Tackling Adolescent Substance Abuse: Lombardy's Project as an Example of LifeSkills Training

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Abstract. Substance abuse prevention consists in providing a subject at risk with the possibility to act freely from peer-group and drugs market influence by promoting the appropriate skills.
This contribution analyses *LifeSkills Training*, a program for the prevention of substance abuse, as implemented in the Lombardy region, Northern Italy. Parents and teachers involved in the training were interviewed in order to assess the goodness of this practice for schools and families alike.
The results emerging from the Italian version of the program show the development of better skills in managing the teacher-class relationship, as well as an increased ability to listen within the parent-child relationship. Although they still need the test of time, these achievements are encouraging. Hopefully, the *LST* experience will have a follow-up and spread further without disregarding the parents, a problem encountered during the dissemination of the program.

Keywords: Prevention, Life Skills, Good Practice, Empowerment.

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Introduction

The present contribution is focused on the analysis of the application, in the Lombardy region, of the *LifeSkills Training*[2] program for preventing substance abuse. *Punti di Partenza*, now beyond its experimental phase, has been proposed as an effective program to counteract addiction.
What makes this program interesting as a good practice aimed at young people and their families is its focus on life skills, i.e., those personal and relational competencies which, according to the World Health Organisation[3], allow young people and their parents to effectively tackle the need and challenges of daily life and confidently relate to themselves, others, and the community.
A strong point in the Italian version of the program is the attempt to introduce a dialogical-relational perspective to promote relationships between teachers and students, parents and children. This, however, means that the dissemination of the program must include both families and schools, two important reference points for adolescents – particularly the family[4].
In fact, the development of healthy (hence preventive) attitudes must take place within ordinary relational (educational and social) processes where young people are active subjects, since the phenomenon of substance addiction is now deeply rooted in popular culture. The interactive method and relational empowerment perspective (Folgheraiter, 2007) proper to this path thus involve, at different times, three target groups: the class, as a

[2] The *LifeSkills Training* is a prevention program, implemented in lower-secondary schools, scientifically validated and proven to reduce the risk of use and abuse of alcohol, tobacco and other substances. It was developed in the US by Prof. Gilbert J. Botvin, who has been testing it for over 30 years. Since 2008, Regione Lombardia acquired the rights for an Italian adaptation. In 2010 *LifeSkills Training Genitori* was implemented, to help parents improve communication with their children, encourage healthy behaviours and thus prevent the possibility of substance abuse.
3 The *WHO* has identified a core of psycho-social activities which, independent of their socio-cultural context, can be considered central to any prevention scheme and protective against addiction.
4 These concerns are justified, as dissemination of the practice has coincided with parents' involvement being overlooked.

privileged socialising milieu for young people (Orlandini *et al*., 2010); the teachers, as significant reference adults; and the parents, whose socio-educative skills are particularly challenged during their children's adolescence. The main objective is to strengthen the adults' educative functions and develop personal and relational skills that will act as protecting factors (Coggans, 2006).

Data from recent research show that the abuse of drugs affects, more or less directly, increasingly wider sections of the population, while the age of substance users has dropped considerably. User behaviours have changed with the spread of the so-called 'new drugs' and the related idea of 'normal' consumption, also called 'integrated consumption'. This consumer approach is characterised by the pursuit of enjoyment and the absence of a critical attitude as to the need to artificially alter one's mental and psychological state in order to fight boredom, have fun, remain within the peer-group, or enhance physical or athletic performance. Besides, the venues where substance consumption takes place are perceived as normal aggregation contexts for young people who want to have fun, which tends to exclude the idea of danger and automatically lowers attention and defence levels: this increases exposure to a high level of personal and health danger.

The present contribution will attempt to analyse the indicators suggesting that the Italian *LifeSkills Training* experience is a good practice for pre-adolescent children and their parents.

Issues from the Literature

The ever-widening use of drugs across different segments of the population has come with deep social and cultural changes affecting the perception of this phenomenon and its social dangerousness, as well as attitudes about it. Especially among adolescents, drugs consumption no longer is regarded as a response to individual uneasiness but is increasingly associated with fun, transgression and risk, which are apparently instrumental in the process of building adult identity.

So, on the one hand there is the availability of new substances, with the consequent risk-laden behaviours on part of pre-adolescents; on the other, a

complex society increasingly expecting these young people to be able to know, reason things out, plan, make decisions. These are no natural talents but skills that must continually be tested. In this developmental task, school and the family play a fundamental role. Failure to fulfil this commitment involves the risk of children trying to meet their need to become adults through the attractive world of drugs. The new drugs and their effects are presented not just as substance but as the possibility to enter, as protagonists rather than spectators, a different, desired format (Gatti, 2004). Pleasurable highs, adrenaline, performance or its enhancement can all be bought (Orlandini *et al.*, 2010), with the underlying message that the harmfulness of the new drugs is negligible and their effects are reversible and limited in time (Martoni and Putton, 2006). Young people are aware of the widespread use of the new substances and, rather than a form of transgression, experience them as a deliberately pursued form of consumption; in the collective imagination, the idea that drugs and drug taking may be part of the life of any 'guy or girl next door' has been gaining currency. This prevents drugs consumption from becoming an issue and implicitly promotes its social acceptability (Celata, 2008).

In the current socio-cultural milieu, an evidence-based prevention scheme aspiring to be considered a good practice cannot ignore the above developments. Good practices can thus be identified and constructed according to scientific guidelines and principles whose effectiveness is already proven (Orlandini *et al.*, 2004).

The *Center for Substance Abuse Prevention* (*CSAP*), one of the most important bodies dealing with the prevention of addiction, has identified three keys to success on the basis of a review of the relevant projects:

1. To follow theoretical models for both individual and environmental approaches. Prevention programs should embrace the whole spectrum of theories on individual, organisational and social changes.
2. To apply diversified strategies in diversified settings. Multiple, contextualised strategies sharing the same goal maximise the probability of their success.
3. To follow a logical design in planning, to include evaluation. Positive results in the strategic planning process can be obtained by analysing needs and the population involved, defining goal-related activities,

implementing evidence-based strategies and models and evaluating results to get the feedback necessary to redefine the actual project.

Like the *CSAP*, a number of other authoritative sources stress the need for internal coherence as to goals, theoretical models and evaluation indicators, as well as between these three elements and the activities to be implemented. In this way, scientific prevention programs can offer measurable results and better assurance on the effectiveness of the interventions (Marino and Benedusi, 2010).

As to the empirical criteria for identifying good practices in the area of substance addiction, the *European Monitoring Centre for Drugs and Drug Addiction* (*EMCDDA*) has designed a number of specific instruments in order to stimulate reflection and dialogue on the criticalities of the project. One of these instruments, *EDDRA*[5] (*Exchange on Drug Demand Reduction Action*), has he function of planning, implementing and evaluating projects aimed at cutting down the demand for drugs. Through the use of *EDDRA* the *Monitoring Centre* has developed a database of the projects on harm prevention, treatment and reduction carried out in Member States. Professionals wanting to compare their prevention projects with similar ones as to area, goal or target can consult the *Monitoring Centre* website. One pivotal element in the *EDDRA* project is the promotion of a planning model based on good practices, that is, according to the strict requirements set for projects to be included in the database[6].

An analysis of the *EMCDDA* (Emcdda, 2011) database has identified some main theoretical models used in Europe:

- health promotion
- peer group
- life-skills
- evolution
- social-normative or environmental influences
- informative

[5] http//www.eddra.emcdda.eu.int

[6] The *EDDRA* database is found in a dedicated section of the 'best practice' portal within the site of the *European Monitoring Centre for Drugs and Drug Addiction*: http://www.emcdda.europa.eu/themes/best-practice/examples.

- harm reduction[7]
- social learning
- socio-affective[8].

Out of these, the life-skills model is the one prevalently used in schools, according to a 2002 *EMCDDA* study (http://www.emcdda.europa.eu). The fuller, more articulated vision provided by this model follows and surpasses a variety of prevention approaches, implemented in their different contexts with an urge for action and little investment on results evaluation and information sharing, particularly in Italy (Lombi, 2012).
In other words, there has been a progressive realisation that the degree of personal vulnerability to the risk of drugs addiction does not depend so much on information about, or attitude to, drugs but rather on an individual's overall degree of intellectual and emotional maturity. Hence the need to move from an informative, technical approach to a pedagogical and ethical perspective leading to prevention hypotheses relevant to the present situation. Thus prevention can become a crucial part of education, in the etymological sense of *e-ducere*, i.e., leading out (Bertini *et al.,* 2006). To involve, accompany and train teachers, parents and students willing to contribute to the growth of their own community through their work can thus become a strategy in itself (Griffin *et al.*, 2000), whereby each subject

[7] The harm reduction approach includes policies, programs and practices aimed at reducing the negative consequences of legal and illegal drugs on health, relationships and personal finances, without necessarily reducing drugs consumption. Harm reduction benefits drug users, their families and the entire community. The harm reduction approach is based on a strong public health commitment and on human rights (*International Harm Reduction Association*, London, United Kingdom, April 2010).

[8] A socio-affective education is aimed at improving an individual's self-knowledge and facilitating communication among classmates. At an individual level, it aims to develop feelings of acceptance, self-assurance and trust in oneself and others, as well as the ability to solve interpersonal problems and face to emotionally stressful situations. At a group level, it aims to promote behaviours and attitudes of collaboration, solidarity, mutual respect, tolerance of diversity, acceptance of different ways of interaction. A socio-affective education can help to form a democratic consciousness and prevent individual and collective deviance. Socio-affective education tends to use circle time as its main methodology (Putton,1999).

involved is considered a valid resource through which to channel concepts and promote cultural change. In this way, subjects can assume the role of *multipliers of the preventive action* (Celata, 2008).

The Good Practice Concept: a Working Definition

An experimental season was opened in Italy by Law No. 285, 1997, "Provisions for the Promotion of Rights and Opportunities for Children and Adolescents" (Donati, 2005). Attempts were made to meet needs as closely as possible to their level of criticality, in terms of language, practices and competencies. The uni-directional logic of performance (by provider to recipient) was replaced by a "doing-it-together" approach; the logic of service was replaced by new times and spaces for meetings, dialogue, reflection, socialisation. In other words, Law no. 285/97 offered an opportunity for a reflection on good practices.

The lack of agreement on the definition of "good practice" depends on referring this expression (from the 1990s) to EU projects in diverse areas; besides, such a definition must be based on the *contents* of the actual practices (Pellicanò and Poli, 2008). Generally speaking, good practices could be said to exemplify innovative actions, effective methods, different approaches to, or the outcomes of, meeting important challenges.

The *Mainstreaming Working Group Commission on Equal Projects* affirms that "a practice, as generally defined, can be said good when, by the effectiveness of its results, by its internal quality and contribution to meeting/solving a need/problem, it adequately responds to a complex set of expectations" (ISFOL, 2004).

The good practice concept has entered the language of social policies, also at a community level, as a touchstone for evaluating social interventions; as a paradigm with definite practical outcomes; in fact, as a good performance – otherwise, a good practice is just a good idea.

Definitions apart, the most frequently mentioned aims of a good practice are:

1. to direct public choice towards adopting proven models or instruments, also raising awareness in public opinion and decision-

makers of the potential for improving life quality in the solutions found;
2. to promote know-how sharing and transfer through (online) learning strategies.

From an operational viewpoint, a good practice in the area of family services would consist of a series of actions aimed at meeting a complex, socially relevant need, ideally promoted by a partnership of subjects, implemented by providers and users alike, and focused on the development of the families' social capital (Bramanti, 2007). A good practice can be identified as early as at its planning stage, through its implementation, and down to its final impact; it should consist of:

- building the project
- assessing the actions and their results
- involving all stakeholders at every stage.

The practice could then be analysed in light of these developmental stages in order to see whether it could be considered "good". For this operation to be carried through, its initiators, developers and (direct and indirect) users must all be involved, and ordinary questions (Have the set goals been reached? What are the results of this intervention? Have the families been helped with their specific tasks?) must be turned into variables to be articulated as measurable indicators. Once the targets are identified, there should follow an assessment of the extent to which the indicators could explain (at least hypothetically) the quality of the implementation, as well as the values underlying the social action.

The *LifeSkills Training* Program

The *LifeSkills Training* program teaches, through a series of practical exercises, about the potential inside each person and how to transform it into skills for supporting pre-adolescents at crucial times of stress and anxiety. These include social as well as cognitive skills, and are generally defined as "life skills". *LifeSkills* training enables people to turn knowledge, attitudes, and their own values system into a form of know-how to use whenever needed.

The training program consists of three parts: developing personal skills, increasing social skills, empowering the ability to resist peer group and media influence. These skills should be tried out not just within but also outside the reassuring boundaries of the classroom. This is done through setting students homework about how to manage their behaviour, so that these skills may become part of what they need in daily life. This path is targeted at students, in order to increase personal resources that can protect them in situations leading to substance abuse; it is also targeted to teachers and parents, with the intent to reinforce education on the subject of drugs[9]. A *Teacher's Manual*, a *Student Guide* and a *Parent Guide* (published by Princeton Health Press) have been devised in order to standardise the application of the *LST* program and increase its exportability. The success of these initiatives – according to research carried out in US schools (O'Connell *et al.*, 2009) is based on:

- *scientific evidence*: the causes and factors determining substance use;
- a *comprehensive approach*: tackling all the factors that lead adolescents to use drugs by providing health information, and promoting life skills and the ability to resist peer group/ media pressure;
- *effective methods* for promoting skills;
- practical manuals with step-by-step *units*;
- teaching key activities suitable for the *target's development level;*
- a clear connection with *subjects taught in school;*
- *active student involvement*;
- *suitably trained teachers;*
- a *longitudinal program* with a basic session and further reinforcement sessions to take place throughout a number of years;
- proven *effectiveness*: a number of studies on risk and protection factors as to the use of tobacco, alcohol and other drugs show both short-term (1 year) and long-term (3/7 years) effects.

[9] *LifeSkills Training* (*LST*) was developed by Gilbert J. Botvin in 1996 and revised in 2000. *LST* aims at promoting among adolescents the skills and information they need to resist pro-drug influences. The purpose of this program is to develop personal and social skills, trust and self-efficacy in order to reduce the motivation to resort to alcohol, tobacco and other drugs and the risk to become involved in dangerous social environments. At present, the *LST* program consists of 15 sessions during the first year, 10 in the second and 5 in the third. It can be started with children aged between 11 and 13.

Another aspect of the *LST* program, popular with teachers and students alike, consists in that its main actors are the teachers and students, rather than external experts. Traditionally, in fact, schools tend to delegate prevention messages to health officers more scientifically competent and credible. This tendency is countered by the principle that daily contact with their class gives teachers the privilege to communicate a message aimed at producing personal change (Cuijpers, 2002).
As the consumption of drugs tends to begin during adolescence, any reasonable form of prevention should be focused early on this stage in the life cycle. Early action is, indeed, a further strength of *LST*. The target group here, in fact, consists of schoolchildren between 12 and 16 years old.

The Program in Lombardy

The *Osservatorio Regionale delle Dipendenze*[10] (*OReD*) for Regione Lombardia has acquired the rights for implementing a local adaptation of the *LST* Program and promotes its diffusion in collaboration with *DG Famiglia, Conciliazione, Integrazione e Solidarietà Sociale*. The current three-year experiment (2011-2014) is called *LifeSkills Training Lombardia*[11].

[10] The *OReD* (*Regional Monitoring Centre for Drugs and Drug Addiction*) has the purpose to promote effective, evidence-based prevention practices throughout the region of Lombardy and support coordinated interventions respectful of the features and history of the areas concerned.

[11] An Italian version of the LST Program was first devised in 2008 by the *Dipartimento Dipendenze* (*Addictions Department*) of Milan's local health service (ASL) in collaboration with Prof. Botvin and his research team (Botvin et all., 2000; 2004). Thus a pilot study was carried out, in 2008-2011, in 45 Milan schools by ASL prevention specialists together with specially trained teachers. Its positive results attracted the attention of *Regione Lombardia*, so that the *Ufficio Scolastico Regionale* and *Regione Lombardia*, as part of a wider collaboration agreement for the development of health promotion activities (*Accordo di collaborazione per lo sviluppo di attività di promozione della salute*) addressed to lower secondary schools, promoted LST in 100 local lower secondary schools (involving up to 600 trained teachers and 600 classes).

The data on which the Program is based are derived from the 2007 *HBSC* study[12] of Lombardy promoted by the *World Health Organisation* and carried out by *ASL Milano* and *OReD* over a sample of 5,552 Lombard students aged 11 to 15, from 197 state schools and recognised private schools in Lombardy. As illustrated in tables 1, 2, 3 and 4, the consumption of legal substances (alcohol, tobacco) increases progressively with age; at 11 and 13 boys consume more than girls but at 15 the difference decreases or disappears. The data also stress that, alongside a more traditional culture of wine and beer drinking, also spirits and sparkling sweet or fruit drinks with 5% to 7% alcohol content are becoming popular. 21.7% of the sample admitted being drunk at least once, the figure rising to 40.3% within the 15-year-old category.

The 13-15 age bracket is a crucial time for the initiation to cannabis. Cannabis consumption, in fact, affects differently 13- and 15-year olds. Among the former, only 3.4% admitted consuming hashish and marijuana at least once; among the latter, the rate rises to 24.2%. 15-year olds only were asked about any consumption of ecstasy, stimulants, heroin, opium, morphine, medicines, household pharmaceuticals, cocaine, glue or solvents, LSD and hallucinogenic mushrooms. 11.5% of the sample (209 subjects) said they had consumed at least one of these substances. According to the study, the substances used more than once were cocaine (3%) and hallucinogenic mushrooms (2.8%). 73.3% of 15-year-olds never consumed drugs, 18.7% had consumed one substance, 3.9% had consumed two, 4.1% three or more.

The ensuing *Punti di Partenza* (i.e., *'Starting Points'*) project was aimed at creating a path to be shared by operators and teachers to help students discover their skills, recognise their emotions and actively manage their behaviours.

[12] The *HBSC* (*Health Behaviour in School-aged Children*) study, promoted by the *World Health Organisation*, is one of the most significant transnational experiences of data collecting on the health and wellbeing of students aged 11, 13 and 15. It collects information on the interviewees' general state of health, focusing on their (original and present) socio-economic situation, individual and social resources, lifestyles, and perceived health and welfare levels. In Lombardy the *HBSC* study, promoted by *Direzione Generale Famiglia, Conciliazione Integrazione e Solidarietà Sociale della Regione Lombardia* together with *DG Sanità*, was carried out by the *Osservatorio Regionale Dipendenze* (*OReD*, see note 10 above) twice: first in Lombardy only (2007/2008) and then in all Italian regions including Lombardy (2009/2010).

Table 1. Alcohol Consumption among Students in Lombardy (2005)

	male	*female*
11 years	45	22,9
13 years	63	57,5
15 years	85,4	81,2

Source: HBSC 2007

Table 2. Druknness Episodes among Students in Lombardy (2005)

		one	*two /three*	*four / ten*	*more than ten*
11 years	*male*	8,2	1,8		2
	female	3,4			0,3
13 years	*male*	12,2	3,9	0,8	0,9
	female	10,2	2,5	0,3	0,3
15 years	*male*	13,5	13,3	6,2	7,4
	female	20,2	13,9	3,5	1,7

Source: HBSC 2007

Table 3. Tobacco Consumption among Students in Lombardy (2005)

		daily	*at least once a week*	*less than once a week*
11years	*male*	1	1	0,9
	female	0,9		
13 years	*male*	2,9	2,5	4
	female	2,4	4	5
15 years	*male*	20	7,6	7,6
	female	13,2	10	10

Source: HBSC 2007

Table 4. Cannabis Consumption among Students in Lombardy (2005)

		one/two	*3-9 times*	*10-19 times*	*20 or more times*
13 years	*male*	4		1	0,2
	female	1,3			0,3
15 years	*male*	9,61	5,95	3,36	5,38
	female	7,39	4,52	2,54	2,75

Source: HBSC 2007

Research

The present contribution analyses the Italian version of the *LifeSkills Training Program*, that is, the *Progetto Punti di Partenza*, covering three school years, from 2008 to 2011.
To suit the topic *A Good Practice for Pre-Adolescents and Their Parents*, the chosen method was the case study. This method is focused on one or more paradigmatic situations, where the object under scrutiny is seen as an experience to be narrated; an indicators map is drawn to demonstrate the exemplary nature – here, the "goodness" – of the practice (Bramanti, 2007). 16 interviews took place with privileged witnesses (1 trainer, 5 teachers and 10 participating parents); the researcher also carried out 10 observations from within a group of training parents.
In order to create the appropriate tools for the observation and face-to-face interviews, some empirically observable good practice indicators were identified. This operation was carried out through the active cooperation of its creators and its direct beneficiaries[13].
Thus, three interview types were devised, one for each of the following targets: the psychologist from the Milan *ASL* training the teachers and parents and monitoring the implementation of the program; the teachers, in their roles first as users and then as providers; the parents being trained. The 16 interviews were semi-structured, with open questions, and there was

[13] Widening the target group to include the students is a complex, long-term operation, which must be postponed to a later phase of the project.

an observation protocol for parents' group meetings. The recorded interviews were transcribed by hand (pen on paper); the texts were analysed by topic and then hermeneutically[14].

The hermeneutic method is based on a process[15] aimed at counteracting the generalising limitations of a subjective reading of the data. It also has a heuristic function, tending to widen the potential for interpretation by highlighting aspects of meaning that would otherwise be overlooked. In this way, the interviewee's discourse is not developed along the interviewer's lines but conceals an implicit rationale connected with the speaker's meanings. Thus, it is not sufficient to reorganise the discourse following the interview pattern. In fact, discarding the grill can let unforeseen aspects emerge. This technique also aims at producing results rigorous enough as to be shared with the scientific community and used in support of research hypotheses.

The section that follows presents the main results emerged from the interviews with the different stakeholders. The research is focused on the degree of relationality shown (Moscatelli, 2013) in the (good) practice as to the following indicators:

[14] The *Centro Studi e Ricerche sulla Famiglia* started to use the hermeneutic method (Ghiglione, *et al.*, 1980) from the mid-1980s in a number of qualitative studies. In particular, see: Carrà, 2008; Bramanti 2012.

[15] The analytical model for the contents of the interviews consists of the following steps:

1. initial contact with the text is established, letting it 'speak' rather than locking it into pre-determined categories;
2. the subsequent reading is aimed at recording memories and impressions as clues to the rationale of the interviewee's discourse;
3. the text is resumed, and scanned for words, phrases and sentences that may have affected memories and impressions, in order to turn the clues into *indices*, that is, actual occurrences of what is remembered;
4. indices are reorganised into a coherent discourse retracing all the main stages of the interview;
5. it is now possible to form a list of *thematic areas*, to be sub-grouped, where possible, into *isotopies* (constants within variants); these are arranged inside a *graph* representing the relationships between different areas; the graph is a sort of global hypothesis for structuring discourse, conveying an instructive purpose and, sometimes, making interpretative claims;
6. the analysis finally leads to a commentary illustrating the graph and documenting the rationale implicit in the interview.

Finally, the most significant areas are selected and reorganised into new graphs, each summarising one case study (Carrà, 2007).

a. protagonists' roles
b. beneficiaries' involvement and relationality
c. impact on the school community and the families involved
d. empowerment
e. capitalisation of the abilities learned
f. project's consistency and sustainability
g. spin-offs.

The Parents' Viewpoint

Two years after the beginning of the student training, the project was made to include a path for parents aimed at verifying to what extent training them on the same contents as their children could reinforce the latter's learning. All 10 parents involved in the research (7 mothers and 3 fathers, including 2 couples) participated in a cycle of meetings[16] taking place at their children's lower secondary school. From the analysis of the 10 parent interviews, the following thematic areas emerged:

[1] Making decisions: being positive leaders
[2] New instruments for the children
[3] Managing anger, breaking stalemate situations
[4] Perception of loneliness within the couple and importance of the group
[5] Difficulty in talking to one's children
[6] Creating an inner space for accepting problems
[7] Fear and uncertainty for the children's future after lower secondary school
[8] Difficulty in refusing drugs

[16] The proposal, articulated as 9 evening meetings (6-8pm) on a roughly monthly basis, has roused wide interest among parents. Like the students' training, this too consists of practical exercises performed within a small group and, at home, with one's children.

Analysis of Co-occurrences

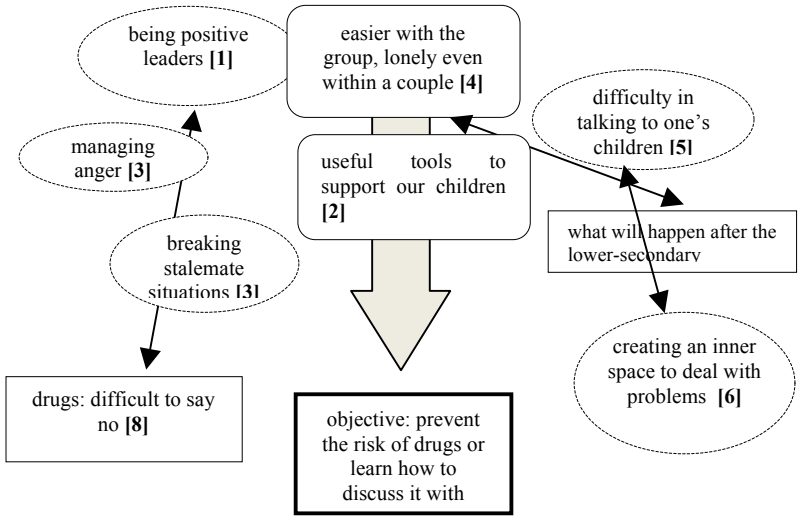
Some of the above thematic areas appear correlated in the interviews:

[4] [7] The parents' group becomes a place where to bring and share uncertainties about how to behave with one's children, and fears about life after a lower secondary school still perceived as relatively safe.

[8] [1] The risk of resorting to drugs is interpreted as the result of children's inability to say no to their peer group, go against the current, become positive leaders, make decisions free from others' influence.

[5] [6] When talking to one's children it is necessary to find a listening space free from the troubles of the outer environment, the problems of daily life, the loneliness that even a couple can experience.

Graph 1. Parents' Conceptual Maps



Graph 1 shows the correlation between different areas emerged from the parents' descriptions.

Analytically, the narratives can be referred to some previously illustrated good practice indicators.

a. Protagonists' Roles

The parents valued the opportunity to break through the isolation and loneliness hindering their educational role. They said that being a couple does not by itself eliminate loneliness or guarantee significant inter-partner communication. Every day, mother and father need to make countless decisions about their children, whose young age often prevents sharing with them the difficulty and uncertainty involved in these choices **[4]**. The role assigned to parents was highly valued. Dialogue with other parents was experienced as a precious opportunity for exchange, also favoured by the friendly atmosphere created by the leader. Many people found it difficult to create an inner space where to receive their children's problems **[6]**. In fact, it became clear that lack of time was often an alibi to hide a more complex need for emotional availability.

b. Beneficiaries' Involvement and Relationality

The involvement of parents, however, seemed to deflect the focus from the project's set objective of preventing the risk of drugs. Participating parents, in fact, saw the drugs problem as a background to their difficulty in talking with their adolescent children **[5]**. Moreover, what parents took home after each encounter was not just homework (which was sometimes neglected) but the opportunity to talk about prevention and health with their children – or just *talk* with their children. **[5]**. This implies the adults' taking responsibility for some important issues, such as accompanying their children's decision making and choice of friends, and resolving the stalemate situation at this stage in their lives **[3].**

c. Impact on the School Community and Families Involved

The parents involved said they had been enabled to better relate to *all* their children, not just the pre-adolescents in question, and could see the prevention value of this practice for their younger siblings **[2].** On the other hand, they also appreciated the pragmatic aspect of the project: doing exercises together with other parents made them more memorable and valued the personal and collective processing of information. Besides, the *LST* was an opportunity for confronting the drugs issue within the family **[8]**, as well as raising awareness of the problem among their own friends

who were also parents. In fact, training participants felt the urge to tell others about their experience and "all of them were positively impressed".

d. Empowerment

The parents' accounts show that, as a good practice promoting the empowerment (that is, increase the strengths, abilities, skills, potential) of individuals and groups, the *LST* has provided them with an insight in a drugs world now increasingly compatible with ordinary daily activities; it has also made them sensitive to signals from their children which would otherwise pass unnoticed **[8]**.

The most popular topics were the management of anger and anxiety **[3]** – 'exponential at this age' – and the ability to teach children to make their own decisions **[1]**. The area where they felt they had learnt important strategies was 'effective communication' **[2]**. They thought the strategies learnt were effective in terms of breaking stalemate situations **[3]**; so, rather than (uselessly) cross-examining their children, they could start the conversation by telling something about themselves and events occurred to them during that day. Another strategy would be to learn to identify the best moments or places to talk to their children.

On this subject, it is relevant to stress the difference between parents whose children followed the *Training Program* at school and one mother whose son attended a class that was not part of the project. In the former case, their shared path led to the children being more open towards a dialogue with their own parents, as the inner work activated in both parties had broken the ice; in the latter, instead, the mother concerned struggled to communicate with her son about the drugs issue, particularly when trying to contradict his mistaken ideas about the spread of drug use among his contemporaries.

e. Capitalisation of the Abilities Learned

The parents confirmed that the skills acquired during the training were revealing precious also in their relationship with their younger children, especially on the issues of independence, decision-making, and conflict management **[2]**.

f. Project's Consistency and Sustainability

The sustainability of this project is still uncertain, possibly because the matter was not properly dealt with by the group leader. Despite its success with individuals and couples, there is the impression that the project will not be not regarded as a priority by the school authorities.

g. Spin-offs

Fear for the future and one's ability to face up to it was the main topic in all the interviews **[7]**. Certainly, giving parents a voice also means opening a space where needs can be fully explained. So, the data emerged exceed the project's specificity. This point can actually be seen as a strength, in that it responds to a demand for adult sharing of educational tasks; on the other hand, it can be a weakness because it leaves a number of issues unaddressed.

Nevertheless, the parents were convinced they now possessed more instruments for managing the relationship with *all* their children, not just the pre-adolescent ones, and not just about the drugs problem but, for example, about all risks of addiction (such as videogames, social networks, gambling). It appears evident that the *LST* is valid also outside the realm of substance abuse, though this requires further investigation.

The Teachers' Viewpoint

The core of the *Program* – as anticipated – was the training and direct involvement of teachers.

To start with, many schools seemed impervious to the idea that prevention and the promotion of health should be included in their educational task; many teachers were reluctant at the prospect of having to give up some of their teaching periods to the *LST*, causing families to complain; hence the need to create synergy between the schools and the families supporting the set goals.

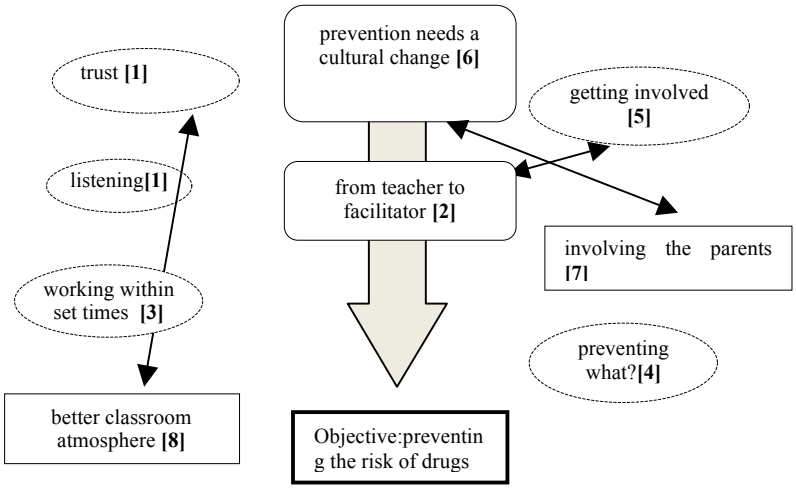
The teachers interviewed were among those *LifeSkills* trained who had in turn trained their own students. An analysis of these 5 interviews revealed the following thematic areas:

[1] Listening and Trust
[2] From Teacher to Facilitator
[3] Getting the Timing Right
[4] Prevention of What?
[5] Getting in the Game
[6] Need for a Culture Change
[7] Involving the Parents
[8] Improving the Atmosphere in the Classroom

Co-occurrence Analysis
Some of the above thematic areas appear correlated in the interviews:

[1] [8] The proposed method favours reciprocal trust and a listening attitude, creating a relaxed atmosphere among the adolescents and between them and their teacher.
[2] [5] Wearing the facilitator's hat requires a teacher's readiness to modify his/her role within the class team.
[6] [7] The first culture change must take place in the school as a whole, making parents' involvement indispensable.

Graph 2. Teachers' Conceptual Maps



Graph 2 shows the areas emerged and their interrelation, according to the indicators already detailed.
a. Protagonists' Roles;
The emerging picture shows professionals who invest time and resources in integrating their teaching with interventions and proposals enabling them to face a different aspect of the student world **[2]**. Thus teachers become

active protagonists, whilst also being involved in a learning process where their relationship with substances (such as smoke) is questioned **[4]**.

b. Beneficiaries' Involvement and Relationality

These interviews, however, have revealed some critical elements in *LST*. One teacher, in fact, explained how her initial interest in the subject had given way to reservations about their "*rigid and aseptic"* method **[3]**. During this early phase the trainer's role was crucial in showing how functional the method was to achieving the different goals. Moving from theory to practice confirmed the suitability of the method, and reservations were gradually dispelled.

c. Impact on the School Community and the Families Involved

The *LST* may involve in-school or out-of-school hours, negotiating the timetable as to avoid the same school subject being penalised in order to accommodate the training sessions. For this to happen, the school needs to promote a cultural change **[6].** There are two critical elements in implementing the *Program*: one lies within its inner structure; the other confirms the importance of involving the parents too **[7]**.

The interview with the psychologist/trainer highlighted the main problems experienced by the teachers during the twice-yearly (supervision and monitoring) meetings. The difficulty in keeping within the set times **[3]** was due to the enthusiasm produced by *LST* the moment the teachers left their formal role to become facilitators **[2]**: as they realised there were more sides to the children they thought they knew, they tended to lose sight of the program's prevention goal in order to concentrate on its relational aspects. Failure to keep within the set times actually jeopardises the evaluation of the program's effectiveness. Numerous studies conducted by Botvin and his colleagues have shown that the *Program* is effective only when at least 75% of its *Units* have been implemented. So the main challenge lies not so much in obtaining student participation, (which apparently is high) but rather in finding the right balance between desire to get involved and the ultimate purpose of the *Program*, that is, prevention **[4]**. Effective prevention, in fact, depends not only on identifying its object but also on how to approach it. The journey is as important as the destination: an evidence-based project such as *LST* must comply with a rigorous methodology tested by years of research.

For the evaluation process to be seen as a resource, rather than a perfunctory control routine or an academic exercise, a culture change is

needed **[6]**. The teachers have confirmed that systematic prevention can be achieved through synergies of student, parent and teacher paths **[7]**.

d. Empowerment

The teachers demonstrated how their work with the class had allowed them to acquire better standing with their students **[1]**. Becoming dialogue facilitators **[2],** far from undermining the teachers' authoritativeness, had given them a greater readiness to listen, more respect from their students and, therefore, a better knowledge of young people, which is crucial even to ordinary education.

e. Capitalisation of the Abilities Learnt

As already observed, the teachers trained found that their newly acquired skills could easily be applied to ordinary school activities, thus demonstrating general satisfaction with the practice.

f. Project's Consistency and Sustainability

The participating teachers confirmed the benefits of their training to the class, just as the parents had done within the family: improved atmosphere, improved anxiety management on part of the students (at evaluation time, for instance), reciprocal listening, collective trust **[1] [8]**. Any problems were mainly due to the teachers' difficulty in involving their colleagues, which remains a weak point in terms of the sustainability of the experiment.

g. Spin-offs

There were a variety of unforeseen results, such as the discovery of a more relaxed attitude by teachers when approaching children at risk (e.g., those with early smoking experiences); or the need to question adult dependence (usually on cigarette smoking).

Conclusions

A main role within the project is played by the teachers, who take the place of the experts in leading the students, which is actually a point of strength in this model. Parents too have an important function: they consolidate the children's work and manage their requests.

At the core of the *LifeSkills Program* lies the ability to get involved and positively relate to others, valid among peers as well as between adolescents and adults. Drugs prevention becomes the possibility, or the capacity, to act freely from group and substance market pressure. The path

is devised as a way to test the children in terms of engagement approach and relational strategies. According to adult perception, the children are ready (unless proven otherwise) to follow the proposed path and encourage explorative behaviours that include possible risks in their dialogue with parents and teachers. The interviews show several examples of this.

Wherever *LST* is implemented, an effort is needed about changing the culture of school organisation towards health education. To feel good in and outside school then becomes the school's own commitment to the students; to achieve this, the teachers must obtain the support of at least some of the families. The project thus reveals a certain weakness in terms of acting on the total school population as well as the families.

Participating parents have declared themselves very satisfied and able to point to their newly acquired skills, also applicable to their relationship with their younger, non-adolescent children.

Unlike the remarkable satisfaction of participating adults, the beneficiaries' empowerment level and their capacity (and propensity) to use their newly-acquired instruments cannot be proved easily, as the excessive short time elapsed since prompts caution. This issue could only be addressed by a longitudinal study where a number of children would be observed for at least 5 years from their training.

As to the teachers, they have experienced a particularly interesting way of relating to their class that can be useful also outside prevention.

Finally, the project shows a high level of internal coherence (that is, suitability to the complex need identified and to the target); it is a remarkable investment for the stakeholders, who have succeeded in creating a network promoting a good level of exchange; this, in turn, has generated involvement and participation; also, the accounts of the intervention's direct beneficiaries witness to their empowerment in the skills acquired and the resources identified. The stakeholders interviewed were unanimous in considering the project relatively simple to implement, provided that the children would let themselves be guided towards changing their way of confronting the risk of dependence.

The most interesting result for the researcher is that drugs prevention can take place without much talk about drugs. In fact, involving both parents and children shows that the focus is the capacity to listen and dialogue between adults and pre-adolescents, as well as the latter's relationship with their peer-group. One particular development, just hinted at by the stakeholders, could be that of widening the field to include the new forms

of dependence affecting both young people and adults, such as gambling, videogames and the new media.

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