

Parenting IS Prevention

Resource Guide 1998



Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

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Foreword

Foreword

This guide presents resources for participants to add to their knowledge of parenting programs after the training has taken place.

A literature review covers the influence of parents and family on children's drug use, along with the interplay of parental and peer influences, and the role of the extended family and mentors. Prevention implications of these findings are discussed.

To extend the material covered in the *Parenting IS Prevention* course, a bibliography of key recent works on the parenting education and family support movements is included, citing works from the Department of Justice, the Family Resource Coalition, the Carnegie Foundation, the Pew Charitable Trusts, the Harvard Family Research Project, the U.S. Department of Agriculture Cooperative Extension Service, and other sources.

Profiles of 14 well known parent education programs include a brief description of contents, evaluation information, and program contacts. The programs target various age and ethnic groups and a range of family problems, but most have some focus on substance abuse prevention. Brochures on many of these programs will be made available at the workshops.

The resource guide also has a list of Internet sites on parenting education. The list encompasses Federal agencies and clearinghouses, foundations, advocacy organizations, networks, and other types of organizations.

Finally, Federal resources and national family organizations for substance abuse prevention are listed.

**Influence of Parents and Family on Children's
Drug Use and Other Problem Behaviors:
Review of the Literature**

Parents and Family

Over the past two decades the research base available to program designers in the fields of alcohol and other drug abuse has expanded fairly rapidly from the classic studies of the efficacy of school curricula in the early 1980s, to an examination of the comprehensive community-based approaches in the late 1980s, and to the risk and resiliency studies of the early 1990s.

Current studies now routinely recognize that single-focused approaches to prevention must be used in coordination with programs that will increase the protective factors and reduce the risk factors surrounding the child. These factors include the child's personal, familial, and environmental background.

A large body of research findings shows that the family contributes both risk and protective factors to the lives of adolescents; it affects both vulnerability and resilience to drug abuse (NIDA Notes, May/June 1996).

The latest in a long line of studies affirming the role of parents and families in adolescents' life choices is by Resnick et al. (1997), who review adolescent risk behaviors that pose the main threat to adolescents' health. The objective of their study was to identify risk and protective factors at the family, school, and individual levels as they relate to four domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality.

Resnick and colleagues studied over 12,000 adolescents, grades 7 through 12, and interviewed them at home as part of the National Longitudinal Study of Adolescent Health. The key finding of the study, which appeared in a recent issue of *JAMA* and which was widely reported this past fall in the popular press and on television, was that being connected with their parents and families and with their schools helped protect teens against every health risk behavior measure that was studied, with the exception of pregnancy.

Parent-family connectedness was measured through variables such as closeness to parent, perceived caring by the parent, satisfaction with the relationship with the parent, and feelings of being loved and wanted by family members. Other measures included the number of different activities engaged in with the mother or father during the past week; the physical presence of the parent before and after school, at bedtime, or at dinner; the parent's expectations for the teen to complete high school or college; and suicide attempts and/or completions by family members in the past year. School connectedness was measured through assessing students' perceptions that teachers treated them fairly, degree of closeness to people at school and feeling part of the school; assessment of prejudice among fellow students; average daily attendance; estimated dropout rate by grade in school; type of school (public, parochial, technical, etc.); average class size; number of teachers with master's degree; proportion of students who are college bound; and percentage of parents involved with the parent/teacher association (PTA). On the individual level, the study looked at general measures of self-esteem, religious identity, same-sex attraction or behavior, perceived

risk of untimely death, number of hours of paid work during the school year, perception of appearing younger or older than classmates, grades repeated, and grade point average.

Resnick and colleagues concluded that, across all domains of risk, the role of parents and family in shaping the health of adolescents is critical. The protective role that perceived parental expectations play regarding adolescents' school attainment is a correlate of health and healthy behavior. Although the physical presence of a parent in the home at key times reduces risk (and especially substance use), of more significance is parental connectedness (e.g., feelings of warmth, love, and caring from parents). The home environment also helps shape health outcomes. Homes where adolescents have easy access to guns, alcohol, tobacco, and illicit substances contribute to the adolescent's increased risk of suicidality, involvement in interpersonal violence, and substance use.

Use by parent and parent's acceptance of other people's use

The parents' or care givers' use or abuse of alcohol, tobacco, and other drugs significantly increases the youth's chances of using, using early, and being dependent on the substance (Conger and Rueter, 1996; Duncan et al., 1995; Andrews, 1994). Furthermore, encouraging or ignoring the youth's use of alcohol and other drugs significantly increases their use (Johnson et al., 1985).

Parents who involve youth in their own use or misuse of alcohol, tobacco, or other drugs also increase the youth's chances of using earlier than other children. Such involvement may include giving the youth a "sip," or asking the youth to get a beer or light a cigarette (Hansen et al., 1987; Brook et al., 1990; Jackson et al., 1997).

The parent's attitude and parental permissiveness toward the youth's use is a key factor in teenage drug use, as much as or more so than peer pressure. One 1993 study conducted by the Johnson Institute in Minneapolis found that when school-age youth are allowed to drink at home, they not only are more likely to use alcohol and other drugs outside the home, but also are more likely to develop serious behavioral and health problems related to substance use. The survey indicated that most parents allow for "supervised" underage drinking, which is a bigger factor in use and abuse than peer pressure.

The influence of family siblings appears to have both a concurrent direct effect and a delayed indirect effect on a brother or sister's risk of becoming a heavy drinker (Conger and Rueter, 1996).

Communication patterns of family members

Family management practices and family communication patterns have a clear impact on a youth's behavior. The child raised with a warm and uncritical parenting style rather than a harsh, overly authoritarian or overly permissive style develops patterns of resiliency.

Similarly, the parent who communicates clear expectations of behaviors (Hawkins and Catalano, 1992), clear values and expectations for educational standards and goals (Felner et al., 1982), and proactive ways to manage stress and conflict in a positive manner (Werner, 1990) develops resilient behaviors in the child.

Several studies have examined the comparative value of communication from parents and perceived pressure from peers to use alcohol and other drugs (Kafka and London, 1991). One study confirms that parental support and communication from parents does appear to play a role in adolescent behavior, and openness in communication may be considered a protective measure against possible use. Communication, family management, and monitoring are important predictors of adolescent drinking, delinquency, and related problem behaviors, even after taking into account critical demographic and family factors, including socioeconomic indicators, age, gender, race of the youth, family structure, and family history of abuse (Barnes and Farrell, 1992). The authors suggest that their findings demonstrate a less frequent occurrence of overt peer pressure than commonly believed. In their study, youth did not report pressure from friends to engage in negative behaviors. However, wanting to be accepted, wanting to belong, and wanting to be noticed are powerful influences.

Other researchers cite communication and family management problems that include unclear expectations for behavior, inconsistent or harsh discipline, lack of bonding and caring, conflict between the parents or care givers (Kandel and Andrews, 1987; Baumrind, 1985; Johnson et al., 1985) and low expectation for the child's success (Wilson and Herrnstein, 1985) as contributing to the youth's risk of using substances early and becoming dependent on them.

In a study that looked at the comparative influence of family and peers of youth aged 9 through 17, both current drug users and abstainers, Hispanic and Anglo youth report that family communication is important to them. For both groups of youth parental influence is more important than peer influence on a broad array of factors (Coombs et al., 1990).

Monitoring of time, activities, and friends

How families supervise their youth by setting boundaries influences deviance such as substance abuse and delinquency. These boundaries include parental monitoring, household organization and routines, and decision making (Herman et al., 1997).

The issue of lack of monitoring has received considerable attention in recent years. One study found that latchkey youth who were home alone two or more days per week were four times more likely to have gotten drunk in the past month than those youth who had parental supervision five or more times a week (Mulhall et al., 1996). Another study found that children who had the least monitoring initiated drug use at earlier ages. The contrast in risk of initiating alcohol, tobacco, or other drug use across levels of parent monitoring was greatest when children were under 11 years old. At older ages there was no difference in risk for these drugs. However, for marijuana, cocaine, and inhalant drugs, there was a sustained risk of starting to use these drugs for youth who received low levels of monitoring in middle childhood (Chilcoat and Anthony, 1996)

Some authors have emphasized the importance of the parent's influence on the youth's choice of friends. Adolescents whose friends use drugs are very likely to use drugs themselves. And family variables may influence the choice of friends and thereby influence the risk of drug use. Adolescents who come from families where alcohol and other drugs are used are much more likely to use drugs themselves and choose friends who use drugs. And when parental monitoring is high, adolescents are much less likely to choose friends who use drugs. Thus, parents have powerful influence on their adolescents by their influence on their choice of friends and their monitoring of the peer selection process (Bahr et al., 1993).

The likelihood of youths' associating with drug-using friends is reduced by a close relationship with their parents and by knowing that their friends disapprove of drug use. Students do not use drugs if they are unwilling to jeopardize their relationship with their parents and nonusing friends. They are also less likely to use drugs if they think their parents and friends disapprove of drug use and if their friends do not use drugs themselves (Reid, 1989).

Working at least 20 hours a week during the school year is a risk; it brings the adverse consequences of fatigue as well as excessive leisure income. It may also lessen the parent's ability to monitor the youth's time, choice of friends, and use of money. It is associated with higher levels of emotional distress, substance use, and earlier age of sexual debut.

Relationships to family member; attachment, bonding, and connectedness

The practice of prevention in the 1990s has focused largely on protective factors or the development of resiliency in the adolescent. Much of this research looks at the attachment of youth and family, referred also as bonding (Hawkins et al., 1992) or connectedness (Resnick et al. 1997).

Family factors cited in the literature that increase resiliency include the child's attachment to the parent, the parent's attachment to the child, and the parent's involvement in the child's activities (Smith et al., 1995).

Other major family factors involving family closeness are as follows: the parent is nurturing and protective and concerned for the child's safety and health (Werner, 1990; Garmezy, 1985); develops close bonds with children (Sokol-Katz et al., 1997; Bahr et al., 1995; Hawkins and Catalano, 1992); values, supports, attends and encourages educational activity (Felner, 1982); spends quality time with children (Benson, 1993); and spends time with the child as a family unit (Benson, 1993).

However, a good parent/ adolescent relationship does not always protect the child from substance use. If the parent, particularly the mother, has a good relationship with the youth, and that parent uses substances, the youth is more likely to use drugs. Female youth were more likely to imitate paternal use and nonuse of a substance if they had a good, rather than a poor, relationship with their father. Additionally, parental abstinence did not always ensure

abstinence in the child. A youth with a poor relationship with a nonusing parent was as likely to use substances as a youth with a using parent (Andrews, 1994).

Research that examined the components of support from the family showed that support was marked by more behavioral coping and academic competence, and less tolerance for deviance and uncontrolled behavior (Wills and Cleary, 1996).

Peers and Their Relationship to Family

Peers have long been recognized as a key influence on adolescents' choices with respect to substance use. Some studies that look at peer influence in relationship to family influence are reviewed here.

Barnes and Farrell (1992), studying parental support as predictors of adolescent drinking, also found support for peer orientation as a significant predictor of drinking behavior.

Bahr et al. (1995) examined social development and social control theories that suggest children with strong bonds to social groups with antidrug norms will be less likely to use drugs. They hypothesized that family bonds and family substance use are exogenous variables that influence choice of friends, whereas educational commitment and number of friends who use alcohol and other drugs are intervening variables with more direct influences on adolescent alcohol use. Studying a large sample of 7th- through 12th- graders in Utah schools, the authors found that the influence of family bonds on risk of alcohol use is primarily indirect, through educational commitment and choice of peers. The indirect effects of family bonding on substance use were moderate. Findings support an integrated social learning/social control model of adolescent substance use. Family bonding appears to be an important social control mechanism that could decrease the risk of adolescent alcohol use. Findings about relative strength of risk factors studied should be useful for prevention program planning.

Conger and Rueter (1996) showed that factors within the family can promote deviant peer relations. Adolescents can acquire alcohol-using friends through three distinct avenues. The behavior of other family members, including parents and siblings, is expected to increase directly the risk of choosing friends who drink. The adolescent's own drinking behavior plays a major role in determining choice of friends. Also, the role of siblings and their drinking behavior is important. The authors employed several measures in their analysis: parents' history of substance use problems, alcohol use of the target adolescent and his or her siblings, harsh and inconsistent parenting of the youth, and friends' alcohol use. Findings supported the hypothesis that frequent and problematic drinking by siblings would exacerbate the target adolescent's tendency to drink. Also, early drinking appeared to exacerbate other problems. The "flocking phenomenon," i.e., the tendency of teens who drink or use drugs to acquire friends with similar habits, was noted. Target adolescent drinking in 7th grade appears to generate more harsh and inconsistent behavior by parents. Parental history of substance abuse problems is indirectly directed to adolescent risk for later

alcohol use, and a stronger effect for mothers' drinking versus fathers' drinking was noted.

The MORI Survey, carried out in 1996 by the Imperial Cancer Research Fund in Great Britain, showed that getting teens to quit smoking can be effectively done by their sweetheart, more so than by a television personality or pop star. "Love is really the key to getting youngsters to quit," says Professor Gordon McVie, director of the Cancer Research Campaign. Next on the list of influencers are parents. Celebrities influence teens in a more subtle way: by their behavior, not their preaching. Featuring celebrities who had successfully quit smoking would send a strong message to teens. Teens also report that they would be encouraged to quit if it became more difficult to buy cigarettes, or if smoking were banned in more public places, or if the price of cigarettes were raised.

Kafka and London (1991) explored the link between communication in relationships and adolescent substance use, specifically the openness in communication between youth and their parents and closest friends. Predictive value of perceived pressure from friends, friends' substance use, and parents' substance use was also analyzed. The investigators found that openness of communication is negatively associated with substance abuse in the case of parent/child communication, but not in the case of peer communication. Perceived pressure from friends was not correlated with substance use. In fact, high school students do not perceive much pressure from friends about their behavior. A possible interpretation is that overt peer pressure is less common than previously believed. Teens did not report pressure from friends to engage in negative behaviors. Perhaps the internal concerns of adolescents are at the root of their choices regarding substance use: wanting to be accepted, to belong, to be noticed.

Keefe (1994) noted that many prevention programs focus on teaching refusal skills, assuming that peers exert direct pressure on each other to influence behavior. As explained in the previously cited study, recent research has shown that adolescents rarely use explicit pressure, yet conformity to group norms does occur when one values being a member of that group. This study examined perceived social pressure among adolescents, and explored age difference in perceived social pressure. Parental and peer pressure were examined in a study of 386 7th-, 9th-, and 11th-graders. Students were asked to compare "costs" and "benefits" of using alcohol; significant differences by age were apparent, with older kids finding more benefits. Findings showed normative pressure against alcohol use from both peers and parents. The authors suggest that programs that focus on coping with negative peer pressure may not be necessary, but that peer norms and programs encouraging peer support for abstinence could be used as effective deterrents. Since older adolescents perceived more benefits to alcohol use, this suggests that programs focusing on negative consequences might be ineffective, and a better choice would be programs focusing on alternative ways to have a good time.

Ried (1989) investigated differential social control theory, which proposes that delinquent behavior becomes more probable as an adolescent's bond to society weakens. The bond, which includes attachment to parents and close supervision, communication, and affectionate ties with parents, is inversely related to delinquency. Another aspect of the bond is

attachment to peers; delinquents do not form attachments to conventional peers nor to one another. The third aspect of the bond relates to school: School is not seen as by delinquent adolescents as a source of conventional norms and influences. Ried discusses differential association-reinforcement theory: the adolescent symbolically interacts with many primary groups (parents, peers, school). These groups have verbalized normative expectations for adolescents' behavior. The adolescents are rewarded for the desired response, or punished for failing to make the response, depending on the group's expectations.

This study of 5th- through 8th-grade students showed that none of the above three attachment variables had significant, direct effects on drug use. Instead, the drug use of this sample of students was shown to be directly affected by 1) their perception of whether their friends think they should use drugs or not; 2) their peers' own drug use; and 3) their attitude towards drugs.

Schneider and Perney (1993), surveying adolescents' major concerns and perceived resources, collected information on 42 concerns (e.g., divorce, war, grades, salary, peer drug and alcohol use, family finances, appearance, sexual behavior, etc.). Drug use was in the top 11 percent. Concerns were grouped in various contexts: family, peers, school, etc. Peers were viewed by adolescents as their major source of support, followed by parents, counselors, and self. The peer context included two concerns. Peer drug and alcohol use was seen as less of a concern to Hispanics and Asians, more for African Americans, and most of all to whites. The other major concern, sexual behavior, was significantly more important to rural than to suburban students.

Lifrak et al. (1996) studied the relationship between perceived self-competence and social support, gender, and substance abuse in middle schoolers. In girls, social support was unrelated to substance abuse except for support from classmates, which was associated with more cigarette and marijuana use. In girls with low scholastic competence, more support from peers was consistently associated with more substance abuse.

Ianotti et al. (1996) examined the relationship between adolescent substance abuse and the adolescents' perceptions of their friends' substance use. The study involved 4th- and 5th-grade students who were surveyed and tracked for 4 years. The sample included nearly 2000 students, most of whom were African American. Self-reported substance use of friends and classmates was also assessed. Perceived substance use of friends had stronger association with prior substance use than friends' self-reported substance use. Perceived family use and classmates' self-reported use were also contributors. Perceived friends' use is more likely to be a product of an adolescent's previous substance use than a precursor of subsequent substance use.

Family Structure

Johnson, Hoffman, and Gerstein (1986) studied the effects of family structure on adolescent substance abuse, using data from the 1995 National Household Survey on Drug Abuse. They found that

- Youth living with two biological (including adoptive) parents are significantly less likely to use alcohol, tobacco, and illegal drugs, or to report problems with their use, than youth not living with two biological parents. These effects of family structure are not diminished when the effects of gender, age, family income, and race/ethnicity are statistically controlled in the analysis.
- For most substances, the highest risks of youth substance use, dependence, and need for illegal drug abuse treatment are found in 1) families with a father and stepmother and 2) families in which the youth is married and living with his or her spouse. High risks are also found in families where the adolescent 1) lives with a father and no mother figure or 2) lives with a mother and a nonrelative.
- Risks of youth substance use, dependence, and need for illegal drug abuse treatment are generally higher among youth who live with a biological father and a stepmother than among youth who live with a biological mother and a stepfather.
- Youths who live with a biological father and no mother or stepfather are more likely to use substances, to be dependent on substances, and to need illegal drug abuse treatment than youths who live with a biological mother and no father or stepfather.
- Regardless of family type, black adolescents have lower risk of past-year substance use and dependence than either white or Hispanic youth, and Hispanic youth are more likely to need drug treatment than either white or black adolescents.
- The effects on the risk of substance use of living with a biological mother and no biological father or stepfather are greater for female than for male youth. Relative to adolescent females in families with two biological parents, females in “mother only” families are 1.9 times as likely to use alcohol, 1.8 times as likely to use tobacco, 2.5 times as likely to use marijuana, and 2.0 times likely to use any illegal drug.

The Extended Family

There have been several studies of youths’ self-reported influencers in the popular press in recent years. When youth are asked who has an influence on their lives in general, their response shows parents and other family members at the top of the list.

For example, a study by *Newsweek* magazine (1993) examined the influences on youth aged 11 through 17. The youth were asked a series of questions, among them, Who has a very important influence on you? The responses: parents (86%), grandparents(56%), place of

worship (55%), teachers (50%), peers (41%), community (23%), and television, movies, music (22%).

A study examining support networks (Benson, 1993) asked youth aged 12 through 17 where they get their support. Most respondents reported their support came from mother (75%), father (50%), adult sibling (25%), doctor/nurse (20%), aunt (14%), grandmother (13%), and uncle (8%).

Of youth aged 9 through 13 who say they have a hero (60%), here are the top five categories of their heroes: relatives/friends (52.9%), athletes (31.5%), religious figures (13.6%), fictional characters (11.3%), and political-historical figures (8.7%) (*USA Today*, October 23, 1997).

Research on adolescent development not particularly focusing on substance abuse has indicated that a relationship with at least one caring adult, not necessarily a parent, is perhaps the single most important element in protecting young people who have multiple risks in their lives (Carnegie Council on Adolescent Development, 1992; National Commission on Children, 1991; Wynn et al., 1994).

A review of the literature of the influence of extended family members shows that although parents are the most important adults in the lives of adolescents, nonparental adults may play important roles in the healthy development of young people. Extended family members may be the most important nonparent adults for young adolescents, especially low-income adolescents of color. Although unrelated adults, such as teachers, neighbors, clergy, and youth workers, may comprise a relatively small percentage of the significant adults young adolescents identify as being helpful, they are seen probably more frequently than are adults in the extended family and may assume more importance for specific kinds of communication. Their importance becomes more marked for some youth the older they get (Scales and Gibbons, 1996).

Extended family members are the most common non-parent source of adult support for adolescents; strong relationships with nonfamily members may be correlated with strong relationships with parents (Scales and Gibbons, 1996). Family members encourage youth to have supportive relationships with caring adults beyond the immediate family, such as a teacher, scout leader, or mentor (Benson, 1993).

From these studies, it can be stated that youth are strongly influenced and supported by their family members, and recognize and value that support and influence.

Adult Mentors

The research on the efficacy of mentoring on adolescent drug use rests at the present time on a base of observational data and very few empirical studies (Rhodes, 1994). The classic study by Werner and Smith (1982) with high-risk children found those who succeeded showed an ability to locate an adult in addition to their parents for support. They concluded that,

“Without exception, all the children who thrived had at least one person that provided them consistent emotional support—a grandmother, an older sister, a teacher, or neighbor” (Werner, 1987).

Rhodes, Ebert and Fisher (1992) found that young women with natural mentors had lower rates of depression than those without this support. Williams and Kornblum (1985) found that one of the key differences between successful and unsuccessful youth from lower-income urban communities is that the successful ones had mentors. Also, Lefkowitz (1986) and Anderson (1991) found supportive adults to be a vital protective influence on at-risk youth. Other studies have pointed out the importance of the presence of extra-familial sources of support, including identification of mentors and models (Masten and Garmezy, 1985; Werner, 1990).

Implications for Prevention Programming

Parent, family, and extended family are recognized by research to have a very significant impact on the adolescent’s intention to use and actual use of drugs. Young adolescents recognize the family as a very powerful influence on their lives. If family is this powerful an influence, then it follows that our messages directed to youth most certainly need to come from the source that they are most influenced by—their family. Many parents are unaware of how their parenting styles or their drug-taking behaviors influence their youth.

Prevention programming must send the family, including the youth, a message that has four important components:

- The family is the most important factor in a child’s intention to use drugs, selection of friends who may or may not use drugs, and decision to use or not use drugs. Furthermore, when parents monitor the youth’s behavior and use good communication patterns, the youth is less likely to use drugs.
- Using alcohol and other drugs can cause serious health problems. These substances affect the way we think, they slow down reaction time, and they slow down memory recording, selection, and retrieval. Drugs affect the decisions we make, and they disable our capacity to make judgments.
- The fewer substances you use, the fewer your children will use, and the more love and attention and care you give your own family and other children, the stronger the resiliency factors you are building in those children.
- There are many reasons, other than family, why youth may use substances. Certainly, most adolescents with serious drug use problems have multiple risk factors and few protective factors at work in their lives. Successful intervention programs must recognize this fact, and address all the domains—individual, family, school, and

community—that can help to ameliorate risk factors and accentuate the resiliency factors for each individual.

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- _____. 1994. *The guide for choosing Native American parenting curricula*. Missouri: ParentLink.

Profiles of Selected Parenting Programs

AVANCE Family Support and Education Program

- Contact:** Mercedes Perez de Colon
Vice President of Program Services and Development
AVANCE, Inc.
301 S. Frio, Suite 310
San Antonio, TX 78207
Tel: (210) 270-4630
Fax: (210) 270-4612
- Main Purpose:** To stabilize and strengthen parent-child relationships, stimulate success in school, and strengthen the parental role as an advocate for the child
- Target Group:** At-risk parents with children under age 4, especially Hispanic parents
- Description:** AVANCE consists of 27 lessons taught over a month-long period covering the role of parents in children's development: cognitive, physical, social, and emotional. The program includes an emphasis on language development and effective discipline. In one class, parents are taught to make toys that teach their pre-schoolers skills and concepts through play. A community resources class teaches parents how to access needed services. Services that support participation include home visits, transportation, and child care while parents attend classes. Classes are held for fathers in the evenings. Parents can take ESOL classes, GED, and college-level classes. The program is located in three Texas communities serving over 6,000 parents and children annually.

(Sources: National Network for Family Resiliency program descriptions, and *The CICC Parent Training and Family Life Catalog*, 2nd edition)

Effective Black Parenting Program (EBPP)

- Contact:** Kerby T. Alvy, Ph.D.
Executive Director
Center for the Improvement of Child Caring
11331 Ventura Boulevard, Suite 103
Studio City, CA 91604-3147
Tel: (818) 980-0903; also Hank Spala at (800) 325-CICC
Fax: (818) 753-1054
- Purpose:** Foster family communication and combat juvenile delinquency, substance abuse, and other negative outcomes
- Target:** African American parents of children ages 2 through 12
- Description:** EBPP is a cognitive-behavioral program specifically created for African American parents that seeks to foster effective family communication, healthy identity, extended family values, child growth and development, and self-esteem. The program facilitates efforts to combat child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances.
- EBPP is based on a prosocial achievement orientation to African American parenting that recognizes the special pressures in inner-city communities that make it difficult for parents to maintain this orientation.
- Its basic ideas are derived from the writings of African American parenting scholars, from research with African American parents, and from adaptations of parenting skills that have been found helpful in raising children of all ethnic and socioeconomic backgrounds.
- The program has two possible formats: a class with 15 3-hour training sessions that emphasize role playing and home behavior projects, and a 1-day seminar for large groups. Black educators and mental health professionals teach basic child management skills using culturally appropriate methods. Each of the parenting strategies and skills is taught by making reference to African proverbs such as “Children are the reward of life,” and “A shepherd does not strike his sheep.” Systematic use of these proverbs helps to ground the program in the wisdom of African ancestors, and is one of the many ways that the program promotes cultural pride.

Interactive groups address topics including appropriate and inappropriate behavior, discipline, pride, coping with racism, African-origin family values, preventing drug abuse, and single parenting. Two companion programs for the general population of parents and for Latino parents are available.

Evaluation:

EBPP was field tested on two cohorts of parents and their first- and second-grade children. Pre-post changes were compared in a quasi-experimental design with 109 treatment and 64 control families. Significant reduction of parental rejection was observed, along with improvements in the quality of family relationships and child behaviors. At 1-year followup, reductions in rejection and problem behaviors were maintained. Both the long and short versions have been well received in African American communities nationwide, and 1,500 instructors have been trained and are delivering the programs.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Families and Schools Together (FAST)

- Contact:** Linda Wheeler
Family Service America
11700 West Lake Park Drive
Milwaukee, WI 53224-3099
Tel: (800) 221-3726
Fax: (414) 359-1074
- Main Purpose:** To prevent school failure, enhance family functioning, prevent familial substance abuse, and reduce stress
- Target Group:** Parents of children who are at risk for substance abuse and other problems
- Description:** FAST is a collaborative program that attempts to reduce causal factors related to the above-mentioned problems by starting with young children and using a family-based model. Children (ages 4 through 9) who display behavior problems (at school or at home), poor self-esteem, short attention span, and hyperactivity are targeted by teachers for this multifamily program. National replication of two new adaptations for early childhood and middle school children began in 1997. The multilevel prevention curriculum applies decades of research funded and published by the National Institute of Mental Health (NIMH) from psychology, psychiatry, family therapy, family stress, social support, and community organizing.
- The core of the program involves eight weekly multifamily meetings usually held in schools, during which positive experiences in family interaction are facilitated by a collaborative leadership team. The team has at least four members: a parent partner, a school partner, a community-based mental health partner, and a community-based substance abuse prevention partner. Each session features the following key elements: a shared family meal, communication games played at a family table, time for couples, a self-help parent group, one-to-one quality play, and a fixed door prize that each family wins once. The program attempts to strengthen bonds within families, among families, and between family and community.
- At the end of 8 weeks, families graduate from the program and participate in monthly followup meetings, FASTWORKS, for 2 years. The program develops a support network that empowers the parents to be the primary prevention agents for their own children. FAST collaborates with schools, parents, and not-for-profit human service agencies to strengthen the family's internal bonds as well as its bonds with the school and the community. The followup meetings are run by parent graduate volunteers, with backup support from the collaborative leadership team.

Evaluation: Evaluation results after 8 weeks show statistically significant improvements in the child's classroom and home behaviors and self-esteem, in family closeness, and in parent involvement in school. Social isolation is reduced. Followup data suggest that children continue to improve and some parents self-refer for counseling and substance abuse treatment, get jobs, go back to school, and attend community events. Long-term evaluation indicates that these gains are maintained and that the program facilitates the families' development of connections with the community. FAST is now active in 25 States; Washington, DC; and Canada.

(Source: Description provided by Family Service America, Inc.)

Families Can Make A Difference: A Substance Abuse Prevention Program

- Contact:** Dena Targ
Extension Specialist
Child Development and Family Studies
Purdue University
West Lafayette, IN 47907-1269
Tel: (765) 494-2937
Fax: (765) 494-0503
- Main Purpose:** To prevent substance abuse
- Target Group:** Parents of pre-teens (8 through 12 years)
- Description:** Designed to help parents develop a better understanding of how they can help children avoid or stop substance abuse, the program is based on research indicating the effectiveness of strategies such as building effective communication, setting limits, and close family bonding. The main components of the program are a videotape, followup discussion, and related exercises. The detailed facilitator's guide contains three presentation formats: Two are intended for delivery to parent groups, and one is for community groups. The program was developed at Purdue University in 1992 by V. L. Spurlock and colleagues including Dena Targ.
- Evaluation:** Pre- and post-evaluation questionnaires are available from Dena Targ at the address above.

(Source: C. Smith et al., 1994. *National Extension Parent Education Model of Critical Parenting Practices*)

Focus on Families

- Contact:** Kevin Haggerty, M.S.W.
Social Development Research Group
146 North Canal, Suite 211
Seattle, WA 98103
Tel: (206) 685-1997
Fax: (206) 543-4507
- Main Purpose:** Reduce parents' risk for relapse, cope with relapse incidents, reduce drug use episodes. Increase family management skills. Reduce child risk factors and increase protective factors; decrease incidence of substance abuse among children.
- Target Group:** Addicted parents of children ages 3 through 14
- Description:** Most appropriate for parents enrolled in methadone treatment, and who have had at least 90 days of treatment prior to beginning the program. Families participate in a 5-hour family retreat to learn about the curriculum, identify goals, and participate in trust-building activities. This is followed by 32 sessions of 90 minutes each, held twice weekly for 16 weeks. Sessions are held in the mornings for parents, with practice sessions in the evening for parents and children together. Topics covered include family goal setting, relapse prevention, communication skills, management skills, family expectations about substance use, teaching skills to children, and helping kids succeed at school. Sessions and followup home care are provided by master's-level therapists.
- Evaluation:** Parent outcomes: The experimental group had higher scores than controls on all skill measures (e.g., problem solving, self-efficacy, social support). The experimental group had fewer deviant peers than the control group. They reported a 65 percent reduction in heroin use frequency compared to controls and were six times less likely to use cocaine in the last month than the control group. Child outcomes showed no significant differences between experimental and control children in drug use or delinquency.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Los Niños Bien Educados

- Contact:** Kirby T. Alvy, Ph.D.
Executive Director
Center for the Improvement of Child Caring
11331 Ventura Boulevard, Suite 103
Studio City, CA 91604-0903
Tel: (800) 325-CICC
Fax: (818) 783
- Main Purpose:** To enable parents to assist their children with the challenges of growing up in the U.S.
- Target Group:** Latino parents
- Description:** Written by Drs. Lupita Montoya Tannatt and Kerby T. Alvy, the program is based on child-rearing research with Latino families and recommendations of nationally respected Latino educators and mental health specialists. Los Niños presents a wide range of basic child-rearing skills, along with “dichos” or Latino proverbs, used to make the learning and use of skills compatible with Latino cultural traditions. Parents learn how to praise effectively, to confront, to use family conversations, and to employ “time out” procedures. The program is widely used in schools, mental health and social service agencies, churches, and hospitals. It addresses school dropout prevention and drug and child abuse. The program is taught as a 12-session class for groups of parents, with the last session serving as a graduation celebration. In addition to basic program materials, an audiocassette presentation is available for instructors.
- Evaluation:** The initial field testing of the program in the 1980s was with newly immigrated Latino families, and it was found to be highly successful. Participating parents perceived their relationships with their kindergarten children as being either better or much better, whereas parents who did not attend the classes saw their relationships with their children as being the same or getting worse over a comparable time period. Children’s behavior improvements were reported by parents and confirmed by teachers’ reports. Los Niños Bien Educados is now being used nationwide with a variety of Latino Americans. It has become the centerpiece of parent involvement programs in numerous school districts, as well as serving as part of dropout prevention projects. The program is also being used by a variety of communities as part of their efforts to combat poor outcomes for youth.

(Source: *The CICC Parent Training and Family Life Catalog*, 2nd edition, and <http://www.ciccparenting.org/losninos.html>)

MELD

- Contact:** Jennifer Paist
Manager of Products and Services
123 North Third Street, Suite 507
Minneapolis, MN 55401
Tel: (612) 332-7563
Fax: (612) 344-1959
- Main Purpose:** To strengthen families by improving the quality of parenting in the U.S.
- Target Group:** Parents of newborns to 3-year-olds
- Description:** The program uses peer support groups to help strengthen families by reducing the social isolation that can lead to child abuse and neglect. Various program activities are undertaken to increase parents' knowledge of child development; to increase parents' ability to solve problems, make decisions, and manage family life; and to nurture parents' personal growth.
- Support peer groups meet weekly or twice a month for a period of 2 years. Groups are facilitated by community volunteers who are carefully recruited, trained, and supervised by a local certified MELD professional. The curriculum encompasses health, child development, child guidance, family management, home and community safety, balancing work and family, and accessing community resources.
- The basic program has been adapted for adolescent mothers and fathers, African American young mothers, Hispanic and Southeast Asian parents, deaf and hard-of-hearing parents, first-time adult parents, and parents of children with special needs. The curriculum and activities can be used by low-literacy audiences and address the concerns of low-income parents.
- Evaluation:** A MELD Young Moms program was studied at seven sites and found to have resulted in a positive and significant shift in attitudes and beliefs about parenting and nurturing children. Some outcomes included more appropriate expectations in line with the child's abilities; increased awareness of the child's needs and better response to those needs; and reduced belief in the value of corporal punishment.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Nurturing Parenting Program

- Contact:** Stephen Bavolek, Ph.D.
3160 Pinebrook Road
Park City, UT 84098
Tel: (801) 649-9599
- Main Purpose:** To build nurturing skills as an alternative to abusive parenting and child-rearing attitudes and practices
- Target Group:** Families with children ages 0 through 19 at risk of abuse or neglect
- Description:** The program is based on a reparenting philosophy. Desired outcomes are to stop the generational cycle of child abuse, reduce recidivism, reduce juvenile delinquency and alcohol abuse, and reduce teen pregnancy.
- Parents and children attend separate groups engaging in cognitive and affective activities that build awareness, self-esteem, and empathy. They learn alternatives to yelling and hitting, enhanced family communication patterns, and expectations that are realistic in terms of the child's stage of development.
- The Nurturing Parenting Program includes 13 different versions that target specific age groups, cultures, and needs. For example, there are special programs for infants, school-aged children, and teens; Hispanics, Southeast Asians, and African Americans; and children with special learning needs and families in recovery. Group sessions are held weekly for 2 to 3 hours, and for a period of 12 to 45 weeks. Programs can be held in group sites or delivered in the home setting.
- Evaluation:** The initial program for parents of children ages 4 through 12 has been extensively field tested and validated. The evaluation studied 121 abusive adults and 150 abused children. Following the program, significant improvement was noted in parenting attitudes, personality characteristics of both parents and children, and family interactions. Programs subsequently developed for other age groups are showing similar outcomes, with significant pre-post changes in parenting attitudes and child-rearing practices.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

The Parent Project

- Contact:** Joyce Millman
Director of Parent Services
Northern Illinois Council on Alcoholism
and Substance Abuse (NICASA)
3179 N. Fish Lake Road
Round Lake, IL 60073
Tel: (847) 546-6450
Fax: (847) 546-6760
- Main Purpose:** Establish networks for working parents, improve parent/child relationships; help balance work and family life; improve corporate climate for workers; improve parents' skills in preventing substance abuse and other problems that occur in teen years
- Target Group:** Working parents of children ages birth through 18
- Description:** The program is presented at worksites during lunch hour. It addresses common issues such as balancing work and family, communication, discipline, learning styles, sibling relationships, sex role conditioning, substance abuse, and other issues. It also focuses on specific developmental issues: child care, tantrums, sleeping and eating patterns, communicating with school personnel, peer pressure, and establishing family policies regarding substance use. School performance, male/female relationships, and increasing levels of responsibilities as children grow older are also addressed.
- Evaluation:** A longitudinal study of 191 parents, using a quasi-experimental design, showed that parents in a high-dosage group reported significant and lasting changes in their child's behavior, and rated children's behavior more positively. Their parenting practices changed positively and punitiveness declined. Parental stress and depression were reduced. Increases in substance abuse knowledge and negative attitudes toward drug use were noted.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Parenting Adolescents Wisely (PAW): An Interactive CD-ROM Program

- Contact:** Donald A. Gordon, Ph.D.
Psychology Department
Ohio University
Athens, OH 45701
Tel: (614) 593-1074
Fax: (614) 593-0579
- Main Purpose:** Enhance family relationships and decrease conflict; enhance child adjustment and reduce problem behaviors including substance abuse
- Target Group:** Parents, especially low-literacy parents of at-risk children, ages 6 through 18
- Description:** Video programs that overcome illiteracy barriers are suitable for families who don't usually attend or finish parenting education classes. The interactive video format was chosen based on research showing its superiority to other forms including lecture, group discussion, and self-paced reading.
- PAW is based on social learning theory, family systems theory, and cognitive theory. The effective parenting skills selected for focus in this program were chosen because of their general acceptance among experts as critical both to the formation of well adjusted children and adolescents and to the amelioration of the problems common to today's children and adolescents.
- The program covers communication and problem-solving skills, respect, discipline and reinforcement, chore and homework responsibilities, supervising kids whose peers are a bad influence, step family problems, single-parent issues, violence, and other problems experienced by today's families. It can be delivered in one to two sessions lasting about 3 hours.
- Parents view videotaped scenes of nine common family problems. For each problem, parents choose a solution. Some solutions result in a worsening of the situation, while others improve the situation. After the solution is played out, it is critiqued. The critiques are the meat of the program, for they point out errors parents made in that scene and explain why these errors led to more problems. The critiques also explain why the effective parenting solution is best, and each parent has an option to have the computer read the material aloud.
- The program was developed to be used by parents totally unfamiliar with computers, as well as by more experienced audiences.

Evaluation:

The efficacy of the PAW program is being thoroughly evaluated by feedback from parents, teens, courts, and social service agencies. User satisfaction is very high, as rated in five separate evaluation studies. Parents find the program easy to use, realistic and relevant to their concerns, helpful in dealing with children's problem behaviors, and helpful in building their confidence. Parents with preteens and teens (many of whom are delinquents) showing significant behavior problems were evaluated before and after (1 week, 1 month, 3 months, 6 months) using the program. They showed increased knowledge of parenting principles and skills, increased use of the specific skills taught in the program, and reductions in problem behaviors of their children. Reductions in child problem behaviors were clinically significant in half of the children, and the children scored in the normal range of behavior a month after parents used the program. Most parents reported at least moderate improvement in children's behavior. Using matched and randomly assigned control groups, evaluators found no improvement or a worsening of behavior among children of the higher-risk families. These treatment effects are very robust and comparable to interventions taking at least five times longer and requiring trained professionals to deliver.

(Sources: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions, and material provided by the author)

Parent to Parent, Parenting for Safe and Drug-Free Youth

Contact: Bill Oliver/John Clarkin
The Passage Group, formerly PRIDE Parent Training
1240 Johnson Ferry Place, Suite F10
Marietta, GA 30068
Tel: (800) 487-7743
Fax: (770) 565-4749

Purpose: Empower parents to counter influences of drug culture in the children's lives

Target: Parents of children of all ages

Description: Parent to Parent offers a unique approach in helping parents deal with the difficult issues of the 1990s. It is not a program that attempts to preach to parents about how to raise their children, nor does it attempt to impose its own standards or values upon parents. Instead, it is an interesting and dynamic video-based workshop designed to bring parents together for the purpose of helping their children through the challenging passage into adulthood. The content of Parent to Parent is contained in eight video sessions:

- The Me Within
- Put Yourself In The Way
- Awareness Is Your Best Friend
- Remember The Difference
- Expect and Inspect
- Never Cry Alone
- Take Time For Yourself
- When All Else Fails

Parent to Parent is designed to challenge the thinking of the participants. Each session of the program is conducted by a local facilitator who uses the video modules to convey information regarding issues such as alcohol and drug use, character development, communication skills, and more. The real power of Parent to Parent occurs when the facilitator has turned off the video module and leads the group in exercises and discussions. It is here that parents begin to internalize the information and develop a plan of action that fits the needs of their individual families. Groups engage in discussions regarding a wide range of topics including

- Establishing and communicating a family belief system
- Developing a trustworthy child
- Understanding the difference between consequences and punishment
- Recognizing the signs of alcohol or drug use
- Setting realistic expectations

Evaluation:

Communities conduct their own evaluations. Evaluations have been completed in Montgomery County, Maryland; Syracuse, New York; Cobb County, Georgia; and Spartanburg, South Carolina, among others. Results in Spartanburg show that after training, parents were significantly more aware of the harmful effects of drugs on youngsters, made more use of good parenting skills, became more aware of the presence of drugs in their children's environment, and observed positive changes in children's attitudes.

(Source: National Network for Family Resiliency Parenting Special Interest Group)

Preparing for the Drug-Free Years (PDFY)

- Contact:** Holly De Maranville
Program Representative
130 Nickerson Street, Suite 107
Seattle, WA 98109
Tel: (800) 736-2630
- Main Purpose:** Reducing risks of drug abuse and other behavioral problems
- Target Group:** Parents of children in grades 4 through 9
- Description:** PDFY is designed for use before children begin experimenting with drugs. Its focus is on family relations, family management practices, and family conflict resolution. Parents acquire the skills to reduce children's risk factors for drug abuse. They also learn the principles of social development strategy to strengthen family bonding.
- PDFY features two volunteer workshop leaders, one of whom is a parent, who deliver the program in five 2-hour sessions or ten 1-hour sessions. Parents learn to increase children's opportunities for family involvement, teach needed skills, and provide reinforcement and consequences for behavior. Discussion topics include: the nature of the problem, reducing risks by strengthening family bonds, conduct of family meetings, fostering of communication, establishing a family position on drugs, reinforcing refusal skills, anger management, and creating a parent support network. PDFY is based on the research of Hawkins, Catalano, and colleagues on risk and protective factors for adolescent substance abuse.
- Evaluation:** An evaluation in rural Iowa, employing an experimental, longitudinal design, showed improvement in parenting behavior, general child management, and parent-child affective quality for parents in the intervention group. Some results are available from an experimental study with followup assessments, also in rural Iowa.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Strengthening Families Program (SFP)

- Contact:** Dr. Rose Alvarado
Department of Health Promotion and Education
University of Utah
300 S. 1850 E, Room 215
Salt Lake City, UT 84112-0920
Tel: (801) 581-8498
Fax: (801) 581-5872
- Main Purpose:** To reduce risk factors for substance abuse and other problem behaviors
- Target Group:** High-risk children of substance abusers; families with children ages 6 through 10
- Description:** SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth's social and life skills. Modifications of the original program have been made for various target groups. Originally developed for children of high-risk substance abusers, the program is also widely used for general audiences. SFP provides 14 weekly meetings of 2 to 3 hours in length. Three separate courses are offered: Parent Training, Children's Skills Training, and Family Life Skills Training. Parents learn how to gain the child's attention and reinforce positive behavior; they also acquire skill in communication, substance use education, problem solving, limit setting, and maintenance. Kids learn communication, understanding feelings, social skills, problem solving, resisting peer pressure, substance use issues, and rule compliance. Families jointly practice therapeutic child play and conduct weekly meetings to address issues and plan activities. Incentives to participation include transportation, child care, and family meals.
- Evaluation:** Numerous evaluations have been done. Results based on pre-post and 6-month followup show that the three-component design is powerful. SFP improved risk status in 1) children's problem behaviors, emotional status, and prosocial skills; 2) parents' parenting skills; and 3) family environment and functioning. Positive results were noted in family relationships and organization, increased family cohesion, and reduced conflict. Better sibling relationships, family-oriented activities, and clarity of rules were seen, and less social isolation of parents was found. Also, parents reported decreases in drug use, depression, and use of corporal punishment, and increased parental efficacy. Children were less impulsive, behaved more appropriately at home and school, and reported less intent to use drugs.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions)

Strengthening Multi-Ethnic Families and Communities

- Contact:** Marilyn L. Steele, Ph.D.
1220 S. Sierra Bonita Avenue
Los Angeles, CA 90019-2552
Tel: (213) 936-0343
Fax: (213) 936-7130
- Main Purpose:** To reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse, and domestic violence
- Target Group:** Ethnic and culturally diverse parents of children ages 3 through 18
- Description:** This program integrates various proven prevention/intervention strategies that reduce violence against self, the family, and the community. Its short-term objectives are to increase the parents' sense of competence; the positive interactions and relationships among the family, the parents, and the children; the child's self-esteem, self-discipline, and social competency; and the involvement of parents in community activities. Parent training classes are held in churches, schools, community agencies, and other locations. The program includes 12 3-hour sessions taught in consecutive weeks. Five major components are cultural/spiritual values, rites of passage, positive discipline, enhancing relationships, and family/community violence and community involvement. Materials are available in English, Spanish, Vietnamese, and Korean. A Russian translation is in progress.
- Evaluation:** A pre-post evaluation design is available. Evaluation data from 22 parent groups (n=357) show significant improvement in parents' sense of competence, family/parent/child interaction, and child competence and behavior. Program participation helped increase parent involvement in community and school activities. Other reports offer evidence that the program helps parents meet child-rearing challenges, promotes family and community bonding, promotes pride in cultural heritage, and reduces life-threatening risks for children.

(Source: Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions; information provided by program)

List of Internet Resources on Parenting

NAME: URL	DESCRIPTION/CONTENTS
Federal	
U.S. Department of Agriculture, Cooperative State Research, Education, and Extension Service Children Youth and Families at Risk (CYFAR) Initiative www.reeusda.gov/cyfar/cyfar.htm	Gives overviews of and contacts for projects serving nearly 99,000 youths and 17,000 parents. Projects are community-based, multidisciplinary, and feature holistic approaches viewing the individual in context of family and community.
Federal Interagency Forum on Child and Family Statistics (no web page)	Founded in 1994 by Executive Order 13045 to foster collaboration in reporting on Federal data on kids and families. Includes agencies in Departments of Agriculture, Commerce, Education, Health and Human Services (HHS), Housing and Urban Development (HUD), Justice, and Labor; the National Science Foundation; and the Office of Management and Budget. The 1997 report, <i>America's Children: Key National Indicators of Well Being</i> , is first in planned annual series. Report available on www.cdc.gov/nchswww/nchshome.htm .
U.S. Department of Health and Human Services (USDHHS), Administration for Children and Families (ACF), Head Start Bureau www.acf.dhhs.gov/programs/hsb/	Head Start homepage; links to programs, current initiatives, evaluation studies, training and technical assistance (TA) regional network, grantees, frequently asked question (FAQs), and resource library.
USDHHS, Administration on Children, Youth and Families (ACYF) www.acf.dhhs.gov/programs/acyf/	ACYF administers major Federal programs supporting positive growth and development of children, youth, and families; protective services; child care; and adoption. Homepage has links to various bureaus and research, demonstration, and evaluation studies.
National Clearinghouse on Families and Youth (NCFY) P.O. Box 13505 Silver Spring, MD 20911-3505 Tel: (301) 608-8098 Fax: (301) 608-8721 www.acf.dhhs.gov/programs/fysb/programs/ncfy.htm	NCFY, funded by the Administration for Children and Families, has a library on family and youth issues, special issue forums, outreach and networking, and publications. Staff can research your special interests.

NAME: URL	DESCRIPTION/CONTENTS
<p>National Clearinghouse on Alcohol and Drug Information (NCADI)</p> <p>www.health.org</p>	<p>Sponsored by Center for Substance Abuse Prevention, USDHHS. Has online database of prevention materials, PREVLINe, that can be searched for information on parenting education specific to drug abuse prevention. Also has information services staff, distribution capability, customized searches, and other services.</p>
<p>National Criminal Justice Reference Service (NCJRS) P.O. Box 6000 Rockville, MD 20849-6000 Tel: (800) 851-3420 Fax: (301) 519-5500</p> <p>http://www.ncjrs.org/homepage.htm</p>	<p>NCJRS is one of the most extensive sources of information on criminal and juvenile justice in the world. It is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, and it supports the Office of National Drug Control Policy. The sections on crime prevention, drugs and crime, juvenile justice, and research and evaluation contain links to valuable parenting-related materials.</p>
<p>National Child Care Information Center (NCCIC) 301 Maple Avenue West, Suite 602 Vienna, VA 22180 Tel: (800) 616-2242 Fax: (800) 716-2242</p> <p>http://ericps.ed.uiuc.edu/nccic/abtncic.html</p>	<p>NCCIC, sponsored by the DHHS Administration for Children and Families (ACF), disseminates child care information, provides outreach to ACF grantees and the broader child care community (electronic networks and databases, clearinghouses and national organizations, ACF regulations, State program activities, promising practices), and publishes a bimonthly <i>Child Care Bulletin</i>.</p>
<p>Educational Resources Information Center (ERIC) Clearinghouse on Elementary and Early Childhood Education (EECE) University of Illinois at Urbana-Champaign Children's Research Center 51 Getty Drive Champaign, IL 61820-7469 Tel: (800) 583-4135 or (217) 333-1386</p> <p>http://ericps.crc.uiuc.edu/ericeece.html</p>	<p>EECE is part of the system of ERIC clearinghouses sponsored by the Department of Education. Collects and disseminates research, literature, fact sheets, and briefing papers on physical, cognitive, social, educational and cultural development of children from birth through early adolescence. Includes information on parenting and family relationships.</p>

NAME: URL	DESCRIPTION/CONTENTS
Foundations	
<p>Carnegie Foundation 437 Madison Avenue New York, NY 10022 Tel: (212) 371-3200 Fax: (212) 754-4073</p> <p>http://www.carnegie.org</p>	<p>Focuses on education and healthy development of children and youth. Significant support to development and evaluation of parenting programs. Began Starting Points initiative in 1994.</p>
<p>Annie E. Casey Foundation 701 St. Paul Street Baltimore, MD 21202 Tel: (410) 547-6600 Fax: (410) 547-6624 email: webmail@aecf.org</p> <p>http://www/aecf.org</p>	<p>Funds work on building knowledge base for system reform and community change, demonstrates reform initiatives, promotes accountability and innovation. Focuses on families, children, foster care, and mental health of urban children. Sponsors KIDSCOUNT initiative to track status of children. Funded many fatherhood initiatives.</p>
<p>The Commonwealth Fund One East 75th Street New York, NY 10021-2692 Tel: (212) 535-0400 Fax: (212) 606-3500</p> <p>http://www.cmwf.org</p>	<p>Funds Healthy Steps for Children, a program to develop partnerships with community foundations to support programs in each of their cities. Goal is to significantly impact outcomes for 100 families per site. Published <i>The Commonwealth Fund Survey of Parents with Young Children</i> in 1996.</p>
<p>Ford Foundation 320 East 43rd Street New York, NY 10017 Tel: (212) 573-5000 Fax: (212) 599-4584</p> <p>http://www.fordfound.org/</p>	<p>Human Development program area focuses on helping individuals, families, and communities gain social and economic opportunity and human dignity. Grants focus on reproductive health including adolescent sexuality and AIDS prevention, early childhood and youth development, family support, welfare reform, and job-training programs. Supporter of Family Resource Coalition, AVANCE, and various parenting program evaluations.</p>

NAME: URL	DESCRIPTION/CONTENTS
<p>Robert Wood Johnson Foundation P.O. Box 2316 Princeton, NJ 08543-2316 Tel: (609) 452-8701</p> <p>http://www.rwjf.org</p>	<p>Three main areas of interest: access to health care, kids with disabilities, and substance abuse prevention. Has over 75 programs currently active. Supports surveillance of youth alcohol, tobacco, and other drug use; interactive computer-based prevention programs; and research on health and safety of urban youth.</p>
<p>W. K. Kellogg Foundation One Michigan Avenue East Battle Creek, MI 49017-4058 Tel: (616) 968-1611</p> <p>http://www.WKKF.org</p>	<p>Interested in comprehensive approaches to youth. Initiative called Families for Kids seeks to take on State welfare systems by promoting the child's viewpoint in considering the issues of foster care and family separation.</p>
<p>A. L. Mailman Foundation 707 Westchester Avenue White Plains, NY 10604 Tel: (914) 681-4448</p> <p>http://www.mailman.org</p>	<p>Committed to ideals of the family resource movement. Continuing assistance in training of family support workers. Evaluation, refinement, and dissemination of adaptable and sustainable models for parent leadership development, family-friendly service integration, and community building. In 1977 funded Center for Family Support at Bank Street College. Helped fund Family Resource Coalition "best practices" project.</p>
<p>The Pew Charitable Trusts 2005 Market Street, Suite 1700 Philadelphia, PA 19103 Tel: (215) 575-9050</p> <p>http://www.pewtrusts.com</p>	<p>Supports nonprofit activities in areas of culture, education, the environment, health and human services, public policy, and religion. In 1997, with more than \$4.5 billion in assets, the Trusts awarded \$181 million to 320 nonprofit organizations. Recently published <i>See How We Grow: A Report on the Status of Parenting Education in the US</i>. Full text version available from http://www.pewtrusts.com/docs/grow.html</p>

NAME: URL	DESCRIPTION/CONTENTS
Networks	
<p>Adolescence Directory On-Line Center for Adolescent Studies Indiana University Bloomington, IN</p> <p>http://education.indiana.edu/cas/adol/adol.html</p>	<p>Electronic guide to information on adolescent issues: conflict and violence, mental health issues, health issues including alcohol and other drug abuse (AODA), and counselor resources.</p>
<p>Early Childhood Educators' and Family Web Corner Beth Conant, Early Intervention TA Consultant Western Instructional Support Center 5347 William Flynn Highway Gibsonia, PA 15044</p> <p>http://www.nauticom.net/www/cokids/index.html</p>	<p>Links to a wide variety of resources in health and nutrition, child care, education, parenting information consumer education, safety, special education, social issues and policy, advocacy, and entertainment.</p>
<p>National Network for Family Resiliency (NNFR)</p> <p>www.hec.ohio-state.edu/famlife/nnfr1/nnfrmain.htm</p>	<p>Includes sections on parenting education, programs and curricula, violence prevention, intergenerational issues, research, and evaluation. Currently conducting a multistate research project to gather needs assessment data on preferred designs for parenting education programs. Has interactive evaluation model and Parenting Education Resource Center with descriptions of parenting education programs. Has links to for Parenting Database, Children's Trust Fund Parenting Education Resources (arranged by subject and medium).</p>
<p>National Parent Information Network (part of ERIC Clearinghouse on Elementary and Early Childhood Education—see above)</p> <p>http://npin.org</p>	<p>Has searchable database of parenting resources, monthly news update, FAQs, full text resources for parents and those who work with parents, calendar of conferences, and links to other Internet resources of interest.</p>
<p>The National Parenting Center (TNPC) Tel: (800) 753-6667</p> <p>http://www.tnpc.com</p>	<p>“One of America’s foremost parenting information services.” Helps parents expand their skills and strengths by providing comprehensive and responsible guidance from nine eminent child-rearing experts. Has a ParenTalk Newsletter updated daily, TNPC Shopping Center, chat rooms, bulletin boards, and other features.</p>

<i>NAME: URL</i>	<i>DESCRIPTION/CONTENTS</i>
<p>Family Resource Information, Education and Network Development Services (FRIENDS)</p> <p>http://chtop.com/ntap2.htm</p>	<p>Collaborative effort of Chapel Hill Training-Outreach Project, Inc., and the Family Resource Coalition of America. Has bulletin board, products, evaluation center. Also has Virtual Resource Center where individuals can read newsletters, print fact sheets, and share resources with peers.</p>

NAME: URL	DESCRIPTION/CONTENTS
Advocacy Organizations	
<p>Child Welfare League of America, Inc. 440 First Street NW Washington, DC 20001-2952 Tel: (202) 638-2952</p> <p>www.cwla.org</p>	<p>CWLA serves as key player in shaping of public policy debate, clearinghouse of information, provider of training, and advocate for member agencies. One of more influential voices in parenting and family support field.</p>
<p>Children’s Defense Fund 25 E Street NW Washington, DC 20001</p> <p>www.childrensdefense.org</p>	<p>Advocates for America’s children, particularly poor and minority children and children with disabilities. Educates public about needs of children and encourages investments in prevention of undesirable outcomes. Annual yearbook: <i>State of America’s Children</i>.</p>
<p>Family Resource Coalition of America (FRCA) 20 North Wacker Drive, Suite 1100 Chicago, IL 60606 Tel: (312) 338-0900 Fax: (312) 338-1522</p> <p>http://chtop.com/frc.htm</p>	<p>FRCA has been advancing the family support movement since 1981. The coalition facilitates communication among more than 2,500 programs, provides training and TA, and disseminates information about family resource programs. FRCA also provides a national clearinghouse of information on family support, and published a “best practices” project which established a set of core principles for practitioners.</p>
<p>National Center on Fathers and Families (NCOFF) Dr. Vivian Gadsden, Director University of Pennsylvania 3700 Walnut Street, Box 58 Philadelphia, PA 19104-6216</p> <p>www.ncoff.gse.upenn.edu/</p>	<p>Homepage has links to core learning areas, Fatherlink website, publications, national resources, product downloads, and online literature databases.</p>

<i>NAME: URL</i>	<i>DESCRIPTION/CONTENTS</i>
<p>National Head Start Association (NHSA) 1651 Prince Street Alexandria, VA 22314 Tel: (703) 739-0875</p> <p>http://www.nhsa.org</p>	<p>Membership organization of Head Start parents, staff, directors and friends across the U.S. Provides education and advocacy on behalf of Head Start, a quarterly journal, updates of policy and legislation, special studies and reports, training conferences, and leadership institutes.</p>
<p>Zero to Three: National Center for Infants, Toddlers, and Families 734 15th Street NW, 10th floor Washington, DC 20005-2101 Tel: (202) 628-1144 or (800) 899-4301</p> <p>www.zerotothree.org</p>	<p>Gathers and disseminates information through publications, a training institute, fellowship program, and technical assistance to communities, States, and Federal Government.</p>

NAME: URL	DESCRIPTION/CONTENTS
Other	
<p>Center for the Improvement of Child Caring Kerby T. Alvy, Ph.D. 11331 Ventura Boulevard, Suite 103 Studio City, CA 91604-3147 Tel: (800) 325-2422 or (818) 980-0903 Fax: (818) 753-1054</p> <p>www.ciccparenting.org</p>	<p>Provides leadership and support in parent training, resources for parenting movement, training programs, training materials, instructor workshops, and seminars for parents. Has catalog of materials screened for effectiveness. Companion organization is National Parenting Instructors Association.</p>
<p>Strengthening America's Families Project University of Utah Tel: (801) 585-9201 Fax: (801) 581-5872</p> <p>www-medlib.med.utah.edu/healthed/training.htm</p>	<p>Funded by Office of Juvenile Justice and Delinquency Prevention. Project conducts training on eight model family-based juvenile delinquency programs (Parents and Children Training Series; Strengthening Families Program; Strengthening Multi-Ethnic Families Program; Families and Schools Together (FAST) Program; the Parent Project; Functional Family Therapy; Iowa Strengthening Families Program—Pre- and Early Teens; and Nurturing Parent Program. Also provides descriptions on model family strengthening programs (http://www-medlib.med.utah.edu/healthed/progdesc.htm).</p>

**List of Federal Resources
on Substance Abuse Prevention**

List of Federal Resources on Substance Abuse Prevention

<p>Center for Substance Abuse Prevention (CSAP) Director: Karol L. Kumpfer, Ph.D. 5600 Fishers Lane, Rockwall II Rockville, MD 20857 Tel: (301) 443-0365</p> <p>URL: http://www.samhsa.gov/csap</p>	<p>CSAP’s mission is to provide national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems. These problems are intrinsically linked to other serious national problems such as: crime, violence, rising health care costs, academic failure, HIV/AIDS, teen pregnancy, and low work productivity. CSAP connects people and resources to innovative ideas and strategies, and encourages efforts to reduce and eliminate alcohol, tobacco, and illicit drug problems both in the United States and internationally. CSAP fosters the development of comprehensive, culturally appropriate prevention policies and systems that are based on scientifically defensible principles and target both individuals and the environments in which they live. CSAP participates in the development of new knowledge about prevention, disseminates it in a “user friendly” manner, and encourages its applications in settings where it is likely to bear fruit.</p>
<p>National Clearinghouse for Drug and Alcohol Information (NCADI) Tel: (800) 729-6686</p> <p>URL: www.health.org</p>	<p>NCADI is the information arm of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration. As the world’s largest resource for current information and materials concerning substance abuse, NCADI offers the services of qualified information specialists with English and Spanish capability, distribution of free or low-cost prevention materials in many media, a repertoire of culturally diverse prevention resources tailored to the use of many different audiences, customized searches producing annotated bibliographies, access to voluminous Prevention Materials and the Treatment Resources databases, and rapid dissemination of Federal grant announcements in the area of substance abuse.</p>
<p>National Institute on Alcohol Abuse and Alcoholism (NIAAA) Director: Enoch Gordis, M.D. 6000 Executive Boulevard, Willco Building Bethesda, MD 20892-7003 Tel: (301) 443-3885 URL: http://silk.nih.gov/silk/niaaa</p>	<p>NIAAA supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. The Institute also provides leadership in the national effort to reduce the severe and often fatal consequences of such problems.</p>
<p>National Institute on Drug Abuse (NIDA) Director: Dr. Alan I. Leshner 5600 Fishers Lane, Room 10-05 Rockville, MD 20857 Tel: (301) 443-6480 URL: http://www.nida.nih.gov</p>	<p>NIDA’s mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: The first is the strategic support and conduct of research across a broad range of disciplines. The second is to ensure the rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy.</p>

List of Federal Resources on Substance Abuse Prevention

National Institute on Mental Health
Director: Dr. Steven Edward Hyman
5600 Fishers Lane, Room 17-99
Rockville, MD 20857
Tel: (301) 443-3673
URL: <http://www.nimh.nih.gov>

NIMH conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. Among the Institute's many research interests are children and adolescents who suffer from or who are at risk for serious mental disorders and learning abilities, special mental health issues involving suicidal youths and perpetrators and victims of violence, and prevention of mental illness and promotion of mental health.

**List of National Family Organizations
for Substance Abuse Prevention**

National Family Organizations for Substance Abuse Prevention

America Cares, Inc.
 Contact: Ms. Joyce Nalepka
 1805 Tilton
 Silver Spring, MD 20902
 Tel: (301) 681-7861
 Fax: (301) 681-7861

African American Parents for Drug Prevention
 Contact: Ms. Jackie Butler
 311 Martin Luther King Drive
 Cincinnati, OH 45219
 Tel: (513) 475-5359
 Fax: (513) 281-1645
 URL: <http://www.emory.edu/NFIA/CONNECTIONS/AAPDP>

Mothers Against Drunk Driving
 Contact: Mr. Robert J. King, Executive Director
 511 E. John Carpenter Freeway, No. 700
 Irving, TX 75062
 Tel: (214) 714-6233
 Fax: (214) 869-2206
 URL: <http://www.madd.org>

National Asian Pacific American Families Against Substance Abuse, Inc.
 Contact: Ford Kuramoto, D.S.W.
 300 W. Cesar Chavez Avenue, Suite B
 Los Angeles, CA 90012-2818
 Tel: (213) 625-5795
 Fax: (213) 625-5796
 URL: <http://www.emory.edu/NFIA/CONNECTIONS/NAPAFASA/>

National Association for Native American Children of Alcoholics
 Contact: Ms. Anna M. Latimer, Executive Director
 1402 Third Avenue, Suite 110
 Seattle, WA 98101
 Tel: (206) 467-7678 or (800) 322-5601
 Fax: (206) 467-7689
 URL: <http://www.emory.edu/NFIA/CONNECTIONS/NANACOA/>

National Family Organizations for Substance Abuse Prevention

National Families in Action

Contact: Ms. Sue Rusche
2296 Henderson Mill Road, Suite 300
Atlanta, GA 30345
Tel: (770) 934-6364
Fax: (770)934-7137
URL: <http://www.emory.edu/NFIA>

National Family Partnership

Contact: Ms. Judy Cushing, Executive Director
9320 S.W. Barbur Boulevard, Suite 340
Portland, OR 97219
Tel: (503) 244-5211 or (800) 282-7035
Fax: (503) 244-5506

National Hispano/Latino Community Prevention Network

Contact: Mr. Harry Montoya, Executive Director
Route 1, Box 204
Española, NM 87532
Tel: (505) 747-1889
Fax: (505) 747-1623
URL: <http://www.emory.edu/NFIA/CONNECTIONS/NHLCPN>

Parents Resource Institute for Drug Education, Inc.

Contact: Dr. Thomas Gleaton
3610 DeKalb Technology Parkway, Suite 105
Atlanta, GA 30340
Tel: (770) 458-9900
Fax: (700) 458-5030
URL: <http://www.prideusa.org>