



**Replication Manual for the
DARE to be You Program
for Families of Preschool Youth,
Caregivers and Community**



Replication Manual for the DARE to be You Program for Families of Preschool Youth, Caregivers and Community

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Field and evaluation staff who participated in both the original and model research are thanked
for their contributions to the protocol.

Funded by the Department of Health and Human Services, Public Health Service,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Prevention Grant Number 5 H86 SPO1397



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OVERVIEW OF DARE TO BE YOU¹ PROGRAM FOR FAMILIES WITH PRESCHOOL YOUTH

This program is designed to reduce drug and alcohol use through a multi-level primary prevention program aimed at 2- to 5-year-old youth and their families. Resiliency factors are increased and risk factors reduced for participating youth by using the DARE to be You (DTBY)¹ program with family and community systems to

- 1) work directly with parents and other family members who fill parental roles
 - to increase their personal and parenting efficacy, realistic attributions for their children's behavior, stress management, decision-making and reasoning skills and ability to provide positive role models,
 - to provide parents with a social support system to be effective parents,
 - to provide parents specific strategies to increase their children's sense of competency, internal locus of control, communication and problem-solving skills, and
 - to increase their knowledge of child development,
- 2) provide a corresponding program for focus children and their siblings that enhances their self-esteem, self-responsibility and self management, problem solving, communication and empathy skills,
- 3) provide training for child-care personnel who work with the focus children to teach strategies and activities to enhance the characteristics above,
- 4) provide training for other significant caregivers in the community (representing a minimum of six local agencies), and
- 5) involve community teens as peer educators and support systems for the youth.

The program is based largely on two primary theories: Bandura's (1986) Social Cognitive Theory and Bronfenbrenner (1998) Systems Theory. Based on Bandura's Theory (and supported by many others²), self efficacy, the belief that "I can do" something successfully is the first step toward motivation to persist with a difficult task. The second component to this motivation is the belief that if I do something, it **will** make a difference (attribution and locus of control). Therefore, initial components of the program are designed to strengthen these beliefs before the teaching of skills begins. The importance of the systems theory is emphasized by the resources and toward involving multiple members of a family (which include the financial incentive package).

In the original model, up to 120 new parents joined the experimental group each year. A high percentage, 95 percent, stayed with the program for completion of the first year, and fathers³ attended in 45 percent of the families.

¹ The DARE to be You program is not affiliated with D.A.R.E. America (Drug Abuse Resistance Education) or any programs sponsored, approved or offered by D.A.R.E. America.

² See Miller-Heyl, et al. (2000) for review of literature.

³Number includes stepfathers, grandfathers, and other highly-involved males.

High risk parents were successfully recruited and maintained in the program through a unique incentive program:

- fun and educational programs for both the focus children and their siblings,
- family meals at each of the 2 1/4 hour sessions,
- non-judgmental workshops designed to build on family strengths, and
- an honorarium of \$200 for every parent and adult extended family member who completed **all** components of the program.

Families receive supporting programs for one to four years. Participant feedback is used to design yearly reinforcing and AFTER-DARE support groups (held every one to three months).

DARE to be You can be implemented in any urban, suburban or rural community. The original participants were American Indian, Hispanic, black, and white parents and their preschool children in both rural and urban sites. Families entered the program with great diversity in child management techniques. There was a significant change to more child nurturing practices in all sites. This indicates effectiveness across cultures. Statistically significant and long-term changes also have been documented in the level of child development for focus children when compared to control peers. Parents significantly increased their personal and parenting efficacy and satisfaction with parent role and decreased their use of harsh punishment. Subsequent replications of the model have included an additional Native American tribe, six Asian-Pacific Islander populations, African-American and Head Start populations.

I. IMPLEMENTATION

Parents and focus children are referred through multiple agencies to attend an initial series of programs (a minimum of 20 hours). After completing the initial series, the families may choose to participate in monthly support groups and/or yearly reinforcing workshops as described below. Preschool teachers and teams of community members also receive training that is consistent with the prevention philosophies, strategies and activities provided to families.

The following sections describe three levels of intervention.

1. The Family Program which includes the parents program, the program for the 2- to 5-year-old children, the sibling program, parent-child activities and teen (peer) educator portions of the family program. It also describes the Reinforcing and After-Dare Support Components.
2. The Program for Preschools, and
3. The Community/School Program.

1. FAMILY PROGRAM

PARENTS AND CHILDREN RECEIVE AN INITIAL SERIES OF PARENT-CHILD WORKSHOPS (Ten to 12 classes for 2 1/4 hours each. These should be held weekly over a three- to four- month period.)

To provide a positive home environment that can reduce risk factors, parents need skills to:

- deal with stress,
- feel more confident as parents,
- strengthen their own relationships and support systems,
- develop and maintain a sense of personal and parenting efficacy and satisfaction with the parenting role,
- implement simple and effective strategies that improve parenting,
- understand appropriate attributions, and
- understand developmental levels of children and develop realistic expectations.

Recruitment

Interagency collaboration is necessary to develop a strong referral network both for recruiting families into the program and to provide sources for participating families to obtain needed services. The community training component, described below, can help to develop these relationships. If appropriate, it may be combined with the start-up implementation training.

The site coordinator works with at least six community agencies to obtain referrals to the program. See the evaluation section for random selection into control and experimental groups.

Incentives

Families that meet the high-risk profile can be difficult to involve in this type of prevention program. This often is because of economic difficulties and other barriers such as child care, meals for families, transportation and cultural barriers. To help families overcome these barriers, incentives provided validation for participating. Parents are successfully recruited and maintained in the program with an incentive program that included fun and educational programs for both the focus children and their siblings, family meals at each of the 2 1/4 hour sessions, and non-judgmental workshops designed to build on family strengths. In addition, the workshops are treated as employment and training, and the participants each receive \$200 when they complete the entire course with pre-testing and post testing. These incentives were effective in involving many fathers and step-fathers and contributed to a 95 percent retention rate of families in the first year.

Parent Curriculum

The baseline series of family classes is designed to reach 10 to 25 parents and is scheduled to increase its availability to interested families. A meal for attending family members is provided at each session. The course is most effective if given over a 10 to 12 week period in increments of approximately 2 1/4 hours per session. Each session includes a 15-minute parent-child activity.

Through activities designed for many learning styles, the workshops provide information and personalization that enables parents to:

- improve their personal sense of efficacy and self-esteem. (Bandura, 1986, Busch-Rossnagel, et al., 1995) Parents with high parenting efficacy have children with higher self-esteem and motivation according to Harter, 1999. High parenting efficacy is the only significant variable that is related to reduced harsh punishment according to Miller-Heyl, et al., 1998; Brody, et al., 1999; Teti & Gelfand, 1991).
- learn the importance of attributions in developing their child's sense of personal control and motivation. (Fritz, 1999 et al.; Patterson, et al., 1989; Dweck & Elliot, 1983; Weiner 1986)
- learn stress management techniques and skills to improve interpersonal communication. Stressed parents fall into poor parenting practices. (Rutter, 1983 & 1990; Cohen, 1988)
- increase their level of reasoning and empathy to enhance decision-making abilities. (Eisenberg & Murphy, 1995; Fritz, et al., 1999; Shure & Spivak 1982; Shure, 1997)
- increase positive parental role modeling. (Positive role models can enhance the growth of a child's moral reasoning according to Dix R., et al., 1990; Dix T.H. & Grusec, 1985; Dix T.H., et al., 1989.)
- learn developmental norms for children which can reduce parents' frustration with children. (Webster-Stratton, 1992)
- learn skills to help their preschool children develop self-esteem, self-responsibility and self-management, communication and decision-making skills. (Baumrind, 1996; Kafka & London, 1991; Kieren & Doherty-Piorier, 1993)
- establish a peer support group. High-risk families often feel isolated because of economic and social conditions and living in high risk neighborhoods. Sessions are structured to develop a peer support group. Parents meet over several months, having small group discussions. The social meal time with other families cultivates new friendships. Families are encouraged to attend AFTER-DARE, reinforcing workshops and special events following their completion of the initial workshops.

Families provide feedback on program content, usefulness, cultural issues and effectiveness on the evaluation instruments. This feedback can be used to adjust later sessions.

Children's Program

A specialized curriculum has two tracks, one for the 2- to 3-year-old participants and one for the 4- to 5-year-old focus children. Concepts learned by the parents were adapted into developmentally appropriate games and experiences that promote the objectives directly with the children. Requiring the focus child to attend at least 16 of the 20 workshop hours was necessary

to emphasize the importance of this component. The focus children's siblings also are encouraged to participate in this educational program. Special programs can be arranged for older siblings by using the DARE to be You School Curriculum for grades K-2, 3-5, and 6-8. Infant care should be available, usually in an area set apart from the other activities.

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Recruiting and training teens as preschool teachers provides a multilevel impact. Two very important factors became apparent as the children's program developed. The first was the need to hire personnel trained to work specifically with preschool youth (not someone hired to just babysit). The second was the impact that teens working with preschool youth could have on both the younger children and teens. Optimally, teens from a cross-section of the community are recruited through local high school peer counselor programs, alternative high schools, youth groups and recommendations from community members. The teens should receive eight to 20 hours of training to use DTBY activities and strategies. This training is adapted from the DTBY peer helper curriculum and includes training to work with preschool children and a child protection component. Teens must be mentored by a qualified preschool teacher, i.e. the child program coordinator. Prior to each session, the preschool program coordinator meets with teen helpers to discuss the lesson plans.

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The most ideal situation occurs when constant companions can be assigned. Each teen is assigned one to five children for whom he or she would be a special teacher throughout the entire series of classes. The teen teachers range from 14 to 19 years old, and job responsibilities will vary with individual abilities. Because the program operates primarily during the school year, this can be a part-time, after-school job.

Involving past participants as preschool workers also can add to the long-term impacts. In several sites, parents who had participated in parent workshops became great assets in the children's program, as volunteers and paid staff. Although this was not formally tracked in evaluations, it definitely provided a reinforcing role for those families. Several went on to be employed in teaching and other care giving professions. As the program progressed, several older siblings of the focus children became part of the teen childcare team.

Because of different budget concerns at different sites, several options might be used to pay teen or graduate parent teachers. They may be paid after they volunteer for one year, paid a set amount at the end of each workshop series, or employed on an hourly basis.

Parent-Child Activities

Each session includes an activity averaging 15 minutes that allows parents to interact with their child in a nurturing environment. Most of the activities allow the parents and children to practice new skills that they learn during that session. Timing of this joint activity within the

session may vary with the time of day of the session, type of facility and personalities of participants. The importance of this activity must be emphasized so families do not come late or slip away early and miss the experience. The time spent in the parent- child activity should count toward their time requirement. Recommended parent-child activities are found in the Preschool Manual, the Parent Manual and the supplementary Parent-Child Handbook.

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REINFORCING WORKSHOPS PROVIDE CONTINUED EDUCATION AND SUPPORT

After completing the entire first series, families may attend yearly reinforcing workshops. Optimally, each site hosts a minimum of two series of four 2+-hour sessions each year. These sessions are based on requests and feedback from the initial parent training workshops. Attendance at these workshops is recorded to track the level of continued participation.

Each series is uniquely designed to support earlier learning without duplicating previous workshops. In response to parents' requests, issues are explored in more depth and for older developmental levels than the first DARE to be You series. Unpublished curriculum for reinforcing workshops is available through the DARE to be You program.

As in the baseline series, children are encouraged to attend the reinforcing workshops. Many times the children encourage parents to return to class. The children's program and meals continue to be used as incentives. Parents receive \$50 for completing eight hours of these booster workshops.

AFTER-DARE AND OTHER COMMUNITY EVENTS PROVIDE REGULAR SUPPORT

Providing continued, regular support to families that wish to participate can be realized in several ways. One way is through After-DARE, a monthly or quarterly support group. Its format is different than that of the reinforcing workshops. Participants choose the topics and outside speakers are often invited. Snacks and the program for children are provided; no financial incentives are given.

Other families, especially in socio-centric communities, may find community events a better way to keep in touch with the program. As an example, in the Ute Mountain Ute community, DARE to be You hosted "Winter Games," a fun and educational activity where families competed in "Winter Olympics" inside a big dining hall. Not only did they "ski," build igloos and have races, they also learned developmental expectations and games to play with their children during winter hours at home. This type of activity can be a big success. Other ideas that can generate good attendance are picnics, recognition ceremonies with speakers and Christmas parties.

STAFF

Although it may go without saying, the staff are vital to the success of the program. A true knowledge of the process, philosophy and background of the program is very important. Even more important is the ability to create a non-judgmental, nurturing environment and model the key principles of the program within the workshop and with the staff. The most effective staff will be part of a "family training team" that truly believes in the underlying principles and works to use them in their private and professional lives. Because of this, time to train, plan and process the workshops **together** will "make or break" the program.

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2. PRESCHOOL TEACHER AND DAY-CARE PROVIDER WORKSHOPS

Training workshops in DARE to be You concepts and strategies to use in the preschool and day care setting involve the school domain. Workshops can be provided in a number of ways from ongoing two-hour classes to condensed 15-hour series. The DARE to be You community training and Preschool Activity Manual can be used for this special need. The target group for this component should be determined by identifying preschool teachers and day-care providers for the families participating in the program. The training also may be open to others in the community.

3. COMMUNITY TRAINING

Six or more agencies that affect the participating families participate in a 15 to 18 hour DARE to be You Community Team Training (18 to 35 participants). The participants strengthen networks formed around the families and learn strategies and activities to enhance the resiliency factors in the focus families. In addition, the enhanced relationships between agencies that can occur during these workshops also strengthen the referral and support network for the program.

II. RELATIONSHIPS

COMMUNITY AND AGENCY RELATIONSHIPS

In each site, the target population is accessed through slightly different networks. After the first year, word of mouth from friends and extended families will create many referrals. Examples of referrals from the original and replication models include Head Start and day-care programs, health and mental health clinics, social services, county health departments, alternative schools, tribal government, the self-sufficiency program of the housing department, local family practitioners, the Urban League, Cooperative Extension, Family Centers and special community programs.

Established Relationships are Valuable

The concept of the family program was generated by staff from the Ute Mountain Ute Head Start and the program director as a spinoff of a long-term relationship between the DTBY program and the Ute community. Therefore it was strongly supported within that agency. Two of the other participating communities also had long-term relationships with the program and a strong desire to participate in the program.

When the family component of the DARE to be You program was first implemented in 1989, DTBY had already been in existence for 10 years. Therefore, the theoretical and scientific approach, practical experience, and many materials for other age groups and target audiences were in place. Because the program director and evaluation team had worked together on previous research, a communication system and working relationship were already established. Agencies with established relationships and community credibility will have an advantage in implementing this multi-level concept.

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Commitment and Up-Front Ownership of Key Agencies

In the original model, three sites had sponsoring agencies that were part of the planning process or requested to be part of the project. These sites experienced more success initially. At one site, the community agency was solicited to be a site sponsor and did not have as strong a commitment to the program as other sites. This lower level of commitment affected all aspects of the program until the sponsoring agency was changed. The differences were striking in the initial implementation at this site and the sites that were part of the original plan, and proves the importance of initial ownership and desire to participate. This emphasizes the importance of initial commitment of the sponsoring and key agencies. The program must be a priority to the agency and not seen as an "add on."

STAFF RELATIONSHIPS ENHANCED THROUGH MINI-CONFERENCES

Several unique characteristics of the original program led to having yearly mini-conferences. All staff, including program staff, support staff, the evaluation team and graduate student were encouraged to participate. The mini-conference initially evolved because of the distance between the sites, the project director and the evaluation team ranged from 90 to 500 miles.

The conferences included celebrations of site accomplishments, review of the present year objectives and progress to date on those objectives, review and clarification of the next year's objectives, and time to share techniques and troubleshoot barriers. Each conference also had an opportunity for program staff to see what issues face the evaluation staff and for evaluation staff to understand issues that face the program staff. A short educational session on either evaluation design or program concepts was included. Awards were presented. Ways to enhance communication were also discovered. Having meals and social time together helped to build a sense of teamwork.

The benefits of team building and strengthening of the overall concept and implementation of the program underline the importance of planning similar programs in any replication model.

III. USEFUL PROGRAM EXPERIENCES

- Because of the popularity of the program in all of the sites, many parents wanted to participate in the workshop program rather than the control group. This became not only an ethical issue but a practical issue in every site. To alleviate this problem, two of the sites recruited some controls from a matching community. We also agreed to allow control families an opportunity to switch to the experimental program after they had completed an entire year in the control group. However, we would recommend allowing families to switch from control to experimental only after they have completed two or three years as controls to maintain a solid comparison group. At one site, so many participants switched from the control to the experimental group that it affected the research.
- The completion and return rate was higher than we originally projected. Although this is a positive result, it also put additional stress on training staff and the budget for the incentive program (honorariums, children's program and meals). For example, one site conducted twice as many reinforcing workshops as originally planned. We recommend having under 20 adults and 35 children for each session.
- The Native American community site in the original research has a population of about 1800, not all of whom live on the reservation. Between the experimental and control families, we involved over 90 percent of the families with 2- to 5-year-old children. This resulted in having smaller groups in the last two years.
- Unique programming had to be developed for each yearly reinforcing workshop (eight hours per year after the initial year). It became apparent after the first year that each individual class could not have its own private reinforcing workshop, although most of the classes would have preferred this. There was not enough trainer time budgeted. Therefore, a minimum of two reinforcing workshops were held each year for parents from any of the previous classes. The reinforcing workshops contained families that had participated from one to four years. This necessitated being very creative each year to develop a new series of workshops that supported parents' requests, stayed within the philosophy and mission of the DARE to be You program, and supported, but did not always duplicate, information parents had received in previous years.
- The AFTER-DARE concept was carried out in two of the sites with a core group of parents. In two of the sites, however, the parents chose an entirely different approach, that of having large periodic events. This indicates the importance of being sensitive to the cultural diversity between sites. In both the Ute community and the significant Hispanic communities in the San Luis Valley of Colorado, the parents already had a strong sense of social connection, but really enjoyed a celebration and a chance to get together periodically. The Montezuma County and Colorado Springs sites had a high number of parents that felt socially isolated, having few or no family support systems available. These groups felt the support and friendships they gained from AFTER-DARE were an important part of their lives.
- The training component for the day-care providers and Head Start teachers was originally envisioned as 15 hours of workshops that would be attended by the teachers. This is still a

practical approach. However, there can be flexibility in how this is done. In two of the sites, the agency housing the program became so committed to the concepts that they incorporated the training into ongoing workshops that continued over the span of the program.

- Testing the model of recruiting and retaining a population of parents that otherwise would not have been involved was highly successful. Over 95 percent of the parents that began the program completed the first year, 97.4 percent of the families that entered the program completed the workshops and post surveys, and 73 percent of the entire group completed follow-up questionnaires a year later. It is essential to note that, if a program wishes to replicate the successful recruitment and retention, the incentive package must be offered **intact**. Programs already have tried duplicating the actual workshops without the incentive package and have experienced a much lower success rate. Others have discovered that staff resources required to maintain participation without incentives far outweigh the cost of the incentives.

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- A key element in the children's program is the involvement of the teens who work with the children. Teens from a cross-section of the communities — both culturally and in the area of risk factors — are recruited. The impact on the teens working with the youth was tremendous in reducing their own risk factors. Numerous young girls credit the program as being their birth control class. (They loved the children but soon realized that preschoolers were a tremendous amount of work. They also found their basic need to be needed was filled.) Several youth who were recruited were at high risk for dropping out of school, and they completed, or are completing, their high school education. One young man who had no more aspirations than drinking and being macho decided to become a teacher when he realized previously undiscovered talents. Many older siblings attending the children's program later worked in the preschool portion of the program.

- The objectives of increasing parental self-esteem, self-efficacy, satisfaction with parental role, child-centered, nurturing parent practices and decreasing external locus of control and the amount of harsh punishment were accomplished. One of the risk factors for children is not meeting their age appropriate tasks. Both the control and experimental populations were behind their expected levels at program entry. One of the strongest success indicators of the program was that children who had participated exceeded the developmental standards for their age level while control groups did not. A complete discussion of the results can be found in the Miller-Heyl, MacPhee & Fritz (1988) article.

One of the strongest success indicators of the program was that children who had participated exceeded the developmental standards for their age level while control groups did not.

- The production and testing of training manuals for parents and activity manuals for 2- to 5-year-old children and their families are based on sound research in the fields of human and child development. The field testing of the manual also is an important asset. These manuals are unique because they form a congruent package with the K-12 curriculum and the component for training community teams.
- The numbers of community members and preschool teachers receiving the training exceeded the projected numbers. Follow-up shows significant use of program materials by those attending the training programs.

IV. TARGET POPULATION

Input from community teams previously trained with the DARE to be You program, as well as key community members in each of the target communities, expressed a common concern in prevention. "How do we reach parents that really need the program, and how do we keep them in the program?" In addition, research in the prevention and human development fields show that it is vital to reach children early in their developmental stages, both directly and through their primary caregivers — parents, extended family and day care providers.

Therefore, our primary target population was families with children two to five years old. Our secondary target population was their daycare providers, as well as people who work with the families in each community.

Description of Participating Families

For the parent and child workshops, families were recruited that had one to seven of the risk factors below. To add depth and diversity to each group, and to avoid having a stigma attached to the program, approximately five percent of the participants showed no risk factors and no more than five percent had more than seven risk factors.

The overall selection philosophy was to involve families that had either situationally acute or developmentally chronic difficulties as opposed to those that had severe, long-term problems that needed intense therapy. It was our intent to reach those families that often fall through the cracks, are exposed to some risk factors and that could realistically be assisted through an educational and support building process. A risk-profile **optimum** for the workshop is: 10 percent of the families having 0-1 risk factors (low risk, high functioning), 80 percent of the families having 2-7 risk factors; and 10% having over seven risk factors. Besides reducing any potential stigma for high-risk families, it serves to enhance a broader perspective in classroom environment, and expands options for support systems and normalization of parental stresses.

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DARE to Be You Family Selection Criteria

<u>Risk Criterion</u>	<u>Pre-test Variables</u>
Abuse	1+ foster care or shelter home placements in the last year Prior recommended parenting classes High use of harsh punishment (disciplinary practices)
School failure	School dropout Education (of participating parent) <12 years
Economically disadvantaged	Annual family income <\$ 15,000 for average family of four Unemployed wage earner Welfare, AFDC, tribal allowance, food stamps, etc.
Mental Health Issues	Individual or family therapy in last six months Community agency help with family/individual problems
History of alcohol/drug use	Family history (immediate family had abuse problem) Spouse history (immediate family had abuse problem) Went to AA, Alanon, or abuse treatment in last six months.
Situationally acute or developmentally chronic issues	Teen parent (now < 20 or first birth <20) Single parent or stepparent Socially isolated (from the Social Network Questionnaire — only counted if another risk factor present.) Foster parent
Community at risk	Lives in community with documented rate of substance abuse in more than 90 percent of the population

(Not assessed: committed a violent or delinquent act, long-term physical dysfunction, no prenatal care, inadequate child care.)

Family members who can be involved in the long-term process include mothers, fathers, stepmothers, stepfathers, grandparents, aunts, uncles and foster parents. In many communities, extended families still provide key child care. To be eligible for the financial incentive, a family member should provide a substantial portion of the focus child's care. (In a sample case, eight family members participated with four focus children. Guest family members and friends were always welcomed and often attended.)⁴

⁴ Subsequent experience has shown that exceptions may need to be normed if there is a possibility of a teen parent with an entourage who may be disruptive. This has happened in rare cases and only with adolescents.

Each participating parent selects a focus child between the ages of 2 and 5 years old. If two parents attend, they may choose to have the same child as their focus child or, if they have more than one 2 to 5 year old, they could focus on separate children. Focus children are encouraged to attend the corresponding children's program. Siblings and other children living in the same household were also invited.

If the program continues for five years, for example, focus children participating in the reinforcing workshops and AFTER-DARE are up to 10 years old. The age range for focus children in the program obviously expands.

Ethnicity

This program is effective with many ethnic groups. The overall ethnic mix across the four original sites was 22 percent Hispanic, 29 percent Native American, 2 percent black, 45 percent white, and 2 percent "other." The Ute Mountain site was 99 percent Native American; San Luis Valley was 64 percent Hispanic; Montezuma County was 81 percent white; and Colorado Springs had 53 percent white, 21 percent Hispanic, 16 percent black. Replication sites include much larger black, Hispanic and Native American representation and include six Asian and Pacific Islander populations.

Description of Secondary Target Audience, Day-Care Providers and Community Members that Impact Youth

The secondary objective is to reach the majority of day-care providers or Head Start teachers who work directly with the focus children. In the original study, this occurred in a rather substantial way in two of the sites. In the Ute Mountain Ute community and in the urban Colorado Springs site, the program was sponsored by child-care facilities. Families were recruited primarily through the centers so the majority of the children participating also attended those centers. Those two centers incorporated the DARE to be You training into their staff training.

In the San Luis Valley and in Montezuma County, both very large geographic regions, participating families were not recruited through any single agency. In both of these sites the projected number of child-care workers had been trained, but the connection was not as direct.

In each of the four sites, community members who work with youth and families were trained to increase the program effect and implementation throughout the community. Although the impact of this community training is more difficult and subtle to measure, documentation of several events in each community support its importance. Participants from these community training programs have come from the health departments, social services, medical community, elementary and high schools, youth groups and religious organizations. Teens who work with younger youth, parents of all ages of children, school administrators, probation and police officers, and parks and recreation officers also took part.

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