European Monitoring Centre for Drugs and Drug Addiction

Report ID: EDDRA_2008_ES_03

EDDRA Questionnaire

1. Project ID

1.1. Aditional Information

1.1.1 Project ID
ES_03

1.1.2 METATOBEDELETED

1.1.3 METAREVIEWPRAISEWORTHY

1.1.4 METAREVIEWCOMPLETED

1.1.5 METAREVIEWUSER

1.1.6 METAREVIEWSTATUS

2. Executive summary

2.1. Executive summary

2.1.1 Executive Summary

EmPeCemos is a multi-component program aimed to prevent severe conduct problems and drug abuse in disruptive children aged 7 to 10 years. Early-onset conduct problems are known to be a key predictor of drug abuse, as well as of a wide array of health and conduct problems, such as school dropout, depression, impulsive behaviours and delinquency. Research has shown that these early-onset conc problems involve a complex chain of risk factors, including family, school and socio-emotional variables. So, the EmPeCemos project was designed to simultaneously intervene on family, school and children's skills, with the aim of promoting social competence and breaking the circle of cumulative impairments of disruptive children. The program is delivered in a group format and the three components (family, school and children modules) are designed to support each other, with the aim of achieving coherent changes in the children and their environment.

2.1.2 Brief Summary

EmPeCemos is a multi-component program aimed to prevent severe conduct problems and drug abuse in disruptive children aged 7 to 10 years.

3. Identification

3.1. Identification

3.1.1 Name of the intervention

EmPeCemos: Emociones Pensamientos y Conductas para un desarrollo saludable (Emotions, Thoughts and Feelings for a healthy development)

3.1.2 Starting date of the intervention

02/2005

3.1.3 Ending date of the intervention (if applicable

3.2. Type of organisation

3.2.1 Type of organization responsible for operating the projec

Non-governmental organisatio	
Government organisatio	
International organisatio	
Private	
Other	X

3.2.2 Responsible organisatio

University of Santiago de Compostela, Spai

3.2.3 Name of the responsible organisation

Department of Clinical Psychology and Psychobiology, University of Santiago de Composte

3.2.4 Address of the responsible organisation

Facultad de Psicologia, Campus Sur, 15782 Santiago de Compostel

3.2.5 Postal code of the responsible organisation

E-15782

3.2.6 City of the responsible organisation

Santiago de Compostela

3.2.7 Email of the responsible organisatio

estrella.romero@usc.es

3.2.8 Country of responsible organisatio

Spain

3.3. Contact

3.3.1 Name of contact person(s)

Estrella Romero

3.3.2 Email(s) of contact person(s)

estrella.romero@usc.es

3.3.3 Phone number(s) of contact person(s

+34 981563100 Ext. 13921

3.3.4 Fax number(s) of contact person(s

3.3.5 URL of contact person(s)

http://www.udipre.com/en/epc_descripcion.htm

3.4. Additional organisations

3.4.1 Name of addititional organisations involved (if applicable

Funding agencies since 2004:
Ministerio de Ciencia e Innovación (Spanish Ministry of Science and Innovation)
Fundación María José Jove
Plan Nacional de Drogas (Spanish National Plan on Drugs)

4. Background and objectives

4.1. Background & objectives

4.1.1 Type of interventior

Prevention	X
Treatment	
Social reintegratior	
Harm reduction	
Interventions in the criminal justice syster	
Other (please specify below)	

4.1.2 Describe other type of interventior

Please chose corresponding to the type of intervention you ticked above the sub-areas below that apply

4.1.3 Prevention sub-areas

Environmental Strategy
Universal

Selective	
Indicated	X
Other (please specify below)	

4.1.4 Describe other sub-area for preventior

4.1.5 Treatment sub-areas

Drug free treatment
Pharmacologically assisted treatmen
Withdrawal treatment
Other (please specify below)

4.1.6 Describe other sub-area for treatmen

4.1.7 Social reintegration sub-areas

Education
Employment
Housing
Other (please specify below)

4.1.8 Describe other sub-area for social reintegratior

4.1.9 Harm reduction sub-areas

Reduction of overdoses
Prevention of infectious diseases (e.g Needle Syringe Programmes
Drug consumption rooms
Other (please specify below)

4.1.10 Describe other sub-area for harm reductior

4.1.11 Interventions in the criminal justice system sub-area

Assistance to drug users in prisor
Alternatives to prisor

Other (please specify below)

4.1.12 Describe other sub-area for interventions in the criminal justice syster

4.1.13 Other. Describe sub-area for any other type of interventio

4.1.14 Type of approaches (if applicable)
Offenders (criminal justice system
Ethnic
Family/first childhooc
Gender
Telephone help-line
Mass media campaign
Peer
Community involvement (bottom up
Training for professionals
Networking
Self help
Other (please specify below)

4.1.15 Describe any other type of approacl

4.1.16 Needs assessment /initial situation. What is the problem that is being addressed? Describe the situation before the intervention was implemented in order to clarify why it is needed. For example, information on the population, socio-economic and demographic data. This can include data sources, social perceptions and public discussion.

Early-onset conduct problems are a common source of worry for families, schools and health systems. They stand as the most prevalent and puzzling problems for mental health practitioners, and they are a pervasive source of conflicts at schools. Epidemiological studies show that disruptive behavior disorders affect to 5 to 10% of children aged 5 to 15, and they compose more than a half of clinical referrals in Spain (Herrreros, Sánchez, Rubio and Gracia, 2004). A previous study on conduct problems developed by the University of Santiago de Compostela ("Childhood indicators of severe antisocial behaviour"; funded by the Ministry of Science and Innovation, 2002-2004) showed that both parents and schools repeatedly ask for systematic interventions on early-onset conduct problems.
Early-onset conduct problems are also a source of worry from a developmental point of view. Developmental psychopathologists have shown that these early-onset conduct problems are a key indicator of high-risk trajectories, which involve family and school disadaption, deficits in socioemotional skills, drug abuse and delinquency, among other negative outcomes.
In fact, 60% of adolescents with substance abuse and dependence also show comorbidity with conduct disorder, oppositional-defiant di
In Spain, several agencies have claimed the development of drug-abuse prevention programs focused on children and families with a hi

4.1.17 Overall objective (impact evaluation). What is the main purpose of the intervention? How will it modify or change th stated problem?

To promote social competence and to prevent the development of severe conduct problems and drug abuse in disruptive children. Th effect is intended to be achieved through the simultaneous changes in families, teachers and children.

Please specify the specific objectives which should always relate to changes in the target groups. The specific objectives d not necessarily have to relate to drug use but each of them, if achieved, should lead plausibly to fulfilment of the general objective.

4.1.18 Specific objective 1 (outcome evaluation

To promote positive parenting practices and to improve parent-child relationships. Specific areas to be improved are the following Monitoring children behaviours, paying attention to positive behaviours; praising and rewarding compliant behaviour; setting rules and limits, and giving instructions; coping with noncompliance; self-control in negative interactions; family problem-solving; patterns of family communication.

4.1.19 Specific objective 2 (outcome evaluation

To promote sociocognitIve and emotional skills in disruptive children. Specific areas to be improved are the following: Emotion recognition and regulation; problem solving and self-control, social skills.

4.1.20 Specific objective 3 (outcome evaluation

To promote teachers'competence of teachers to handle disruptive behaviours. Specific areas to be improved are the following: Praisir and rewarding of positive behaviours; collaborating with the family; establishing class rules and giving effective instructions; effective use of negative consequences.

As a result of the changes in the three areas of intervention (objectives 1 to 3), disruptive behaviours (including oppositional-defiant behaviours and hyperactivity-impulsivity) are expected to be reduced. In the medium-long term, the program is expected to reduce conduct problems and prevent the development of drug abuse.

4.1.21 Operational objectives (process evaluation). The operational objectives are the outputs or products of the intervention, for instance training sessions held, manuals published and distributed, teachers trained, schools involved, peers recruited, but also the demands for repetition of the intervention and the degree of acceptance. These are technical, intermediate aims in order to achieve the changes in the target group you have previously defined as specific objectives.

The implementation of the EmPeCemos project aims to: 1) administer the program with a high degree of integrity and fidelity to manuals; 2) achieve a high rate of participation (more than 80% of the selected sample); 3) minimize the rates of dropouts (less than 15%); 3) achieve a high degree of social validity, including acceptance and satisfaction by participants.

4.1.22 Basic assumptions/theory Is there an explicit theory explaining your intervention and predicting its expected results running through your programme? If so can you identify and describe this theory? This theory will need to have a basis in the scientific literature such as medical, psychological, sociological etc. Alternatively: Is your intervention based on an implicit set of assumptions regarding how your intervention will work and what results it may provide? If so can you identify and describe these assumptions? Such assumptions may be developed through community learning or other grounded theory approaches.

The EmPeCemos program is founded on the theory and the evidence on the developmental trajectories of early-onset conduct problem Developmental psychopathology has shown that adolescent-onset and early-onset conduct problems are different categories in terms of aetiology and development (Moffitt, 1993; Patterson, Reid and Dishion, 1992). Adolescent-onset conduct problems seem to be related to identity definition and autonomy processes which are normative in adolescence; these problems tend to decrease when the individual involves in adult roles. In contrast, early-onset conduct problems seem to respond to a quite complex web of determinants, which feed o another, in a cascade of problems which impairs multiple areas of psychosocial functioning.

Particularly, several theoretical models have outlined how early-onset conduct problems arise and evolve (e.g., Coie, 1996; Moffitt, 1993; Patterson et al., 1992; Granic and Patterson, 2006). In spite of their differences, all these models agree in the importance of two basic ingredients: On one hand, a difficult temperament (inattention, irritability, impulsivity) and, on the other, ineffective parenting practices (c

5. Main characteristics

5.1. Main characteristics

5.1.1 Target group (Universal) Please indicate the final target group of the interventio

General populatior
Children/young people
Adults
Family/Parents
Other (please specify below)

5.1.2 Please describe age group for Children/Young people (Min/Max

5.1.3 Describe any other target group (universal)

5.1.4 Target group (Specific). Please indicate the target group in relation to drug us

Non-drug users
Experimental drug users
Drug users
Drug addicts
Problem drug users
Former drug users
Other (please specify below) X

5.1.5 Describe any other target group (specific

Children (7-10 year old) with early-onset conduct problems, their families and teacher

5.1.6 Staff. How many people are involved in the intervention? Please specify, if possible, according to full-time staff, part-tim staff and voluntary staff.

Two supervisors (full-time staff), five program implementators (part-time staff) and four collaborators (voluntary staf

5.1.7 Staff. What is the status (profession) of staff working on the intervention e.g. psychologist, nurse etc

Supervisors: Psychology Ph.Ds;
Implementators: Psychologists;
Collaborators: Psychologists and advanced pychology students.

5.1.8 Coverage. How many people in each target group (universal) are reached by this intervention on an annual basi

5.1.9 Coverage. How many people in each target group (specific) are reached by this intervention on an annual basis

45

5.1.10 Substances addressed by the intervention

Alcohol	X
Tobacco	X
Cannabis	X
Cocaine and derivatives	X
Opiates	X
Amphetamines	X
Ecstasy	X
Methamphetamines	X
Inhalants/solvents	X
Other (please specify below)	X

5.1.11 Decribe any other substance addressed by the interventio

Drug abuse, in general terms, is intended to be prevented through the intervention in early-onset conduct probler

5.1.12 Main substance addressed by the intervention

Alcohol	
Tobacco	
Cannabis	
Cocaine and derivatives	
Opiates	
Amphetamines	
Ecstasy	
Methamphetamines	
Inhalants/solvents	
Other (please specify below)	X

5.1.13 Describe any other main substance addressed by the interventio

Not applicable

Setting of intervention. Please note that the setting needs to match the type of intervention (1.2.

5.1.14 Setting of prevention intervention

School	X

Community (including i.e.user scene	
Party scene	
Family	X
Workplace	

5.1.15 Setting of treatment intervention

Inpatient	
Outpatient	
GP	

5.1.16 Setting of social reintegration intervention

Residential	
Community	

5.1.17 Setting of harm reduction intervention

Low threshold service	
Needle/syringe provisior	
Outreach/drug scene	

5.1.18 Setting of interventions in the criminal justice system interventio

Prison	
Community	

5.1.19 Describe the setting of the intervention (if necessary

5.1.20 Any other setting of interventio

Yes	
No	
No Information	

5.1.21 Other. Describe any other setting of any other type of interventio

5.1.22 Action. Describe the main activities of the intervention and the type of service that is offered to the client. Kindly keep in mind that the description of the activities is of high relevance for the better understanding of the project.

The EMPeCemos program is made up of three components.

The family component is a parent-training program composed by twelve sessions. Based on cognitive-behavioural principles, it includes those contents which are critical for the intervention on disruptive behaviours. Basic contents are: promoting positive behaviours and the bonding between parents and children, promoting school adjustment, limit-setting and managing disruptive behaviours. Additionally, some sessions are devoted to communication, self-control and problem-solving skills. Besides promoting a good family climate, these sessions support children's cognitive and emotional development.

The children's program also consists of twelve sessions to be applied along with the parents' component. It is divided into three sections; according to the program denomination (EmPeCemos), one section is centred in Emotions, other in cognitive skills (Pensamientos) and the last one in social skills (Conductas). The emotional section trains children in emotion identification and regulation. The cognitive section trains children in perspective taking and problem solving through sequential steps. The behavioural section trains children in social skills

The teachers' component consists of eight sessions, which train teachers in strategies for dealing with disruptive children and their famil

6. Evaluation

6.1. Evaluation

6.1.1 Evaluation status

Evaluation has been carried ou	X
Evaluation is currently runnin	
Evaluation is carried out repeatedl	

6.1.2 Please indicate the month and year when the most recent evaluation was carried out (corresponding to the option yc chose above (Evaluation status) (mm/yyyy)

52008

6.1.3 Type of evaluatior

Evaluation of intervention planning (needs assessmen	X
Process evaluation (how far are the operational objectives achievec	X
Outcome evaluation (how far are the specific objectives achievec	X
Impact evaluation (how far is the general objective achievec	X

Other (please specify below)

6.1.4 Describe other type of evaluation

Evaluation indicators. What indicators are used in order to monitor changes relating to the objectives

6.1.5 Outcome indicator 1 (relating to the specific objectives

Standard measures of parenting practices: monitoring children's behaviour, praising, rewards use, setting rules and limits, harsh parenting practices, inconsistency in the use of reinforcers, parent-child involvement, and family atmosphere.
Standard measures of parental self-control, family-problem solving and patterns of communication

6.1.6 Outcome indicator 2 (relating to the specific objectives

Standard measures of children's emotional, cognitive and behavioural skills: Emotion identification and regulation, problems solving a social skills

6.1.7 Outcome indicator 3 (relating to the specific objectives

Measures of teacher's competence for using effective strategies in handling disruptive behaviour: Praising and rewarding of positive behaviours; collaborating with the family; establishing class rules and giving effective instructions; Effective use of negative consequences

Standard measures of children's disruptive behaviours, including oppositional-defiant behaviours and hyperactivity-impulsivity.

In the medium/long term, measures of drug abuse and adolescent behavioural problems

6.1.8 Process indicator 1

Degree of implementation and fidelity to the program manuals, as assessed through daily reports of implementation and observation supervisors.

6.1.9 Process indicator 2

Attendance and dropout rates

6.1.10 Process indicator 3

Measures of acceptance, participant's satisfaction, perceived utility, and disposition to recommend the progra

Evaluation design

Outcome evaluation

6.1.11 Evaluation design

Follow-up assessmen	
Pre-post design, no comparison group - naturalisti	
Pre-post design AND comparison group - quasi-experimenta	
Pre-post design AND comparison group AND randomisation - RC	
Other (please specify below)	X

6.1.12 Describe other type of evaluation desig

Pre-post design and comparison group with randomisation at the school level (schools randomly assigned to intervention and comparis groups).
Randomization was not feasible at the level of individuals, as 1) schools were the natural unit for the program implementation; 2) randomization at individual level would imply contamination between intervention and comparison groups, as some activities have to be done with the whole classroom; 3) schools were not willing to participate if intervention was not provided to all the identified disruptive children.

6.1.13 Quantitative data collection instruments, tools and measures use

Recognised (standard) instrument	X
Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specif needs)	
Program specific instruments used (e.g. self-constructed collection instrumer	X

6.1.14 Specify name of instrument(s) if you used a standardised instrument(s) for outcome evaluatio

Parental Practices Inventory (Webster-Stratton & Spitzer, 1991;
Parent-Teacher Involvement Questionnaire (INVOLVE, Webster-Stratton et al., 2001);
Social Competence Scale (Dodge et al., 1997)
Wally Feeling Test (Webster-Stratton, 2001)
Attribution Measure (Lochman & Dodge, 1994)
Interview of Emotional Experiences (Dodge et al., 2001)
Test of Assessment of Cognitive Skills of Problem Solving (EVHACOSPI; Albor-Cohs, 1998)
Disruptive Disorders Rating Scales (Barkley, 1997)
Child Behaviour Checklist (CBCL; Achenbach, 1991)

6.1.15 Specify name of instrument(s) if you used a modified standard instrument for outcome evaluatio

6.1.16 Please specify type of any qualitative data collection instruments (specify which type of data collection method was use e.g. semi-structured interviews, focus-groups, observation) used:

Process evaluation

6.1.17 Quantitative data collection instruments, tools and measures used in process evaluatio

Recognised (standard) instrument	
Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specif needs)	X
Program specific instruments used (e.g. self-constructed collection instrumer	X

6.1.18 Specify name of instrument(s) if you used a standardised instrument(s) for process evaluatior

6.1.19 Specify name of instrument(s) if you used a modified standard instrument for process evaluatior

The process evaluation implied to adjust standard instruments for the specific features of EmPeCemos. The standard instruments we the following:

Parent's Consumer Satisfaction Questionnaire (McMahon and Forehand, 2003);
Weekly Satisfaction Questionnaire (Webster-Stratton, 2002);
Leader Collaborative Process Checklist (Webster-Stratton, 2002);

6.1.20 Qualitative data collection instruments. Please specify type of any qualitative data collection instruments (specify whic type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used.

Focus groups with parents and teachers;
Focus groups with the program staff;
Semi-structured interviews with school counsellors;

6.1.21 Type of Evaluator and reference

Internal evaluato	X
External evaluato	
Both internal and externa	

6.1.22 Please specify the name of the external institution/s

6.1.23 Give full reference for the evaluation report (when available)

7. Evaluation results

7.1. Results of evaluation

Present the results, to date, according to the specific and operational objective

7.1.1 Results of outcome evaluation 1

Evaluation carried out to date (last evaluation: May 2008) has shown that the program has significant effects on the key elements addressed by the parent component. A MANOVA group x time interaction showed that the parenting practices were affected by the program ($p<.001$). In contrast with no changes in the comparison group, the intervention group showed a reduction in the use of harsh discipline ($p<.001$), and in the inconsistency when administering rewards and punishments ($p<.01$). In contrast, the use of positive parenting practices (praise, incentives) was increased after the program ($p<.001$), and the parents increased also the amount of child monitoring ($p<.01$). The family affective atmosphere was also improved ($p<.001$); parents were more able to self-control in conflictive interactions ($p<.01$) and to solve problems in a rational, non-impulsive way ($p<.001$).

7.1.2 Results of outcome evaluation 2

In contrast with the comparison group, where no changes were found, MANOVA comparisons showed changes in children's emotional, cognitive and social skills. There were improvements in the children's skills to identify emotions in themselves ($p<.001$), and in others ($p<.001$). On the cognitive side, there were improvements in the skills to solve problems, in their different steps: problem identification ($p<.01$), generation of alternatives ($p<.001$), anticipating consequences ($p<.01$) and appropriate decision making ($p<.001$). Significant changes were not found in the attribution measures, so there was not evidence that the program was able to reduce the hostile attribution bias which are common in aggressive children (see Crick and Dodge, 1996). Positive changes were nevertheless found in the social skills area, with improvements in the social skills ratings provided both by parents ($p<.01$) and teaches ($p<.001$).

7.1.3 Results of outcome evaluation 3

Evaluation of teachers' competence showed that the program positively affected teachers' self-efficacy to pay attention to positive behaviours in children (p<.01), to comment with parents children's positive behaviours (p<.05), to ignore minor disruptive conducts (p<.0 to calm down before defiant behaviours (p<.01) and to intervene in an effective way when facing aggressive conducts (p<.001).

So, in general terms, the program seems to have been able to exert a positive effect on parents, children and teacher's skills which underlie the development of conduct problems.

Significant changes were also found in the measures of children's behavioural problems. Again, significant Group x Time interactions we found (p<.001). Whereas there were no changes in the control group, significant reductions were found in the intervention group for the three measures of problem behaviours: attention difficulties (p<.001), hyperactivity-impulsivity (p<.001) and oppositional-defiant behaviours (p<.001). Considering the total score on behavioural problems, the effect size was Cohen's d=0.74.

Evaluation of EmPeCemos is still ongoing, so that the medium- and long- term effects can be analysed. The follow-up through adolesce

7.1.4 Results of process evaluatior

The daily implementation reports showed that the integrity of the program administration was high. For the parent component, 88,2% the proposed activities was, on average, administered. For the children's component, 76,5% of the activities were administered, and 73,5% of the activities were administered in the teacher's component. The fidelity of the program administration was guaranteed through: 1) a systematic training of the staff, guided by program experts; 2) daily questionnaires filled in by program staff and reviewed by supervisors; 2) audiotapes of sessions which were reviewed by supervisors. The integrity analyses showed a good fit with the program principles and manuals.

Eighty-three percent of selected parents/children and 83,4% of selected teachers were involved in the intervention. Dropout rates were t 8,2% for the parent component and 15,2% for the teacher component. The averages of attended sessions were the following: 9,24 (maximum 12) for parents; 10,43 (maximum 12) for children; 5,05 (maximum 8) for teachers. In general, the involvement of teachers was more difficult than the involvement of parents and children. Work overload, demands by other educational programs and lack of support

In the end, EmPeCemos generated a high degree of acceptance and satisfaction by participants, and its "social validity" was supported.

8. Budget

8.1. Budget

8.1.1 Annual budge

Up to 100 000	X
Over 100 000 to 500 000	
Over 500 000	

Annual budget is not available

8.1.2 Specify total budget

128.040 euro

8.1.3 Sources of funding

Local authorities	
International organisations (operates in more than one country	
Regional authorities	
Community authorities	
National government	X
European commission	
Non-governmental organisation	
Private funds	X
Other	

8.1.4 Percentage of funding from each source

	% of funding
Local authorities	
International organisations (operates in more than one country	
Regional authorities	
Community authorities	
National government	86
European commission	
Non-governmental organisation	
Private funds	14
Other	

9. Abstract

9.1. Abstract

9.1.1 Give a short summary of the intervention

EmPeCemos is a multi-component program aimed to prevent severe conduct problems and drug abuse in disruptive children aged 7 to 10 years. Early-onset conduct problems are known to be a key predictor of drug abuse, as well as of a wide array of health and conduct problems, such as school dropout, impulsive behaviours and delinquency. Research has shown that these early-onset conduct problems tend to get chronic through their development, and that involve a complex chain of risk factors, including family, school and socio-emotional variables. Based on the theory and research on high-risk developmental a trajectories, the EmPeCemos project was designed to simultaneously intervene on family, school and children's skills, with the aim of promoting social competence and breaking the cumulative circle of impairments of early-onset disruptive children. The program is made up of three components: The 12-session family component trains parents in 1) positive parenting practices, 2) effective management of disruptive behaviours; 3) establishment of affectionate parent-child relationships; 4) support of children's cognitive-emotional development. The children's component also consists

10. Output

10.1. Outputs

10.1.1 List any interesting references, links, and literature relating to the interventio

FOUNDATIONS AND MANUALS:

Romero, E., Villar, P., Luengo, M.A., Gómez-Fraguela, J.A. and Robles, Z. (2005). EmPeCemos: Emociones, Pensamientos y Conductas para un desarrollo saludable. Santiago de Compostela: Tórculo.

Romero, E., Villar, P., Luengo, M.A., Gómez-Fraguela, J.A. and Robles, Z. (2006). EmPeCemos: DVD Interactivo. Santiago de Compostela: SERVIMAV.

WEB PAGE:

Web page: http://www.udipre.com/en/epc_descripcion.htm

PRESENTATIONS:

Romero, E., Luengo, M.A., Gómez-Fraguela, J.A. & Villar, P. (2006, May). Prevention of conduct problems at elementary school: Design and initial evaluation of a multicomponent program. 2006 NIDA International Forum. Scottssdale, Arizona, USA.

Romero, E. (2007, October). El programa EmPeCemos: Una iniciativa que implica a niños, padres y profesores en la intervención sobre problemas de conducta de inicio temprano. Jornadas sobre Intervención ante Problemas Conductuales de Inicio Temprano. Santiago de Compostela.

Romero, E., Villar, P. & Luengo, M.A. (2008, May). Preventing early-onset conduct problems through a multi-component intervention. 16

11. Additional remarks

11.1. Special remarks

11.1.1 Use this space to add explanatory notes and highlight any specific features of the programme that are not we represented in other items of the questionnaire.

Report Comments:

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