take home and try' tips, a plan for self-monitoring of parenting practices between sessions, and scheduled fun family activities and

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meetings. [186] [187] Regular family meetings are encouraged because they provide an environment for parents and children to discuss expectations and issues as they arise. Building opportunities for informal social interaction into the program can strengthen social support among participants (this may be less important or look different for fathers). [188]

The length of these programs varies between universal and selective populations. [189] [190] Universal family skills programs that have been found to be effective have about four to eight sessions, while programs effective for selective populations have 10–15 sessions. [191] Considerations in determining the length of a program include:

- Interactive sessions take more time to process than talk-based sessions;

- Some groups may require more time to learn and practice new skills;

- Some groups may require more sessions to develop trust and rapport between facilitator and parents (and among parents themselves); and

- Some groups of families may miss more sessions, requiring additional sessions to re-present and learn skills. [192]

In addition to providing guidance to programmers, documentation also provides the basis for innovation that builds on existing theory and research or adapts to local context. The evidence supporting family skills programming of the sort described here is quite strong relative to most other family-based prevention options, but there remains much to learn about how to organize this type of programming to best meet the needs of different groups (e.g., cultural, level of risk). Moreover, innovations and modifications that reduce the time commitment and inconvenience that can be associated with these programs (e.g., more use of online components, briefer formats, homework assignments) may prove helpful in expanding their reach. A plan to explore innovations places more onus on the team to document, monitor and evaluate; because adaptations may increase effectiveness, they may have no effect or they may render the program ineffective. The only way to know is through evaluation. ◾

8. TAKE STEPS TO RETAIN PARTICIPANTS

Many of the practical measures employed to recruit participants (e.g., holding sessions in a safe, neutral venue; arranging childcare and transport; using incentives such as food and door prizes), if well suited, will have the effect of retaining them as well. Nevertheless, participation in a family skills program is voluntary and needs to be seen as one of various options parents have for spending their time. As discussed in the Introduction, parents will perceive costs and risks to participation; it will be helpful for the team to anticipate these barriers and try to address them. More useful still would be a discussion of possible barriers and solutions with participants themselves in an initial meeting.

There are numerous practical reasons parents may leave a program and, in some cases, there will be nothing the facilitator or team can do about it (e.g., work schedules may have changed, family has moved). [193] Some may have more basic preoccupations that prove too great a distraction to proceed (e.g., medical issues, financial problems, upcoming divorces). [194]

Participation in a family skills program is voluntary and needs to be seen as one of various options parents have for spending their time.

On the other hand, it is also possible that a parent: [195] [196] [197]

- Decides the program isn't relevant or what they were expecting;

- Is uncomfortable with cultural assumptions being made in the group;

- Feels intimidated by or doesn't like the facilitator or others in the group;

- Isn't comfortable with group meetings or the methods being used;

- Feels a stigma or inadequacy attached to attending the program; or

- Becomes uncomfortable with issues raised in the sessions.

Motivations are often mixed when a parent decides to attend an initial meeting, and a decision to continue to attend may hinge on any number of considerations. [xix] If participants don't immediately see how a program will help them and if they already have a low sense of personal capability to change their situation, practical barriers may be enough to make them decide to stop coming to a program. [198] Even when a person shows up, it can't be assumed they're motivated and ready to learn. [199] To promote ongoing attendance and relevant learning, it is important to give high attention to implementation issues, [200] which means preparing and implementing an evidence-based program that emphasizes empowerment, relationships, commitment to diversity and cultural competence, and learning.

Empowerment: Both adults and youth tend to respond more positively and become more engaged in activities when they are approached on the basis of their strengths rather than their deficits. To retain parents in family skills programs, it is essential that they feel their knowledge and experience is important to the process. [201] This builds a sense of personal capability among parents that will contribute directly to the goals of the program and increase the likelihood of them continuing to participate.

Ways of incorporating a strength-based approach into a program include: [202] [203] [204] [205]

- Making it clear that the parents have the competence to manage their own families effectively and contribute to the program;

- Involving participants in setting goals for the program to immediately build a sense of ownership;

- Emphasizing partnership (i.e., doing things *with* parents rather than *to* them);

- Making concerted efforts to fine-tune parents' own ideas rather than emphasizing the program's ideas;

- Having fun together;

- Encouraging reciprocity in giving and receiving help (i.e., when participants offer support to others, they increase their feelings of personal competence and belonging);

- Ensuring participant input or feedback is incorporated in a transparent manner;

[xix] Some parents may be motivated by a desire to avoid child(ren) being placed in the care of the state, having been encouraged to attend by courts who indicate that completion may support their case. Parents in this circumstance often have higher rates of attendance, and report being glad they attended and being more confident and competent in parenting as a result of having attended (Moran et al., 2004).

- Initiating opportunities for participants to contribute to the program in other ways (e.g., bringing a children's book to share, contributing used clothes to an exchange);

- Once the basic elements of the program have been presented, moving towards collaborative problem solving and inviting parents to apply newly learned knowledge and skills; and

- Providing recognition or awards for completion of the program.

Relationships: Some parents may benefit regardless, but a program that builds a feeling of belonging and emphasizes relationship building will take on more meaning for participants and lead to longer lasting supportive links between them.[206] Bonds of attachment with other members of the group and the facilitator can help alleviate parental stress and build motivation for learning new parenting approaches.[207] The basis for a program of this quality is a message of mutual respect, equality and trust passed on to participants by the facilitator and others involved in the program.[208 209 210 211]

Ideas and considerations to cultivate trusting relationships include:[212 213 214 215]

- Creating a relaxed, welcoming atmosphere;

- Starting with 'safe' or relatively easy activities that allow participants to warm up to one another and experience the group as friendly and trustworthy;

- Practicing active listening and nonjudgmental/ empathic approaches;

- Ensuring confidentiality and privacy;

- Clarifying and facilitating appropriate sharing of personal experiences;

- Encouraging creation of informal support networks within the group;

- Incorporating a family meal into each program session, allowing families (including supportive extended family) to spend relaxed time together;

- Minimizing staff turnover; and

- Using facilitators who will be perceived to be similar (e.g. sex, ethnicity).

Commitment to diversity and cultural competence: Canada is a strongly multi-ethnic country in which a variety of family structures (e.g., same-sex marriages, common-law relationships) are accepted and enshrined in law. It is entirely possible that a local community contains diverse populations reflecting a range of ethnoracial groups, family structures and child-rearing practices; consequently, it is vital that the team consider how it will achieve cultural compatibility between the program and participants.

> *It is entirely possible that a local community contains diverse populations reflecting a range of family structures and child-rearing practices.*

This calls for a commitment to cultural competence, which presents several broad options:

(a) Skilled facilitation: A skilled, culturally competent facilitator who presents evidence-based parenting practices while demonstrating openness to exploring their cultural fit will create a fertile learning environment for all;

(b) Translating programs: This option refers to translation of the language, not the content;

(c) Culturally adapting programs: Cultural adaptations involve changing some of the program content to reflect the cultural values of participants, and these changes may be at the level of either 'surface' or 'deep' structure. Surface structure involves matching materials and messages to observable characteristics of an ethnocultural group (i.e., using language, music, food, locations and clothing familiar to the group). Deep structure involves incorporating the cultural, social and historical factors that influence parenting behaviour in the proposed target population;[216] or

(d) Preparing culturally specific programs: This option involves developing a program for a particular target group rather than modifying one developed for a different cultural group.[217]

The appropriateness of any of these options depends on the ethnocultural make-up of participants.

- If working with a culturally specific group (e.g., Aboriginal families, Chinese families), it would be very helpful to work with credible representatives (e.g. Elders, seniors) of the local ethnocultural community to determine which option would be most appropriate.

- If participants reflect a mix of cultural backgrounds, cultural competence calls for skilled facilitation that recognizes the diversity in the group and draws each participant into the process.

Learning: A posture of ongoing needs or learning assessment on the part of the facilitator and others involved will contribute to a responsiveness that will help retain and engage participants. [219] The learning requirements for the program and facilitator can be broken down as follows: [220] [221]

- ***Helping participants engage and learn:*** Inviting input into objectives and activities, asking for feedback, responding to different learning styles, adapting language and literacy levels, and being open to adding personally relevant topics (e.g., managing parental stress);

- ***Helping participants use what they learn:*** Modelling skills, providing examples, relating new knowledge to daily life, offering a parallel program for children, inviting participants to problem solve based on new insights and skills, using active learning techniques to practice new skills, suggesting 'homework' activities, and asking participants to plan how they will use new skills; and

- ***Helping participants sustain learning:*** Encouraging links and informal support groups among participants, embedding the program in a larger context (e.g., youth substance abuse prevention and family support) that allows participants to continue with other related activities, and offering follow-up or 'booster' sessions. ■

9. MONITOR, EVALUATE AND REVISE THE PROGRAM ACCORDINGLY

Family skills programs have been shown to be effective in preventing youth substance abuse with a variety of populations and contexts, including Canadian. [222] This is important evidence, but it is still reasonable to confirm that they are effective in various Canadian cultural and community contexts, particularly when tailored to some extent to meet local needs and circumstances. Consequently, regardless of whether they have been adopted, adapted or started from scratch, family skills programs benefit greatly from a culture of evaluation. Building a culture of evaluation means becoming more self-reflective and outcome focused, and it means viewing evaluation as a routine part of program delivery (rather than a threat). [223] Building blocks for establishing a culture of evaluation include program documentation, a logic model, monitoring, process evaluation, outcome evaluation, cost accounting and program revision based on evaluation findings. [xx]

Program documentation: Basic to monitoring and evaluation is good program documentation in the form of a program plan and/or implementation manual. Without sound documentation, it becomes nearly impossible to deliver it consistently (i.e., program fidelity) and understand which, if any, components are responsible for positive participant outcomes. [224] Whether included in one or two documents, the plan and manual need to include the program's theory base, goals, objectives, program components, agenda and a detailed explanation of activities, as well as equipment, worksheets and handouts. Also important are a plan for monitoring and evaluation, with indicators for measuring the process and outcome objectives. [225]

> *Building a culture of evaluation means becoming more self-reflective and outcome focused, and it means viewing evaluation as a routine part of delivering the program.*

Important to include in the documentation is a discussion of the team's theory of how intended changes in participants (i.e., knowledge, attitudes and skills) will be achieved. Theory in the sense used here refers to both the empirical evidence that suggests the program can be effective, and also the extent to which the team's plan is logical or makes sense (i.e., that the elements of the program, as adapted and implemented, will accomplish the program's aims). [226] [227]

Logic model: Developing a logic model that details the team's approach is a helpful way to present the program logic and to build documentation for the program. Logic models vary but generally spell out the resources, activities and outcomes of the program using statements such as the following:

- ***Resources*** that the team brings to the program (e.g., research into family skills programming, team member expertise, facilitator training) will produce...

- ***Activities***, which produce ***Outputs*** (e.g., number of people participating, level of satisfaction), can be expected to lead to changes called...

- ***Immediate Outcomes*** (e.g., new knowledge and skills among parent and child participants), which can be expected to produce changes called...

- ***Medium-term Outcomes*** (e.g., new parenting and family practices), which will produce changes called...

- ***Long-term Outcomes***, which is the team's ultimate goal (i.e., prevention of youth substance abuse and possibly other youth health risks).

Monitoring the program: Monitoring is distinct from process evaluation in that it provides feedback while the program is in progress to determine if it is progressing as intended, while process evaluation helps the team, upon program completion, make judgments about whether the initiative had the desired effect. [228] Monitoring calls for the team to step back from the program at key junctures (e.g., every two or three sessions) to determine if it is unfolding as planned. The team will need to have assigned targets or 'indicators' for what it hopes to achieve, asking questions such as: [229] [230]

- Is the program requiring the planned financial and human resources? If not, why?

- Is the program reaching the intended population? How many individuals? Of what age? Of what gender?

- Is the program being implemented as planned? If not, why?

- Are participants engaged? Satisfied? Has anyone dropped out? If so, why?

The clearer the plans, the easier it will be for the team to monitor whether the program is on track. Doing so allows the team to make timely changes mid-course rather than waiting for the final evaluation. Based on what is learned through monitoring, the facilitator or team may see the need to adjust or restructure the program implementation, or to modify the plans. [231] [232]

Process evaluation: A process evaluation at the end of the initiative draws from monitoring documentation to assess the quality of the implementation. Whereas the focus of an outcome evaluation is the extent to which outcomes are achieved, the focus of a process evaluation is the extent to which planned outputs were met. [233] Questions that facilitators can document for a process evaluation include the following: [234]

The clearer the plans, the easier it will be for the team to monitor whether the program is on track.

- What went well and why?

- What did not go well and why?

- Did the local context or participant adaptations that were made work well?

- Did anything important about individual families emerge for discussion?

- Do any of the families need a referral to addictions treatment or other services?

- What recommendations for better implementation of the program should be noted for the future?

- What is required in preparation for the next session?

Several of these questions are best answered by participants through questionnaires delivered at the completion of the program. Responses to these questions will provide an indication of the quality of implementation, including the performance of the facilitator.

Outcome evaluation: While a process evaluation asks "what happened?" during the course of implementing a program, the outcome evaluation asks whether or nor the program worked. Given the various investments that go into a program (from team members, others in the community and funding partners), a team needs to also invest in outcome evaluation. A question that arises is when to undertake this investigation. Sometimes outcome evaluations are required at the outset by funders, but there is an argument for conducting an outcome evaluation after the program's functioning has been evaluated through a process evaluation, revisions have been made and the program is working well. [235]

As with the process evaluation, the team's logic model provides the basis for an outcome evaluation. The immediate, medium-term and long-term outcomes presented in the logic model identify the desired changes the team aimed to effect in the lives of targeted parents and youth when planning the program. These programs are youth substance abuse prevention programs, so they need to explicitly aim to prevent youth substance abuse, possibly while addressing other youth issues that share risk and protective factors with substance abuse (e.g., mental health problems, violence, criminal behaviour, risky sexual practices). It is not easy effecting changes in substance use behaviours—change is most likely when various school-community programs work in concert. It can also be challenging to measure those changes, particularly when working with families of younger children who wouldn't be expected to begin substance use for several years. So, without losing sight of long-term substance abuse outcomes, it is important to measure the extent to which the program affects protective or risk factors (medium-term outcomes). If you have an effect on factors (protective or risk) that have been clearly shown by research to be associated with youth substance use/abuse, there is good likelihood you will have an impact on the long-term outcome. [236]

Cost accounting: It is difficult to measure all the costs against the benefits of a program because they may not be obvious or may be difficult to calculate. However, programmers can begin to lay the foundation for cost evaluation by accounting for the various costs and keeping sound financial records.

In considering costs, it is important to be consistent (particularly if different partners are tallying costs) and to

document decisions on what the team is and isn't considering a cost. [237] It is standard practice to estimate the 'opportunity costs'; that is, the value of all goods and services that society must give up in order to have the program, regardless of who pays for them. A costing of a family skills program assumes opportunity costs to the community facilities (i.e., they could be used for some other purpose if they weren't being used for the program). Other costs include facilitator salary, value of in-kind volunteer time, program materials and equipment (e.g., computers), advertising, communications (e.g., Internet connectivity, telephone calls, postage), printing, travel and evaluation (usually around 10 percent of a program budget). [238]

An accounting of costs will allow a team to conduct a cost analysis and explore a number of questions:

- Is the program worth doing? Do the benefits justify the costs?

- What is the most efficient way to get results from the program?

- What are the cost implications of expanding or shrinking the program?

- How do the program's costs affect its sustainability?

- What are the cost implications of implementing the program elsewhere?

Simple cost analysis can also be used to build support for an initiative; for example, a team could calculate how much its activities have cost and divide this by the number of people reached. This is not an actual cost evaluation, but it can lend support to the program by showing that outputs were achieved at relatively little cost. [239]

Revise accordingly: When a team has the benefit of documentation from a previous effort (e.g., logic model, implementation manual, process evaluation, outcome evaluation, cost accounting) and systematically applies lessons learned from it, improvements are likely. Documentation from a program will help teams identify those aspects that worked or did not work well (or perhaps didn't work well for particular participants) and can provide a strong basis for making adjustments to the planning and implementation of future programs. Taking pains to avoid bias, it may be helpful to draw input or reaction from past participants (including dropouts) when revising a program. Taking sufficient time to

reflect on these questions and consider their implications for the next program positions the team to undertake quality work and increases the likelihood that programs can be integrated into the life of the community.

In many cases, programming organizations or teams do not have evaluation capacity. Having access to an experienced evaluator who can provide advice on designing, implementing and reporting on an evaluation plan that is both manageable and useful is critically important. Teams often gain this expertise by establishing a partnership with a university department experienced in working with community groups. ☐

STRENGTHENING
Our Skills

**Canadian Guidelines for Youth Substance Abuse Prevention
Family Skills Programs**

Section Three:
SUGGESTED OUTLINE OF CONTENT
FOR FAMILY SKILLS PROGRAMS

CCSA - CCLAT

Canadian Centre on Substance Abuse

SECTION THREE: SUGGESTED OUTLINE OF CONTENT FOR FAMILY SKILLS PROGRAMS

Following is an outline for family skills programs resulting from a technical consultation meeting organized by the United Nations Office on Drugs and Crime in 2007. In reviewing this outline, it is important to note that some of the content can be addressed by common activities and needs to be addressed in a developmentally appropriate way. It is also important to recognize that a facilitator needs to propose and negotiate content with parent participants, rather than impose it on them. Upon acceptance of the content, the role of the facilitator is to work from it to draw insights and skills from the participants, encouraging them to identify aspects of their own knowledge/practice that support effective parenting while acquiring new knowledge and skills.

1. CONTENT AND SKILLS FOR PARENTS

Concerning responsiveness:

Parents explore and practice 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 (i.e., 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 (i.e., how to let the children lead the play and learn to manage the children while they lead the play); and

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

Providing structure:

Parents explore and practice 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 for helping 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 (e.g., Internet use, media, neighbourhood environment) 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 single parents, 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; and

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

Becoming involved in children's school studies and in the community:

Parents explore and practice how to:

(a) Monitor and assist their children at school and with homework; and

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

2. CONTENT AND SKILLS FOR CHILDREN

Children's skills are of two sorts: personal and social.

Content and skills related to self:

To strengthen their emotional capabilities, children learn and practice 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; and

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

To acquire motivation and orientation to the future, children learn and practice 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, learn and accomplish;

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

(d) Delay gratification and reward for their actions.

To build self-esteem, children learn and practice 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; and

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

To acquire problem solving skills, children learn and practice how to:

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

(b) Monitor their emotions, behaviour and thoughts.

To care for themselves, children learn and practice how to:

> (a) Take care of their own bodies, health and appearance by learning about the importance of cleanliness, exercise and a healthy diet; and
>
> (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 build social relationships, children learn and practice how to:

> (a) Establish sustainable and positive relationships with other people;
>
> (b) Share, think and interact with other people by learning to take turns, help others, be responsible for tasks and work together;
>
> (c) Know their own roles, rights and obligations; and
>
> (d) Understand the boundaries of social relationships and respond to the demands and requests of others without endangering themselves.

To respect others, children learn and practice how to:

> (a) Respect individual differences in personality, temperament, culture, ethnicity, background and skills; and
>
> (b) Respect their elders by helping them, and asking for and taking advice.

To communicate effectively, children learn and practice how to:

> (a) Listen actively to others;
>
> (b) Express their own needs and respond to other people's needs when they require help;
>
> (c) Ask for help when they do not know what to do, and identify appropriate people or service providers to talk to; and
>
> (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 influence, children learn and practice 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 effectively and systematically resist 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; and
>
> (e) Find reliable information about drugs and their effects.

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

> (a) Take responsibility for their own behaviour; and
>
> (b) Match behaviour to and negotiate different social situations and social roles.

To acquire academic skills, children learn and practice how to pay attention to schoolwork and homework.

3. CONTENT AND SKILLS FOR FAMILIES

To interact together, families are encouraged to learn and practice 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 learn and practice 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; and

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

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

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

(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; and

(d) Provide appropriate feedback to each other.

To maintain goals for the future of the family, families learn and practice 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 (e.g., health, social welfare, job centres, community groups);

(b) Plan and organize for future family life;

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

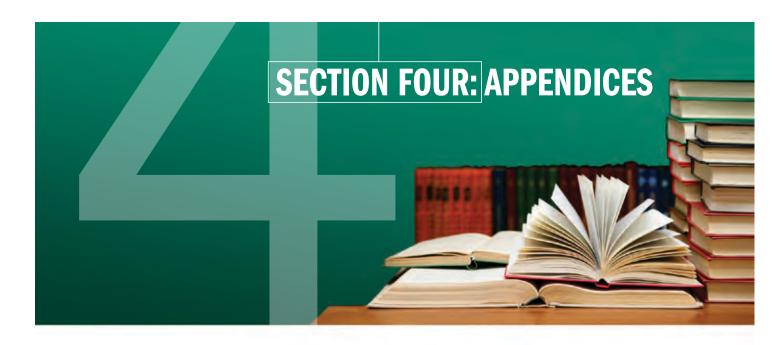(d) Spend time together and plan common activities. ■

STRENGTHENING
Our Skills

Canadian Guidelines for Youth Substance Abuse Prevention
Family Skills Programs

Section Four:
APPENDICES

CCSA - CCLAT
Canadian Centre on Substance Abuse

SECTION FOUR: APPENDICES

1. METHODOLOGY

The *Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs* refer to credible literature pertaining to the factors affecting family health and youth substance use, as well as factors associated with program implementation quality and effectiveness for family skills substance abuse universal and selective prevention interventions.

Evidence of effectiveness was drawn largely from scientific research (i.e., studies using experimental or quasi-experimental study design) showing positive effects on substance use-related measures. Content for family skills programs and discussion on adaptation of these programs was drawn from expert opinion.

Much of the information for the Family-based Guidelines was drawn from a number of reviews published in peer reviewed and grey literatures over the past 10 years. When more detail, elaboration or context was needed, primary research articles were consulted. Canadian reviews and studies were given preference.

A preliminary draft version of this document was the focus of a national, bilingual online consultation concerning content, applicability and implementation. Respondents consisted of individuals who provide or participate in parent or family training/education programs that include in their objectives the prevention of substance abuse among the children in those families. The 38 individuals who completed the questionnaire spanned a number of jurisdictional mandates (e.g., municipalities, provinces, territories, First Nations, federal government), sectors (e.g., addictions, health promotion, mental health, family support, education) and job positions (e.g., frontline service providers, program coordinators, researchers, middle and senior management). Content for version 1.0 of the Family-based Guidelines was based on input from this consultation. Predominant among the many valuable suggestions provided by respondents was to strengthen the cultural competency discussion in the document, for which a bibliographic search was conducted.

In the end, the language used in this document rested with the judgment of the Canadian Standards Task Force.

Search criteria

This literature was drawn from a review of:

- Systematic or otherwise credible academic or government reviews of relevant literature from 1999. This includes comprehensive reviews of prevention or health promotion that cover various setting and health-risk behaviours. 'Credible' in the sense used here refers to reviews with clear objectives and search criteria, and which include only good quality studies (i.e., well-controlled experimental or quasi-experimental research design).

- Selected primary studies or other items drawn upon on an as-needed basis to fill gaps or elaborate on information found in the reviews.

Databases searched

This literature was drawn from a search of the following databases:

- **PubMed**
  Title: family and prevention
  Descriptors: family and prevention

- **Project Cork**
  Keyword: family prevention

- **Google Scholar**
  Title: family drug prevention
  Title: family substance abuse prevention
  Title: family addiction prevention
  Title: family drug intervention
  Title: home drug prevention

The initial search produced articles and documents identified in the bibliography that immediately follows. A review of this literature provides the foundation to the guidelines and their discussions. This literature is cited as appropriate in the references section. Also cited in the references are articles and documents not included in the foundational literature. These items were referred to as a result of requirements being identified through the course of the initiative by the Canadian Standards Task Force and respondents to the national consultation. ◼

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