There is increased attention on identifying and delivering interventions that are supported by scientific research. The evidence-based movement in child welfare is due in part to the demands of various funding sources in federal, state, and local governments, as well as private foundations that desire to invest in practices with a proven record of success. While the base of solid empirical research evidence is still accumulating, this issue of VCPN will discuss some of the parenting education programs that are currently considered to have proven effectiveness.

Parent education programs seek to help parents develop appropriate child management techniques and to gain knowledge and understanding of age-appropriate behavior and expected developmental milestones. These programs often contain a component to help parents learn the skills of identifying community resources that provide support to families. The Child Abuse Prevention and Treatment Act, as reauthorized by the Keeping Children and Families Safe Act of 2003, identifies parent education as a core prevention service. A significant number of Community-Based Child Abuse and Prevention (CBCAP) grants are funding parent education programs as stand-alone efforts or as part of more comprehensive strategies (Child Welfare Information Gateway, 2008).

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy and well-functioning family. According to references cited in the Child Welfare Information Gateway (Lundahl & Harris, 2006), research has shown that effective parent training and family interventions promote protective factors and lead to positive outcomes for both parents and children. Protective factors that can prevent child maltreatment include: nurturing and attachment; knowledge of child development; understanding of child management techniques; parent resilience; social connections; and concrete supports for parents.

Program components

Parenting programs often share similar content. Many parenting programs teach parents communication skills and positive parent-child interaction skills. Some programs have parents practice the skills with their children under supervision. Parenting programs often teach specific methods for responding to children’s externalizing behaviors. Some programs have units on stress management and time management. Infused into the teaching, one generally finds developmental information. Some programs group parents by the ages of their children to enhance this learning. Other features of parenting programs can include: encouraging peer support; special incentives to involve fathers; features to enhance attendance such as providing transportation, a meal and child care; incentives for attendance such as door prizes and monetary incentives for program completion.

Training Methods and Facilitator Characteristics

A variety of training methods have been shown to be effective in changing both parent behaviors and child behaviors. These include directly training parents in behavioral procedures, teaching parents in groups, and the use of written manuals with limited direct consultation (studies cited in Kaiser & Hancock, 2003). Kaiser & Hancock suggest that parent educators require certain background and personal characteristics in order to be optimally effective.

- It is important that the parent educator actually have expertise in using the techniques and methods being taught. In modeling and when discussing the procedures, parent educators should be facile in their execution of the method. They must also understand and be able to explain the rational for procedures and the theoretical background that supports their use.
- The parent educator must be able to place interventions in the framework of a child’s current developmental status and unique needs (such as knowing modifications for children with developmental problems).
- In addition to being skilled and knowledgeable, the parent educator must also be able to teach the skills to others. Teaching is a different skill than mastery of the material.
- Parent educators must value the parent as a co-participant in the training process.

continued on page 2
Can Parent Training Programs Prevent Child Abuse?

A meta-analysis of parent training programs designed to reduce or prevent physical child abuse, child neglect, or emotional abuse was performed in 2006 by Lundahl, Nimer and Parsons. Twenty-three studies were identified. The analysis showed that parent training resulted in moderate, but significant positive gains in child-rearing skills, parents’ emotional adjustment, child-rearing attitudes, and recidivism (substantiated repeated abuse). Parents completing parent education programs modified their beliefs about the efficacy of corporal punishment. They increased their understanding of children’s developmental capabilities. Parents showed improvements in parent well-being.

From the studies in the meta-analysis, there was evidence to suggest that home visitors made a positive impact on parents. Programs that provided interventions through a mixture of office and home settings were more successful than those offering parent training in only one setting. Parent training programs that relied solely upon group delivery were less effective in changing child-rearing practices compared to programs that offered some amount of individual instruction. This finding suggests that more effective parenting programs will include an individual component. The authors (Lundahl et al.) also recommend a combination of behavioral and non-behavioral approaches.

Characteristics of Effective Programs

Researchers at the Centers for Disease Control did a meta-analysis of 77 program evaluation studies published between 1990 and 2002 (Kaminski, Valle, Filene, & Boyle, 2008; U. S. Department of Health and Human Services, 2009). They only considered parenting programs with active parent participation, since decades of research had shown that active learning approaches are superior to passive approaches. The meta-analysis found three components were related to better parent outcomes. These were: teaching parents emotional communication skills; teaching parents positive parent-child interaction skills; requiring parents to practice with their child during program sessions.

Emotional communication skills target relationship-building and improve parent-child bonding. These skills can also increase children’s compliance to parental requests. Positive interaction skills can help improve children’s self-esteem, provide attention, and teach parents to demonstrate approval for children. Practice of skills is necessary due to the complicated nature of the methods being taught.

The meta-analysis also found that some programs were effective in helping parents decrease children’s aggressive and noncompliant or hyperactive behaviors. Four program components were related to successful outcomes in reducing children’s externalizing behaviors. These were: teaching the correct use of timeout; teaching parents to respond consistently to their child; teaching parents how to interact positively with their child; and requiring parents to practice skills during the program sessions.

According to the Child Welfare Information Gateway, certain program characteristics have been found to be strong predictors of program effectiveness for parent training programs:

- **Strength-based focus** that reinforces protective factors.
- **Family-centered practices** that are culturally appropriate and consistent with the beliefs and principles endorsed by the families.
- **A combination of individual and group approaches.**
- **Qualified staff.**
- **Targeted service groups** with common needs or identifying characteristics.
- **Clear program goals and continuous evaluation** including both individual and group plans made in partnership with the participants. Progress towards goals should be evaluated periodically.

Others (Kaiser & Hancock, 2003) note that participants need to be willing and ready to learn. Parent education programs will be most effective when parents are interested in participating and consider the class a priority for themselves and their children. Parents should have the time and energy for participating and be prepared to make a relatively long commitment (some programs are 16 weeks or more). Support from extended family and friends can enhance learning and change. The reality is that parents who are court-ordered likely lack these characteristics. In those cases, it is an even higher priority to use the most effective procedures to increase the likelihood that parents will benefit.

Challenges

The success of a parenting education program may rest on the facilitators’ ability to attract parents, then engage and retain them. Even an effective program will have limited impact if parents don’t attend all of the sessions (National Center for Injury Prevention and Control, 2004). The parents who need the program the most may have challenges to attendance such as variable work schedules, unreliable transportation, anxiety about being in a group, or lack of motivation.
Ways to be attractive to parents who do not usually attend programs can be crucial to program retention. Parents involved with child protective services may have multiple problems that detract from learning new information. These include high rates of domestic violence, serious mental health problems, drug or alcohol abuse, and financial stress (Barth et al., 2005). Additionally, many children experiencing abuse or neglect develop trauma symptoms and behavioral problems, further complicating parenting tasks.

Simply attending a set of classes does not guarantee that information will translate into skill acquisition. Most parenting programs will document attendance for child protective services or for courts, but few actually provide substantive information about the parent’s level of participation or observed changes in competence.

Many parenting education programs are designed to help parents manage difficult children, avoid physical discipline and teach alternatives to corporal punishment. While this effort is important, it is worth noting that the majority of parents involved in the child welfare system are substantiated for neglect rather than physical abuse (Barth et al., 2005). Parent education programs rarely address lack of supervision or physical neglect. Therefore, the degree of “fit” between neglectful parents and the goals and curriculum of many parent intervention programs may be limited. That said, it is important to note that neglectful parents can improve their interaction with their children due to gaining knowledge about child development (and correcting misperceptions about what children can handle on their own). The parenting programs may help neglectful parents to develop a better understanding of their children’s needs. Learning about protective factors may be helpful to neglectful parents and the encouragement and modeling from other parents might improve vigilance and the level of supervision.

Parents should attend a program designed to address the ages of children they are parenting. If children span several developmental stages (such as teens to preschool), no single program can be expected to help parents be effective with all of their children. However, expecting parents to attend two or more lengthy programs may not be feasible.

Adjusting programs to appeal to specific cultural groups can be time-consuming and problematic. Modifications can potentially enhance a program and render it more effective for a specific group. However, without data to show that the modifications are effective, the impact of modifications is not known. Modifications can threaten program fidelity (because there are deviations from teaching the program in a manner known to be effective). Program adaptations can render a program less effective if a critical component is deleted or if there is reduced dosage. In contrast, allowing instructors flexibility can increase the instructor’s sense of ownership toward program implementation (Self-Brown et al., 2011). As agency staff consider which programs to adopt, checking to determine whether or not a program developer has already created and evaluated materials for specific subgroups might be one important consideration, especially if the agency serves a significant segment of parents from minorities or subgroups.

Currently, there is no compelling evidence that program adaptations promote better outcomes for certain cultural groups. Even so, suggestions have been made to match participants and families by race or ethnicity and by preferred language (Self-Brown et al., 2011). Parents attending programs are a heterogeneous group. Nationally, parents of about 400,000 children are referred by child welfare to voluntary or mandated parent training programs (Barth et al., 2005). They join programs that accept parents from the general population who may simply want to enhance their skills, parents of children with behavioral or developmental problems, parents whose children are involved in the juvenile justice system, and others. The parent educator may have parents with varied educational backgrounds, ranging from those who have completed higher education to those who are illiterate.

**What is meant by ‘evidence-based’?**

An evidence-based practice has a combination of three factors:

1. The practice has the highest research evidence to support effectiveness;
2. The practice has been proven through clinical experience;
3. The practice is consistent with the client’s values (Crayton, Wilson & Walsh, 2010)

**Where does one find programs that are evidence-based?**

The VCPN website contains reviews of sources of information for evidence-based practices in teaching parenting. Each clearinghouse uses somewhat different criteria for program inclusion. Each site also provides somewhat different information about the program. Some of the sites used most frequently in this issue of VCPN are:

- California Evidence-based Clearing-
to be effective or at minimum the effectiveness will be diminished. For example, if the program was tested and proven effective using 16 weeks of parent training, reducing the program to 8 weeks or 4 weeks means that similar results are unlikely to occur. While adaptations for specialized populations (parents who can’t read; parents with English as a second language) may be necessary and can enhance the intervention for that subset of parents, adaptations should be researched and proven before placed into widespread practice.

Implementation can be compromised by failing to follow the program guide, by deleting key topics, or by trying to deliver a quicker program. The program must offer the needed dosage and the curriculum needs to be appropriate for the ages of children in the family. Leaders must be skilled in the group learning methods used to deliver the content (such as role playing, modeling, or behavioral practice). Parent educators must be skilled in building alliances with parents and engaging them in the learning process. Leader praise, enthusiasm, and group support can all be components that are essential to learning. Leaders must also be skilled in addressing barriers to program participation (Webster-Stratton & Reid, 2010). Selection and training of parent educators is obviously important, but ongoing supervision is also a component to consider.

Adapting to specialized populations might mean lengthening the program for parents whose baseline of parenting knowledge is low. Parents who have children with developmental delays or special needs may need additional or modified curricula. If there are parents whose children are in foster care, they may have no way to practice the skills at home and alternatives (such as having the children come to a special session for practices or having the parents practice the skills with each other or having the parents set predictable schedules in their own lives) will need to be found (Webster-Stratton & Reid, 2010).

Crayton et al. (2012) note that if administrators adopt practices that are not evidence-based and label them as such or if an evidence-based practice is implemented without fidelity, diluting the effects, funding sources may feel the ‘evidence-based practice’ is just another false promise. The authors also note that child welfare clients have many complex needs. Some evidence-based practices have been developed and tested on populations with fewer needs, thus the benefits may not be as evident when used with populations that have a different baseline of skills. Stakeholders should not expect a ‘magic bullet’ when adopting evidence-based practices and then using the program with parents who are overwhelmed or who have extra-ordinary needs.

If the agency is contracting for services, community partners will need to welcome the impetus towards evidence-based programs. Strategies should be developed to identify and address barriers in having community providers adopt the most effective parent training approaches. Offering resources to help community providers retool or identifying resources for retooling is one approach that agencies can consider.

Concluding Thoughts

As noted by Lundahl, et al. (2006), child abuse results from complex transactional interactions among characteristics of parents, children, culture, and the environment. Parent education programs attempt to improve parents’ abilities to raise children without violence. They teach child-rearing skills and provide information designed to change unhealthy or inaccurate child-rearing beliefs. Many programs strive to enhance parents’ sense of competence and well-being. Positive changes on such variables lower the risk that parents will maltreat children in the future. Parent education is one potentially successful approach to reducing the risk of child abuse and neglect.

References Available on the Website or by Request

800-CHILDREN

800-CHILDREN is a statewide, toll-free parent helpline that operates six days a week from 8:00 a.m. to 9:00 p.m. Trained specialists offer guidance on issues ranging from understanding stages of a child’s development, dealing with stress, strengthening parent-child bonding, linking with community agencies, and reporting child maltreatment.

In addition to the toll-free number, questions or concerns can be addressed through e-mail at 800Children@pcav.org. A response is sent within 48 hours.

800-CHILDREN is a proven resource for parents from all socioeconomic backgrounds, parenting orientations, and educational backgrounds. Calls are accepted from relatives who help care for children, concerned citizens, and professionals who work with children. A For Parents page on the website (http://pcav.org/1-800-children) offers helpful tips and parenting resources.
In 2005, the Virginia Department of Health and Prevent Child Abuse Virginia organized VSPEC as part of the Virginia Early Childhood Comprehensive Systems (VECCS) state plan through the Maternal Child Health Bureau. VSPEC consists of state and community stakeholders and service providers who work together to support a common vision, mission, and set of core values. The Coalition works to identify gaps in parent education and to strengthen services.

A three-person panel presented a workshop about VSPEC at the “Insure Their Future: Invest in Children” Child Abuse Prevention Conference in Richmond in April, 2013. The panel included Angela Borsella, Ph.D., Patricia Hein, MSW, and Carol Dolber McMurray, MSW, ACSW, all members of the VSPEC Best Practices Committee.

An overall goal of VSPEC is to increase the quality of parent education programs. They want to acquaint parent educators with evidence-based programs that have been proven effective. Efforts starting in 2007 were to identify what programs were currently offered in the Commonwealth, how accessible the programs were and to identify the costs associated with each program. The survey garnered 190 responses. “We realized that people were eager for information and training,” said McMurray. “That revelation led to offering an annual conference. The first conference was in 2007 and this year will be our fifth conference.” In an effort to publicize VSPEC to a larger audience, the group was one of the co-sponsors for the annual Child Abuse Prevention Conference in April, 2013 sponsored by the Virginia Department of Social Services and Prevent Child Abuse Virginia. Anyone interested in being placed on the VSPEC mailing list may contact Allison Perry at PCAV: aperry@pcav.org

Another effort is identifying the characteristics common to evidence-based programs. While compiling this information, members realized that parenting programs were not a single entity. “Programs differ by level of intensity and the populations they are designed to assist,” noted Hein. “We are creating a guide to help people determine what level a program represents,” added Dr. Borsella.

The draft guide describes three levels of parent education programs: Primary; Secondary; and Tertiary. Primary programs are sometimes termed ‘universal’ programs. They are geared towards the general population and enhance parent knowledge and skills on a wide range of topics. Secondary programs are offered to parents and/or children who may be at risk for child maltreatment. They focus on increasing parent knowledge and skill in areas known to be associated with maltreatment risk. Parents participating in Secondary programs may or may not have court involvement. Tertiary programs are offered to parents and children who have experienced abuse or neglect. These programs not only address risk areas, knowledge, and skills, but also foster understanding of how parents’ early experiences and belief systems influence their parenting choices. Parents are empowered to use their knowledge gained to make changes in parenting practices. Parents participating in Tertiary programs are often, but not always, court-referred.

Panelists stress that the needs of the parents must “fit” the design of the program. “We need to determine what research tells us about which program is most effective for the parent’s level of need,” says McMurray. “Then we can send parents to a program that is likely to meet their need.” The panel stressed that parenting education is not therapy. “There is a need for wrap-around services or a parent coach to help parents who need more intensive assistance transfer knowledge gained in classes into practice,” notes Dr. Borsella.

According to Johanna Schuchert, Co-chair of VSPEC, the Coalition currently has about 100 members. There is no fee for membership and there are many benefits. Members receive e-mailed information; meeting announcements; access to a toolkit that helps members choose parenting programs that fit their needs; notifications about the annual conference; and minutes of the bi-monthly steering committee. Members can assist with policy development, network with others offering similar programs, and market their program. Schuchert notes that some states offer certification for parent educators and that topic has been discussed at Coalition meetings.

Contact the VSPEC at: Prevent Child Abuse Virginia, 2211 Dickens Road, Suite 204, Richmond, VA 23230
Web site: www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/VSPEC/index.htm
Contact Johanna Schuchert: jschuchert@pcav.org
Angela Borsella: aborsella@grscan.com
Carol Dolber McMurray: c.mcmurray@cfdsva.com
Patricia Hein: patricia.hein@richmond.gov.com
The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to assist families identified by child welfare agencies as founded or at risk for child abuse and neglect. The goals of the program are:

- To increase parents’ sense of self-worth, empathy, bonding, and attachment to their children.
- To increase use of positive strategies for child management and reduce harsh and abusive practices.
- To increase parents’ knowledge of age-appropriate developmental expectations.
- To reduce rates of child maltreatment.

NPP instruction is based upon psycho-educational and cognitive-behavioral approaches to learning. The program focuses on ‘re-parenting’ the parent and helping parents learn new patterns and reactions. Over many years, the programs have become competency-based and more specific about the learning process. A Family Nurturing Plan is created prior to the start of the classes. The parents have input into their plan. There is a list of lessons with specific competencies. The facilitator talks with the parents about what they want to learn and what competencies they want to be able to demonstrate to the court. According to program developer, Stephen Bavolek, Ph.D., parents become excited about the possibilities. “It is amazing,” he said in a recent interview with VCVPN staff. “When parents have input into the program, their attitudes turn around!” he asserts.

Dr. Bavolek mentions that the program is flexible. The parents can be taught and re-taught until they show a comfort level with the material and can demonstrate the competency. Parents can show their learning either during class or during home visits. The NPP has worked with the Casey Family Foundation to pilot this individualized approach. Between each of the 16 classes, a coach goes to the family’s home to help them practice the skills taught. The coaching continues until the parents master the skills and demonstrate the competencies. “What traditionally happens is that parenting programs offer one lesson each session. However, it may take more than one session to teach a particular parent the competency. The NPP is ‘parent-centered’ and allows parents to proceed at their own pace,” explains Dr. Bavolek. “This concept is so different than counting attendance. In our program, the parent demonstrates competency regardless of how long it takes,” he adds.

The Casey Foundation did a cost analysis of the NPP approach (Maher & Corwin, 2010; see also Maher, Corwin, Hodnett, & Faulk, 2012). NPP was delivered to all caregivers in Louisiana with prior maltreatment reports where parenting education was an appropriate intervention. The sample of 204 families was taken from five of the 11 resource centers delivering the program. The authors found that the program is cost neutral. The $1,165 cost per caregiver (in 2010 dollars) was offset by savings in reductions in repeat maltreatment. NPP saves money because parents do not return into the system and are able to maintain gains over time. Additional benefits not computed in the cost equation were benefits of enhanced child functioning and improved parent well-being. These outcomes likely mean less use of public systems and increased productivity in terms of employment, earnings, and family stability.

Dr. Bavolek comments, “In so many other parenting programs the information is put out there but there is no way to know if the parent learned the skill and to know if the parent is practicing that skill. NPP assures that the parent have mastered the skill prior to moving forward.” Dr. Bavolek relates, “The education in the program is sequenced, but the key is to observe and hear how the parent is integrating the lessons.”

Dr. Bavolek notes that parents may want to learn but have challenges. Some are illiterate, others have learning disabilities and some have concentration problems or ADHD. They don’t process information well. The home visits and tutoring process afford an opportunity for learning that the typical parenting program does not offer. Seven home coaching visits are the minimum, with several assessments, including the intervention plan, a re-assessment part way through the program and a review at the end of the program.

The NPP are also comprehensive. “Parent education cannot exist without addressing domestic violence, mental health issues, and addiction. We have to address these issues in order to create a nurturing parent,” asserts Dr. Bavolek. “My goal is that parents do not fail in parenting tasks. We need to do whatever it takes to get the parent into a stable environment and help the parent create a positive environment for child growth,” he adds.

Dr. Bavolek notes that prevention efforts are different. These parents are voluntary and desire to improve their skills. Some of the Virginia agencies using NPP are examples of how the program can be used as a prevention intervention, rather than a comprehensive training program.

Cheryl Keiper, Social Work Supervisor for Fairfax County, talked recently to VCVPN staff. She explained that Fairfax County started using the Nurturing Parenting Programs in the 1990’s. Someone who had been using the NPP in Ohio joined the Fairfax County agency and introduced the program. Keiper explains that the use of NPP began on a small scale. “It is a labor-intensive model,” she explained, “but we found it to be workable. In 1996, the agency obtained a grant to expand the use of NPP. The success of the program resulted in obtaining County support as well.

Since 1996, the program has grown. This year there will be 42 parenting groups offered. Last year the groups served 433 families. The NPP is offered in area high schools to pregnant and parenting teens. Last year, 90 were served and this year 94 parents are already enrolled. “We have trained substance abuse counselors in the Nurturing Parenting curriculum and we are also partnering with domestic violence prevention staff,” explained Keiper. The Fairfax County Department of Family Services Parenting Education Program has three Spanish-speaking staff and groups are offered in Spanish to the large Hispanic population in Fairfax County. There are also classes tailored to African-American parents, although the class is open to parents of any race. Keiper notes, “African-American parents who have experienced both the generic class and the culture-specific class tell us that they feel more connected in the culture-specific class. We purchased the African American supplement for NPP in 2004 and offered classes for families with children ages 5 to 11. The following year we added a class for parents of children from birth to four with an African-American focus. About 10 to 12% of our population in Fairfax County is African-American so we wanted to offer something...
with a cultural focus. Nationally, African-American children are over-represented within the child welfare system and this parenting program considers parenting from a cultural view.”

Referrals to the parenting programs come from a variety of sources. About 20% of the referrals are from social services. There is no charge for the classes. “We accept 12 families for each class,” said Keiper, “and we often have a waiting list.” The classes are held weekly and, depending upon the age of the child, differ in the number of weeks. The class for children from birth to age four is 24 weeks (almost six months). The class for children from ages 5 to 11 is 13 weeks and the class for parents of adolescents is 12 weeks in length. Both parents and children attend the classes which are held from 5:30 to 8:00 in the evening with dinner provided. According to Keiper, the parenting classes also function as a support group. The percentage of parents who drop out of the classes varies between 17 and 23%. The reasons for drop-out include employment demands, lack of transportation, marital problems, moving out of the area, and problems with substance abuse or mental health. The location of the program varies. Fairfax County is large and by having groups in differing locations, the transportation burden on parents can be eased. The program works with the faith community and often uses churches with kitchens and large meeting rooms for the sites of the group. With parents, staff, and children, there can be as many as 60 people in the group to feed. Providing food for that number can be challenging. Girls Scout Troops, other community groups, former class participants and representatives of the faith community have assisted. Additionally, many volunteers assist with the program as facilitators or child care staff.

The Fairfax County program is entirely group-based and does not include home visits. They do stress practice, and allow time during the class for parents and children to practice the lesson together. Keiper comments, “The Centers for Disease Control published information about research which demonstrated that when parents and children practiced the skills taught and were coached in the class setting, the parents were better able to implement the skills in their homes. Therefore, five of the thirteen classes for children ages 5-11 are centered on parent-child skill practice,” says Keiper. One of the most important class lessons is taught the second week where each family works individually with a staff member to create family rules. Keiper relates, “When they graduate and talk about what was most useful to them, many parents mention setting family rules as their most important class lesson.” Keiper also talks about the pre- and post-measures that NPP provides. “We strive for improvements in parenting attitudes in the five key constructs of the program that can be documented by the testing. We achieve improvement in 85% of families,” she says.

Rasheedah Farid

VCPN staff also talked with Rasheedah Farid who is a lead facilitator for Nurturing Parenting Skills groups. Farid has had extensive experience with parent education since 2003. For the last two years, she has worked with the Nurturing Parenting Skills program. “Facilitators can choose which classes they want to present,” she notes, “I love that aspect of the program! You can offer parents what they need, not simply a pre-determined approach.” Farid serves a mixed group of parents who range from those wanting skill enhancement to parents who need to satisfy a court-order after being adjudicated for child abuse. She feels that mixed groups work well.

Farid discusses her philosophy, “The class is a reciprocal relationship. We all learn from each other. The class has to be a safe place. It must be warm and inviting. It is a strength-based approach.” Farid continues, “The first class has to be captivating. Facilitators let parents know how much they are appreciated.” Farid relates that after her first parent education experience, change was inevitable. “I tell parents that I had to make changes, I can tell you how I changed. I know this works. I made the changes and it was for the best for me and my child,” she says.

The groups that Farid facilitates are 15 weeks in length and for parents of children ages 0 to 5. A parent education coordinator does the initial interview and the pre-and post-tests. There are facilitators for the children. They have a group meal and a closing circle that is brief and ends the session but do not do parent-child activities. Participants are given home practice assignments. There are home visiting services available through referral agencies but those are not part of the classes. The program provides attendance documentation but no other information is given to courts or agency referral staff.

Farid concludes, “I have a passion for parent education. I believe in what I am doing. I don’t consider the odds of improvement. Instead, I look at the possibilities of each individual family. I take this program with me everywhere. It is me and I am it. I’ll talk about parenting even on weekends and at holiday celebrations! I’m on a mission, one family at a time.”

Cheryl Matteo-Kerney, M. Ed. is Director of the Prevention Services Division of the Middle Peninsula Northern Neck Community Services Board (MPNNCSB) and has worked with NPP for 23 years. As an NPP National Trainer and consultant, Matteo-Kerney has conducted NPP Facilitator Training throughout the Commonwealth of Virginia. Matteo-Kerney is enthusiastic about NPP. “NPP is extremely positive and affirmative, with a strong philosophy of promoting and alternatives to corporal punishment. NPP develops empathy and awareness, while remaining very respectful to parents;” she explains.

For the last 15 years, the MPNNCSB, through grant funding from the Virginia Department of Behavioral Health and Developmental Services, has offered NPP to hundreds of parents. They offer all the required NPP components. They do not integrate the optional in-home contacts with the group, but they do offer the NPP individually to parents in their home on an as-needed basis. They have also been piloting an “open” NPP class which allows for continual enrollment. This option offers flexibility for parents to start classes. The option is particularly beneficial for parents who are court referred by decreasing long waiting times. “We are continuing to evaluate this option. The preliminary data indicates that it is equally effective when compared to the traditional format,” she explained.

continued on page 8
The Incredible Years(IY)® is a set of interlocking evidence-based group training programs for parents, teachers, and children. There are separate IY parenting programs that target key developmental stages: Baby and Toddler; Preschool; and School Age. There are also several adjunct IY programs that can supplement the basic curricula. An Advanced Program for parents of children ages 4 to 12 addresses parent anger and depression management, problem-solving, and family meetings. A School Readiness Program focuses on reading readiness and language development for children ages 3 to 6. An Attentive Parenting Program for parents of children ages 2 to 6 helps strengthen parent-child bonding and child regulation strategies.

The IY program was established in the mid-1980’s to assist parents of children with behavioral disorders and conduct problems and to help teachers institute classroom policies as a preventative to dealing with difficult behaviors. The program has been evaluated in over a dozen randomized control group trials and these studies are available on the program’s website. A teacher program and a child training program (“Dinosaur School”) and a Small Group Child Program are also offered.

According to Peter Loft, social worker and Certified Trainer for Incredible Years, IY programs have also been used successfully with court-referred parents who have maltreated their children. “We focus on the parent-child bond. Our program results in reductions in stress on the Parenting Stress Index. If the parent is less stressed, they can do a better job of caring for children. The Incredible Years helps parents increase warmth and improve the consistency of responding to children.” Loft mentions that studies with high-risk populations have shown significant improvements, including: increases in parental praise; improved quality of parent interactions; decreases in the frequency of harsh discipline; reductions in stress level; reductions in anger; and lower levels of depression.

One publication (Webster-Stratton & Reid, 2010) addresses adapting the Incredible Years for families involved in the child welfare system. The article offers specific suggestions about how to teach parents whose children have been removed from their homes. The publication mentions a study of Head Start participants where 20%
of the parents had had past involvement with child protective services (Webster-Stratton, 1998; Webster-Stratton, Reid & Hammond, 2001). Both the parents with and those without prior CPS involvement appeared to benefit from attending the Incredible Years program. Since families attending were voluntary, the authors note that it is unknown whether or not court-ordered families might show similar benefits.

A second randomized study mentioned in Webster-Stratton & Reid (2010) was conducted by Linares et al. (2006) and used participants who were foster parents paired with mandated biological parents who had children in foster care due to abuse or neglect. Those who attended more than six sessions showed improvements in positive parenting.

The Incredible Years program requires 12 to 28 weeks depending upon which programs are being used, and Loft recommends additional sessions for parents who have maltreated children. The first six sessions concentrate on improving the parent-child bond. “We don’t mention discipline until parents have some familiarity and competence in relating to their child,” explains Loft. The additional sessions in the advanced program teach parents about giving and getting support. Since participants are often single mothers and are isolated, they benefit from learning self-care skills and how to connect with the community. There is instruction based on cognitive-behavioral therapy to help parents learn to think about problems, to challenge their negative self-talk, and to improve problem-solving abilities. Parents are also taught how to teach their children to problem-solve. The additional sessions address various life skills.

Loft notes, “The ideal intervention with parents who have maltreated children is the 16-18-week program plus the 6 advanced sessions and 4 to 6 home visits.” During the home visits, facilitators can coach the parent in practicing the skills taught in the classes. “It is sometimes difficult for the parents to transfer the skills into their homes,” notes Loft. Loft says the more intensive program can be very effective, but often agencies do not want to fund the more intensive intervention.

Cheryl Keiper, Social Work Supervisor at Fairfax County Department of Family Services also offers the Incredible Years program. Fairfax County just started to offer this program. They have offered Nurturing Parenting Programs since the 1990’s and these are their main offerings. However, for some families, a different program was needed. Keiper explains, “We were seeing parents with mental illness. Their children appeared depressed and engaged in severe temper tantrums. The Incredible Years program addresses children’s behavioral problems. The parents of these children need a more intensive curriculum.”

Fairfax County staff was trained to offer The Incredible Years and has offered one program. “It is very intensive and is taught differently than other parenting programs,” says Keiper. “We had to provide more child care than in other programs because many parents have more than one child. Keiper says the IY Program takes into account the children’s special needs. Their pilot of the program went well and they plan to offer an IY parenting class in Spanish next year.

The Incredible Years program and materials can be purchased without training. However, training is highly recommended. According to Loft, the training emphasizes how to develop collaborative relationships with parents. The training requires three full days, either in Seattle or hosted by the agency. It is followed by telephone and live consultations that can lead to accreditation or certification, indicating fidelity to the program model. Since purchase and implementation of The Incredible Years can be expensive, Loft recommends that those interested in the program visit the website. It contains articles on how to determine whether an agency is ready to offer the program and there is also an implementation guide.

RATINGS

The California Clearinghouse on EBP in Child Welfare rating for the Incredible Years program is “I” which is “Well-Supported” and “Effective Practice.”

The Incredible Years is listed as a Model Program in SAMHSA’s NREPP.

The OJJDP Model Program Guide lists the Incredible Years as “Exemplary.”

Blueprints for Healthy Youth Development ranks the Incredible Years as “Promising.”

The What Works Clearinghouse (U.S. Department of Education) identified 166 studies of The Incredible Years published or released between 1989 and 2011. However, none of the studies fell within the scope of the Early Childhood Education Intervention for Children with Disabilities review protocol, so WWC did not assign an effectiveness rating.

The Incredible Years is used throughout the United States and in 40 countries. Readers can learn more by visiting their website at: http://www.incredibleyears.com There is also a YouTube site: www.youtube.com/user/TheIncredibleYears and a Face book page: http://www.facebook.com/TheIncredibleYears

Questions can be addressed to: Lisa St. George, Administrative Director, (206) 285-7565 or (888) 506-3562, E-mail: lisageorge@comcast.net or to Peter Loft: peterloft399@gmail.com Reagan Eshelman can be contacted at: rbshellem@sentara.com Cheryl Keiper can be reached at: Cheryl.keiper@fairfaxcounty.gov

Reagan Eshelman, Coordinator of Rockingham Memorial Hospital’s Family Connection, in Harrisonburg, Virginia, was trained in 2000 and has been offering The Incredible Years classes since 2001. She and her staff offer The IY program three times a year to those in Rockingham, Page and Augusta counties and are on their 37th offering. The program is available to parents free of charge. The approximate $40,000 in costs are covered by grants from the United Way, the Virginia Department of Social Services, and a federal grant. The parents and children receive a meal prior to each session. They offer child care but do not offer the children’s Dinosaur Program.

Eshelman explains the evolution of the program. “A community needs assessment was done and the need for parenting education ‘rose to the top’ of the list of needs,” she explained. Eshelman relates that the classes are a mix of referrals from school, self-referrals, and from social services or the courts. They limit the class size to 20 and are generally full. Drop out is not a problem. According to Eshelman, if a parent comes to the first three sessions, that parent will generally complete the program. “The buddy system works well to help the parents engage,” she says. Loft explains that the program has the facilitators assign parents a “buddy” who is another parent in the program. They have some contact outside of group and support each other. Most programs offer “cool” prizes such as gift certificates for groceries if the buddies meet or have contact outside of the class. A few weeks later, “buddies” (who are always of the same sex) are switched.
Dare to be You is a universal prevention program designed for parents of children ages 2 to 5 to improve aspects of parenting that contribute to children’s resiliency.

DTBY combines three supporting aspects—educational activities for children, strategies for parents or teachers, and environmental structures. The original curriculum, developed in 1979, was geared towards multiagency community organizations who provided services to youth. The parent component of the current DTBY program evolved from the community trainings, starting in 1989.

Program developer Jan Miller-Heyl spoke recently to VCPN staff. “The program works first with self-efficacy. Parents must first believe that they are capable. The next set of sessions examines consequences brought about by parental actions. Parents need to believe that their actions will make a difference,” she explained. Decision-making and stress management are covered. Then child management techniques are taught. “The strategies help children learn self-management and how to make their own decisions,” adds Miller-Heyl. The curriculum proceeds into communication and problem-solving.

While parents meet, children are also in a group and cover the same topics, at a developmentally-appropriate level. Each session ends with a parent-child activity that allows the parents and children to practice the skills that were learned.

Miller-Heyl stresses that the curriculum is very interactive. “It is not didactic,” she explains. “Parents are not listening to a lecture. They are not being judged. Instead the program explains. “Parents are not listening to a lecture. Every interactive. “It is not didactic,” she explains. “Parents are not listening to a lecture. Every interaction is shared in a way that parents can process it.”

Dare To Be You was designed to work with a range of risk factors, but it does not target maltreating parents. Miller-Heyl suggests avoiding a group where all parents have similar risk factors. She prefers including a few court-referred parents into a group containing higher-functioning parents. “Parents who are higher-functioning can assist others. The group social norm is different if all the parents are struggling, and having a mixture of parents de-stigmatizes the program,” she notes.

Sessions are two hours and occur over a 10-week period. Ten to twelve families per group are recommended. There are curriculum adaptations for special populations. The curriculum for Native American tribes uses their cultural base of stories. The curriculum has also been used with Hispanic, Asian, and African-American families. Program Specialists who use the curriculum need to be trained. The training is 20-24 hours on site and the minimum number for training is five. After training, technical support is provided.

Miller-Heyl stresses that Dare to be You is effective. “It works!” she proclaims. “Parents enjoy it.” There is also a curriculum K-12 for schools or after-school programs or for youth groups. A special curriculum for teens trains them to be peer educators. Miller-Heyl is currently working on a Child Success Program to ensure that children reach Kindergarten ready to learn. A program termed “Bridges” has a teacher component. The 12-week program allows parents and teachers to work together with work in both the home and the classroom. A 14-week Teen Program has been piloted and implemented well, but funding ended for this program.

Kelly Hill Bulin is the Prevention Services Supervisor for the Eastern Shore Community Services Board in Virginia. She has been using the Dare to be You program for over 13 years. Her agency funds the program through a federal substance abuse prevention block grant for substance abuse prevention through the Virginia Department of Behavioral Health and Developmental Services. Bulin’s program is funded to provide at least three replications of the DTBY program and serve at least 50 parents and their children a year.

Bulin is very enthusiastic about Dare to be You. “It has been a wonderful program. We love it!” Bulin explains that the Eastern Shore is a peninsula which is 70 miles long. They rotate the location of the program each session. Because the DTBY program is an evidence-based prevention program and is funded as such, Bulin states that it is not suited for parents diagnosed with a mental health or substance abuse disorder. Most participants come from ‘word-of-mouth’ or direct solicitation. “Because we are rural, we recruit. We go to Wal-Mart and to McDonald’s and set up a booth. We put up a booth at school and community events. Our youth-serving partners disseminate flyers. Churches help by encouraging members with young children to attend,” explains Bulin.

Bulin said the efforts are successful. Furthermore, their retention rate is extremely high- 90 to 95% complete the program. During each session, a family meal is provided and grandparents and extended family members are welcome to attend. Most programs are held in the summer, since parents and children are more available then. Transportation is provided if needed.

The Eastern Shore Community Services Board’s prevention staff is trained in the Bridges curriculum and plan to offer that program soon. They offered the Teen program for three years through a grant. “The parents were very motivated and involved,” said Bulin. “Since the funding ended, we haven’t been able to offer that curriculum because of the high staffing level required. We hope to find a way to continue to offer that program in the future.”

Bulin concludes, “I’ve used a number of parenting programs over the years. Dare to Be You is the most meaningful for parents.”

Dare to be You is rated as a “proven” program by the Promising Practices Network.

The Office of Juvenile Justice rates Dare to be You as “Promising.”

The FRIENDS National Resource Center for Community-Based Child Abuse Prevention rates Dare to be You as “Promising.”

SAMHSA’s National Registry of Evidence-based Programs and Practices rates Dare to be You as 2.8 out of 4.0.

Contact Jan Miller-Heyl at: jan.miller-heyl@colostate.edu
Contact Kelly Hill Bulin at: (757) 442-5388 or kbulin@verizon.net
Triple P evolved over the past 35 years from the work of Matthew R. Sanders and colleagues at the University of Queensland, in Brisbane, Australia. The population-based program is now offered in 26 countries and 37 states in the United States. The Triple P system meets the standards-of-evidence criteria for dissemination promulgated by the Society for Prevention Research (2004). These standards include: substantial evidence of efficacy; professionally-developed resource materials; standardized training and accreditation for service providers; cost-effectiveness information; evaluation tools for providers; and identification of the conditions needed to promote program sustainability and quality assurance.

The substantial evidence base supporting Triple P to date includes 43 controlled trials addressing efficacy, effectiveness, and dissemination, as well as 22 service-based field evaluations. Triple P as a population strategy has been shown to strengthen parenting, to reduce the prevalence of conduct problems in preschool-aged children from high-risk neighborhoods, and to reduce coercive parenting practices. The media and communication strategy, an important part of a public health approach to supporting and strengthening families, helps normalize and acknowledge parenting difficulties, de-stigmatize obtaining help, reduce the sense of parent isolation, imparts parenting knowledge, and changes the community context for parenting.

Triple P. She has a background in offering clinical services through the juvenile justice system, health and mental health settings, and other agencies. She left clinical practice to become a prevention researcher, and currently is a Research Associate Professor at the Institute for Families in Society at the University of South Carolina. After decades of clinical work, she is excited to be working in the prevention arena. She explains Triple P’s versatile programs. “Triple P is a multi-layered system of interventions. A positive feature is its flexibility.”

The target population is broad—parents and caregivers of children birth through age 18. It contains five “layers” of interventions:

- **Universal Triple P (or Stay Positive)** is a population-wide media strategy designed to raise awareness of parenting issues and de-stigmatize the concept of parenting interventions.
- **Brief Interventions**—Several Triple P programs are designed to deliver parenting information during a single contact, with either larger groups of parents or individual families. Two seminar series are available. One seminar promotes child development for younger children and one is aimed at parents of teenagers. Each contains four different programs aimed at different groups and provides three 1.5- to 2-hour seminars. There is also brief consultation for specific child behavioral problems or one brief individual consultation for parents of teens. These programs function best as anticipatory guidance.
- **Primary Triple P (Level 3)** is for families without significant family dysfunction. The four sessions over 1 to 2 months offer one-to-one consultation and active skills training. This is appropriate for parents with specific developmental or behavioral concerns who do not require intensive treatments or who have already completed an intensive intervention. Several variations exist including a program targeting younger children; a program for parents of teens; and one designed specifically for parents of children with disabilities. This type of program is also available as a single session, 2-hour discussion group for parents who may need occasional support.
- **Intensive Intervention (Level 4)** is for parents who are struggling with parenting challenges. Parents learn a variety of management skills and how to apply them. The Level 4 Triple P is a 10-session intervention of about 60 minutes per session, but an 8-week group version is also available. The group intervention consists of five 2-hour sessions that are supplemented by three telephone consultation sessions of about 20 minutes in length. Curricula is available for parents of younger children; parents of teens; parents of children with disabilities; parents whose children have moderate to severe behavioral problems; and parents of children with disabilities when the children also have moderate to severe behavioral problems.

- **Level 5** is for families with additional risk factors. As an adjunct to level 4 interventions, the Enhanced Triple P contains modules on partner communication, mood management, and stress coping skills for parents, as well as additional practice sessions. In addition, special curricula are available for parents of overweight or obese children (Lifestyle Triple P); for parents going through separation and divorce (Family Transitions Triple P); for parents with adjustment difficulties (such as depression or partner conflict) where children have concurrent behavioral difficulties; and for parents with anger management issues that put them at risk for child abuse and neglect (Pathways Triple P).

Dr. Shapiro discusses how Triple P is different than some other offerings. “It starts with the decision to implement the program,” she begins. “We help agencies or systems consider who they want to reach; how many parents they wish to impact; what sorts of issues and problems they want to address. We ask them to consider how workers generally interact with families. Do they have frequent contact or see the family only one time? Sponsors also need to consider how workers will be supported and encouraged.”

*continued on page 19*
FAMILIES AND SCHOOLS TOGETHER

Families and Schools Together is a multi-family group intervention designed to build relationships between families, schools, and communities to increase well-being among children and youth. The program’s objectives are to enhance family functioning, prevent school failure, prevent substance misuse by children and other family members, and reduce daily living stress. FAST includes three components: outreach to parents; eight weekly multifamily group sessions; and ongoing monthly reunions for up to 24 months to support parents as the primary prevention agents for their children. Collaborative teams of parents, substance abuse and mental health professionals and school staff facilitate the groups which meet at the school at the end of the school day, for 2.5 hours, typically from 5:30 to 8:00 or from 6:00 to 8:30. With each cycle of FAST implementation, 30 to 50 students in one grade level and their families can participate.

Bryan McIntosh, FAST Training and Education Coordinator, talked to VCPN staff about the program. “We are celebrating our 25th anniversary!” he exclaimed. “June of 1988 was when the program began in Madison, Wisconsin. Lynn McDonald, Ph.D., the program developer, wrote the first FAST grant. As a former faculty member in social work, she used the University of Wisconsin, Madison as a base for effectiveness research and further program development. In the 1990’s Dr. McDonald received grants to expand the program throughout Wisconsin. That effort was very successful and the program began to be disseminated nationally. It has now been implemented throughout the United States and in 16 additional countries.” FAST teams have implemented groups in about 2,000 schools in 48 states and have reached more than 450,000 individuals.

McIntosh explains the program philosophy. “One of the keys is that FAST is not curriculum-based. We are not trying to teach parents. Teaching ruins the dynamic. In FAST the parent is the authority and we work with parents as mutual partners,” he explains. “We use interactive games and strategies to help families build relationships within their own family and with school and community partners,” he added. FAST’s flexibility also allows different communities to address different needs.

The typical partners on a FAST team are a substance abuse specialist, a mental health provider, a school staff, and a local parent. “The key is to blend the parents with the professionals. Our parent partner is a role model to aid other parents,” said McIntosh. He explains that the team members facilitate, but the parents lead. In the first few weeks, the facilitators do most of the leading, but parents gradually take control. “We aren’t in the home, so the parent is always the family leader,” he adds.

At the start of each session, the families gather at a family table for an hour of activities, including a meal, singing, and communications games. The parents lead that hour with support from the team. Then the parents and the children meet separately for an hour. The parents are able to discuss their daily struggles. After separate time, parent and child spend 15 minutes together in a one-on-one play activity. The parent is to encourage the child but follow their lead. FAST provides themed play boxes for the activity. The parent remains 100% focused on the child. Trained team members circulate (the space is generally a cafeteria with each parent and child working at a separate table). The team members offer encouragement and coaching. For older children the one-to-one time is centered on talking. The children are given “fiddle toys” such as stress balls. The conversation is to be whatever the youth wants to talk about. After the activity time, there is a closing routine where everyone assembles into a group.

McIntosh comments that the program originated with families targeted because of teacher concern but since 2001 switched to a universal model to avoid stigma. “A family cannot be mandated by a court to attend,” he noted. All families of kindergarten age or in first grade are invited and there is special outreach for parents who may distrust schools.

Operating costs for FAST programs are typically covered by grants, according to McIntosh, and parents do not pay in order to attend. Incentives such as lottery baskets worth $40 to $50 and weekly meals are required features. The play boxes that are part of the program typically cost under $5 a box. Costs can range, as some teams are volunteer or staff is paid by their agency. Other FAST programs pay staff separately for participation.

FAST’s integrity is monitored by a checklist, and also by site visits by a certified FAST trainer for each new group cycle. In addition, FAST requires pre- and post-questionnaires be completed by the parents and teachers. These questionnaires are sent to a central office for processing of a final report that is reviewed with the local team to identify the impact of their local program and to recommend improvements.

The published evaluation research on FAST has received high ratings from NREPP (SAMHSA’s National Registry of Evidence-based Programs and Practices). Four RCT (randomized controlled trials) have demonstrated that children participating showed a decrease in externalizing behaviors as reported by parents and teachers and that gains were sustained at a one-year follow up. Improvements were also found in child participants over control children on anxiety, depression, attention problems, aggressive behaviors, and other problem behaviors. Some studies documented improvements in social skills and academic performance.

According to the program developer, several Virginia communities (Virginia Beach; Lynchburg) are using the FAST program. FAST offers four models of their program.

The FAST program for pre-Kindergarten through 5th grade was the original one and is the program that has been tested in the RCT research. The other three are theory-based adaptations. They are: Baby FAST (from not yet born to age 2); Preteen FAST (for Middle School) and Teen FAST (for freshman and sophomores).

FAST was cited as a model program by SAMHSA in 2003 and by NREPP in 2008.

In 2010, the United Nations recognized FAST as one of 24 programs in the world to be listed in their United Nations Office of Drug and Crimes website. FAST was considered the 11th highest of 150 programs reviewed.

In 2007, the Office of Juvenile Justice rated FAST as “Effective.” FRIENDS rates FAST as “Well-Supported.”

More information is available from: www.familiesandschools.org.

Bryan McIntosh-
E-mail: bm McIntosh@familiesandschools.org
Lynn McDonald, Ph.D.
E-mail: lynn.mcdonald@gmail.com

Bryan McIntosh, Ph.D.
Thomas W. Phelan, Ph.D. is a clinical psychologist who started his career in Chicago in the 1970’s. He received many referrals from pediatricians to help families with behavior problems. He began to notice several things: a) Parents need direct suggestions; b) It is important to ‘keep it simple’; c) Talking has dysfunctional aspects. In considering how to best help parents, Dr. Phelan noted that designing a program is easy but getting parents to attend it is hard. He decided that it is important to convey one’s message in as short a time period as possible. Dr. Phelan mentions other issues. Getting fathers involved is important. Parents need child care in order to attend. The program must be entertaining and filled with useful information and humor. Dr. Phelan stresses using only down-to-earth language. “It is important to make parents feel good about being at the program. I want them to feel that we are all in this together,” explained Dr. Phelan.

1-2-3 Magic stresses that parents should not talk, persuade, argue, yell, or hit. “The escalating continuum would not happen if parents realized that talking is useless,” says Dr. Phelan. The program teaches how to count, warn, give five seconds, and then administer a consequence. “The key is keeping quiet,” adds Dr. Phelan.

Sarah Jane Schonour, M.A., is a behavioral intervention teacher with Fairfax County Schools in Virginia. She became enthusiastic about 1-2-3 Magic when she was teaching in a center for students with emotional disabilities. Her success with the program led her to contact Dr. Phelan and the two later co-authored a book. Schonour now teaches parents, teachers, and other professionals how to use the program. “I also use the program with my son, Luke,” says Schonour. “I can’t imagine parenting without 1-2-3 Magic!” Schonour explains that the program techniques eliminate the power struggle from the parent-child relationship. “The techniques keep me calm, and I know exactly what to do,” explains Schonour.

Schonour describes the 1-2-3 Magic program. “This is a 3-step program. Step One is ‘counting for misbehavior.’ The counting leads to ‘time out.’ The ‘time out’ is different than the usual procedure. It is ‘short and sweet.’ There is no discussion. The child enters ‘time out’ and then goes right back out.” Schonour describes Step Two. “Step Two are seven tactics for encouraging children to engage in positive behaviors,” she explains. Step Three is strengthening relationships. “Relationships drive everything,” declares Schonour.

Schonour prefers two two-hour sessions. However, the program can be offered to parents and others in various formats. She mentioned a Book Club where parents read the book and the group engaged in three nights of discussion. Schonour feels that 1-2-3 Magic is ideal for parents with children who receive Special Education services. “The program is simple and repetitive, which tends to work well with children who have special needs,” she said.

Tracy Lewis of Jarratt, Virginia, also teaches 1-2-3 Magic. When she began her job as the Family Resource Coordinator for Colonial Heights Public Schools, she researched parenting programs. She explains, “This program is easy for parents to learn. It takes the negative emotions out of the interactions. The response from parents is fantastic!”

Lewis has taught 1-2-3 Magic seminars to groups of parents that are small (about five) to large (about 250). She teaches the program in two nights for 2.5 hours each evening or in a single 4-hour session. There is PowerPoint presentation, handouts, and small group activities.

The volume 1-2-3 Magic has sold 1.4 million copies and has been translated into 22 languages. In addition to the book, DVDs and audio presentations are available. A Tool Kit has charts, stickers, and parenting tips. There is a book written for children (1-2-3 Magic for Kids). Parents receive a booklet and a workbook. There is even an ‘App’ available and the program has a Face book page. Training to use the program can be in person or online and after training, consultation is available at no charge.

Research located by VCPN staff showed positive results but had small samples. Bailey, Van Der Zwan, Phelan, & Brooks (2012) had 9 subjects with four assigned to a control group and five receiving the program. There were improvements in the treatment group in child behaviors and parent attitudes and confidence. Yvonne Benson and Mike Simmons (2011) evaluated two one-day sessions of 1-2-3 Magic in 2010. Pre- and Post- testing showed learning gains and changes in child behaviors using data from four families.

A more comprehensive study recruited parents who were experiencing problems managing the behaviors of their 3- or 4-year old child (Bradley et al., 2003). Of those recruited, 89 completed a four-session program using 1-2-3 Magic and 109 caregivers were assigned to a control condition. The subjects were largely middle-class and well-educated. Parents who received the program reported significantly greater improvement in parenting practices and a significantly greater reduction in child problem behavior. The gains in positive parenting were maintained at a 1-year follow up on 25 of the original group. The authors state that the brief 1-2-3- Magic intervention may be a useful first intervention for parents of young children with behavioral problems.

The Authoritative Guide to Self-Help Resources in Mental Health (Norcross, Santrock, Campbell, Smith, Sommer, & Zuckerman (2003) reports on a series of national studies over 10 years to determine the most useful and most frequently recommended self-help resources. Over 8 studies, 3,500 psychologists responded with their ratings of self-help resources. Based on how often and how highly resources were rated, a designation was given ranging from a ‘dagger’ (negative) to 5 stars (most positive). 1-2-3 Magic was rated as “5 stars.”

The FRIENDS National Resource Center for Community-Based Child Abuse Prevention rates 1-2-3 Magic as an “Emerging/Evidence-Informed” Program.

The California Evidence-Based Clearinghouse rates the program as “2” (“Supported by Research”). More information is available from: 1-2-3 Magic, Parent Magic, Inc., 800 Roosevelt Road, B-309, Glen Ellyn, Il 60137, (800) 442-4453 or (630) 208-0031, FAX: (630) 635-8301 or (630) 208-7366, E-mail: ordercenter@parentmagic.com Website: www.123magic.com/ Thomas W. Phelan, Ph.D.: pmi@pmi.cnchost.com Sarah Jane Schonour, M.A.: sarahjane.schonour@gmail.com Tracy Lewis: tracy@tracy-lewis.com
CLFC is a family-based program with a primary goal of reducing substance abuse and violence in teens. Since its beginnings in the 1980’s the program has expanded. CLFC now offers programs designed for youth, parents, fathers, marriage strengthening and family strengthening. Versions of the program have been adapted to special populations such as prisoner re-entry and substance-recovering adults.

The basic program consists of six modules, three each for parents and youth. Parent modules are: “Developing Positive Parental Influences;” “Raising Resilient Youth;” and “Getting Real.” The youth modules are: “Developing a Positive Response;” “Developing Independence and Responsibility;” and “Getting Real.” Each parent module includes five to six lessons each lasting 1.5 to 2.5 hours, depending on breaks and whether or not a meal is offered. Each youth module includes five to six sessions, with each lasting 1 to 2.5 hours, again depending upon breaks, snacks, activities, or a meal being part of the session. For maximum effectiveness, parents and youth are involved simultaneously in separate tracks lasting from 15 to 18 sessions.

Ted Strader, the program developer, explains the evolution. In high school in the 1970’s, Strader experienced the merging of schools and busing to achieve integration goals. He was one of five Caucasians at the high school where he did student teaching. There he learned skills to interact effectively with diverse and changing populations. He became a teacher. Based on an overdose situation at his school, Strader later decided that he wanted to leave the classroom to engage in prevention work. “At the time, the research indicated that prevention programs were achieving negative to neutral results,” he commented in an interview with VC PN staff. “No one had demonstrated positive results.”

Strader searched and finally located a promising program in Boston. After examining the program, he decided that the ‘missing’ component was working with parents in addition to doing preventive interventions with youth. His hypothesis in 1980 was ‘If we can move the parents, we can influence their youth.’ Strader was able to create and lead a city and county-wide effort to implement a K-12 alcohol and drug prevention program in all Catholic schools in the Archdiocese of Louisville and in all of the Jefferson County Public Schools. Strader’s experience was useful when he began to develop the CLFC program.

CLFC is designed to encourage empathy, understanding and effective communication for oneself, for one’s partner, and between parents and youth. “In a family, it is a hard job to be a parent and it is a hard job to be a child!” exclaims Strader.

After several successful research studies were published showing the effectiveness of the CLFC program, the Substance Abuse and Mental Health Services Administration (SAMSHA) awarded Strader a special Service to Science grant for $30,000 to examine the underlying operational mechanisms in his work and to establish exactly how the success was happening. The program has shown good results including:

- Reducing substance abuse by youth and adults;
- Reducing violent behaviors;
- Reducing prison recidivism;
- Enhancing communication and refusal skills;
- Enhancing emotional awareness and expression skills;
- Enhancing family bonding;
- Enhancing partner relationships;
- Enhancing fatherhood skills;

In 2000, Strader wrote a book, Building Healthy Individuals and Families and Communities: Creating Lasting Family Connections. “We help people to understand how to manage their emotions so in the process, they improve their well-being and relationships,” notes Strader. He comments that people who feel connected to each other do not harm each other, destroy or take others’ property, and they respect the other person’s efforts to grow. “Our ‘core skills’ are emotional awareness, emotional expression, and validation of self and others,” he adds.

People in all 50 states and all American territories are using the Creating Lasting Family Connections program. VC PN staff talked with Lora Maynard, M.S., Deputy Director for West Virginia’s Juvenile Drug Court program. Maynard explained that all juvenile drug courts in West Virginia are requiring parents and youth to participate in CLFC as a supplement to required family counseling. “We felt that the parents of the youth under court supervision needed assistance and education in how to be a responsible parent. For six to nine months, we examined parent curricula. Approximately 20 were considered. What we found with the CLFC were 5 curricula, all evidence-based and well-rated, that we can use in so many ways.”

The West Virginia Juvenile Drug Court brought in Ted Strader and his wife Teresa for training. They invited the Prevention Officers in schools to come to be trained. Maynard comments, “It has spread like wildfire. There are so many ways this program can be used. We are considering use in our adult drug courts as well.” Maynard says “When an agency finds something cost-effective, we partner. The courts as well as agencies in the community offer anger management training and smoking cessation as well.”

The Juvenile Drug Court meets once a week. Right after court, CLFC sessions are held. Youth and parents attend separate groups. Lunch is provided by community partners. The basic curriculum is 28-weeks minimum, but most families have additional sessions. There are 6 to 8 sessions that include family counseling and help the family transition into family counseling.

Maynard says that the feedback from the parents is quite positive. “Some parents ask to continue past the end date,” she says. “The Probation Officers are enthusiastic because they have seen the parents’ attitude change. They were skeptical at first.” Maynard notes that 15 of West Virginia’s 55 counties have a juvenile drug court and use the CLFC program. Also the 12 Youth Reporting Centers are using the program.

The most expensive part of the program, according to Maynard, was the week-long training and the costs associated with bringing in the Straders. “This is an ‘up-front’ expense and well worth it,” comments Maynard. Now the program costs are minimal.

Maynard is very enthusiastic about CLFC. “The curriculum just fits our population. It can be used in so many ways. I can’t imagine why any youth-serving agency would not be interested in this curriculum. We are very happy with it!” We
have written a federal grant to try to cover the costs of implementing the CLFC Fatherhood Program and the Family Reintegration Marriage and Family Strengthening Program as well.”

The FRIENDS National Resource Center lists CLFC as “Promising.”

The Promising Practices Network lists CLFC as “Promising.”

The OJJDP Model programs guide lists CLFC as “Effective.”

More information about Creating Lasting Family Connections is available on VCPN’s website and at: www.CPOES.org
Contact Ted Strader at: tstrader@sprynet.com
Contact Lora Maynard at: lora.maynard@courtswv.gov

---

Strategies for Teaching Parents

- Create a safe and supportive environment for learning.
- Set goals for the child and for the parent collaboratively with parent.
- Focus on the child and the child’s development first; change parent behavior second.
- Apply principles of responsive interaction in the facilitator’s interactions with parent: listen to them; respond to them; make the conversation give-and-take.
- Teach the parent: positive behaviors and communication; praise; how to omit negative feedback; how to ask for clarification.
- Plan content and activities of individual sessions and the sequences of sessions to insure mastery of key behaviors.
- Teach both the behavioral principle and the specific application; provide multiple examples.
- Teach by using concrete, positive examples; provide supporting materials to illustrate examples.
- Include practice in implementing the procedures with the child in each session.
- Coach and give specific feedback to support parent during practice with child.
- Teach for generalization and maintenance; when possible teach across settings, involve other caregivers, and provide booster sessions.
- Adjust teaching style, teaching methods, and criterion performance levels to the skills of the parent and child, and offer feedback that is individualized.
- Invite formal and informal feedback from parent at frequent intervals.

Source: Kaiser & Hancock, 2003

---

Two local Virginia agencies recommended the Strengthening Families Program. VCPN staff was not able to interview a program developer of this program. Bonnie Favero, MA, Prevention Manager for the Piedmont Community Services Board, has been offering parenting programs for 13 years. She recently switched from another parenting program to Strengthening Families. Prior to implementing the program, she received three days of training from program developer Karol Kumpfer. Favero uses the program for parents of children ages 6 to 11. She has been offering the program a little over a year and is in her third cohort.

Favero serves parents with many risk factors, often single parents who are experiencing considerable stress. “People love the program! It is easy to understand and easy to practice,” she exclaimed. “The children are engaged in a parallel program and are also learning skills,” she related. “Then there is time together so that the parent can practice the skills while coaches are there to help.” Favero says her agency will target a school and recruit families from that school. “We provide a meal, child care, five staff, and incentives.”

Cheryl Keiper, MA of Fairfax also has used Strengthening Families. “We needed a program in Spanish for parents of teens,” she related. “Last summer we used the program in both English and Spanish.”

For More information on Strengthening Families, see “Programs That Work” on VCPN’s website or go to: http://www.strengtheningfamiliesprogram.org/index.html (and) www.copes.org

Bonnie Favero: bfavero@piedmontcsb.org
Cheryl Keiper: Cheryl.keiper@fairfaxcounty.gov
The Guiding Good Choices program is a science-based substance abuse prevention program that teaches parents of preteens and younger adolescent youth skills to improve family communication and family bonding. It draws on extensive research that demonstrates the critical importance of bonding in reducing or inhibiting adolescent participation in antisocial behaviors, including drug use, truancy, and delinquency. The goal of the Guiding Good Choices program is to prevent substance abuse among teens by teaching parents effective family management and communication skills prior to their children entering adolescence.

Parents of children in grades 4 to 8 (or ages 9 to 14) attend five 2-hour workshops guided by workbook and video-based discussion modules. The workshop sessions cover: the nature and extent of drug use among adolescents; risk and protective factors; how to set guidelines and standards; refusal skills; managing conflict; and how to strengthen family bonds. Youth are invited to the session that deals with refusal skills.

The Guiding Good Choices program has been shown to produce significant, sustained improvements in parenting skills and parent-child relationships. Studies have shown that the program reduces alcohol use in adolescents; reduces the rates of initiation for marijuana use and drunkenness; reduces the likelihood that experimental adolescent users will advance to heavier use; increases the likelihood that non-users will remain drug-free; reduces the likelihood that young people will commit delinquent acts; and reduces the rate of adolescent depression.

One of the developers, David Hawkins, Ph.D. talked with VPCN staff about the evolution of the program. Dr. Hawkins is the Founding Director of the Social Development Research Group at the University of Washington and his philosophy and orientation is to promote development in a pro-social manner. Dr. Hawkins explains that bonding is the basis for healthy development. “Active engagement with children allows them to respond. When children are engaged with the parent and receive recognition and reinforcement, bonding between children and parents is strengthened. Bonding increases children’s motivation to follow standards for behavior and their commitment to standards set by parents.”

Dr. Hawkins and his collaborator, Richard Catalano, Ph.D. are committed to prevention. They considered the Framingham studies on heart and lung disease where a change in risk factors resulted in a 40 percent reduction in disease over a 30- to 40-year time period. He comments, “I said, ‘Let’s take that same approach.’” We considered the risk factors for teen drug abuse and tried to design interventions to affect those factors. We also considered protective factors as a way to prevent adolescent problems.” Drs. Hawkins and Catalano have developed several programs, one of which is the Guiding Good Choices program. In 2000, the Channing Bete Company bought the program. They are now the distributor and publisher while Dr. Catalano serves in an advising role on the Channing Bete Company Board of Directors.

Dr. Hawkins summarizes, “Poor family management practices predict substance abuse, delinquency and school drop-out in adolescents. The Guiding Good Choices program teaches parents how to set clear expectations, how to monitor, how to avoid excessive discipline, and how to reward and recognize their youth. The Guiding Good Choices program is a universal program that should be available to everyone. All parents should learn these skills.”

VCPN staff interviewed several people who are using or have used the Guiding Good Choices program in the past. The Prevention Council of Roanoke County has, over the past 11 years, offered the Guiding Good Choices program to about 1,500 families. Nancy Hans, Director, relates their history with the Guiding Good Choices program. “The program was started through a state incentive grant in 2001-2002. I attended the training and became a ‘trainer of trainers’. There were ten of us that did the original training- I’m the only one left!” she explained. “Our Prevention Coalition is 12 years old and the Guiding Good Choices program is our only direct service.”

Hans explained that the Guiding Good Choices program uses risk and protective factors that are based on scientific research. “The program is based on a model of promoting healthy behaviors,” she says, “and our mission is to promote healthy development of youth and of families. We want to lower the risks.”

Hans describes the Guiding Good Choices program as “an excellent program that uses a research-based social developmental model.” She also notes some limitations. “Over the past 11 years of using this program, we have had to include some information and activities that are not currently part of the curriculum such as risk behaviors associated with internet and smart phones.” Brooks Michael, the Prevention Education Coordinator also teaches the Guiding Good Choices program. She adds, “Guiding Good Choices is unique as a parenting program and we have used it in a variety of settings and with a diverse population of both adults and youth. While the content is relevant, a drawback is that the videos are so outdated that our parents can’t relate to them. We are trying to find our own videos to replace the outdated ones that came with the curriculum,” she adds. “We also had to reword the pre- and post-test language to reflect current phrases.”

The Prevention Council has recently been offering the Guiding Good Choices program to the Western Regional jail for the women inmate population and there is a waiting list. “The program is so successful that the jail has budgeted next year for three 12-week...
sessions,” relates Michael. “We have offered the program in elementary schools, at the YMCA, in a church, and at the Parks and Recreation Center. We will be doing outreach to grandparents of adolescents at a Grandparents’ Fair,” says Michael.

The Prevention Council charges $40 for program participants. The majority of parents have attended for the purpose of gaining more knowledge as their children enter middle school. However, they do accept court-ordered parents. They offer the program in four two-hour sessions and typically do not provide child care or meals.

Cheryl Matteo-Kerney, M.Ed., is Director of Prevention Services for the Middle Peninsula Northern Neck Community Services Board. Matteo-Kerney, an Internationally Certified Prevention Specialist, has used the Guiding Good Choices program in the past. When the agency had grant money, the program was offered to the general public in public libraries. They used a 5-session model and attracted a wide range of parents. The program was offered several times a year for five years. “The parents enjoyed the program and responded well to it,” said Matteo-Kerney. “For us it worked well to offer it in the summer, and we may again if we can identify funding.” Matteo-Kerney said parents have an easier time committing to a shorter program than to a longer program. “The content is very useful, however, if parents are struggling, they will need a longer, more comprehensive program. The typical parent who benefits from the Guiding Good Choices program is a parent who is doing well but wants to enhance skills,” she explained.

Rasheedah Farid, an independent contractor, also has past experience with the Guiding Good Choices program. As a Truancy Case Manager, she felt that of the problems she encountered in youth, the most important component was the parent, and parent involvement needed strengthening. The Virginia Department of Juvenile Justice (DJJ) sponsored the Guiding Good Choices programs. Farid worked for them as an independent contractor. She speaks of some “fantastic” video segments, especially for re-fusal skills and she felt the segment on anger management was outstanding. She recommends the program to others although the local DJJ is no longer offering it.

Ellen Ravens-Seger, a representative of Channing Bete Company says that some Guiding Good Choices implementers choose to purchase a new edition of the Power-Point CD with more current statistics. The video clips have not been redone. Ms. Ravens-Seger notes that although the video clips do not incorporate recent clothing and hair-styles, the essential elements of effective parent-child communication and family bonding are timeless. Also, Channing Bete Company offers supplementary materials

Parenting Resources
1275 First Street, NE
Washington, DC 20417
Website: http://www.usa.gov/Topics/Parents.shtml
Phone: 1 (800)-333-4636

Parenting Resources is sponsored by the U.S. government and works to provide trusted, timely, valuable government information and services. The topics they offer include child care child support, education issues for parents, health issues for parents, safety and crime prevention for parents, and youth employment. They work with expecting parents, adoptive parents, and parents of children of all ages. The easy-to-use website provides a plethora of resources that any parent can use to develop strong, long-lasting bonds with their child.

24/7 Dad
National Fatherhood Initiative
FatherSOURCE Resource Center
20410 Observation Dr., Suite 107
Germantown, MD 20876
Website: http://store.fatherhood.org/default.aspx
Phone: (301)-948-0599
FAX: (301)-948-6776
E-Mail: fathersource@fatherhood.org

24/7 Dad is a comprehensive fatherhood program that uses innovative tools, strategies, and exercises to help fathers of all races, religions, cultures, and backgrounds. This program was developed by fathering and parenting experts and focuses on the characteristics men need to be good fathers. It includes everything needed to successfully market, run, and evaluate the fatherhood program. 24/7 Dad is a 12-session curriculum that can be used for organizations, families, or even expecting parents who need help dealing with the stress of fatherhood. The program also conducts research to improve attitudes towards fathering, fathering knowledge, and fathering skills.

Anger Management Tool Box for Parents
by Mikki Bixler, Eric Killian, & Jo Anne Kock, 2009, 70 pages.
University of Nevada Cooperative Extension---Southern Area
2345 Red Rock Street, Suite 100
Las Vegas, Nevada 89146-3160
Phone: 702-222-3130
Fax: 702-222-3100
Available at: http://www.unce.unr.edu/publications/files/hn/2003/cm0309.pdf

This workshop provides parents with a positive way to manage their anger and stress while dealing with the stressful situations associated with parenting. The program is designed to help staff, parents, and childcare providers develop skills for more productive communication with children which will, in turn, reduce stress, hostility, or rejection. This toolbox offers techniques to decrease the use of physical discipline while utilizing consistent parenting. It helps parents or caretakers struggling with anger management by developing positive problem solving skills and decreasing conditions that cause child maltreatment. This resource teaches how to approach, confront, and overcome stressful situations while promoting non-violence and strengthening relationships between parent and child.

Family and Morale, Welfare and Recreation
8000 Jefferson Davis Highway
Richmond, Virginia 23297
Phone: (804) 279-1091
Fax: (804) 279-3340
Email: dlaavmwrmarketing@dla.mil

Family and Morale, Welfare and Recreation program works with military parents to give them services and procedures that will help with struggles of being in the military. They create, deliver, and sustain programs and services that enhance the readiness and well-being of the community. The programs they offer help bond military families and parents and allow them to develop effective communal skills. For additional resources for military families please see VCPN Volume 86.
Kids Priority One
250 W. Brambleton Ave., Suite 100
Norfolk, VA 23510
Website: http://www.kidspriorityone.org/
Phone: (757) 244-5373
Fax: (757) 962-2147
Email: info@kidspriorityone.org

Kids Priority One is a “one stop” resource center where families and those working with families find local resources and valuable information related to raising healthy and happy children. The website hosts a database of more than 1,000 organizations that serve children and families across Hampton Roads—Southside Peninsula. The services included opportunities for children with special needs, youth development, parenting support, and basic or emergency needs.

Parent Training & Information Center
100 N Washington St., Suite 234
Falls Church, VA 22046-4523
Website: http://www.peatc.org/
Phone: 703-923-0010 (800) 869-6782
Fax: (800) 693-3514
Email: partners@peatc.org

The Parent Educational Advocacy Training Center (PEATC) is a parent training and information center that serves families of children with disabilities in the Commonwealth of Virginia. PEATC promotes respectful, collaborative partnerships between parents, schools, professionals and the community that increase the possibilities of success for children with disabilities. Although located in Virginia, their national organization and website provides information throughout the world and helps build parent relationships in families with disabilities. They provide on-demand training videos that can be accessed at any time as well as interactive workshops where parents and families can learn to develop alongside their children, gaining knowledge, and fathering skills.

Latinos En Richmond
P. O. Box 834
Quinton, Va. 23141
Website: http://latinosenrichmond.com/
Phone: (804) 728-0048
Email: manager@latinosenvirginia.com

Latinos En Richmond is an information provider focusing on the Hispanic community that resides in Richmond and Central Virginia. The website offers information, professional services, and assistance for Latino/Hispanic families in order to help with the acculturation process in the United States. This program will also support service providers in effectively reaching the Latino/Hispanic community, promoting their services, and becoming cultural brokers.

Programs for Parents
1000 East High Street
Charlottesville, VA 22902
Website: http://www.cyfs.org/parents.php
Phone: (434) 296-4118
Fax: (434) 295-2638
Email: info@cyfs.org

Programs for Parents is operated by the Children, Youth, & Family Services and provides parents with resources to help children become healthy, happy, and productive adults. The website lists many programs that can be used by parents and families to help strengthen the bond between them and their children. The three main areas of focus are: early learning to stimulate young children’s development; counseling and shelter for youth in crisis; and education and support for parents.

Families are Magic
Greater Richmond
Website: http://www.famrichmond.org/
Phone: (800) 244-5373
Email: lblock@grscan.com

Families are Magic helps parents raise, love, and care for their children during the stressful and demanding situations that are part of being a parent. FAM was founded by parent education professionals who believe that asking for help is the sign of a good parent. The program is a resource of information, a source of camaraderie, and a helping hand for anyone who wants to be the best caregiver they can be. Local organizations dedicated to providing high quality and effective services for parents have joined together to form the FAM Network. Organizations throughout Richmond that work with FAM can help train and teach parents to raise children in the most effective ways possible.

Hampton Roads Parenting Education Network (HRPEN)
Children’s Hospital of The King’s Daughters
601 Children’s Lane
Norfolk, VA 23507
Website: http://www.chkd.org/hrpen
Contact: Michele Tyron
Southside (757) 668-9304
Peninsula (757) 727-1300

The Hampton Roads Parenting Education Network (HRPEN) offers education, support groups, information and referral for parents, grandparents, and childcare providers. A network of agencies works together to provide and ensure access to comprehensive parenting education opportunities that meet the needs of families in Hampton Roads. Parent education programs include: topic-specific workshops; multiple session classes; court-referred programs; early childhood/caregiver training; support groups; and play groups. Not all of these quality programs are free, but they are affordable. There is no fee for membership and parents and professionals have the ability to locate quality programs. Becoming a member provides monthly networking opportunities and training for staff and volunteers. HRPEN provides quality programs by promoting “best practice standards” for parent education programs.

Positive Parenting
P.O. Box 40
Chesterfield, VA 23832-0040
Website: http://www.chesterfield.gov/parenting/
General phone: (804) 748-1000
Email at: http://www.chesterfield.gov/contact.aspx?id=8290

Chesterfield County has created Positive Parenting to help parents connect with resources. The website can help parents to find quality child care and offers guidance about dealing with parenting issues. The founders believe informed and supported parents will better achieve the goal of raising children who reach their full potential as productive citizens. This website lists many helpful practices that parents can use to effectively teach their children everyday skills.

Completely Kids
Website: http://www.copletelykidsrichmond.com/
Email at: http://www.completelykidsrichmond.com/contact-us/

Completely Kids is a website and organization that helps companies advertise their parenting programs and techniques. Programs can post on this website which will then advertise the program across Richmond. The website provides an easy way to find multiple programs at once and determine which one might be best for a particular family.
POSITIVE PARENTING PROGRAM (TRIPLE P)

continued from page 11

Triple P operates on the principle of offering what is minimally necessary. “More is not necessarily better,” says Dr. Shapiro. “We stress parent self-sufficiency.” The philosophy also affects how the program approaches parents. “We offer suggestions, not prescriptions,” explains Dr. Shapiro. “We recognize that parents are unique and capable and we have respect for the parent’s role. We do not work directly with the children. The parents work with their children.”

Parents learn self-regulation and self-evaluation. They are taught to stop and reflect on what they do well and what needs improvement. Another aspect of the program that differs from some others is the degree of flexibility in the program. Facilitators may spend one session on a module or several sessions on that topic.

Triple P is truly a prevention program. “It is a public health approach,” says Dr. Shapiro. “All parents need and deserve parenting help. It should be widely available and accessible and affordable.” Dr. Shapiro notes that if a community reduces the number of families needing intensive intervention, costs are lower and the community as a whole benefits from improved parenting skills in the majority of the population.

As part of a large, randomized study funded by the Centers for Disease Control and Prevention, all five levels of the Triple P system of intervention were implemented in nine South Carolina counties while nine other counties served as comparison counties. After two years of implementation, 649 service providers were trained to deliver Triple P interventions to the families they were already serving. An estimated 8,883 to 13,560 families participated in the Triple P program, with most (71% to 75%) receiving Level 2 or 3 services and the remainder receiving Level 4 or 5 services. Public awareness of parenting issues showed significant change in the target areas. Child maltreatment rose in all counties but raised significantly more in counties without the Triple P program. Out-of-home placements rose in control counties and lowered in the counties with the Triple P program. Injuries due to child abuse increased in the control counties and lowered in the counties with the Triple P program. In a community with 100,000 children under age 8, the effects would translate into 688 fewer cases of child maltreatment, 240 fewer out-of-home placements, and 60 fewer children requiring hospitalization or emergency department treatment (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009).

The study demonstrates the benefits of implementing a large-scale parenting intervention using a population-based approach. Dr. Shapiro notes that large-scale implementations are currently underway in North Carolina, in Connecticut, and in many counties in Los Angeles, California.

One Virginia site using Triple P is Horizons Behavioral Health in Lynchburg. This agency has been offering Triple P four times a year for approximately two years. Classes have between 3 and 10 participants. The clients are internal referrals or from department of social services. Melissa Johnson, M.A., Program Manager, explained that the 8-week parenting class has a $45 fee. Johnson feels that charging the fee helps with dropout rates, since 90 to 95% of parents complete the program.

Johnson says the program is strictly focused on the parent and parenting skills. The parents, she says, like the group discussions and the feedback. They also develop into a support group. Johnson adds, “The pre- and post-tests administered to participants show positive and notable changes in parenting behaviors.”

At Horizons Behavioral Health, the Triple P parenting classes are complemented by an array of support services. A mother’s group and a father’s group (‘Power Dads’) meet weekly and are free and open to the general public. The agency also offers intensive in-home services, case management services, and outpatient therapy.

Triple P is rated as “Well Supported, Effective Practice” by the California Clearinghouse on Evidence-based Practice in Child Welfare.

The Promising Practices Network rates Triple P as “Promising.”

The FRIENDS National Clearinghouse on Community-Based Child Abuse Prevention rates Triple P as “Well-Supported.”

Blue Prints for Healthy Youth Development rates Triple P as “Promising.”

For more information, visit VCPN’s website or www.triplep.net
Cheri Shapiro, Ph.D. can be reached at: cshapiro@mailbox.sc.edu
Melissa Johnson can be reached at: melissa.johnson@horizonbh.org

Guiding Good Choices ®

continued on page 17

(not developed specifically for the Guiding Good Choices program) on many parenting issues, including safe and responsible use of social media and the Internet.

A study by the Washington State Institute for Public Policy indicates the odds of a positive net value for the Guiding Good Choices program of 85%.

The Promising Practices Network lists the Guiding Good Choices program as “Proven.”

The Office of Juvenile Justice lists Guiding Good Choices as an “Effective” program.

FRIENDS Clearinghouse rates the Guiding Good Choices program as “Supported.”

Blueprints for Healthy Youth Development classifies the Guiding Good Choices program as “Promising.”

SAMHSA’s NREPP rates the research on Guiding Good Choices as between 2.6 and 3.1 out of 4

For more information, contact:
Channing Bete Company:
Eravens-Seger@channing-bete.com
J. David Hawkins:
jdh@uw.edu
Nancy Hans:
nhans@pc4y.org
Brooks Michael:
sb michael@carilionclinic.org
Cheryl Matteo-Kerney:
cmatteo-kerney@mpnn.state.va.us
Rasheedah Farid:
rasheedah.farid@dss.virginia.gov
Return Service Requested

540-345

Website: http://www.211virginia.org/211provider/consumer/index211.do

Phone: 2-1-1
Email: 211info@councilofcommunityservices.org

2-1-1 Virginia is a program that connects people with free information on available community services. When 2-1-1 is dialed, a trained professional listens to the situation and suggests sources of help using a large database of health and human services in Virginia. This service of the Virginia Department of Social Services works with other Virginia organizations to provide information on community events and services.

More on Our Website!

• Meet the Developers
• Parenting Programs That Work
• Cleaning houses for Evidence-based Programs
• Skills for Teaching Parents
• Resources
• Reference List

Go Green
If you prefer an electronic notice when VCPN is published rather than a hard copy, please e-mail your preference to Joann Grayson at graysojh@jmu.edu

VCPN is on the web – Visit us at:
http://psychweb.cisat.jmu.edu/graysojh/