Parent Prevention Education Information Guide

Information Guide Series



Division of Mental Health, Developmental Disabilities, and Substance Abuse Services 11/9/2016

Parent Prevention Education Information Guide

The Parent Prevention Education Information Guide will assist your organization in meeting effective delivery of this prevention strategy. This guiding document aligns with Substance Abuse Prevention Block Grant monitoring.

This Parent Prevention Education Information Guide will provide you with key points that can assist you in the implementation of your Parent Prevention Education Program (Evidence Based Curricula) program. This guide will also provide you with some general information, guidance, and websites that can be used as resources as you plan and implement your Parent Prevention Education Program.

Thank you for your dedication to ensuring effective planning and delivery of Parent Prevention Education. We believe your hard work in this area will improve the lives of children, youth and communities across the state. Your work is meaningful, important and necessary in the promotion of healthy, substance-free communities.

The North Carolina Prevention Technical Assistance System offers training and technical assistance about how to plan for and implement this strategy. For additional information please contact the North Carolina Prevention Technical Assistance System at (336) 908-8308.

Comments and Suggestions

Prevention practitioners are encouraged to provide comments and suggestions on the information and guidance provided in this document to:

Sarah Potter Community Wellness, Prevention, and Health Integration Team Leader N.C. Department of Health and Human Services Division of MH/DD/SAS Sarah.Potter@dhhs.nc.gov



Parent Prevention Education Information Guide

This guide will provide general information about evidence-based parenting education and references for appropriate tools, guides, and websites that will serve as a starting point for planning and implementing this approach.

WHAT IS THIS APPROACH?

While parental behaviors represent the primary defense against youth ATOD initiation and use, role modeling alone will not prevent children from experimenting with drugs and other substances. Research has shown that children are more likely to remain drug-free when parents use pro-active strategies such as verbal expression of disapproval regarding youth ATOD use; establishing clear rules and expectations for their children regarding ATOD abstinence; and monitoring their children's activities and peer associations. Parent/family education programs are designed to enhance parental engagement and equip parents and families of school-aged youth with the information, skills, and parenting strategies to communicate and interact with their children in ways that promote healthy lifestyle choices.

WHAT PARENTING PROGRAMS CAN BE USED?

Currently providers who are implementing Parent Prevention Education Programs have the opportunity to select from the list of pre-approved evidence-based programs listed below. Programs should be selected based upon local needs assessment data, as described on pages 4-5 of the Youth Prevention Education Information Guide. You may also consult with the North Carolina Prevention Technical Assistance System in selecting programs for your community by emailing Jessica Dicken at ikeitage.com

PROGRAM	AGES	IOM PREVENTION CATEGORY
GUIDING GOOD CHOICES	Parents of youth grades 4 th -8 th	Universal
THE STRENGTHENING FAMILIES PROGRAM: FOR PARENTS AND YOUTH 10-14	Parents and Youth 10-14	Universal

Providers who do not select a program from the pre-approved list above have the opportunity to select a program that meets the needs of their community. These programs must:

- □ Target an area of high need identified in the most recent assessment (page 4-5 of the Youth Prevention Education Information Guide).
- Be implemented according to the Implementation Guidelines below (page 4 of this guide);
- □ Meet the Standards of Effectiveness (pages 7 of this guide)
- Be approved for use in writing by the NC DMH/DD/SAS Prevention Team.

A request form for programs that have not been pre-approved is attached.

Parenting Prevention Program Education Implementation Standards

HOW DO YOU IMPLEMENT THIS APPROACH?

Below you will find the *minimum* requirements that should be demonstrated when implementing any parenting education program. This includes those on the pre-approved list, and also those for which approval is requested.

Staff Preparation

Each staff member assigned to the program completes the appropriate training for the curriculum being implemented. This may include formal training provided by the selected model program developer or a combination of preparation through mentoring and on-thejob training provided by a staff person with documented experience delivering the program.

Curriculum Implementation: Appropriate Setting

Demonstrate that the program is being offered in an appropriate setting. Consideration should be given to day, time, and location of the program implementation, as well issues such as including childcare, offering a meal, and transportation.

Curriculum Implementation: Number of Sessions Offered

□ All required sessions of the curriculum are offered.

Curriculum Implementation: Session Frequency

□ Curriculum sessions are offered no more than twice per week.

Curriculum Implementation: Session Length

Curriculum sessions are offered at the prescribed length for the majority of program participants. Sessions must be at least 30 minutes long.

Curriculum Implementation: Fidelity

Sessions are implemented with fidelity, as document by a fidelity checklist (see Youth Prevention Education Guide).

Recruitment and Retention

- Include a written recruitment and retention plan that identifies and addresses barriers to program participation (e.g., scheduling at times families can attend, scheduling in places where families are already gathering, childcare, meals at evening events).
- Must obtain commitment from at least 10 families to participate in Parent Prevention Education Program. This allows for maximum group size. It is understood that families who committed may not participate.



RECRUITMENT AND RETENTION

While Parent/Family Education programs can produce positive outcomes in substance abuse prevention, low participation is typical of parenting programs. On average, only 40-60% of targeted parents will participate in a program for which they are being recruited (Spoth et al., 2000; Haggerty et al., 2006).¹² Parents often cite a variety of barriers that prevent them from participating in prevention programs, including:

- **Time Constraints**: "I don't have enough time;" "I have too many other things going on that day;" "I can't commit to that many weeks"
- Attitudes: "This problem doesn't apply to me or my family; "I don't need help;" "There's nothing wrong with underage drinking"
- Lack of Childcare: "I don't have anyone to take care of my kids while I participate;" "I can't afford childcare"
- Location/Transportation: "I have no way of getting there;" "It's too far away;" "I don't feel welcome there"

THE IMPORTANCE OF RECRUITMENT

In order to reduce the most common barriers associated with parent participation use a TEAM approach.³

Tap into a Team of Recruiters

In order to be most effective, utilize a team of recruiters. The right team can be successful by utilizing a broad network of personal connections to engage members of the target population. Often, a personal invitation from someone the parent respects is the best approach. Consider enlisting the efforts of:

- School personnel
- Community members
- Past program participants (parents and children)
- Members of the target population
- Trusted/credible institutions
- Pediatricians/Doctor's offices
- Churches/faith-based organizations/youth pastors
- Community/teen center staff

¹ Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. *Journal of Primary Prevention*, 21(2), 267-284.

² Haggerty, K. P., MacKenzie, E. P., Skinner, M. L., Harachi, T. W., & Catalano, R. F. (2006). Participation in "Parents Who Care": Predicting program initiation and exposure in two different program formats. *Journal of Primary Prevention*, *27*(1), 47-65.

³ Hockaday, Cathy (2010). *Reducing Barriers to Engaging Parents in Prevention Programs.* Prevention First webinar.

Employ an Effective Recruitment Plan

Develop a recruitment plan to outline your recruitment efforts. Given that only 40-60% of parents who are targeted attend programs, recruit twice as many parents/families as you would like to have in the program.

The plan should be flexible; if it is not producing the desired results, be willing to change or adapt the plan as needed.

Address Barriers to Accessibility

- Provide free transportation to the program site (cab fare, bus passes, shuttle service/agency van etc.)
- Provide on-site childcare for parents' children. Identify volunteer providers from agency staff; staff/babysitter lists from local childcare centers; high school and/or university students who need service learning hours, etc. A background check should be conducted on all childcare providers.
- Provide meals/snacks for attendees, especially if the program is occurring during/near a meal time. Since many grants, including the Substance Abuse Prevention Block Grant, don't allow food, consider asking for donations from local restaurants; grocery stores.

Make Use of Multiple Outreach Efforts

Direct contact is most effective and how most participants will become engaged. Direct contact includes:

- Personal contact or phone call
- Meet and greets in places the target audience naturally gathers (churches, schools, community centers etc.)
- Presentations/information sessions at existing meetings or gatherings (PTO, service clubs, church groups etc.)
- Peer to peer influence (use past program participants, other parents to extend the invitation)

Indirect contact is also necessary to raise awareness of the program and get the word out. Program media should be attractive and available in the places the target audience frequents. Indirect contact includes:

- Posters, fliers, PSA's, brochures
- Written announcements/newspaper articles
- Community cable TV, radio bulletin boards
- School website/district newsletter
- Mailings

It would also be helpful to understand your audience's needs and motivational factors to help in your promotional and recruitment efforts (i.e. What would be the perceived benefits of attending the program? What would the program need to offer in order for them to attend? etc.).

RETENTION

Parenting programs are only effective if parents complete the program so retaining participants is critical. Strategies for retaining participants include:

- Utilize facilitators who are capable and credible and remain the same through all sessions in order to build trust and rapport with participants.
- Establish a buddy system that pairs parents together to remind each other of upcoming sessions and/or travel to sessions together.
- Send session and any homework reminders to parents via phone, email, text or whatever means they prefer.
- Provide food, childcare and transportation
- Make parents feel safe both physically and emotionally
- Provide a fun & interactive program that also gives participants new tools for parenting
- Provide incentives such as weekly door prizes and graduation/program completion rewards

Parent Prevention Education Standards of Effectiveness

WHAT ARE THE STANDARDS OF EFFECTIVENESS FOR SELECTING PARENT PREVENTION EDUCATION PROGRAMS?

To select a program that has not been pre-approved you must do the following.

- 1. Develop or obtain a written, planned curriculum that:
 - Meets an identified high need in your community.
 - Has been identified as effective in preventing or reducing alcohol, tobacco, or other drug use, and/or its risk and protective factors by The National Registry of Evidence-Based Programs and Practices, Blue Prints for Healthy Youth Development, or peer reviewed literature (page 7).
 - Focuses the majority of program session time on interactive activities that include such techniques as role-plays, discussion, and cooperative learning.
 - Includes a minimum of 5 sessions or 10 hours.
 - Schedules each session for a minimum of 30 minutes in length.
 - Implements sessions no more often than two times a week (i.e. cannot deliver any portion of program in a severely condensed format).
 - If needed at all, only requires adaptations to be culturally sensitive/relevant.

2. Completed the Parent Prevention Education Program Request Form and submit it to <u>DMH.Prevention@dhhs.nc.gov</u> for approval.

WHAT REFERENCE MATERIALS ARE AVAILALBE?

The National Registry of Evidence-Based Programs and Practices (NREPP) (<u>http://www.nrepp.samhsa.gov</u>) and Blue Prints for Healthy Youth Development (<u>http://www.blueprintsprograms.com/</u>) are rating and classification systems designed to provide reliable information on the scientific bases and practicality of interventions that prevent substance use.

Portions of this document were adapted from Prevention First's Foundations of Parent/Family Education (2013) Online Course Content.

