

# Background Research: Parent/Family Education Curricula - Standards-Based

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# Parent Education and Skill Building Programs

## ***Rationale***

Protective and risk factors within the family domain can greatly influence youth's initiation into ATOD use, the trajectory of that use, and its prevention or mitigation (Hein & Martin, 2002; Kerr & Stattin, 2000; Kosterman et al., 2000; Dusenbury, 2000; Macaulay et al., 2005). **Primary** parenting conditions and behaviors that enhance **protective** factors includes:

- family connectedness and attachment: a close, warm relationship with parents; expression to enhance family bonding
- regulated, communicative parenting
- family norm setting; discipline that establishes a clear set of positive expectations
- parental monitoring and supervision; involvement in activities
- parental encouragement of children's achievement; positive reinforcement
- parents seeking help and support for children when necessary, as preventative measure as well as in response to trauma or crisis

While parental and intra-family skills represent the first line of defense against youth ATOD initiation and use (Kosterman et al., 2000), role modeling alone will not prevent children from experimenting with ATOD. Researchers over the past two decades (Guo et al., 2002; Brook et al., 1999; Haggerty et al., 2007; Kosterman et al., 2001) have argued that children are more likely to remain drug free when parents use **pro-active** strategies. **Protective factors** related more **specifically** to preventing ATOD use include:

- involved and vigilant parenting; monitoring children's activities and peer associations
- clearly articulated expectations regarding ATOD use and consequences for misbehavior
- drug abuse prevention skills and knowledge
- social skills to resist peer pressure
- verbally expressing disapproval regarding youth ATOD use

While it is not clear how these factors rank in importance, there is evidence that monitoring and supervision of young people is especially critical (Dusenbury, 2000). It follows that general parental and familial **risk** factors include:

- low family connectedness
- low parental monitoring
- unclear or unspoken parental expectations for youth behaviors, especially those relating to ATOD use
- high levels of interfamilial conflict; abuse

Despite the likely general benefits of natural bonds, positive attitudes, and parental engagement, families are not always equipped with the information, skills, and parenting strategies needed to effectively communicate and interact with their children in terms of the evidence-based **Best Practices** that promote healthy lifestyle choices (Hein & Martin, 2002; Layzer et al., 2001).

- One study found that despite 80% of children aged 7-11 reporting that they would prefer to discuss health problems with their parents, substance misuse appeared to be a topic rarely discussed at home (Jarvis & Stark, 2005).

Parent education programs help to address these issues.

- **Universal** parent education programs target parents of youth in the general population, and **selected** parent education programs target the parents of youth who are at higher-than-average risk for substance abuse—including risk factors that may be extraneous to familial social behavior, such as economic uncertainty (Branstetter et al., 2007).
- While a universal parent education program may *include* families with youth who are at higher risk for substance abuse, families are not specifically *recruited* into the program because of that risk.

## Outcomes

**Guiding Good Choices** (previously known as “Preparing for the Drug Free Years”) is a model example of a universal parent-training intervention informed by the social developmental rationale of the Seattle Social Development Project (Kosterman et al., 2001). Its goals are to encourage parents to:

- create opportunities for involvement and interaction in the family and to reward their children for participation
- set clear expectations for their children, to monitor their behavior, and to practice appropriate discipline
- teach their children skills to resist peer pressure and refuse to engage in inappropriate behavior
- manage and reduce family conflict
- promote the expression of positive feelings and love in order to enhance family bonding

The above outcomes can be classified as **proximal**. The outcomes of parenting education can be measured and evaluated in relative terms, as either proximal or **distal** (Petrie et al., 2007).

- Relatively proximal or immediate outcomes include the knowledge, attitudes, and behavior of parents; the quality of family interactions; and the resulting effects on risk and protective factors for adolescents.
- Relatively distal or long-term outcomes, mediated in complex ways by proximal outcomes and other factors (e.g., academic success, peer relations, life events), include ATOD initiation and the trajectory of ATOD use.
- Once researchers establish credible correlations or pathways among proximal and distal outcomes, then it becomes valid and meaningful to judge the effectiveness of parent education interventions in terms of relatively proximal measures—e.g., parents’ behavior, or adolescents’ perceptions of parents’ behavior and family well-being—while continuing to monitor distal risk-taking and substance abuse outcomes based on rigorous longitudinal studies of various interventions.

Parent education programs have been shown to produce the following favorable **proximal and distal** outcomes:

- On the basis of a recent review of the literature, the most effective interventions in reducing substance misuse among children under 18 appear to be those that emphasize development of

social skills and sense of personal responsibility among young people, as well as addressing issues related to substance use, and included active parental involvement (Petrie et al., 2007).

- Another recent review of the literature concluded that measures of perceived parental monitoring, discipline, and communicating an anti-drug message, all indicative of effective parenting practices, have a robust protective effect on youth that positively influences drug-related behavior independently of the most proximal predictors of adolescent drug use: adolescent drug-related knowledge, attitudes and perceived norms (Macaulay et al., 2005).
- Parent education and family support programs that provide both parents and youth with opportunities to practice communication skills and positive interaction have proved effective in promoting family resiliencies needed to promote ATOD abstention (Layzer et al., 2001; Kosterman et al., 2000).
- Parent education programs that give parents the tools they need to build on resiliencies such as increased family bonding, increased parent-child communication, increased pro-active family management, and increased social skills, can have a long term impact on ATOD use (Hein & Martin, 2002; Kosterman et al., 2000).
- Multi-component programs that integrate universal, selected, and indicated approaches to meet the needs of all students and parents can be effective in reducing the escalation of drug use in high-risk youth (Dishion & Kavanagh, 2000).
- Family-focused programs have been successful in demonstrating positive outcomes in the areas of positive parent-child relationships, (Molgaard & Spoth, 2001), increased peer resistance skills, reduced bonding to antisocial peers, and decreased problem behaviors (Hawkins et al., 1999; Kumpfer et al., 1996).
- Parent education and family support programs have been successful in reducing gateway substance use, minor delinquency, school-related problem behaviors, and affiliation with antisocial peers (Hawkins et al., 1999; Kumpfer et al., 1996). These programs have also reduced the probabilities of youth transitioning to more advanced stages of use.

**In summary to this introduction**, the agenda for research and practice in family-intervention and prevention has been detailed by Spoth et al. (2002):

- expansion of the set of rigorously evaluated, theory-driven interventions that have potential to reach large numbers of children, youth, and families
- effective strategies for family recruitment and retention
- cultural sensitivity of interventions
- application of a developmental life course perspective
- strategies for linking higher-risk population subgroups with potentially beneficial services
- improved diffusion mechanisms for sustained, quality delivery
- policy making informed by research, including economic analysis

# Parent Education and Skill Building Research Highlights

## ***Program Content***

- All parent education programs targeting families with children ages 10-17 should include the following content areas (Darling & Cumsille, 2003; Hein & Martin, 2002; Kosterman et al., 2000; Kumpfer & Alvarado, 2003):
- Methods to establish and communicate clear expectations about ATOD based on the developmental stage(s) of their children (Larson, 2000).
- How to discuss the consequences of ATOD use with children (Kosterman et al., 2000).
- How to help children practice ATOD refusal skills (Kosterman et al., 2000).
- Information about a parent's role in prevention of smoking, alcohol use, and illicit drug use (Kumpfer & Alvarado, 2003).
- Ways to monitor their children's activities (Kumpfer & Alvarado, 2003).
- The negative impact of parental ATOD abuse on their children. The behaviors mothers and fathers display and the values they espouse are more powerful than any anti-ATOD message that might be verbally communicated (Ennet et al., 2001).
- Ways to increase parent self confidence in their abilities and increase their feelings of self-empowerment (Hein & Martin, 2002, Layzer et al., 2001).
- Analysis of the competing influences of peers, schools, media, neighborhoods, etc., and the role parents play in mediating influences outside of the family (Ennet et al., 2001).
- Ways to promote family bonding and positive parent-child interaction and communication (Larson, 2000).
- Identification of family strengths (Hein & Martin, 2002).
- Programs should ideally offer programmatic support to families throughout the developmental span of their children, keeping in mind that vulnerability to specific kinds of substances is likely to change as children get older (Larson, 2000).
  - For example, while cigarette and alcohol experimentation and use are associated with early adolescence, illicit drug use is more closely associated with late adolescence and early adulthood (Guo et al., 2002).

## ***Program Delivery Guidelines***

- The most effective parenting education programs are those that share an emphasis on active parental involvement and developing skills in social competence, self-regulation, and parenting (Petrie et al., 2007).
- Parent education programs should have a well defined recruitment and retention plan (Emshoff et al., 1996).
- Market research suggests that parents would like flexible scheduling, minimal initial time commitments, contacts with parents' peers, and multiple incentives, such as food, refreshments, and child care (Spoth et al., 2002).
- Programs targeting parents should intentionally promote parent-to-parent peer support and interaction (Layzer et al., 2001).

- Program content should be reinforced through interactive activities such as games, role play, and other skill building activities (Kosterman et al., 2000).

## Selected Populations

- Programs targeting selected (instead of universal) populations should include a parent training component, children's skill training component, and a family interaction component (Kumpfer et al., 1996).
- Programs targeting selected populations should have an established procedure for linking families to community resources when needed to address more serious issues of child and family well-being (Layzer et al., 2001).
- Parent education programs can be effective when they target populations of parents experiencing common life circumstances such as parenting a middle school-age youth, parenting a student athlete, parenting in a one-parent family (Darling & Cumsille, 2003).
- Parents who share common experiences may be more likely to form peer bonds and establish social support among each other, which can help in strengthening family resiliencies (Layzer et al., 2001).
- Gender issues and differences are important to consider and address in parent education and support programs. Child gender can be a factor to consider when determining the most appropriate parental management strategies. For example, research finds that males may be more likely to engage in illicit drug use at earlier ages than girls (De Wit, 1997; Guo et al., 2002). Therefore, parents of boys may need strategies to help their sons resist illicit drugs at earlier ages than parents of girls.
- The participation of fathers in parent education intervention may be a more crucial protective factor for boys and than for girls (Jones et al., 2005).
- Familial influences, values, and messages regarding ATOD initiation and use by youth may vary for different ethnic groups (Barrera et al., 1999; Emshoff et al., 1996; Ennet et al., 2001; Layzer et al., 2001; Guo et al., 2002; Forehand & Kotchik, 1996).
- African-American families are more likely to socialize their young to recognize and resist racism. Other studies have found that strict family rules within the African-American culture have a stronger protective effect on African-American teen problem behaviors when compared to other groups (Brody et al., 2005).
- Such knowledge of socially acceptable parenting customs and the reasons for them is essential if program staff hope to gain trust and credibility among minority parents and children (Emshoff et al., 1996; Forehand & Kotchik, 1996).

## Delivery Methods for Exemplary Programs

The **Adolescent Transitions Program** is a **multilevel** approach to family-based intervention in the middle-school setting (Dishion & Kavanagh, 2000).

- At a **universal** level, establishing a Family Resource Room provides an infrastructure for collaboration between school staff and parents; supports norms for protective parenting practices; and disseminates information encouraging family management practices that promote school success to prevent the development of early-onset alcohol and other drug use. The FRR also provides the vehicle through which a program of multilevel interventions can be offered during the school year.

- The Family Check-Up (FCU) is a **selected** intervention offering family assessment and professional support and motivation to change. It is an in-depth method that supports parents' accurate appraisal of their child's risk status and provides parenting resources for reducing risk factors and promoting adjustment.
- The **indicated** intervention menu includes a brief family intervention, school monitoring system, parent groups, behavioral family therapy, and case management services.

**Parents Who Care** is a seven-session **universal** prevention program which includes parenting, youth, and family components designed to prevent substance use and other problem behaviors (Haggerty et al., 2007).

- PWC was developed as a program for older teens, especially those transitioning into high school.
- PWC includes both group-administered and self-administered programs; both methods have been shown after a 2-year follow-up to significantly decrease the likelihood of initiation into ATOD use.
- PWC's self-administered program reaches families that have been traditionally difficult to teach; home-delivered, self-directed programs yield the highest participation rates.

**Guiding Good Choices**, previously known as "Preparing for the Drug Free Years," is a **universal** parent-training intervention (Kosterman et al., 2001; Mason et al., 2003).

- GGC is designed so that session components build on one another in a sequential fashion, with later sessions reinforcing objectives of prior sessions.
- GGC is designed to enhance family protection and reduce children's risk for early substance initiation by teaching parents about the risk and protective factors for substance abuse and helping them to develop skills for establishing and communicating clear behavioral expectations, monitoring their children's behavior and enforcing norms, managing family conflict, promoting child involvement, and strengthening family bonds.

**The Strengthening Families Program** was designed as part of the Center for Substance Abuse Prevention's Predictor Variables Initiative (Kumpfer et al., 2007)

- SFP is an evidence-based, 14-session parenting and family skills training program widely implemented for diverse families in the United States, Canada, Australia, Europe, and Central America.
- SFP is a multi-component intervention involving groups of approximately 4 to 12 parents in a Parent Skills Training group in the first hour of each weekly session, while their children attend a separate Children's Skills Training Group
- In the second hour, the families are split into two multifamily Family Skills Training groups, each run by two group leaders. Families practice strengthening their skills of observation, monitoring, therapeutic play, communication, and effective discipline.

The **Parents Matter! Program** has developed three interventions for parents of 4th and 5th grade African-American children (Long et al., 2004). The overarching goal of all three interventions is to provide parents with knowledge, skills, and support for enhancing their efforts to raise healthy children. The interventions are:

- Enhanced Communication and Parenting (five 2.5-hour sessions)
- Brief Communication and Parenting (single 2.5-hour session)
- General Health (single 2.5-hour session)
- Discussions need to be non-judgmental and supportive of individual differences. Successful facilitation will be achieved if the participants feel safe to share, are engaged in the discussion, see the facilitator's enthusiasm for the content, and feel the facilitator's concern for their well being.

**Project STAR** is the parent component of the Midwestern Prevention Project (Riggs et al., 2006), a multi-component drug abuse prevention program for adolescents. Its three activities are:

- Parent-school committee participation
- Parent skills training
- Parent-child homework activities

## ***Program Dosage***

A review of **universal parenting programs** for children 18 or under (Petrie et al., 2007) judged as effective the following programs for ATOD prevention among children transitioning to adolescence:

- **Life Skills Training + Iowa Strengthening Families Program:** 15 classroom sessions with students only plus 5 booster sessions; seven group sessions involving 1 hour of separate sessions for parents and children, followed by family hour; children's sessions include peer relationships skills management.
- **Midwestern Prevention Program:** 10 session school program over 3 months with homework, parent program, community program, and mass media coverage.

Parent education programs **targeting universal populations** of families and children should include at least 5 sessions of 2 hours each (total minimum program dosage of 10 hours). For these populations, a broader parent education and dissemination model is used, which focuses less on the reduction or alleviation of problem behaviors. Parent Education programs for non-selected populations typically incorporate information dissemination around family communication, enhancing parent-child relationships, and establishing clear rules and expectations to prevent risk behaviors (Kumpfer et al., 1999). In an analysis of universal-oriented Parent Education programs, the following range of program dosage was found to yield positive results:

- **Guiding Good Choices** (previously known as "Preparing for the Drug Free Years"): 5 sessions lasting 2 hours each (10 hours total).

- **Raising a Thinking Child:** 10-12 weekly sessions, although this can be reduced to 6 sessions provided that the content is covered (10+ hours total).

Programs **targeting selected populations** should include at least 8 sessions of 2 hours each (total minimum program dosage of 16 hours). For these populations, the Family Skills Training approach is most widely used (Kumpfer et al., 1996). Family Skills Training, which typically incorporates a parent behavioral training component as well as a children's skill training component, ranges from 8 to 14 weekly sessions (or more), each lasting about 1 to 2 hours. In an analysis of selected Family Skills Training programs, the following range of program dosage has been found to yield positive results:

- **Brief Strategic Family Therapy:** 8-12 weekly sessions lasting 1-1.5 hours (12 hours total).
- **Creating Lasting Family Connections:** 6 program modules, with each delivered as 5 weekly sessions (total = 30 sessions). Each session lasts 1.5 to 2.5 hours (45-60 hours total).
- **Effective Black Parenting:** 14 sessions lasting 3 hours, with an additional graduation ceremony (42 hours total).
- **Families and Schools Together (FAST):** 8 weekly sessions followed by monthly meetings (8+ hours total).
- **Strengthening Families:** 14 weekly sessions lasting 2-3 hours each (28-42 hours total). Parents and children meet separately for the first half and then come together for skill building during the second half.
- **Strengthening Multi-ethnic Families and Communities:** 12 weekly sessions lasting 3 hours each (36 hours total).
- **SUPER STARS:** 9 sessions (2 hours each) consisting of 7 core sessions and 2 booster/follow-up sessions 1-3 months later (18 hours total).

According to a review of **CSAP** studies (Kumpfer & Alvarado, 2003):

- Increased dosage or intensity (25–50 hours) of the intervention is needed with higher risk families with more risk factors and fewer protective factors and processes than low-risk universal families who need only about 5 to 24 hours of intervention.
- **Behavioral Parent Training**, intended primarily for parents of elementary school children, is a highly structured approach that includes parents only, generally in small groups led by a skilled trainer following a curriculum guide averaging 6 to 15 sessions of one to two hours in child management strategies.

### ***Program Staffing***

- As noted in the above section, the familial influences and values and messages regarding ATOD initiation by youth may vary for different ethnic groups. Staff training should encompass the customs, values, and parenting styles of specific ethnic groups (Barrera et al., 1999; Emshoff et al., 1996; Ennet et al., 2001; Layzer et al., 2001; Guo et al., 2002; Forehand & Kotchik, 1996).
- Programs targeting **selected** populations should be implemented by professionally trained staff (Layzer et al., 2001). These programs will require more intensive training in order to yield

positive outcomes, compared to programs that focus on universal populations (Kumpfer & Alvarado, 2003).

- Programs targeting **universal** populations can be facilitated by trained professionals or trained parents (Kumpfer et al., 1999).
- Partnerships between health professionals and teachers in schools can be weakened by the “culture of accountability” in schools—described as teachers’ reluctance, in the face of competing demands for curriculum time, to share the education process in fear of damaging their quality and standards (Jarvis & Stark, 2005).
- Parents, too, can be reluctant to intrude upon the professionals’ territory, assuming that teachers will have a more comprehensive grasp on drug education and substance misuse and for some parents it may be a relief to pass the responsibility of handling difficult issues on to teachers (Jarvis & Stark, 2005).

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# Standards for Parent/Family Education

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*Providers delivering a standards based Parent/Family Education programs must*

1. Develop a written recruitment and retention plan that identifies and addresses barriers to program participation (e.g., scheduling at times families can attend, scheduling in places where families are already gathering, childcare for siblings, meals at evening events).
2. Develop or obtain a written, planned curriculum with a minimum of five sessions and ten hours of programming.
3. Deliver content through a variety of interactive strategies and include the following components:
  - Parental role in prevention of smoking, alcohol use, and illicit drug use.
  - Communication of clear expectations around ATOD abstinence.
  - Importance of parental monitoring of children's activities and peer associations.
  - Strategies for parents to support youth ATOD refusal skills.
  - Parent to parent peer support and interaction.
4. Describe how the cultural styles of families have been acknowledged so that information and outreach is culturally sensitive and appropriate (e.g., information is available in parent's/guardian's first language).