"Parenting Wisely"

a family strengthening program of

SSTAR in Fall River, Massachusetts

Final Program Evaluation Report

submitted to

The Center for Substance Abuse Prevention

November 15, 2001

by

Donna Caldwell, Ph.D.

National Perinatal Information Center

Grant # 8771

Center for Substance Abuse Prevention

Division of Knowledge Development and Application

I. EXECUTIVE SUMMARY

This Executive Summary provides an overview of the implementation of the Center for Substance Abuse Prevention (CSAP) funded SSTAR Family Strengthening program offered in 2000/2001. The target population for the "Parenting Wisely" project was current outpatient clients of SSTAR, a multi-service community-based health and social services center located in Fall River, Massachusetts.

According to the 2000 census Fall River has a total population of 91,938; the Fall River population is largely white, non-Hispanic. Per capita income, unemployment rates and other economic indicators indicate that the Fall River area is below state and national averages. These and other factors typical of urban areas, such as low educational attainment and an above average poverty rate influence health status and contribute to the area's health problems. Forty-three percent of SSTAR clients have completed their high school education; 68 percent are not employed at enrollment. Sixty-eight percent of the clients admitted to SSTAR are parents, and 56 percent of those had children residing with them at the time of enrollment. SSTAR clients who were parents were referred, including parents at high risk for substance abuse or who were substance abusing.

Addiction to substances is a major health problem in Fall River. SSTAR's substance abuse detoxification unit admitted almost 3,000 patients into its freestanding medical inpatient detoxification facility last year, the third largest program in the state. Heroin has been the drug of choice of the local drug using population; Fall River has the state's second largest injection drug user population (57.9%). Statistics from the Fall River Office of the Department of Social Services (DSS), the state's child protective agency, indicate that there are 850 –900 cases open at any one time in the city, and there are approximately 160 new reports each month citing child abuse or neglect. An estimated 85% of these cases involve some level of substance abuse. The Fall River Juvenile Court issued its 1999 statistics, indicating that there were 1650 offenses committed by juveniles that year. Fully 6.5 % of all juvenile cases involved substance abuse charges. Additional risk factors for this population include: parental history and/or current substance use; parental attitudes and beliefs favoring substance use; poor family relations/cohesion and poor parent/child bonding.

The "Parenting Wisely" program was developed from both behavioral and family systems models. Research conducted on the "Parenting Wisely" program has shown the program to be effective at reducing problem behaviors in children, increasing parental knowledge, and increasing the use of effective parenting skills (Segal et al., 1999). "Parenting Wisely" uses an interactive CD-ROM to train parents in relationship enhancement and child management skills. The parent reviews at his/her own pace a number of scenarios that teach the parent/caregiver protective skills like managing stress, spending time with children, using high warmth/low criticism parenting, and maintaining clear expectations. The "Parenting Wisely" program development was based on two premises that are well supported in the literature. One premise is that videodisc programs increase knowledge and performance more than standard methods of instruction. The other is that videotaped modeling of parenting skills is as effective in producing improvements in child behavior as parent education discussion groups and parenting training with a therapist.

The goals of this project were to strengthen families through providing access to model parenting skills programming, and to clarify the process for effectively disseminating model parenting programs. The following hypotheses were tested:

a. that parents who participate in the "Parenting Wisely" program will have improved post-service outcomes with respect to: increased family relations/cohesion; increased parent/child bonding; decreased identification of problem behaviors in their children; decreased recent drug and alcohol use; and decreased tolerance for alcohol and other drug use.

b. The strategies employed to implement services will contributed to an effective and cost efficient method of service delivery, as assessed by consumer satisfaction and program records.

c. Project staff also served to facilitate access to additional parenting skills programming for SSTAR clients who requested these services. Program staff were interested in learning if a positive (private) experience with a short-term intervention ("Parenting Wisely") would motivate parents to enroll in parenting skills classes that require a greater time/energy commitment.

Family Strengthening staff met with the participant to explain the program, obtain informed consent, administer the pretests, and demonstrate how to use the computer/CD-ROM. Participants could spend as long as they wished reviewing the "Parenting Wisely" program; the average participant spent approximately three hours over the course of one to two visits. When participants had completed the program, staff asked them to complete a questionnaire to assess their satisfaction with the program. All parents who completed the program were given the "Parenting Wisely" Workbook. Staff made a tentative appointment 3 months later for the first follow-up; participants were contacted for follow-up at three and six month post-program participation intervals. Participants were asked to provide "locater" information to assist in follow-up efforts. Locating efforts included phone and written contact; outreach efforts through SSTAR treatment staff were also used as required to ensure low attrition.

The National Perinatal Information Center (NPIC) served as the evaluator for the project. The process evaluation was conducted in two phases, to correspond to the two primary goals of the project. Phase 1 involved clarifying the process for effectively disseminating model parenting programs/the work of the Coalition; Phase II tracked issues in program implementation and descriptive data concerning the participants. The outcome evaluation was a one-group, repeated measures design testing program utility. Surveys used included: *CSAP General Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs* (GPRA); the *Family Relations/Cohesion Scale* (a CSAP core measure in the family domain)*; Parent/Child Bonding Survey* (also a CSAP core measure in the family domain)*; Strengths and Difficulties Questionnaire*; and the satisfaction survey (the satisfaction survey was completed after viewing the CD-ROM at baseline).

Data were examined from: 153 participants at enrollment, 74 (48%) who completed follow-up at 3 months post-intervention, and 45 (61%) seen for follow-up 6 months post-intervention. As participants in the SSTAR "Parenting Wisely" program were drawn from individuals currently enrolled in their outpatient treatment population, current use/abuse of alcohol and drugs was minimal: 9 percent reported use of drugs in the past 30 days (primarily marijuana); a higher

percent (30%) reported use of alcohol. For SSTAR clients, only 6 percent had never used alcohol; 18 percent had never used tobacco; 25 percent had never used marijuana; and 52 percent had never used other drugs. T-tests were conducted to determine if there were differences on the descriptive variables for the individuals who completed the program and were available for follow-up at three months (n = 74), as compared to individuals who completed the program but were not available for follow-up (n = 79). There was not a significant difference between the two groups on any of these variables, except for "days of illegal drug use in the past 30 days". These data would indicate that the individuals with more current substance use were less likely to be available for follow-up – perhaps because they were less likely to be in treatment at 3 months post-intervention (illegal substance use was essentially non-existent at follow-up). Some of the lack of follow-up for the initial program participants can be attributed to staff turnover in the position of the survey administrator – three individuals held this position briefly before a fourth person was hired and continued for the duration of the study.

In all of the studies conducted on "Parenting Wisely," parents who used the program reported overall satisfaction with the program and found the format easy to follow. They also found the scenarios to be relevant to their families, and believed that the parenting skills taught reasonable solutions to those problems. Significantly, parents felt confident they could apply the skills to their problems. In the current Family Strengthening program offered by SSTAR, similar participant satisfaction results were obtained. On a five-point scale (5 = most positive response), participants found the program easy to understand (mean response = 4.55) useful (mean response = 4.53); and felt the people in the videos were dealing with the same kinds of concerns (mean response = 4.31). These strong satisfaction scores remained high at follow-up intervals when participants were asked to reflect back on their experience with the program.

Many other survey items were already in the desired response range at baseline, leaving little room for improvement. For example, clients of SSTAR were in general intolerant of alcohol and drug use at baseline. Clients saw "great risk" in smoking one or more packs a day, drinking 4 or 5 drinks daily; "moderate risk" in smoking marijuana once a month or drinking once or twice a week. This would not be unexpected in a group of individuals in treatment for problems caused by substance use. As a result, there was little change in attitudes and beliefs (GPRA questions) over time. There was a statistically significant change for only one question, with participants growing more disapproving of smoking one or more packs a day. "Parenting Wisely" participants also reported very positive family relations/cohesion at baseline. As a result, there was little change in the responses to these questions over time. There was a statistically significant change for only one question, with participants reporting improvement in their being "available when others in the family want to talk" over time.

There was a significant improvement for many of the parent-child bonding items over time: by 3 months, participants were significantly less likely to report that they were "shouting or yelling" at their child; by 6 months participants were significantly more likely to report "acting loving and affectionate" toward their child and that they were more likely to be "letting their child know they appreciate him/her", while less likely to report they were "losing their temper".

As indicated, participants expressed high satisfaction with the program, and believed that their parenting skills had improved as a result of participating. Most participants directly attributed

these changes, at least in part, to having participated in "Parenting Wisely". When asked to provide examples of what they had learned, participants shared comments such as these:

> "From watching the movie (video) I learned how to compromise with my kids when we disagree on situations."
>
> "I learned from the video how to be more patient, more understanding, and how to stick through being consistent when grounding my child. How to reward them or just hug them when they need it most."

Of the 74 participants who completed the "Parenting Wisely" program and were available for follow-up, 28 (38 percent) reported at follow-up that they were participating in a (longer term) group-based parenting skills class. Although it is not clear how many of these individuals might have participated in these parenting skills classes even if they had not participated in "Parenting Wisely", anecdotal reports (participants speaking to staff) indicate that the positive experience with "Parenting Wisely" did increase receptiveness to further programming.

This study supports the growing body of evidence that the "Parenting Wisely" Program is an effective, innovative prevention program. Although most of the baseline measures were already very favorable, there is evidence of significant improvement in many of the parent-child bonding survey items, which would be an expected outcome of the intervention. As 38% of those available for follow-up did enroll in further programming, the "Parenting Wisely" program may be beneficial in engaging clients in this regard. This assumption is supported by the generally favorable participant response to the program. It is clear that the nature of the intervention (CD-ROM) effectively attends to many of the problems that have been barriers to prevention programming in the past. Particularly given its short-term nature, the program circumvents a participant's inability to commit to weeks or months of parenting sessions. The program can be offered continuously/enrollment is open, fitting the program into a participant's schedule, not the other way around. The program can be self-administered, is highly interactive and easy to use. The participant receives feedback about their choices from the computer, not a person, minimizing defensiveness. Finally, it requires little manpower to implement.

This study was limited in several ways that restrict the interpretations that can be drawn from the data. Attrition was a significant issue – 52% of the individuals who completed the CD-ROM were not available for follow-up. It is possible that the individuals not available for follow-up may have been more likely to have continued substance use/less likely to have succeeded in treatment. A further limitation is that no control group was used in this study. It is possible that the changes in the participants attributed to participation in the "Parenting Wisely" program are due to other factors, including participation in other types of treatment (and other parenting skills programming). SSTAR has been awarded a grant through CSAP to expand implementation of the "Parenting Wisely" program in the Fall River area. It is intended that the "lessons learned" through this initial study will be addressed to insure a more rigorous study, with findings that will be of use to the local program and to the field of substance abuse prevention.

RESEARCH REPORT

A. PROJECT ABSTRACT

This report describes data derived from the SSTAR Family Strengthening program offered in 2000/2001. The target population for the "Parenting Wisely" project was current outpatient clients of SSTAR, a multi-service community-based health and social services center located in Fall River, Massachusetts. SSTAR clients who were parents were referred, including parents at high risk for substance abuse or who were substance abusing.

Risk factors for this population include: parental history and/or current substance use; parental attitudes and beliefs favoring substance use; poor family relations/cohesion and poor parent/child bonding. "Parenting Wisely " is an interactive CD-ROM that trains parents in relationship enhancement and child management skills. As a result of the intervention, parents learn adaptive parenting skills that will reduce problem behaviors in children and improve family relations/ cohesion and parent-child bonding.

Family Strengthening staff met with the participant to explain the program, obtain informed consent, administer the pretests, and demonstrate how to use the computer/CD-ROM. Participants could spend as long as they wished reviewing the "Parenting Wisely" program; the average participant spent approximately three hours over the course of one to two visits. When participants had completed the program, staff asked them to complete a questionnaire to assess their satisfaction. Follow-up occurred at three and six month post- participation.

The National Perinatal Information Center (NPIC) served as the evaluator. The process evaluation was conducted in two phases, to correspond to the two primary goals of the project. Phase 1 involved clarifying the process for effectively disseminating model parenting programs/the work of the Coalition; Phase II tracked issues in program implementation and descriptive data concerning the participants. The outcome evaluation was a one-group, repeated measures design testing program utility.

Data were examined from: 153 participants at enrollment, 74 (48%) who completed follow-up at 3 months post-intervention, and 45 (61%) seen for follow-up 6 months post-intervention. Many survey items were already in the desired response range at baseline, leaving little room for improvement. There was a significant improvement for many of the parent-child bonding items over time: by 3 months, participants were significantly less likely to report that they were "shouting or yelling" at their child; by 6 months participants were significantly more likely to report "acting loving and affectionate" toward their child and that they were more likely to be "letting their child know they appreciate him/her", while less likely to report they were "losing their temper". Participants expressed high satisfaction with the program, and believed that their parenting skills had improved as a result of participating.

This study was limited in several ways that limit the interpretations that can be drawn from the data. SSTAR has been awarded a grant through CSAP to expand implementation of the "Parenting Wisely" program in the Fall River area. It is intended that the "lessons learned" through this initial study will be addressed to insure a more rigorous study, with findings that will be of use to the local program and to the field of substance abuse prevention.

B: OVERVIEW OF THE INTERVENTION

1. Statement of the Problem

According to the results of SAMHSA's 1998 National Household Survey on Drug Abuse, adolescent substance use, in particular use among younger adolescents, has increased in the United States since 1991 despite 12 years of success in the 1980's reducing youth drug use from its all time high in 1979. In addition, demographics point toward a surge in the youth population – the 12 – 20 year old group will increase by 21% in the next fifteen years.

Research has demonstrated the family's role as the cornerstone for a child's development and well being. According to Stewart and Brown (1993), family functioning plays a role not only in the teen's initiation of drug use, but also in maintenance of the adolescent's substance abuse. The strongest predictor of adolescent substance use is parental substance use (Alexander & Gwyther, 1995). Factors such as parental attitudes favoring substance abuse are also related to adolescent substance use (Catalano et al., 1997). Other investigators have found certain parenting or family management practices (e.g., inconsistent parenting practices, poor monitoring, inconsistent punishment) are strong risk factors for teen substance use (St. Pierre & Kaltreider, 1997; Swaim, 1991). Additionally, factors such as poor bonding between children and parent (St. Pierre et al., 1997) and low family cohesion/attachment (McKay et al., 1991; Malkus, 1994) are risk factors for teenage substance abuse. As a result, the focus of substance abuse prevention programming has shifted away from an emphasis on programs for children toward improvement of parenting skills, which ultimately changes the entire family system (Kumpfer, et. al's article cited in Tolnai, 1999).

a. Description of the Target Population

The target population for the "Parenting Wisely" project was current clients of SSTAR, a multi-service community-based health and social services center located in Fall River, Massachusetts. Participants were referred from all SSTAR outpatient programs including the federally qualified community health center, the Women's Center, the licensed substance abuse and mental health clinics, HIV support services, tobacco cessation programs, and youth assistance programs. SSTAR clients who were parents were referred, including parents who were at high risk for substance abuse, who were substance abusing, or whose children were at high risk for substance abuse.

Per capita income, unemployment rates and other economic indicators indicate that the Fall River area is below state and national averages. These and other factors typical of urban areas, such as low educational attainment and an above average poverty rate influence health status and contribute to the area's health problems. Forty-three percent of SSTAR clients have completed their high school education; 68 percent are not employed at enrollment. The average age at enrollment for clients of SSTAR is 32 years; the range of ages is from 12 to 56 years of age. Sixty-eight percent of the clients admitted to SSTAR are parents, and 56 percent of those had children residing with them at the time of enrollment.

According to the 2000 census Fall River has a total population of 91,938; the Fall River population is largely white, non-Hispanic. The racial/ethnic composition of SSTAR outpatient

clients is in general reflective of the Fall River population; the largest of the ethnic groups in the area and admitted to SSTAR programs is Portuguese (according to the 2000 census, the Portuguese represent 61% of the Fall River Population). The Hispanic population currently represents about 4% of SSTAR admissions (3% of the population); Non-Hispanic Blacks represent 3% of the clients admitted (2% of the population); while Asians represent less than 1% of clients (2% of the population). White non-Portuguese represent 32% of the Fall River population.

b. Substance Use/Risk Factors in the Target Population

Addiction to substances is a major health problem in Fall River. SSTAR's substance abuse detoxification unit admitted almost 3,000 patients into its freestanding medical inpatient detoxification facility last year, the third largest program in the state. Heroin has been the drug of choice of the local drug using population; Fall River has the state's second largest injection drug user population (57.9%). Consequently there are high rates of HIV infection in Southeastern Massachusetts, as well as high rates of Hepatitis B and C. In fact, Fall River has the largest number of injection drug using women infected by HIV in the Commonwealth of Massachusetts - 64% (Massachusetts Department of Public Health, Bureau of HIV/AIDS, 2000). SSTAR also has one of the highest admission rates of women into substance abuse treatment, nearly 40% of the detoxification population. The number of cases being admitted onto our detoxification unit with prior mental health issues is also increasing. In 1997, 29.3% of the detoxification population cited mental health issues; in 1998 the percentage increased to 35.2%, and in the first six months of this year it increased again to 57.9% of the population we are treating.

Statistics from the Fall River Office of the Department of Social Services (DSS), the state's child protective agency, indicate that there are 850 –900 cases open at any one time in the city, and there are approximately 160 new reports each month citing child abuse or neglect. An estimated 85% of these cases involve some level of substance abuse. Currently there is a waiting list for all adjunct services such as parent aides and case management. A DSS official reports that the Department's caseload has doubled in the past five years and indicates that there is a need for parenting programs for DSS clients.

The Fall River Juvenile Court issued its 1999 statistics, indicating that there were 1650 offenses committed by juveniles that year. Fully 6.5 % of all juvenile cases involved substance abuse charges. In an assessment of juvenile risk/need:
88% of the males and 100% of the females were home discipline problems;
71.7% of the males and 83.3% of the females had family relation needs;
44.6 % of the males and 47.9 % of the females had alcohol abuse needs; and
63% of the males and 62.5% of the females had substance abuse problems.

Additional risk factors for the Fall River community include:

- family management problems;
- low expectations of children's success;
- easy availability of drugs; and
- community norms favorable to substance use.

3. Theoretical Underpinnings for the Intervention

Several studies have illustrated the effectiveness of parenting skills training in reducing the above mentioned risk factors for substance use; these parenting programs also strengthen protective factors such as parent/child bonding and consistent parenting practices (Catalano et al., 1997). The "Parenting Wisely" program was developed from both behavioral and family systems models. Research conducted on the "Parenting Wisely" program has shown the program to be effective at reducing problem behaviors in children, increasing parental knowledge, and increasing the use of effective parenting skills (Segal et al., 1999). Gordon & Kacir (1998) examined the effectiveness of the program when used with parents of juvenile delinquents who had been referred by the courts. These parents were often resistant to treatment, unmotivated, and had repeatedly demonstrated poor parenting practices in the past. These parents showed improvement, in comparison to a no-treatment control group, on both the Eyberg Child Behavior Inventory Total Problems Scale (Eyberg & Ross, 1978) and a parent knowledge test (developed by Gordon for use with the "Parenting Wisely" program). These improvements were seen at three and six month's post-intervention. The "Parenting Wisely" program also showed decreases in negative behaviors as reported on the Parent Daily Report (Chamberlain & Reid, 1987) collected one week, one month, three months and six months following the intervention. Effect sizes ranged from .49 to .76 indicating a robust treatment effect.

The logic model shown in Figure 1 below is an articulation of the underlying rationale for the intervention, illustrating the link between risk and protective factors, program interventions, short-term and intermediate program outcomes.

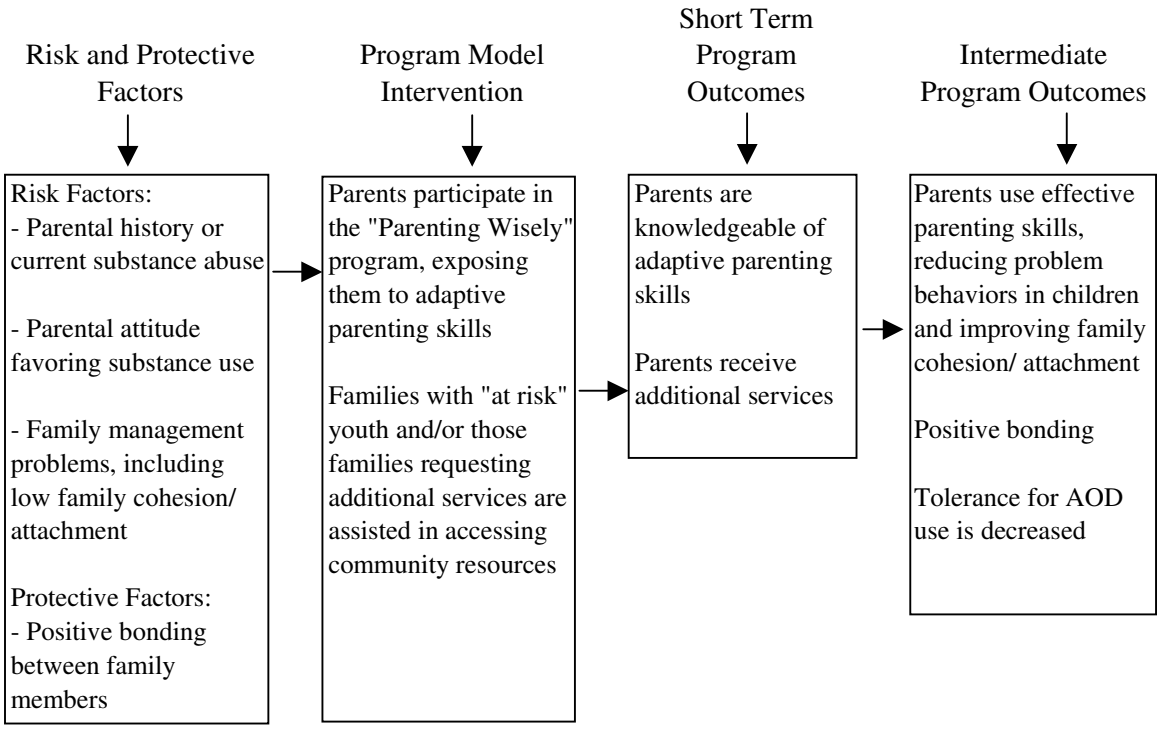


Figure 1: Logic Model

4. Brief Description of the Intervention

"Parenting Wisely" uses an interactive CD-ROM to train parents in relationship enhancement and child management skills. The parent reviews at his/her own pace a number of scenarios that teach the parent/caregiver protective skills like managing stress, spending time with children, using high warmth/low criticism parenting, and maintaining clear expectations. The "Parenting Wisely" program development was based on two premises that are well supported in the literature. One premise is that videodisc programs increase knowledge and performance more than standard methods of instruction. The other is that videotaped modeling of parenting skills is as effective in producing improvements in child behavior as parent education discussion groups and parenting training with a therapist.

5. Project Hypotheses

The goals of this project were to strengthen families through providing access to model parenting skills programming, and to clarify the process for effectively disseminating model parenting programs. The following hypotheses were tested:

1) Program Utility
Parents who participate in the "Parenting Wisely" program will have improved post-service outcomes with respect to: increased family relations/cohesion; increased parent/child bonding; decreased identification of problem behaviors in their children; decreased recent drug and alcohol use; and decreased tolerance for alcohol and other drug use.

2) Service Delivery Model
The strategies employed to implement services will contributed to an effective and cost efficient method of service delivery, as assessed by consumer satisfaction and program records.

Project staff also served to facilitate access to additional parenting skills programming for SSTAR clients who requested these services. Program staff were interested in learning if a positive (private) experience with a short-term intervention ("Parenting Wisely") would motivate parents to enroll in parenting skills classes that require a greater time/energy commitment. There is literature supporting the idea that prior use of parenting resources predicts future use of those services (Spoth & Redmond, 1995). This was of particular interest to SSTAR staff who reported difficulty engaging parents in parenting skills classes.

C. IMPLEMENTATION SUMMARY

1. Intervention Activities

Participants were recruited through SSTAR outpatient program staff. SSTAR Family Strengthening staff provided group and individual "Parenting Wisely" program presentations to staff to inform them of the service. Staff were also encouraged to participate in the study/complete the "Parenting Wisely" program to further facilitate their knowledge of the program and their willingness to refer their clients to this resource.

A trained Family Strengthening staff member would accept a referral from SSTAR outpatient staff (or directly from the client) and arrange an appointment with the parent. SSTAR Family

Strengthening program staff would meet with the participant, explain the program, obtain informed consent, administer the pretests, and demonstrate how to use the computer/CD-ROM. Family Strengthening staff would stay with the participant to assist him/her as long as the participant required/requested. Once the participant felt comfortable navigating the program, the staff would leave and the participant could review the "Parenting Wisely" scenarios and answer the questions in the privacy of an office. Participants could spend as long as they wished reviewing the program. When participants had completed the program, Family Strengthening program staff asked them to complete a questionnaire to assess their satisfaction with the experience. All parents who completed the program were given the "Parenting Wisely" Workbook. Staff made a tentative appointment 3 months later for the first follow-up; participants were contacted for follow-up at three and six month post-program participation intervals. Participants were asked to provide "locater" information to assist in follow-up efforts. Locating efforts included phone and written contact; outreach efforts through SSTAR treatment staff were also used as required to ensure low attrition.

2. Dosage of Intervention

As noted above, participants could spend as long as they wished reviewing the "Parenting Wisely" program, including returning to complete the program at a second or third appointment. The average participant spent approximately three hours over the course of one to two visits (the computer records the amount of time the participant spends viewing the CD-ROM). A total of 200 participants were enrolled in the study by the June, 2001 cut-off date for participation (the cut-off date was set to allow for at least one follow-up prior to closing the data set for submission to CSAP; SSTAR continued to make the "Parenting Wisely" program available to SSTAR clients). Of the 200 participants, 16 were dropped from the study because they did not meet eligibility criteria (they were not parenting). Of the remaining 184 participants, only 31 (17%) did not complete the CD-ROM. These participants are not included in the data analyses.

D. METHODOLOGY

Donna Caldwell, Ph.D., Director of Evaluation and Research at The National Perinatal Information Center (NPIC) served as the lead of the evaluation team for this grant. NPIC is a non-profit Providence, RI based health services and information research company with expertise in the design and development of data collection tools, and the analysis of process and outcome program evaluation data. The overall purpose of the evaluation was to identify if the goals and objectives of the project had been achieved.

1. Process Evaluation Design

The process evaluation was conducted in two phases, to correspond to the two primary goals of the project: to clarify the process for effectively disseminating model parenting programs (Phase I), and to strengthen families through providing access to model parenting skills programming (Phase II).

a. Evaluation Questions

Specific process evaluation questions are identified below for Phase I and Phase II, organized into Coalition level (Phase I) and participant level and program level (Phase II) issues.

Coalition Level Questions (Phase I)

- What was the configuration of the local leadership coalition? How were members selected? How representative was the coalition of important constituencies (including consumers)?
- What was the level of effort expended by coalition members to participate in the project (number and duration of meetings)?
- What were Coalition members' ratings of each of the model programs presented, and impressions shared during group discussion?
- What recommendations were made concerning modifications of the selected program (prior to implementation)?
- How satisfied were Coalition members with the meeting process?

Participant Level Questions (Phase II)

- Did services reach the target population? What are the characteristics of service recipients including: age, race/ethnicity, gender, current alcohol and drug use, age of first use of substances, and level of educational attainment?
- What is the level of participant satisfaction with services provided; the participant's assessment of the quality of the parenting program?

Program Level Questions (Phase II)

- Have the program components and additional services (which are thought to lead to the desired outcomes) been implemented as planned and on schedule?
- What efforts were made to outreach/recruit the target populations?
- What level of staff experience and training is necessary for performance of staff roles? What staff were hired?
- What are the costs associated with service delivery?

b. Assessment Timetable

In Phase I, Coalition members were asked to complete a "Model Program Rating Form" after presentation of each model program. Ratings were collated and used to inform the Coalition's discussion of the merits of each program. At the end of each meeting, Coalition members were asked to complete a "Meeting Feedback Scale" to indicate their satisfaction with the group process and potential areas for Family Strengthening staff members to address to improve the functioning of the Coalition (these ratings were shared with Coalition members at their next meeting).

In Phase II, participants completed the same set of instruments at baseline (prior to viewing the CD-ROM), and at 3 and 6-month follow-up intervals. Surveys were completed with the participant in this order: *CSAP General Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs* (GPRA); the *Family Relations/Cohesion Scale; Parent/Child Bonding Survey; Strengths and Difficulties Questionnaire*; and the satisfaction survey (the satisfaction survey was completed after viewing the CD-ROM at baseline). These instruments are described in greater detail in the next section.

c. Assessment Tools

In Phase I, instruments were used to facilitate the identification of the parenting skills program that would be implemented by SSTAR, and to clarify the process used by the Leadership Council ("Coalition") in making this selection. These instruments are described below and included in the Appendix.

- *Model Program Rating Form.* This instrument was developed by the Evaluator, based on previous work with the CSAP National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs. One of the activities for this Center involved working with Technical Expert Groups and consumer focus groups to design materials for the field, determine their relevance/utility, then develop dissemination strategies. Questions on this form assess the adequacy of the presentation of the material (format of the presentation is available through staff notes), as well as the adequacy of the model program (e.g., How completely does this curriculum address the parenting needs of your target population; how well does this program incorporate the perspective of the culture of your target population?)

- *Meeting Feedback Scale.* This instrument is a modification of the "Meeting Effectiveness Inventory" (CSAP "*Getting to Outcomes*" Preliminary Draft manual), which had been used by the Evaluator with a CSAP funded community substance abuse prevention partnership demonstration grant. Participants were asked on a 5 point Likert-type scale to rate (anonymously) each meeting on several dimensions, including: goals of the meeting; organization of the meeting; control of the meeting; resolution of conflicts and disagreements; relationship among meeting participants; and productivity of the meeting. The instrument has proven useful as a feedback tool for meeting participants, identifying areas of group strength as well as dimensions on which the group process needs to improve.

- *Meeting Minutes*. Minutes from each Leadership Coalition meeting were reviewed to further illuminate group process. Staff notes/feedback supplemented this information.

During Phase II, process evaluation instruments were used to provide client descriptive data, client satisfaction data, and program implementation information. These instruments are described below.

- The *CSAP General Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs* instrument (adult tool). For use in the process evaluation, this instrument includes participant descriptive questions (demographic questions, questions about recent substance use, as well as questions about the age of first use of substances). The GPRA was administered at enrollment and at follow-up three and six months after enrollment (program participation). Data elements are derived from well-researched surveys, including SAMSHA's National Household Survey and the Modified Addiction Severity Index (no other psychometric data is available for this instrument at this time).

- *Participant Satisfaction Survey***.** A brief participant satisfaction survey developed by the Evaluator was administered by staff to participants at the completion of the "Parenting Wisely" program and at each follow-up survey administration. This survey asked the participant to rate, on a five point Likert-type scale, if the CD-ROM was: easy to understand,

interesting, useful, and if the people portrayed in the video had the same kind of concerns as they do (relevance).

This survey is slightly modified at follow-up administrations, to include questions about the respondents' participation in parenting skills classes (other than "Parenting Wisely") since the first survey administration. It also asks them to reflect on changes in their parenting style during the past month, and how much the "Parenting Wisely" program may or may not have contributed to these changes (if at all).

- *Program Records.* Agency records were accessed, including personnel records (staff experience/qualifications) and fiscal records of program costs/expenditures (to compare budgeted to actual costs). Staff were asked to supplement this information as needed.

- *Program Staff Meetings*. The Evaluator met on a quarterly basis with program staff from each of three participating Family Strengthening program sites. Following implementation of the model programs, these meetings provided an opportunity for staff to share successes as well as "lessons learned" in the process of implementing the model program. In addition, these meetings were a forum for presentation and discussion of evaluation findings on an ongoing basis.

2. Outcome Evaluation Design

The outcome evaluation (for Phase II only) is a one group, repeated measures design. The following hypothesis was tested concerning program utility: parents who participate in the "Parenting Wisely" program will have improved post-service outcomes with respect to: increased family relations/cohesion; increased parent/child bonding; decreased identification of problem behaviors in their children; decreased recent drug and alcohol use; and decreased tolerance for alcohol and other drug use.

a. Evaluation Questions

Specific outcome evaluation questions for participants are identified below.

- Did participation in the parenting program and related services improve parent/child bonding skills, decrease problematic behavior in children, and improve family relations/family cohesion?
- Did participation in the parenting program lead to less tolerance for alcohol and other drug use?
- Did participation in the parenting program and related services help participants abstain from alcohol and/or drug abuse?

b. Sample Size

Enrollment in the study was open to all outpatient clients at SSTAR, a multi-service community-based health and social services center (as described earlier). No efforts were made to insure that the sample was representative of SSTAR outpatient clients, or of all SSTAR outpatient clients who were parents. The intent was to enroll a minimum of 60 to 75 participants, to ensure a minimum follow-up sample size of 30 participants.

Enrollment began May 30, 2000 and continued through June 20, 2001 (approximately one year). Two hundred participants were enrolled in the study; 153 were eligible for follow-up (as discussed earlier, 31 participants did not complete the CD-ROM and 16 participants were ineligible for the study as they were not parenting). Of these 153, 74 (48%) completed follow-up at 3 months post-intervention. Of the 74 participants seen at 3 months follow-up, 45 (61%) were seen for a second follow-up 6 months post-intervention. This is illustrated in the Table below.

Table 1: Sample Size/Measurement Timing

"Parenting Wisely" Participants	Completed Pre-Test	Completed CD-ROM/ Study Eligible	Completed 3 Month Follow-up	Completed 6 Month Follow-up
Year 1	200	153	74	45

c. Assessment Tools

Data was collected to insure compliance with the Government Performance and Results Act and cross-site requirements, using the GPRA instrument and two selected core measures. Measures included: the *CSAP General Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs Instrument* (adult tool); *The Family Relations/Cohesion Scale*, a CSAP core measure; the *Parent-Child Affective Quality/Parent Report* ("bonding"), also a CSAP core measure; and *The Strengths and Difficulties Questionnaire*. These instruments are described below and included in the Appendix.

- The *CSAP General Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs* instrument (adult tool). This instrument includes questions about participant's recent substance use as well as attitudes and beliefs about the use of substances. The GPRA was administered at enrollment and at follow-up three and six months after enrollment. Data elements are derived from well-researched surveys, including SAMSHA's National Household Survey and the Modified Addiction Severity Index (no other psychometric data is available for this instrument at this time).

- *The Family Relations/Cohesion Scale (*Gorman-Smith et. al.). This instrument assesses family cohesion, including measures of time spent together and closeness (e.g., "family members like to spend free time with each other", "family members ask each other for help"). Measures were specifically developed for ethnically diverse families, and African-American and Latino cultural issues are incorporated. Reliability: factor structure .69; validity: scale is being validated in ongoing studies. Psychometric data are available for age group, ethnic group, gender, and geographic region. It is a CSAP selected "core measure" in the family domain. Participants are asked to respond to the six items on a 4 point Likert-type scale, with "4" indicating the more desirable response (note: the scale for this core measure was modified by CSAP to include 5 response choices after this Family Strengthening site had already implemented the instrument). English and Spanish language versions are available.

- *The Parent/Child Affective Quality/Parent Report* ("parent/child bonding"; Spoth and Redmond). This instrument measures a parent's positive reinforcement/affection (e.g., "Let this child know you really care about him/her"), and includes items on the parent's response to their child's misconduct (e.g., "get angry at him/her"). There are 7 items; parents are asked to indicate on a 7-point Likert-type scale (ranging from "always" to "never") how often they responded to their child in this particular way during the past month. Reliability: .84-.86; validity: data not available at this time. Psychometric data are available for age group, ethnic group, gender, and geographic region. It is a CSAP selected "core measure" in the family domain.

- *The Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1997). The SDQ is a self-report measure that consists of 25 items comprising 5 scales of 5 items each. The 5 scales are: emotional symptoms scale; conduct problems scale; hyperactivity scale; peer problems scale; and pro-social scale. Parents are asked to rate their children (ages 4 to 16 year olds) on these items. Individual scale scores as well as a "total difficulties" score are generated. Provisional norms are available so that 80% of children in a community are "normal", 10% are "borderline" and 10% are "abnormal". The instrument has been translated into several languages, including Portuguese. The validation study involved a community sample and scores from psychiatric clinic sample. SDQ scores correlate highly with the scores on the child behavior Checklist (CBCL); the SDQ is significantly better than the CBCL at detecting inattention and hyperactivity (Goodman and Scott, 1999). The use of this instrument was recommended by Dr. Gordon, developer of "Parenting Wisely".

d. Data Collection Methods/Procedures

Data were collected by SSTAR Family Strengthening staff during an individual appointment with the participant at SSTAR. Prior to viewing the CD-ROM, surveys were read to and completed with the participants. All measures were self-report, providing quantitative data for the evaluation. When participants had completed viewing the "Parenting Wisely" CD-ROM, Family Strengthening program staff asked them to complete a questionnaire to assess their satisfaction with the experience. At this time, staff made a tentative appointment 3 months later for the first follow-up. All parents who completed the program were provided with a copy of the "Parenting Wisely" Workbook and given a $20.00 gift certificate (participants were also given $20.00 gift certificates at each follow-up interval).

Data were collected at the required intervals to meet across-site and local evaluation needs. Measurement points were: pre-intervention/baseline, 3 months post-intervention and 6 months post-intervention. At follow-up intervals, participants were given the opportunity to write additional comments about the experience and provide qualitative assessments of their perception of the impact of the "Parenting Wisely" program on their parenting practices. Post-intervention follow-up was facilitated via a "locater" system through which participants provide primary and collateral contact information; consents for release of information were obtained when necessary. Locating efforts included phone and written contact; outreach efforts through SSTAR treatment staff were also used as required to ensure low attrition.

Data were provided by staff to the evaluator on an ongoing basis. Data and other records related to evaluation participants used a code to serve as the identifier on each record. Staff at NPIC

were responsible for data entry; the Lead Evaluator was responsible for assessing the quality of the data and addressing any issues related to this with program staff (clinical and administrative) on an on-going basis. The data entry system was designed to minimize chances for error and various edit checks such as range or logic checks and automatic filling of skipped questions with missing values were performed. Manual editing of data forms to compare the hard copy with the keyed data and statistical summaries were carried out by the evaluation team before any data analyses. The evaluation team was responsible for the submission of data to CSAP as mandated by reporting requirements.

e. Data Analysis Plan

Phase I: Coalition member's ratings of the model parenting programs were collated during Coalition meetings (the range of responses as well as mean responses) and used to inform their discussion of the model programs. An additional table that demonstrated the comparative mean responses to each question for each model parenting program was also provided to Coalition members, to facilitate their selection of the model parenting program to implement in their community. The range of responses and mean responses of the Coalition members to the Meeting Feedback Scale was provided to staff and Coalition members to improve meeting process when necessary.

Phase II: participant descriptive data and participant satisfaction data are process measures that provide an overview of service participants as well as their reaction to the service. Basic descriptive statistics (e.g., means and cross-tabulations) were used to describe participants and their satisfaction with the "Parenting Wisely" program. Additional analyses (Chi Square, T-tests) were conducted to determine if the participants available for follow-up at 3 months differed significantly on any descriptive measure from those who were not available for follow-up. Qualitative data (comments provided on the satisfaction survey) was analyzed thematically, and was used to enhance our understanding of the quantitative data. The Phase II outcome evaluation uses a one group, repeated measures design. T-tests will be used to analyze the repeated-measures with respect to the time-point comparisons.

E. RESULTS

1. Process Findings

a. Fidelity

Of all the science-based Family Strengthening programs, "Parenting Wisely," by the nature of the intervention (CD-ROM technology) insures that there will be fidelity to the program and to the core concepts - the CD-ROM remains the same, time after time. All "Parenting Wisely" Facilitators were trained concerning the concepts taught in the program and familiarized themselves with the workbook that comes with the program. All staff were trained in the data collection and other program implementation protocols to insure consistency. The Lead Evaluator analyzed participant satisfaction data to help identify and "trouble shoot" with staff potential program implementation issues.

b. Findings

Phase I findings are presented below.

Program Selection. Using a nominal group process, Coalition members were asked to independently rate each model program following its presentation (prior to group discussion) using the model program rating form. These ratings were subsequently "posted" on newsprint for the Coalition and discussed, with the goal of clarifying the ratings. This protocol was followed for each model program presented. During a meeting of the Coalition the comparative ratings for each program were reviewed (range and average rating on each dimension were provided to members by the Evaluator) to determine which programs were most highly rated. These comparative ratings are provided in Table 2.

Table 2: Comparative Ratings of Model Programs

Scale: 1 = Poor 5 = Good	Parents Who Care	Parenting Wisely	The Incredible Years
Completeness of Curriculum	3.8	4.0	3.2
Clarity of Concepts	4.1	4.3	3.0
Engaging Participants	4.1	3.6	2.5
Cultural Sensitivity	3.9	3.4	3.2
Amount of Adaptation Required	3.2	3.3	3.0
Overall Utility	4.1	4.1	3.0
Meet Criteria of the Coalition	4.0	4.3	3.2

As evident in this Table, "Parenting Wisely" and "Parents Who Care" were the two most highly rated programs. Further review and discussion of these programs resulted in the selection of the "Parenting Wisely" program for implementation. This decision was based, in part, on the desire of staff at SSTAR to "try something different" to engage clients in parenting programming. As described earlier, using "Parenting Wisely" provided an opportunity to test the additional hypothesis that this type of individualized, short-term program could interest parents in participating in a group based, longer-term program. Coalition members unanimously supported this choice. The main concern of some of the Coalition members was insuring access of this program by members of the Portuguese community. Although the "Parenting Wisely" program cannot be modified, special efforts were taken to insure sufficient outreach efforts to the Portuguese clients of SSTAR and that SSTAR bilingual staff would be available to translate.

Meeting Satisfaction. The Coalition was comprised of two consumers, SSTAR staff, representatives of other social service agencies (including an agency for the Portuguese, a key target group for this program), the Department of Social Services (child welfare), and the Fall River School Department. A total of four meetings were held for the Coalition to review needs assessment data, learn about the model programs and select a program, then to follow-up on the

progress of the grant and discuss sustainability. Most meetings were 1 ½ hours with the exception of the third meeting – the Coalition members decided it would be more efficient to meet for three hours to hear the remaining model program presentations and select the program for implementation. Almost all Coalition members attended each meeting and were highly satisfied with the meeting process. Coalition member meeting satisfaction data (mean ratings for each meeting on each dimension) is presented in Table 3 for the first three meetings.

Table 3: Coalition Member Meeting Satisfaction Data

Scale: 1 = Poor 5 = Good	11/30/99 meeting	3/1/00 meeting	3/20/00 meeting
Goals Of The Meeting	4.9	4.8	4.8
Organization Of The Meeting	5.0	4.9	4.7
Control Of The Meeting	5.0	4.4	5.0
General Interaction In The Meeting	4.8	4.4	5.0
Resolution Of Conflict & Disagreements	4.9	4.6	4.8
My Contributions In The Meeting	4.9	4.8	4.7
Relationship Among Meeting Participants	5.0	4.9	4.8
Productivity Of Meeting	4.8	4.6	5.0

Phase II process evaluation findings are presented in the following sections.

"Parenting Wisely" Program Participants. Descriptive data for the participants in the SSTAR "Parenting Wisely" program is presented in Table 4. These data are presented for the SSTAR clients, the SSTAR staff who completed the program, and for the two groups combined. Although staff comprise only a small percent (14%) of the total number of participants, they do differ from clients in being somewhat older, on average, and having a higher level of education.

Table 4: Characteristics of SSTAR "Parenting Wisely" Participants (n = 153)

	Clients (n =131)	Staff (n = 22)	Combined (n =153)
Sex			
male	15% (19)	27% (6)	16% (25)
female	85% (112)	73% (16)	84% (128)
Race/Ethnicity			
Black	14% (18)	5% (1)	12% (19)
Hispanic	9% (12)	5% (1)	8% (13)
White	61% (80)	64% (14)	61% (94)
Portuguese	15% (19)	23% (5)	16% (24)
Other	2% (2)	5% (1)	2% (3)
*Age**			
<21	2% (3)	0% (0)	2% (3)
=21<31	37% (48)	27% (6)	36% (54)
=31<41	44% (57)	6% (8)	43% (65)
=41<51	15% (19)	14% (3)	14% (22)
>50	2% (3)	23% (5)	5% (8)
average age range	33.5 years 19 - 61 years	39.4 years 24 - 62 years	34.4 years 19 - 62 years
Education			
<12	21% (28)	9% (2)	20% (30)
12 or GED	41% (54)	18% (4)	38% (58)
>12<16	28% (37)	18% (4)	27% (41)
16	8% (10)	27% (6)	10% (16)
>16	2% (2)	27% (6)	5% (8)
average range	12.4 years 1-21	15.0 years 10-18	12.7 years 1-21
*Target Child Age**			
0-5	23% (30)	14% (3)	22% (33)
6-10	37% (48)	50% (11)	39% (59)
11-15	31% (40)	32% (7)	31% (47)
16+	9% (12)	9% (1)	9% (13)

*data missing for one client

Participants in the SSTAR "Parenting Wisely" program were drawn from individuals currently enrolled in their outpatient treatment population, so current use/abuse of alcohol and drugs was minimal: 9 percent reported use of drugs in the past 30 days (primarily marijuana); a higher percent (30%) reported use of alcohol. Staff data, illustrating a greater use of alcohol, is presented with these client data in Table 5.

Table 5: Current Alcohol and Drug Use of SSTAR "Parenting Wisely" Participants (n = 153)

	Clients (n = 131)	Staff (n = 22)	Combined (n =153)
Any alcohol	30% (39)	45% (10)	32% (49)
Alcohol to intoxication*	5% (6)	0% (0)	4% (6)
Cocaine/crack	2% (2)	0% (0)	1% (2)
Marijuana/hashish, pot	7% (9)	0% (0)	6% (9)
Any other drugs	0% (0)	0% (0)	0% (0)
No Alcohol/Drug Use Reported	66% (87)	55% (12)	65% (99)
Smoke Cigarettes or Other Tobacco Use	55% (72)	18% (4)	50% (76)

* data missing for one client

For SSTAR clients, only 6 percent had never used alcohol; 18 percent had never used tobacco; 25 percent had never used marijuana; and 52 percent had never used other drugs. These data, and age of first use of substances data, are presented in Table 6.

Table 6: Age of First Use of Substances of SSTAR "Parenting Wisely" Participants (n = 153)

Age	first cigarette		first alcoholic drink		first time tried marijuana/hashish		first other illegal drugs	
	clients (n = 131)	staff (n = 22)	clients (n = 131)	staff (n = 22)	clients ** (n = 129)	staff (n = 22)	clients* (n = 130)	staff (n = 22)
<16	59% (77)	55% (12)	52% (68)	32% (7)	38% (49)	14% (3)	15% (19)	5% (1)
=16<18	17% (22)	5% (1)	21% (27)	32% (7)	21% (28)	9% (2)	12% (16)	9% (2)
=18<21	5% (6)	9% (2)	13% (17)	18% (4)	10% (13)	14% (3)	13% (17)	5% (1)
≥21	2% (2)	0% (0)	8% (11)	14% (3)	5% (6)	5% (1)	8% (11)	0% (0)
never used	18% (24)	32% (7)	6% (8)	5% (1)	25% (33)	59% (13)	52% (67)	82% (18)
avg age range	13.8 years 6-25	14.3 years 11-20	15.3 years 4-34	16.9 years 7-28	15.7 years 7-30	17.3 years 12-25	18.3 years 12-40	16.5 years 13-20

*data missing for one client
**data missing for two clients

T-tests (taking into account equal/unequal variance in the data) were conducted to determine if there were differences on these descriptive variables for the individuals who completed the program and were available for follow-up at three months (n = 74), as compared to individuals who completed the program but were not available for follow-up (n = 79). There was not a significant difference between the two groups on any of these variables, except for "days of illegal drug use in the past 30 days". The mean (at baseline) for those available for follow-up was .1 (standard deviation = .8), and the mean for those not available for follow-up was 1.2 (standard deviation = 4.6; p = .051). These data would indicate that the individuals with more current substance use were less likely to be available for follow-up – perhaps because they were less likely to be in treatment at 3 months post-intervention (illegal substance use was essentially non-existent at follow-up). Some of the lack of follow-up for the initial program participants can be attributed to staff turnover in the position of the survey administrator – three individuals held this position briefly before a fourth person was hired and continued for the duration of the study.

Participant Satisfaction. In all of the studies conducted on "Parenting Wisely," parents who used the program reported overall satisfaction with the program and found the format easy to follow. They also found the scenarios to be relevant to their families, and believed that the parenting skills taught reasonable solutions to those problems. Significantly, parents felt confident they could apply the skills to their problems. In the current Family Strengthening program offered by SSTAR, similar participant satisfaction results were obtained. On a five-point scale (5 = most positive response), participants found the program easy to understand (mean response = 4.55) useful (mean response = 4.53); and felt the people in the videos were dealing with the same kinds of concerns (mean response = 4.31). These strong satisfaction scores remained high at follow-up intervals when participants were asked to reflect back on their experience with the program. "Baseline" participant satisfaction data are presented in Table 7.

Table 7: "Parenting Wisely" Participant Satisfaction Data (n = 101)

	Very Hard (1)	Somewhat Hard (2)	Neither Hard or Easy (3)	Somewhat Easy (4)	Very Easy (5)	Mean
How easy to understand was the information presented today?	(1) 1%	(0) 0%	(7) 7%	(27) 27%	(66) 65%	4.55
Did you find the CD-ROM Interesting?	(3) 3%	(1) 1%	(8) 8%	(28) 28%	(61) 60%	4.42
Did the people in the CD-ROM have the same kinds of concerns you do about parenting?	(2) 2%	(3) 3%	(14) 14%	(25) 25%	(57) 56%	4.31
Was the information presented useful to you?*	(0) 0%	(0) 0%	(8) 8%	(31) 31%	(60) 61%	4.53

*data missing for two clients

c. Discussion of Findings/Limitations of the Data

As presented earlier, the study utilized a convenience sample and there were no efforts made to ensure that the participants were representative of SSTAR clients who were parenting. Further, attrition was a significant issue – 52 percent of the individuals who completed the CD-ROM were not available for follow-up. Analysis of those who were available for follow-up compared

to those who were not illustrated that the two groups did not differ on most descriptive variables, though the participants who were not available for follow-up were more likely to have reported use of substances in the 30 days prior to completing the "Parenting Wisely" program. It is possible that these individuals may have been more likely to have continued substance use/less likely to have succeeded in treatment. They may also have been less satisfied with/seen less benefit from the "Parenting Wisely" program over time. These limitations in the follow-up sample must be taken into consideration when interpreting the outcome data, presented below.

2. Outcome Findings

a. *Analytic Results for Dependent Measures*

Data are available from participants in the SSTAR "Parenting Wisely" program for: 153 individuals who completed viewing the CD-ROM; 74 participants who completed follow-up surveys at 3 months post-intervention; and for 45 participants who also completed follow-up surveys at 6 months post-intervention. Data were used to examine if participation in the program led to: less tolerance for alcohol and drug use (GPRA questions); improved parent-child bonding; improved family relations/cohesion; and decreased report of problematic behavior in children ("Strengths and Difficulties" data). In addition, the rate of participation in other parenting skills classes following completion of the "Parenting Wisely" program is reported.

Tolerance for Alcohol and Drug Use. Baseline data for "Parenting Wisely" program participants, presented in Table 8 and 9, illustrate that staff and clients of SSTAR were in general somewhat intolerant of alcohol and drug use at baseline. Staff and clients were very similar on these variables, with the exception that the 22 staff who participated believed more strongly in the risks associated with "smoking one or more packs a day", and more disapproving of individuals "smoking one or more packs a day".

Table 8: Attitudes and Beliefs About Substance Use (n=152*)

	smoking 1 or more packs a day**	smoking marijuana once a month	drinking 4 or 5 drinks nearly daily**	drinking once or twice a week
no risk ("1")	3% (5)	13% (19)	1% (1)	4% (6)
slight risk ("2")	4% (6)	18% (28)	2% (3)	13% (19)
moderate risk ("3")	15% (22)	28% (42)	10% (15)	36% (55)
great risk ("4")	78% (118)	41% (63)	87% (132)	47% (72)
mean response	3.68	2.98	3.84	3.26

*data missing for one client
**data missing for two clients

Table 9: Attitudes and Beliefs About Substance Use (n=152*)

	smoking 1or more packs a day	adults trying marijuana or hashish once or twice**	adults having 1 or 2 drinks nearly daily	adults driving after 1 or 2 drinks**
neither approve/ disapprove ("1")	36% (54)	40% (61)	25% (38)	5% (7)
somewhat disapprove ("2")	22% (33)	23% (35)	32% (48)	17% (25)
strongly disapprove ("3")	43% (65)	36% (55)	43% (66)	79% (119)
mean response	2.07	1.95	2.18	2.74

*data missing for one client
**data missing for two clients

As noted above, "Parenting Wisely" participants were somewhat intolerant of alcohol and drug use at baseline, which would not be unexpected in a group of individuals in treatment for problems caused by substance use (and the staff who serve them). There was little change in the responses to these questions over time. Analysis of pre- to post-intervention data, for the two follow-up intervals, is illustrated in Tables 10 and 11. There was a statistically significant change for only one question, with participants growing more disapproving of smoking one or more packs a day ($p = .016$ for baseline compared to follow-up at 3 months).

Table 10: Changes in Attitudes and Beliefs Over Time

	Pre-Intervention n=74 mean response (SD)	3-month follow-up n=74 mean response (SD)	6-month follow-up n=45 mean response (SD)	Statistical Significance Pre-Intervention/ 3 month	Statistical Significance Pre-Intervention/ 6 month
People risk harm by smoking 1+ packs a day	3.71 0.74	3.72 0.61	3.69 0.63	ns	ns
People risk harm by smoking pot 1/month	3.09 1.07	3.21 0.93	3.02 1.08	ns	ns
People risk harm by 4-5 drinks/day	3.90 0.34	3.93 0.31	3.89 0.38	ns	ns
People risk harm by 5+ drinks, 1-2 times/week	3.39 0.82	3.47 0.63	3.47 0.66	ns	ns

ns = not significant

Table 11: Changes in Attitudes and Beliefs Over Time

	Pre-Intervention n = 74 mean response (SD)	3-month follow-up n = 74 mean response (SD)	6-month follow-up n = 45 mean response (SD)	Statistical Significance Pre-Intervention/ 3 month	Statistical Significance Pre-Intervention/ 6 month
Disapproval of smoking 1+ pk/day	2.16 0.91	2.47 0.82	2.22 0.93	0.016	0.001
Disapproval of trying pot once or twice	2.08 0.86	2.10 0.89	1.84 0.89	ns	ns
Disapproval of 1-2 drinks/day	2.22 0.82	2.15 0.80	2.16 0.85	ns	ns
Disapproval of driving car After 1-2 drinks	2.81 0.46	2.75 0.58	2.67 0.56	ns	ns

ns = not significant

Family Relations/Cohesion. Data are available for the 153 "Parenting Wisely" participants who completed the CD-ROM at baseline. These data are presented below in Table 12. As can be seen in this table, in general participants reported high family relations/cohesion at baseline.

Table 12: Family Relations/Cohesion (n = 153)

	I am available when others in the family want to talk with me	I listen to what other family members have to say, even when I disagree	Family members ask each other for help	Family members like to spend free time with each other	Family members feel close to each other	We can easily think of things to do together as a family
Not true ("1")	1% (2)	4% (6)	7% (10)	7% (11)	6% (9)	7% (11)
Hardly true or sometimes ("2")	5% (8)	8% (13)	12% (19)	19% (29)	11% (17)	16% (24)
True a lot of the time ("3")	35% (54)	41% (62)	46% (71)	41% (62)	35% (54)	37% (57)
Always true or almost always ("4")	58% (89)	47% (72)	35% (53)	33% (51)	48% (73)	40% (61)
Mean Response	3.5	3.3	3.1	3.0	3.2	3.1

As presented above, "Parenting Wisely" participants reported very positive family relations/cohesion at baseline. As a result, there was little change in the responses to these questions over time. Analysis of pre- to post-intervention data, for the two follow-up intervals, is illustrated in Table 13. There was a statistically significant change for only one question, with participants reporting improvement in their being "available when others in the family want to talk" over time (at 3-months follow-up, p = .031; at 6 months follow-up, p = .04).

Table 13: Changes in Family Relations/Cohesion Responses Over Time

	Pre-Intervention n = 74 Mean (SD)	3-month follow-up n = 74 Mean (SD)	6-month follow-up n = 45 Mean (SD)	Statistical Significance Pre-Intervention/ 3 month	Statistical Significance Pre-Intervention/ 6 month
Available when others in family want to talk	3.51 (SD=.65)	3.63 (SD=.54)	3.80 (SD=.40)	0.031	0.04
Listen to other family members	3.43 (SD=.78)	3.44 (SD=.71)	3.40 (SD=.62)	ns	ns
Family members ask each other for help	3.14 (SD=.9)	3.27 (SD=.9)	3.20 (SD=.66)	ns	ns
Family members spend free time with each other	3.08 (SD=.92)	3.07 (SD=.98)	3.02 (SD=.75)	ns	ns
Family members feel close to each other	3.28 (SD=.87)	3.45 (SD=.82)	3.40 (SD=.69)	ns	ns
Easily think of things to do together as a family	3.04 (SD=.97)	3.19 (SD=1.01)	3.11 (SD=.86)	ns	ns

Parent/Child Bonding. Data are available for the 153 "Parenting Wisely" participants who completed the CD-ROM at baseline. These data are presented below in Tables 14 (the "negatively" worded items) and 15 (the "positively" worded items). As can be seen in these tables, participants rated themselves very positively on these questions at baseline.

Table 14: Parent-Child Bonding, "Negatively" Worded Items (n = 153)

	Get angry at him or her *	Shout or yell at this child because you were mad at him/her*	Yell, insult or swear at him/her when you disagreed	How often do you lose your temper and yell at him or her
Always ("1")	1% (2)	4% (6)	0% (0)	3% (4)
Almost Always ('2")	5% (7)	2% (3)	4% (6)	3% (4)
Fairly Often ("3")	9% (13)	11% (17)	8% (12)	10% (16)
About Half the Time ("4")	18% (27)	14% (22)	3% (5)	12% (19)
Not Too Often ("5")	39% (59)	29% (44)	13% (20)	25% (39)
Almost Never ("6")	18% (28)	24% (37)	21% (32)	27% (42)
Never ("7")	11% (16)	15% (23)	51% (78)	19% (29)
Mean Response	4.9	5.0	5.9	5.1

*data missing for one client

Table 15: Parent-Child Bonding, "Positively" Worded Items (n = 153)

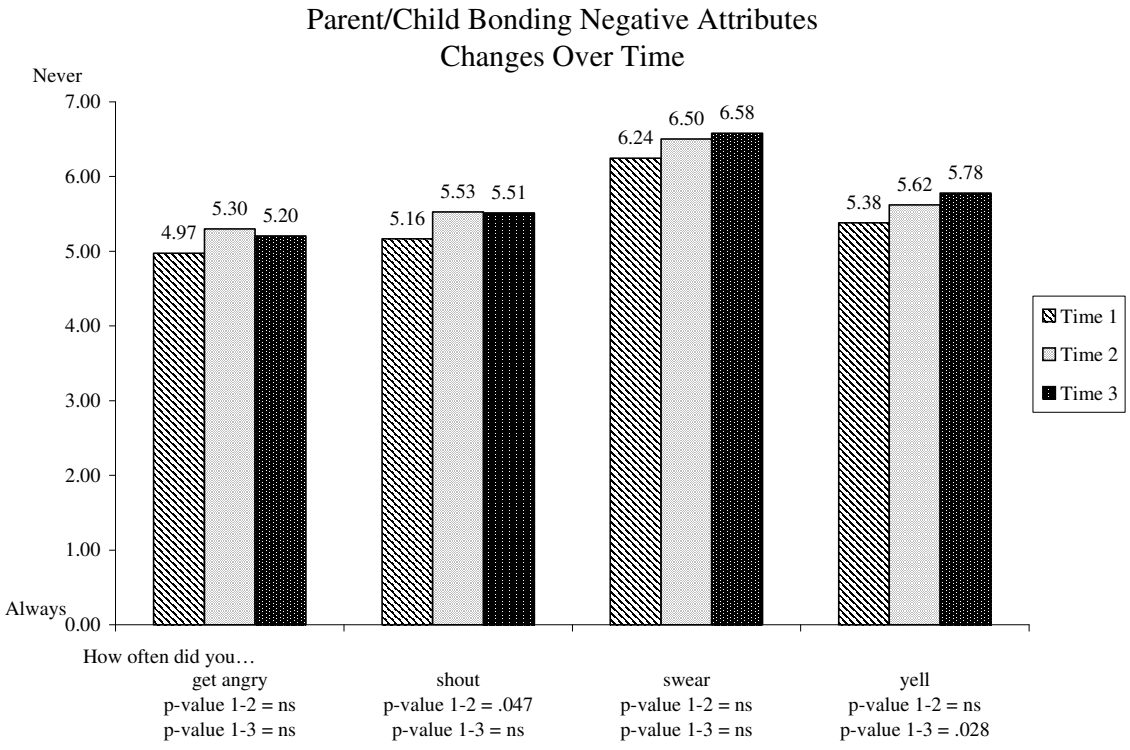
	Let this child know you really care about him/her*	Act loving and affectionate toward him/her	Let this child know that you appreciate him/her, his/her ideas, or things he/she does
Always ("1")	69% (105)	63% (96)	52% (80)
Almost Always ('2")	12% (18)	21% (32)	24% (37)
Fairly Often ("3")	13% (19)	11% (17)	18% (27)
About Half the Time ("4")	5% (7)	3% (4)	3% (5)
Not Too Often ("5")	2% (3)	2% (3)	1% (2)
Almost Never ("6")	0% (0)	0% (0)	1% (2)
Never ("7")	0% (0)	1% (1)	0% (0)
Mean Response	1.6	1.6	1.8

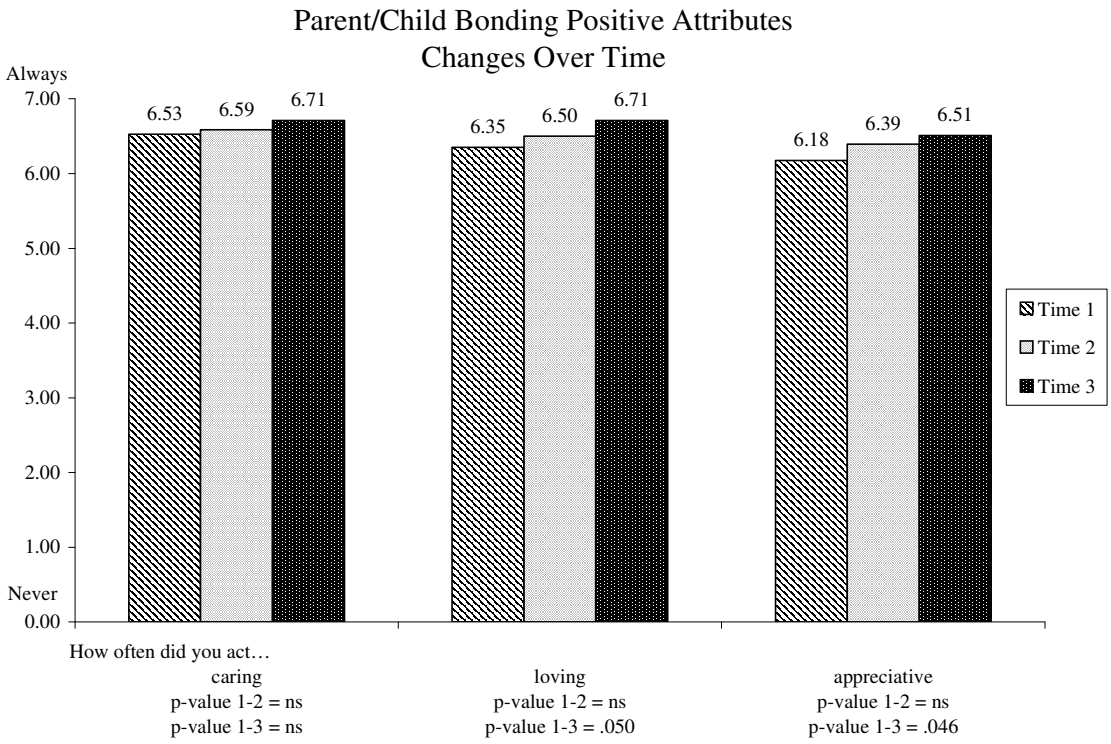
* data missing for one client

Although mean responses were high at baseline, there was a significant improvement for many of the parent-child bonding items over time. These data are illustrated in Table 16 and in the bar graphs that follow this table. By 3 months, participants were significantly less likely to report that they were "shouting or yelling" at their child (p = .047); by 6 months participants were significantly more likely to report "acting loving and affectionate" toward their child (p = .05) and that they were more likely to be "letting their child know they appreciate him/her" (p = .046), while less likely to report they were "losing their temper" (p = .028).

Table 16: Changes in Parent-Child Bonding Over Time

	Pre-Intervention n=74 Mean (SD)	3-month follow-up n=74 Mean (SD)	6-month follow-up n=45 Mean (SD)	Statistical Significance Pre-Intervention/ 3 month	Statistical Significance Pre-Intervention/ 6 month
Get angry at him or her	4.97 (SD=1.33)	5.30 (SD=1.12)	5.20 (SD=1.13)	ns	ns
Let this child know you really care about him/her	1.47 (SD=.94)	1.41 (SD=.88)	1.29 (SD=.73)	ns	ns
Shout or yell at this child because you were mad at him/her	5.16 (SD=1.41)	5.53 (SD=1.25)	5.51 (SD=1.18)	0.047	ns
Act loving and affectionate toward him/her	1.65 (SD=1.12)	1.50 (SD=.83)	1.29 (SD=.63)	ns	0.050
Let this child know that you appreciate him/her, his/her ideas, or things he/she does	1.82 (SD=1.04)	1.61 (SD=1.03)	1.49 (SD=.76)	ns	0.046
Yell, insult or swear at him/her when you disagreed	6.24 (SD=1.29)	6.50 (SD=.92)	6.58 (SD=.81)	ns	ns
When this child does something wrong, how often do you lose your temper and yell at him or her	5.38 (SD1.24)	5.62 (SD=1.07)	5.78 (SD=.97)	ns	0.028


Parent/Child Bonding Negative Attributes
Changes Over Time
Never
Always
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
4.97
5.30
5.20
5.16
5.53
5.51
6.24
6.50
6.58
5.38
5.62
5.78
Time 1
Time 2
Time 3
How often did you…
get angry
p-value 1-2 = ns
p-value 1-3 = ns
shout
p-value 1-2 = .047
p-value 1-3 = ns
swear
p-value 1-2 = ns
p-value 1-3 = ns
yell
p-value 1-2 = ns
p-value 1-3 = .028


Parent/Child Bonding Positive Attributes
Changes Over Time
Always
Never
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
6.53
6.59
6.71
6.35
6.50
6.71
6.18
6.39
6.51
Time 1
Time 2
Time 3
How often did you act…
caring
p-value 1-2 = ns
p-value 1-3 = ns
loving
p-value 1-2 = ns
p-value 1-3 = .050
appreciative
p-value 1-2 = ns
p-value 1-3 = .046

Children's "Strengths and Difficulties" Data. Data are available for this survey for 130 "Parenting Wisely" participants who completed the CD-ROM at baseline (23 participants had incomplete survey data or described a child who was too young/too old – under 4/over 18 – for this instrument; they were not included in these analyses). These data are presented in Table 17.

Table 17: Strength and Difficulties Data (n=130)

	Normal		"Borderline"		"Abnormal"	
Emotional Issues	(77)	59%	(15)	12%	(38)	29%
Conduct Issues	(68)	52%	(19)	14%	(45)	34%
Hyperactivity Issues	(78)	60%	(10)	8%	(42)	32%
Peer Issues	(79)	61%	(21)	16%	(30)	23%
Total Score	**(74)**	**57%**	**(13)**	**10%**	**(43)**	**33%**
Prosocial	(112)	86%	(11)	9%	(7)	5%

The population norms for this instrument are: 80 percent of children will score "normal"; 10 percent will score "borderline"; and 10 percent will score as "abnormal". As evident in Table 17, a third of the children were described as "abnormal", a higher than average rate in this population. Given that these are children of parents in treatment, many who are addressing family issues, this would not seem unusual. These data were shared, with client permission, with treatment staff. Staff reported that these assessment data were useful in individual treatment planning and intervention.

Follow-up data for this instrument demonstrated mixed results. Although some children who at baseline scored "abnormal" or "borderline" now scored within the normal range, other children who had originally scored as normal scored within the "abnormal" or "borderline" range at follow-up. For example, at 3 month follow-up, 17 children's scores improved, and 14 children's scores declined. As a result, for this group of participants as a whole, there was not a significant improvement in these scores at either follow-up interval.

Participation in Further Parenting Skills Programming. Of the 153 participants who completed the "Parenting Wisely" program, 28 reported at follow-up that they were participating in a (longer term) group-based parenting skills class. This represents 38% of the 74 individuals who were available for follow-up. Although it is not clear how many of these individuals might have participated in these parenting skills classes even if they had not participated in "Parenting Wisely", anecdotal reports (participants speaking to staff) indicate that the positive experience with "Parenting Wisely" did increase receptiveness to further programming.

This anecdotal data is not supported by participant responses to a question about their level of interest in participating in further parenting skills programming, asked at baseline (pre- and post-participation in the intervention). Participants were asked to describe their level of interest on a five-point scale, which ranged from "not at all" to "greatly interested." At baseline (prior to beginning the CD-ROM), of the 101 individuals who completed these questions, the average response was 4.03; after completing the CD-ROM (at baseline), the average response was 3.96 – essentially unchanged. It should be noted, however, that the initial response from participants to this question was high to begin with (4 on a 5 point scale). Further, Family Strengthening staff reported that participants asked why they were being asked this question twice, and appeared to respond as they had the first time they were asked.

Participant's Self-Assessment of Progress. At the 3 and 6-month follow-up intervals, participants were asked if they believed their parenting skills had improved during the prior 3 months. Overwhelmingly, participants indicated they felt that this was true (92% said "yes" at 3 months; 96% said "yes" at 6 months follow-up). Most participants directly attributed these changes, at least in part, to having participated in "Parenting Wisely". When asked to provide examples of what they had learned, participants shared comments such as these:

"From watching the movie (video) I learned how to compromise with my kids when we disagree on situations."

"The video was helpful-- how to talk things out and how to get them to do chores and how to listen to them, how to take their feelings into consideration."

"A lot of the ideas shown in the video gave me a different outlook on how to deal with certain issues that have come up between my daughter and myself or her brother."

"I learned from the video how to be more patient, more understanding, and how to stick through being consistent when grounding my child. How to reward them or just hug them when they need it most."

b. Discussion of Findings/Limitations of the Data

As presented earlier, the study utilized a convenience sample and attrition was a significant issue – 52% of the individuals who completed the CD-ROM were not available for follow-up. It is possible that the individuals not available for follow-up may have been more likely to have continued substance use/less likely to have succeeded in treatment. A further limitation is that no control group was used in this study. It is possible that the changes in the participants attributed to participation in the "Parenting Wisely" program are due to other factors, including participation in other types of treatment (and other parenting skills programming).

3. Interplay Between Process and Outcome Findings

There were several benefits of the "Parenting Wisely" program evident from this study. The nature of the intervention – a short term, self-administered CD-ROM – facilitated access to services for a number of individuals within a very short time (153 completed the program and were eligible for the study/follow-up within a year). The Leadership Coalition brought together by SSTAR for this project ultimately selected this program to try a new approach to engaging clients in parenting skills. As 38% of those available for follow-up did enroll in further programming, the "Parenting Wisely" program may be beneficial in this regard. This

assumption is supported by the generally favorable participant response to the program. Satisfaction with the program was high; if a program is to have an impact, it must engage participants and seem relevant to their concerns. Although most of the baseline measures were already very favorable, there is evidence of significant improvement in many of the parent-child bonding survey items, which would be an expected outcome of the intervention.

As described earlier, there were significant issues with attrition - only 48 percent were reached for follow-up at 3 months post-intervention. These issues were resolved through stable staffing and improved coordination between the evaluation team and program staff. However, these issues in implementation limit the conclusions that can be drawn from the outcome data.

F. Cost Analyses

No cost analysis was conducted.

G. Conclusions/Recommendations

This study supports the growing body of evidence that the "Parenting Wisely" Program is an effective, innovative prevention program. It is clear that the nature of the intervention (CD-ROM) effectively attends to many of the problems that have been barriers to prevention programming in the past. Particularly given its short-term nature, the program circumvents a participant's inability to commit to weeks or months of parenting sessions. The program can be offered continuously/enrollment is open, fitting the program into a participant's schedule, not the other way around. The program can be self-administered, is highly interactive and easy to use. The participant receives feedback about their choices from the computer, not a person, minimizing defensiveness. Finally, it requires little manpower to implement.

This study was limited in several ways. A convenience sample (SSTAR outpatient treatment clients) was utilized, there was significant attrition (only 48% were reached for follow-up at 3 months), and there was no control group. Although those who were available for follow-up did not differ from those who were not available on almost all descriptive variables, it is possible that these two groups differed in ways that were not assessed. All of these issues limit the interpretations that can be drawn from the data. SSTAR has been awarded a grant through CSAP to expand implementation of the "Parenting Wisely" program in the Fall River area. A primary prevention population will be targeted (parents of 6th graders at two area middle schools) as well as a high-risk population (families involved with the Fall River Juvenile Court). Participants will be assigned to receive the "Parenting Wisely" program or to a "wait list" control group. Staff will be trained by the evaluation team and procedures will be implemented to insure at least an 80% follow-up rate. Staff will also be trained by the developer of "Parenting Wisely", Don Gordon, to support fidelity of program implementation. It is intended that the "lessons learned" through this initial study will be addressed to insure a more rigorous study, with findings that will be of use to the local program and to the field of substance abuse prevention.

Gaps in knowledge about this program and its approach include effects on ethnically diverse populations. Preliminary data is available from our Fall River sample concerning satisfaction with the program. Among the individuals who participated in the "Parenting Wisely" program,

there was not a statistically significant difference found on any of the measures of satisfaction noted above which was related to race/ethnicity. However, further analysis of cultural issues affecting the utility of this program are needed. Dr. Gordon has recently developed a Spanish language version of the "Parenting Wisely" program; analysis of the differential effectiveness of this version of the program with the Hispanic population will be ongoing.

The Program Developer, Dr. Donald Gordon, has enthusiastically endorsed the work SSTAR has done and would like SSTAR staff and the Evaluator to co-present with him at national conferences as a way to assist in the transfer of research to practice. Information about this project will be made available through Dr. Gordon's, SSTAR's, and NPIC's websites. We intend to publish our results in prevention and chemical dependency journals, and will use the video we produced to disseminate our program's history and practice to other prevention programmers. This video has already been used by Dr. Gordon to disseminate "Parenting Wisely" program information and has generated a positive response.

Literature Citations

Alexander DE. & Gwyther RE. Alcoholism in adolescents and their families: Family-focused assessment and management. *Pediatric Clinics of North America*. 1995;42(1), 217-34.

Catalano RF, Haggerty KP, Gainey RR, & Hoppe MJ. Reducing parental risk factors for children's substance misuse: Preliminary outcomes with opiate-addicted parents. *Substance Abuse and Misuse*. 1997; 32(6):699-721.

Chamberlain P & Reid JB. Parent observation and report of child symptoms. *Behavioral Assessment*. 1987; 9:97-109.

Eyberg SM & Ross AW. Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical Psychology*. 1978; 16:113-6.

Goodman R. The extended version of the strengths and difficulties questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Abnormal Child Psychology* 1999; 40, 791-801.

Goodman R. The strengths and difficulties questionnaire: a research note. *Journal of Child Psychology and Psychiatry* 1997; 38:581-6.

Goodman R & Scott S. Comparing the strengths and difficulties questionnaire and the child behavior checklist: is small beautiful? *Journal of Abnormal Child Psychology* 1999; 27:17-24.

Gordon DA & Kacir CD. Effectiveness of an interactive parent training program for changing adolescent behavior for court-referred parents. 1998; unpublished manuscript, Ohio University, Athens.

Kumpfer K. *Strengthening America's Families: Promising Parenting and Family Strategies for Delinquency Prevention, User's Guide*. 1994; Office of Juvenile Delinquency Prevention, US Department of Justice. Silver Springs, MD.

Laggs A, Gordon DA. Use of an interactive laserdisc parent training program with teenage parents. *Child and Behavior Therapy*. 1999; 21:19-37.

Liddle HA. & Rowe C. Family measures in drug abuse prevention. NIDA Monograph, 1998.

Malkus BM. Family dynamic and structural correlates of adolescent substance abuse: A comparison of families of non-substance abusers and substance abusers. *Journal of Child and Adolescent Substance Abuse*. 1994; 3(4)39-52.

Massachusetts Department of Public Health. Bureau of HIV/AIDS, 2000.

Massachusetts Department of Public Health. Bureau of Substance Abuse Services, *BSAS MIS* report on Admissions to Detox. Data for SSTAR. FY 1990-FY 1997.

Massachusetts Department of Public Health. *CHNA Health Status Indicators Report* for the city of Fall River; MassCHIP, (19995-2000).

McKay JR, Murphy RT, Rivinus TR, & Maisto SA. Family dysfunction and alcohol and drug use in adolescent psychiatric inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1991; 30(6):967-72.

St. Pierre TL & Kaltreider DL. Strategies for involving parents of high-risk youth in drug prevention: A three-ear longitudinal study in Boys and Girls Clubs. *Journal of Community Psychology* 1997;25(5):473-485.

SAMHSA/OAS. National Household Survey on Drug Abuse, 2000.

Segal D, Gordon DA, Chen P, Kacir C, & Gylys J. Parenting adolescents wisely: comparing interactive computer laserdisc and linear-video methods of intervention in parent-training program. Unpublished manuscript, Ohio University, Athens, 1999.

Spoth R, Redmond C. Parent motivation to enroll in parenting skills programs: A model of family context and health belief predictors. *Journal of Family Psychology* 1995; 9:294-310

Swaim RC. Child risk factors and adolescent drug and alcohol abuse. *Educational Psychology Review* 1991; 3(4):363-97.

Tolnai EA. Research Update Family-Centered Prevention: Practices and Principles, *Prevention Forum*, Winter/Spring 1999, page 14.

2000 Census as reported by (MISER) Massachusetts Institute for Social & Economic Research.