

## 1. Parenting Education

- a. *Adolescent Transitions Program (ATP)*: This is designed to provide parents with family management skills and high-risk teens with skills to self-regulate behavior. Parent skills taught include: (1) encouraging positive behavior; (2) setting up behavior change contracts; (3) establishing limits/consequences; (4) communication; and (5) problem solving. The teen curriculum teaches skills in: (1) goal setting; (2) making behavior changes; (3) selecting/maintaining friends; (4) communication; and (5) problem solving. In comparison to controls, one-year follow-up indicated positive effects in engaging students and parents, teaching them skills, and improving parent-child relations. Post-treatment there were short-term effects on teens aggressive and delinquent behaviors. The teen curriculum-only condition was associated with escalated problem behavior, highlighting the importance of the teen and parent components.

*For more information, see:*

Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology*, 63, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

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- b. *Iowa Strengthening Families*: This is a family-based intervention to enhance parents' general child management skills, parent-child affective relationships, and family communication. Based on a developmental model, it seeks to delay the onset of adolescent alcohol and substance use by improving family practices. It is designed for sixth-grade students and their families. Parents are taught to clarify expectations of children's behavior, utilize appropriate discipline techniques, manage strong emotions concerning children, and use effective communication. Children are taught similar skills as well as peer resistance/refusal techniques, social interaction skills, and stress management. Post-test evaluations report parents' improved child management practices, increased parent-child communication, more child involvement in family, and strengthened family affective quality. One- and two-year follow-up analyses indicate that adolescents had lower rates of alcohol initiation and 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk.

*For program information, contact:*

Center for the Study and Prevention of Violence, University of Colorado, Boulder, Institute of Behavioral Science, Campus Box 442, Boulder, CO 80309-0442, (303)492-8465, email: cspv@colorado.edu, <http://colorado.edu/cspv/blueprints/promise/iowa.htm>

- c. *MELD Young Moms* : Uses peer support groups to help strengthen families by reducing the social isolation that can lead to child abuse and neglect. Program activities are designed to increase parents' knowledge of child development; increase parents' ability to solve problems, make decisions, and manage family life; and to nurture parents' personal growth. Support peer groups meet weekly for a period of two years. Outcomes from seven sites indicate a positive shift in parental attitudes and beliefs about parenting and children. Parents showed more appropriate expectations in line with child's abilities, increased awareness of and better response to child's needs, and reduced value in corporal punishment.

*For more information, see:*

Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions, [www.whitehousedrugpolicy.gov/prevent/parenting/r\\_meld.html](http://www.whitehousedrugpolicy.gov/prevent/parenting/r_meld.html)

## Appendix E: Home Involvement in Schooling

- d. *Parent Child Development Center Programs*: This is designed to foster relationships between parents and children. It targets low-income families and provides multidimensional treatment to help mothers become more effective in child-rearing. Mothers are educated in socioemotional, intellectual, and physical aspects of infant and child development; care-givers' personal development is enhanced through home management training and continuing education classes; and the needs of the entire family are addressed by providing health and social services. A short-term evaluation at 24 months reported increases in IQ and cognitive ability and more positive mother-child interactions. Compared to controls, evaluations showed increases in children's school achievement at grades 2 and 3, improvements in mothers' positive control techniques (including discipline with discussion and less physical punishment), improvements in mothers' use of affection/praise, and decreases in children's destructive behavior (age 4-7).

*For more information, see:*

Bridgeman, B., Blumental, J.B., & Andrews, S.R. (1981). *Parent Child Development Center: Final Evaluation Report*. Dept. of Health and Human Services, Office of Human Development Services, Washington, DC 20201.

Johnson, D.L. & Walker, T. (1987). Primary prevention of behavior problems in Mexican-American children. *American Journal of Community Psychology*, 15, 375-385.

Johnson, D.L. & Breckenridge, J.N. (1982). The Houston Parent-Child Development Center and the primary prevention of behavior problems in young children. *American Journal of Community Psychology*, 10, 305-316.

Contact: Dale Johnson, Department of Psychology, University of Houston – University Park Houston, TX 77004 (713) 743-8508

- e. *Parent to Parent*: This video-based program is designed to help parents deal directly with their children. It is facilitated by parents for parents. Internal evaluation and long term studies by outside sources report the following: (a) 89% of participants had a greater understanding of their role in preventing drug and alcohol use by their children, (b) 91% changed the way they communicated with their children, (c) 75% became more involved in community efforts aimed at alcohol or drugs, (d) 91% talk more often with their children about drugs, and (e) 85% increased contact with parents of their children's friends.

*For more information, see:*

O'Keefe, A. (1998). *Participant Views on the Parent to Parent Program*. Prepared for the Onondaga County Drug and Alcohol Commission; 1-800-487-7743.

*For program information, contact:*

Kathleen Lindsey, Parent to Parent Consultant, Representing Passage Group, Inc., lindseyenterprises@usa.net; Safe Passage, Violence Prevention for Parents, 1-800-487-7743.

- f. *PeaceBuilders*: This school-wide violence prevention program for elementary schools (K - 5) aims to enhance parent competence, increase rewards and praise for prosocial behavior, improve the school climate, teach peace building and communication skills, and recruit other adults as advisors and positive role models. Core components include common language and stimulus cues, video training kit, action guide and related tools for teachers, administrators, and families, story/workbooks for children, parents' activity training kit, and community media kit. A CDC-funded study is currently underway, and pilot data indicate reduction in teachers' estimates of aggressive behavior/social skills, referrals to the principal, suspensions, school transfers, and aggression on the playground.

*For more information, see:*

Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.)*, 12 (5), 91-100.

Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.

*For program information, contact:*

Jane Gulibon, Heartsprings, Inc., P.O. Box 15258, Tuscon, AZ 85732, (520) 322-9977.

## Appendix E: Home Involvement in Schooling

- g. *Preparing for the Drug Free Years*: This is designed for parents of children in grades 4 through 8 to help reduce the risk that their children will develop problems with drugs and alcohol in adolescence. It teaches parents how to increase their children's opportunities for involvement in the family, how to teach skills needed by children and adolescents, and how to provide reinforcement for desired behavior and appropriate consequences for undesired behavior. Preliminary results from a large-scale NIDA-funded study (currently underway) indicate positive effects on parenting behavior. Parents showed greater understanding about the situations in which adolescents are offered drugs, greater appreciation for the importance of bonding and providing adolescents with meaningful roles in the family, and significant changes in knowledge, attitudes, and behavior. For example, parents reported having held family meetings to set family policy and to teach refusal skills.

*For more information, see:*

Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family*, 57: 449.

Spoth, R., Redmond, C., Hockaday, C., & Yoo, S. (1996). Protective factors and young adolescent tendency to abstain from alcohol use: A model using two waves of intervention study data. *American Journal of Community Psychology*, 24 (6): 749-770.

*For program information, contact:*

Karl Hill, Ph.D., Project Director, Social Development Research Group, 146 North Canal St., Suite 211, Seattle, WA 98103-8652; (206) 685-1997. *To order materials, contact:* Barbara McCarthy, Developmental Research and Programs, 130 Nickerson, Suite 107, Seattle, WA 98109; (800) 736-2630

- h. *Syracuse Family Development Research Program*: This is designed to bolster child and family functioning through home visitations, parent training, and individualized daycare. It targets economically disadvantaged families in order to improve children's cognitive and emotional functioning, foster their positive outlook, and decrease juvenile delinquency. Mothers receive individualized training and support in order to create developmentally appropriate interactive games for their children, foster mothers' involvement in children's educational attainment, and model appropriate interactions. The most dramatic effects were found during a ten-year follow-up with control group evaluation, which indicate reduced juvenile delinquency and improved school functioning (for girls). Specifically, (a) Only 6% of participating children, compared to 22% of controls, had official delinquent records; (b) Control delinquents had more serious offenses; (c) participating girls showed better grades and school attendance (grades 7-8) and higher teacher ratings of self-esteem and school achievement; (c) participating children rated themselves more positively and had higher educational goals; (f) parents were more proud of their children and rated their families as more unified.

*For more information, see:*

Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact on an early intervention with low-income children and their families. In D.R. Powell and Irving E. Sigel (eds.), *Parent Education as Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice*. Annual Advances in Applied Developmental Psychology, Volume 3. Norwood, NJ: Ablex Publishing Corp.

Lally, J.R., Mangione, P.L., Honig, A.S., & Wittner, D.S. (1988). More pride, less delinquency: Findings from the ten-year follow-up study of the Syracuse University Family Development Research Program. *Zero to Three*, April, 13-18.