

Program Evaluation of Operation Parent: Parenting 101

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Executive Summary

Research indicates that the detrimental effects of alcohol, tobacco and other drug use (ATOD) among teenagers are well known. For teens these effects include injury, violence, academic problems, and illegal behavior. Research suggests that parents play an important role in protecting children and adolescents from engagement in the “toxic culture” noting that the nature of the parent-child relationship can either prevent or predict ATOD use by adolescents. Operation Parent is a grass-roots nonprofit organization that has a mission to educate, equip, encourage, and engage parents of teenagers. The Parenting 101 class is a parent education program aimed at preventing alcohol and drug use among teens by educating and equipping parents to be better informed about current culture around these issues. Parenting 101 uses the curriculum entitled “*Parent to Parent - Keeping healthy families healthy.*” The purpose of this pilot study was to evaluate the effect of Operation Parent: Parenting 101. Pre and post test data were analyzed for a convenience sample of 89 parents’ on knowledge about and level of comfort and frequency in discussing drug, alcohol, sex, and violence with their teenager. In addition, 128 client satisfaction surveys were analyzed.

Participants attended four two hour sessions of Parenting 101 at various locations in Jefferson and Oldham counties in Kentucky. Parents paid \$80 to enroll in the sessions but scholarships were available for qualifying parents. Two volunteer parents who were trained through Operation Parent led each class session.

The majority of participants (89%) in the sample were mothers. Ninety four percent (94%) of participants thought the pop culture was worse now than when they were growing up. While all parents were concerned about at least one of the major issues facing teenagers, by the end of the class, 73% of parents were concerned about ALL of the issues (alcohol, drugs, sex, and violence). Post-test results also indicated that 100% of parents felt that they are the most important and effective people at preventing alcohol or drug use by their child.

Parent-Child Communication. Results indicated that there was a statistically significant difference in the frequency of parent-child communication regarding drugs, alcohol, sex, and violence.

- By the end of the two-month class, 64% of parents reported speaking to their child *frequently* about drugs compared to 36% at the beginning of class. All parents reported talking with their child about drugs at least *occasionally* by the end of the class.
- The number of parents that spoke *frequently* with their child about alcohol increased from 42% to 69%. Conversely, the number of parents who *never* talked to their child about alcohol decreased from 3% to 1%.
- At post-test 58% of parents reported talking to their child *frequently* about sex compared to 22% at pre-test. In addition, the number of parents that reported *never* talking to their child about sex decreased from 10% to 2%.

Parental level of comfort discussing key issues. Statistical analysis also indicated a significant increase in parents’ comfort level in discussing drugs, alcohol, sex, and violence.

- 76% of parents were *very comfortable* discussing drugs at post-test compared to 57% at pre-test. 100% of parents were at least *somewhat comfortable* talking to their child about drugs by the end of the two month class.
- At pre-test 100% of parents was at least *somewhat comfortable* talking to their child about alcohol. 80% of parents reported being *very comfortable* talking about alcohol by the end of the classes compared to 62% at the beginning of class.
- At both pre and post-test, the majority of parents were at least somewhat comfortable talking to their child about sex, 92% and 99% respectively (see Figure 7). The greatest change occurred in the reduction of those who reported not feeling at all comfortable about talking about sex from 8% to 1%.
- 75% of parents reported that they were very comfortable discussion violence with their children following the training sessions compared to 61% at pre-test
- Ninety-nine percent (99%) of parents reported feeling at least somewhat comfortable talking with their child about violence at post-test.

Parental knowledge about signs and symptoms of drug and alcohol use and intervention.

Post-test ratings indicated that parents were more likely to know the signs and symptoms of drug and alcohol problems compared to pre-test ratings.

- 64% of parents reported knowing the signs and symptoms of a drug or alcohol problem after participating in the training compared to 7% prior to the class.
- 71% of parents indicating that they were *very knowledgeable* about the causes of teen drug and alcohol use and 2% considered themselves to be at the *expert* level.
- 93% of parents indicating that they were *very knowledgeable* about the behavior of addicts and alcoholics.
- 72% of parents indicated being *very knowledgeable* about the toxic culture teens live in at post-test compared to 11% at pre-test
- 74% indicated knowing more about drugs and drug use with 66% being *very knowledgeable /expert* compared to 7% at pre-test.
- 73% of parents were at the *very knowledgeable/expert* level regarded alcohol and alcohol use compared to 10% at that level at pre-test.
- 77% of parents reported being *very knowledgeable / expert* level about how to prevent or minimize their teen's involvement with drugs and alcohol compared to 8% at pre-test.
- Conversely, while 18% indicated being *not at all knowledgeable* about preventing at pre-test, 0% of parents reported being at this level at post-test.

Parental level of preparation. Results indicated a significant increase in feeling prepared to raise a teenager.

- 64% of parents that reported feeling *very prepared* to raise a teenager by the end of the class, compared to 7% at the beginning of the class.
- 74% of parents felt *very prepared* to discuss drugs, alcohol, sex and violence with their teen after the class compared to 8% at the beginning of the class.

Qualitative Client Satisfaction Feedback.

- 100% of parents would recommend the class to another parent.
- 99% of parents felt that the class was worth the \$80 and eight-hour investment of time.

- Major benefits to other parents: increased knowledge and increased awareness
- Other benefits: communication; direction/skills/tools/; *prevention and pro-active techniques; increased knowledge of the role of a parent; and, empowerment*

Parenting 101 was found to significantly increase reported frequency of parent-child communication regarding alcohol, drugs, sex, and violence. In addition, parents felt more comfortable and confident in speaking to their children about these issues. The program was also effective in increasing knowledge of the signs and symptoms of drug and alcohol use, causes of alcohol use, and knowledge about the toxic culture, alcohol and drug use, and prevention skills. Parents felt more equipped to raise their teens and to discuss alcohol, drugs, sex, and violence with their teens.

The Parenting 101 curriculum incorporates the preventive factors as identified in related literature. Of primary importance is increased communication. Parent-child communication, particularly communication about drugs and alcohol can prevent or lower drug and alcohol use. Parenting 101 was successful at increasing parents' comfort in discussing alcohol, drugs, sex, and violence with their children. In turn, parents increased the frequency of such discussions. Qualitative data showed that parents understood and valued the role communication plays in prevention. Parents also felt prepared and equipped to use the information gained in Parenting 101 at home to discuss drugs, alcohol, sex, and violence with their children. Participants wholeheartedly agreed that the class was worth the investment of time and money and 100% of them would recommend the program to other parents.

Recommendations for on-going evaluation include the increase in the sample size to include all participants or a randomized sample of participants across delivery sites and to review of current pre and post-test surveys and the client satisfaction questionnaire to ensure consistency and accuracy of measures. It would be useful to consider contacting other programs who utilize the Parent to Parent curriculum to review evaluation instruments and program results to increase reliability and validity of Operation Parent result.

Future could incorporate an objective measure of changed behavior as a pre- and post- test limit does not measure any long lasting effects. If a drug and alcohol prevention program is to be successful, improvements must be demonstrated over an extended period of time. While this current pilot study measured improvement in parental knowledge and parent-child communication about alcohol, drugs, sex and violence over a two-month period, it did not examine whether parents continue the increased communication over time and/or with siblings. In addition, it is unknown whether the teens of these parents are then less likely to delay and/or abstain for involvement in these activities. The addition of demographic questions to the pre-and post-test surveys will also be useful in generalizing the results of program outcomes to multiple groups of parents/guardians across both gender and socio-economic characteristics.

Overall, the results of this pilot evaluation project are promising. Findings suggest that Operation Parent is consistently meeting its program goals of equipping, educating and empowering parents to address critical issues facing teenagers. On-going evaluation will assist Operation Parent's leadership team in strategically assessing program effectiveness and building a strong body of evidence-based outcomes upon which key planning decisions can be made.

Program Evaluation of Operation Parent: Parenting 101

The detrimental effects of alcohol, tobacco and other drug use (ATOD) among teenagers are well known. For teens these effects include injury, violence, academic problems, and illegal behavior (Substance Abuse and Mental Health Services Administration, 1999). Long term effects of alcohol and drug use can include liver disease, neurological damage, and psychiatric problems (Naimi, Brewer, Mokdad, Denny, Serdula, & Marks, 2003). In addition, early ATOD use can lead to related problems later in adolescence. Adolescents who have alcohol-related problems by age fifteen are more likely to have consumed alcohol at an early age than adolescents who do not have alcohol-related problems (Hahn, Hall, Rayens, Myers, & Bonnel, 2007). Conversely, the older children are before beginning to drink, the less likely they are to become regular drinkers (Sherriff, Cox, Coleman, & Roker, 2008).

Parents play an important role in protecting children and adolescents from early ATOD use (Beatty & Cross, 2006). The nature of the parent-child relationship can either prevent or predict ATOD use by adolescents (McVittie & Best, 2009; Sheriff, Cox, Coleman & Roker, 2008). In particular, four parenting factors play a key role in early ATOD use: parental modeling of ATOD use, normative standards regarding ATOD use, parenting style and family management techniques, and the nature and content of parent-child communication (Beatty, Cross, & Shaw, 2008). An adolescent's perception of a connection to the parent reduces the likelihood of ATOD use. Specifically, perceived parental support and positive regard have been tied to less ATOD use (McVittie & Best, 2009). The important role that parents play in ATOD use establishes the need for their involvement in prevention programs. Several factors such as communication, strict and clear boundaries, and increased supervision and involvement play important roles in prevention.

Communication plays a key role in preventing ATOD use and lowering the extent of drug use (Beatty et al., 2008; Mallick, 2007). Alternately, those who engage in harmful ATOD use report having more communication problems with their parents (Mallick, 2007). Studies focused on prevention are effective in increasing the frequency, duration, and engagement in ATOD related communication (Beatty et al., 2008). Though research related to measured ATOD use is limited, there is evidence that increased parent-child ATOD related communication is tied to lower levels of ATOD use when compared to those who did not receive the intervention (Koutakis, Stattin, Kerr, 2008). It is also important that communication is open and characterized by information sharing rather than lecturing or instructing (Mallick, 2007). Successful prevention programs encourage increased ATOD related communication between parent and child.

In addition to communication, strict parental attitudes and standards regarding ATOD use play an important preventative role. Children with parents who hold relaxed views regarding alcohol use drink more than children with parents who hold strict views (Koutakis, Stattin & Kerr, 2009). Koutakis, Stattin, and Kerr (2009), reasoned that “if parents could be convinced to maintain their strict attitudes, drinking could be delayed or reduced” (p. 1630). In their study, parents were encouraged to establish a zero tolerance policy toward ATOD use, clear rules, and regular family communication regarding rules against ATOD use through the use of parent meetings and information sent to the home. Although these researchers found that drinking increased over time for both the intervention and control groups, those who received the intervention reported not drinking as much as those in the control group. The results of this study support the importance of the role that strict rules and parental attitudes have on preventing

ATOD use. Parent directed interventions should encourage parents to establish clear rules and boundaries in order to prevent ATOD use.

Parental supervision and engagement with their child's activities plays a role in preventing ATOD use. Children who are not closely supervised are likely to drink earlier and to drink more than those who are closely supervised (Sheriff et al., 2008). In addition, children who are not supervised are more likely to have drinking problems (Sheriff et al., 2008). Thus, prevention programs should encourage parents to be engaged in their child's activities and lives through supervision.

Operation Parent is a nonprofit organization that has a mission to educate, equip, encourage, and engage parents of teenagers. The Parenting 101 class is a parent education program aimed at preventing alcohol and drug use among teens by educating and equipping parents to be better informed about current culture around these issues. Parenting 101 uses the curriculum entitled "*Parent to Parent - Keeping healthy families healthy.*" Introduced in 1988, Parent to Parent has been successfully implemented in over 2,500 communities reaching over two million parents. The Parenting 101 class works to prevent ATOD use by educating parents about causes, signs, and symptoms of alcohol and drug use. The program encourages communication, parental involvement, and strict rules and boundaries. The purpose of this pilot study was to evaluate the effect of Operation Parent: Parenting 101 on parents' knowledge of drug, alcohol, sex, and violence issues and preventative actions, parent-child communication patterns with their teens about these issues, and the degree to which parents feel equipped to raise teens in the current cultural climate.

Method

Participants

Operation Parent staff provided a convenience sample of surveys from Parenting 101 classes held in 2009 and 2010. The sample included eighty-nine participants representing parents, grandparents, and legal guardians who had completed pre- and post-test questionnaires. The majority of participants (89%) were mothers. In addition to the 89 participants who completed the pre- and post- test questionnaire, comments from 128 qualitative client satisfaction questionnaires were analyzed. These questionnaires were given to parents on the last session of Parenting 101 and allowed them to describe their impressions of the sessions and the lessons learned from the class.

Procedure

Participants attended four two-hour sessions of Parenting 101 over a period of two months. Classes were offered at various locations in Jefferson and Oldham counties in Kentucky. Parents paid \$80 to enroll in the sessions but scholarships were available for qualifying parents. Two volunteer parents who were trained through Operation Parent led each session. Sessions consisted of a video and time for discussion among parents. Videos were provided by the Passage Group's "Parent to Parent- Keeping Healthy Families Healthy" program. Topics included being aware of signs and symptoms of alcohol and drug use and encouraging strict rules and guidelines.

During the first and last session, parents received a pre- or post-test survey. The survey measured the frequency of communication regarding drugs, alcohol, sex, and violence between parent and child, the parent's level of comfort talking about drugs, alcohol, sex, and violence, increased knowledge regarding the signs and symptoms of drug use and overall learning. Parents

were also given a qualitative client satisfaction questionnaire, regarding the benefits of the program and likelihood of referring other parents.

Data Analysis and Results

Ninety four percent (94%) of participants thought that the pop culture was worse now than when they were growing up. At the beginning of the class all parents were concerned about at least one of the major issues facing teenagers. By the end of the class, 73% of parents were concerned about ALL of the issues (alcohol, drugs, sex, and violence). Post test results also indicated that 100% of parents felt that they are the most important and effective people at preventing alcohol or drugs use by kids. In an effort to assess the changes that occurred in parents' knowledge and level of frequency and comfort regarding communication with their children, a Wilcoxon signed-rank test was performed to compare pre- and post-test results.

Parent-Child Communication

Results indicated that there was a statistically significant difference in the frequency of parent-child communication regarding drugs ($z = -4.128, p < .001$), alcohol, ($z = -3.606, p < .001$), sex ($z = -5.165, p < .001$) and violence ($z = -3.539, p < .001$). As noted in Figure 1, after completing the class parents talked to their child(ren) more frequently about drugs. Specifically, by the end of the sessions, 64% of parents reported speaking to their child *frequently* about drugs compared to 36% at the beginning of classes. All parents reported talking with their child about drugs at least *occasionally* by the end of the class.

The results presented in Figure 2 show statistically significant increases in the incidence of parent-child communication about alcohol. The number of parents that spoke *frequently* with their child about alcohol increased from 42% to 69%. Conversely, the number of parents who *never* talked to their child about alcohol decreased from 3% to 1%. Figure 3 depicts the

percentage of increase in the number of parents who spoke more frequently with their child about sex. At post-test 58% of parents reported talking to their child *frequently* about sex compared to 22% at pre-test. In addition, the number of parents that reported *never* talking to their child about sex decreased from 10% to 2% from pre-test to post-test. In regard to communication about violence (see Figure 4), parents reported increased communication with 46% reporting *frequent* communication at post-test compared to 27% at pre-test. Only 3% of parents reported *never* talking with their child about drugs at post-test compared to 11% at pre-test.

Figure 1. Pre and post-test comparison of parent-child communication about drugs.

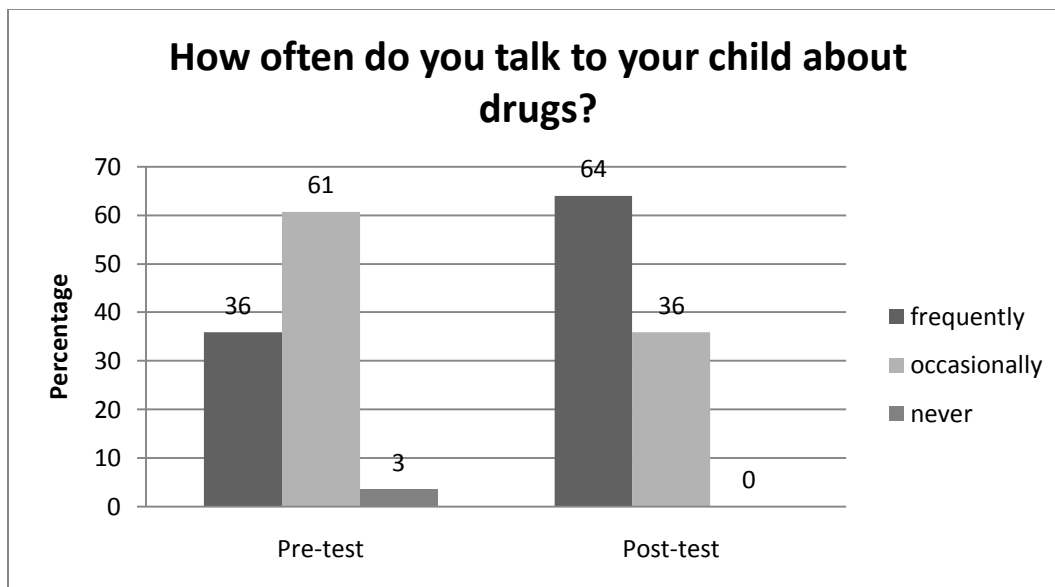


Figure 2. Pre and post-tests comparison of parent-child communication about alcohol.

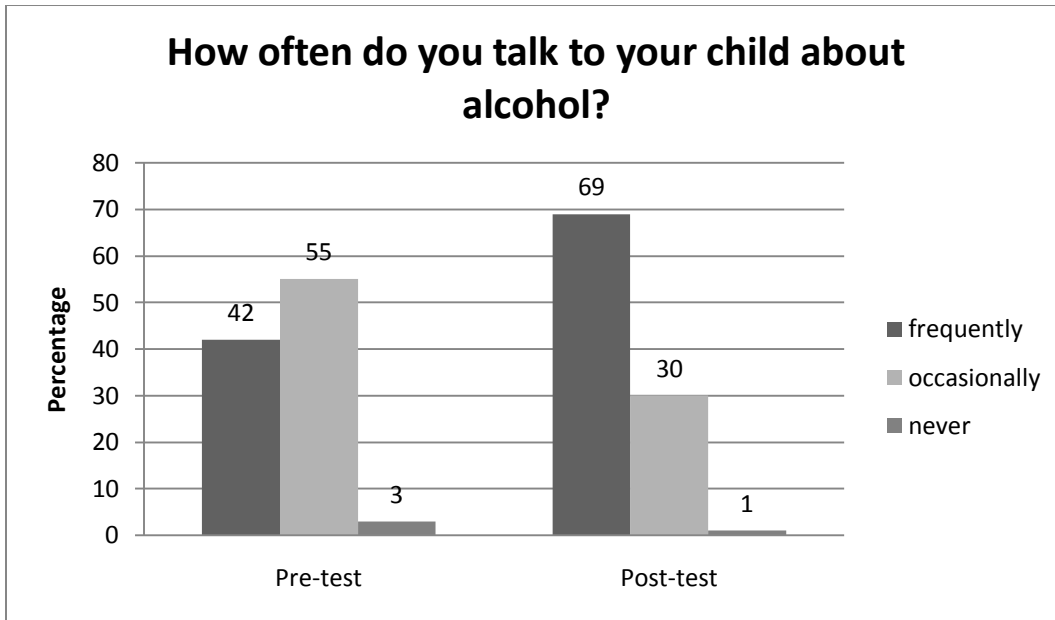


Figure 3. Pre and post-test comparison of parent-child communication about sex.

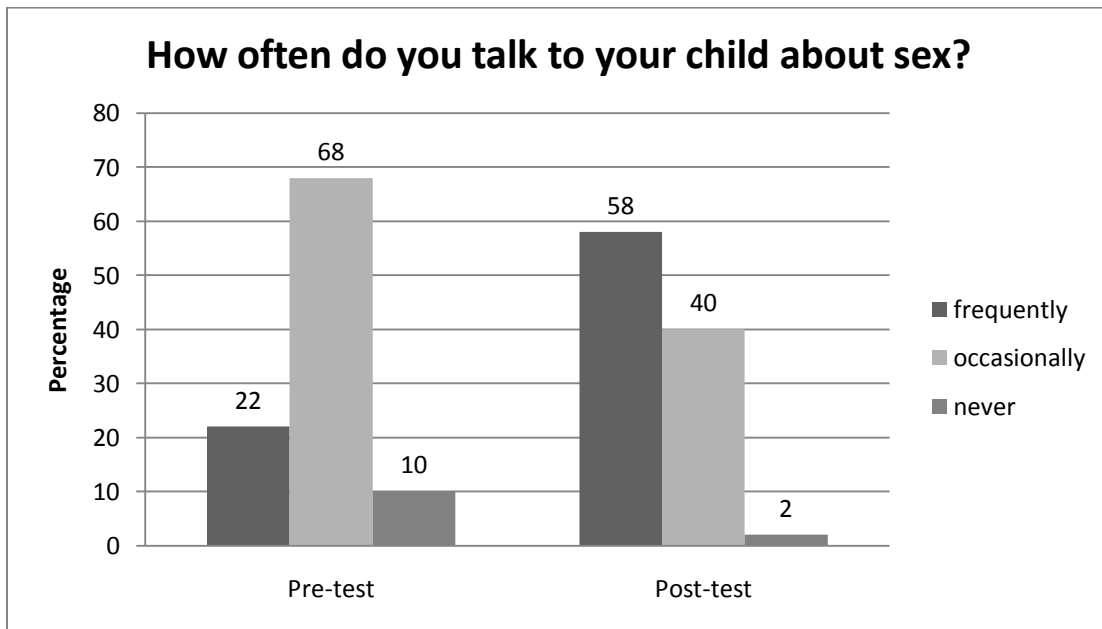
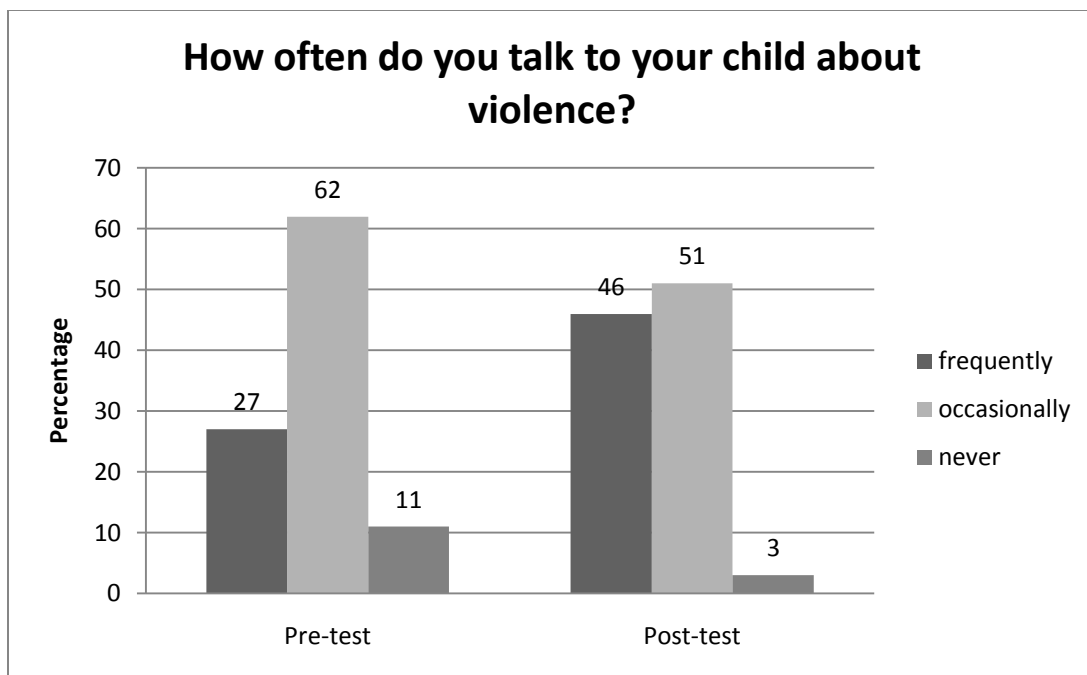


Figure 4. Pre and post-test comparison of parent-child communication about violence.

Parental level of comfort discussing key issues

Statistical analysis also indicated a significant increase in parents' comfort level in discussing drugs ($z = -2.680, p < .01$), alcohol ($z = -3.128, p < .01$), sex ($z = -5.313, p < .001$) and violence ($z = -4.12, p < .05$). Results indicated that 76% of parents were *very comfortable* discussing drugs at post-test compared to 57% at pre-test. One hundred percent (100%) of parents were at least *somewhat comfortable* talking to their child about drugs by the end of the two month class (see Figure 5). As indicated in Figure 6, at pre-test 100% of parents were at least *somewhat comfortable* talking to their child about alcohol. The notable increase here is that 80% of parents reported being very comfortable talking about alcohol by the end of the classes compared to 61% at the beginning of class. At both pre and post-test, the majority of parents were at least somewhat comfortable talking to their child about sex, 92% and 99% respectively (see Figure 7). The greatest change occurred in the reduction of those who reported not feeling

at all comfortable talking about sex from 8% to 1%. Finally, 75% of parents reported that they were *very comfortable* discussing violence with their children following the training sessions compared to 62% at pre-test (see Figure 8). Ninety-nine percent (99%) of parents reported feeling at least *somewhat comfortable* talking with their child about violence at post-test.

Figure 5. Pre and post-test comparison of level of comfort talking about drugs.

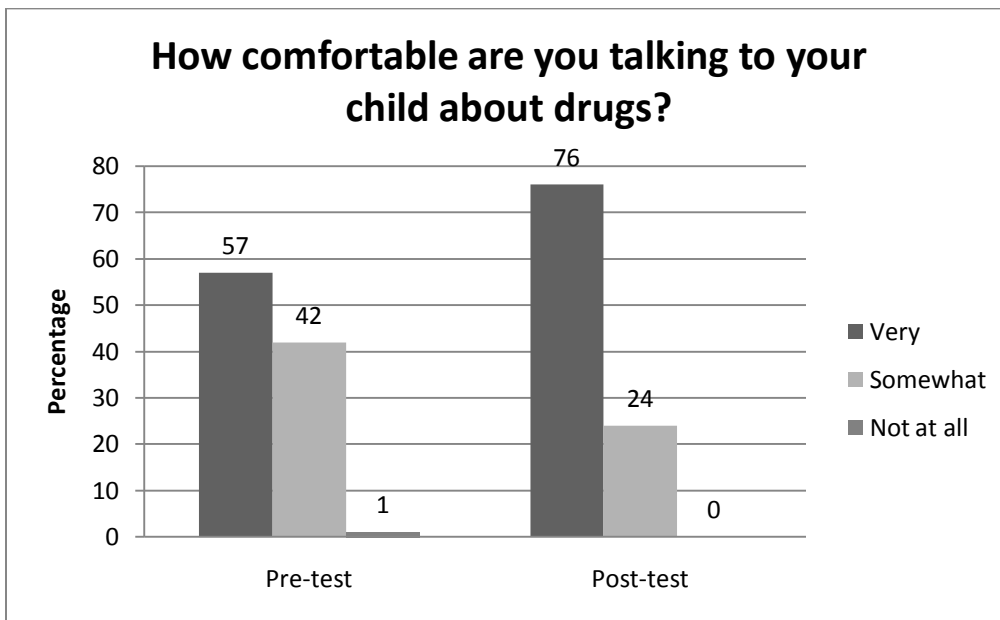


Figure 6. Pre and post-test comparison of level of comfort talking about alcohol.

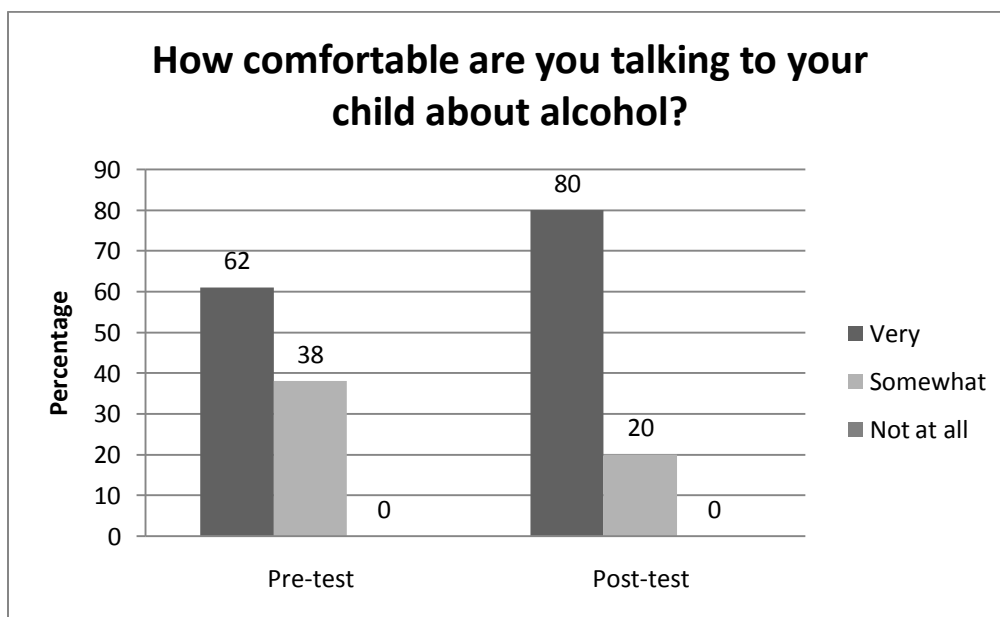


Figure 7. Pre and post-test comparison of level of comfort talking about sex.

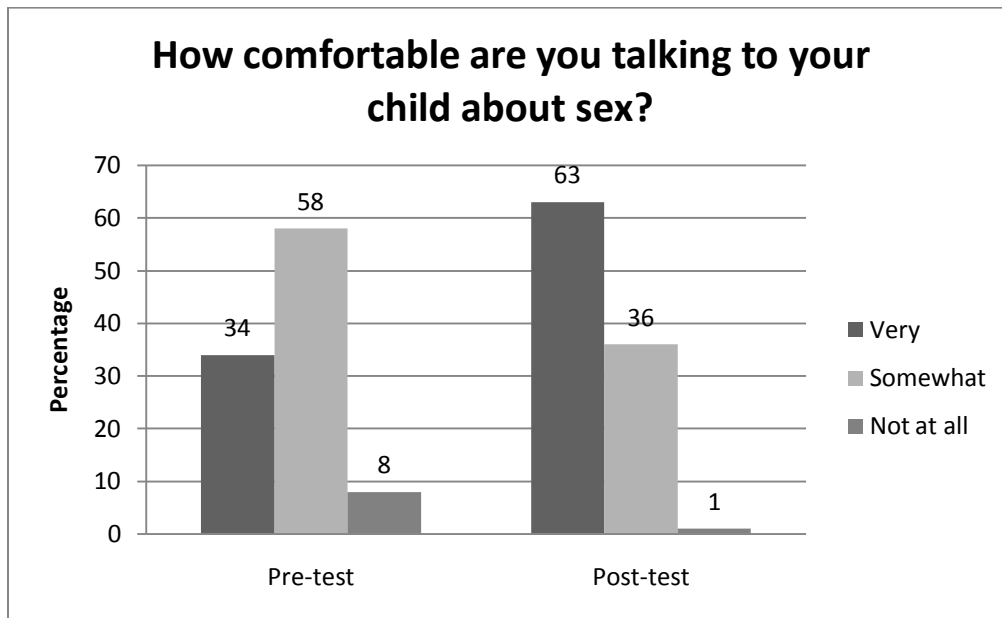


Figure 8. Pre and post-test comparison of level of comfort talking about violence.



Parental knowledge about signs and symptoms of drug and alcohol use

Post-test ratings indicated that parents were more likely to know the signs and symptoms of drug and alcohol problems compared to pre-test ratings ($z = -6.903, p < .001$). Sixty-four

percent (64%) of parents reported that they were *very knowledgeable* about the signs and symptoms of a drug or alcohol problem after participating in the training compared to 7% at pre-test. Additionally, parents were more likely to understand why teens use drugs ($z = -6.114, p < .001$) with 71% of parents indicating that they were *very knowledgeable* about the causes of teen drug and alcohol use and 2% considered themselves to be at the *expert* level. Results indicated that parents were significantly more likely to know how an addict or alcoholic behaves following Parenting 101 courses ($z = -6.289, p < .001$), with 93% of parents indicating that they were *very knowledgeable* about the behavior of addicts and alcoholics.

There was a significant increase in parental knowledge regarding the toxic culture ($z = -7.206, p < .001$), drugs and drug use ($z = -6.95, p < .001$), alcohol and alcohol use ($z = -7.257, p < .001$), and the actions they can take to prevent or minimize their teen's involvement with drugs and alcohol ($z = -7.637, p < .001$). Responses showed that 72% of parents indicated being *very knowledgeable* about the toxic culture teens live in at post-test compared to 11% at pre-test (see Figure 9). Additionally, 74% indicated knowing more about drugs and drug use with 66% being *very knowledgeable /expert* compared to 7% at pre-test (see Figure 10). Seventy-three percent (73%) indicated knowing more about alcohol and alcohol use with 73% at *very knowledgeable/expert* level compared to 10% at that level at pre-test (see Figure 11). Seventy-eight percent (78%) indicated knowing more about how to prevent or minimize their teen's involvement with drugs and alcohol. Seventy-seven percent (77%) were at *very knowledgeable / expert* level on this topic compared to 8% at pre-test (see Figure 12). Conversely, while 18% indicated being *not at all knowledgeable* at pre-test, 0% of parents were at this level at post-test.

Figure 9. Pre and post-test comparison of knowledge about toxic culture.

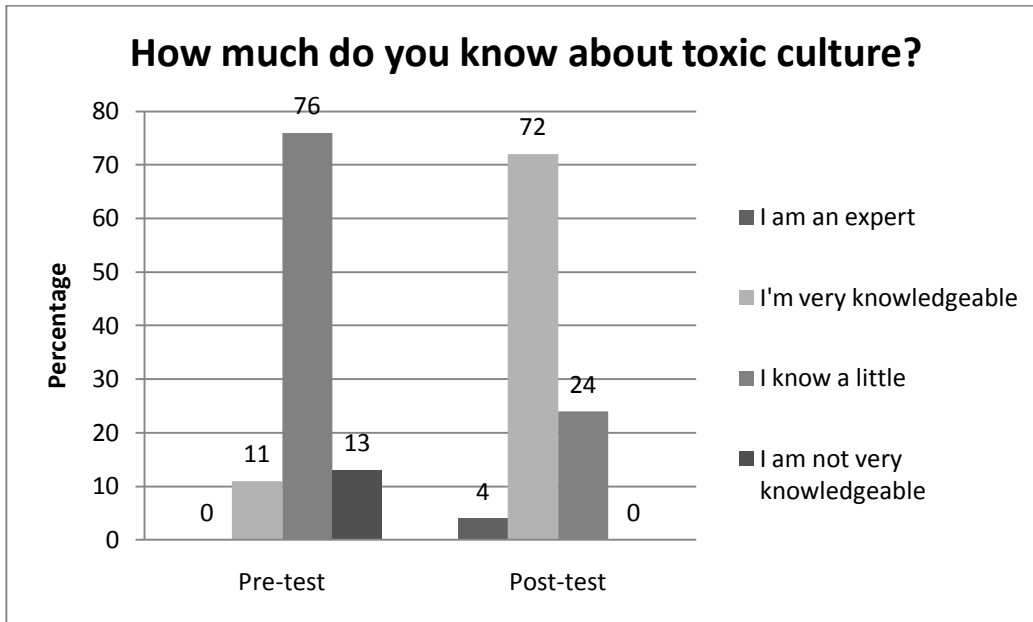


Figure 10. Pre and post-test comparison of knowledge about drugs and drug use.

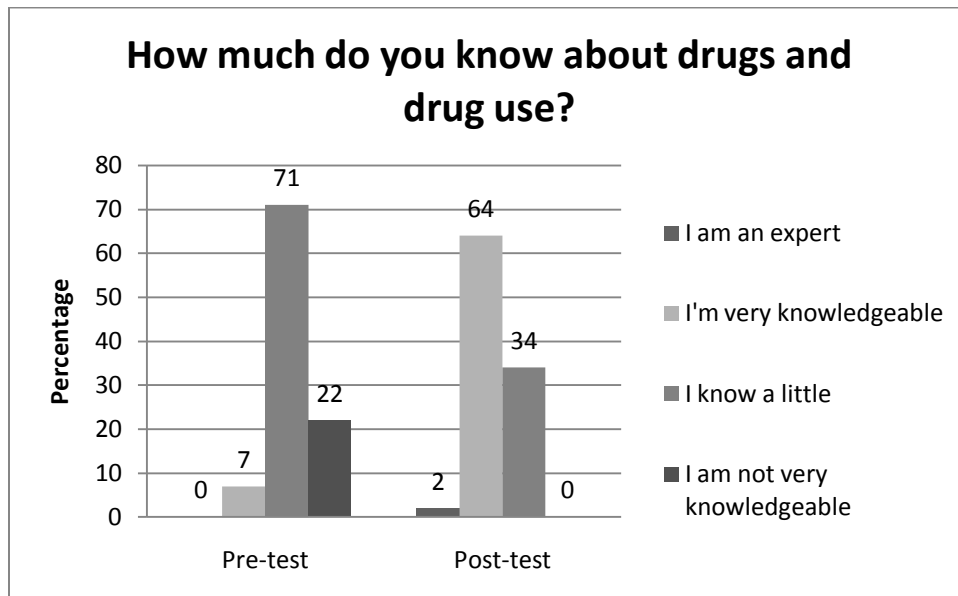


Figure 11. Pre and post-test comparison of knowledge alcohol and alcohol use.

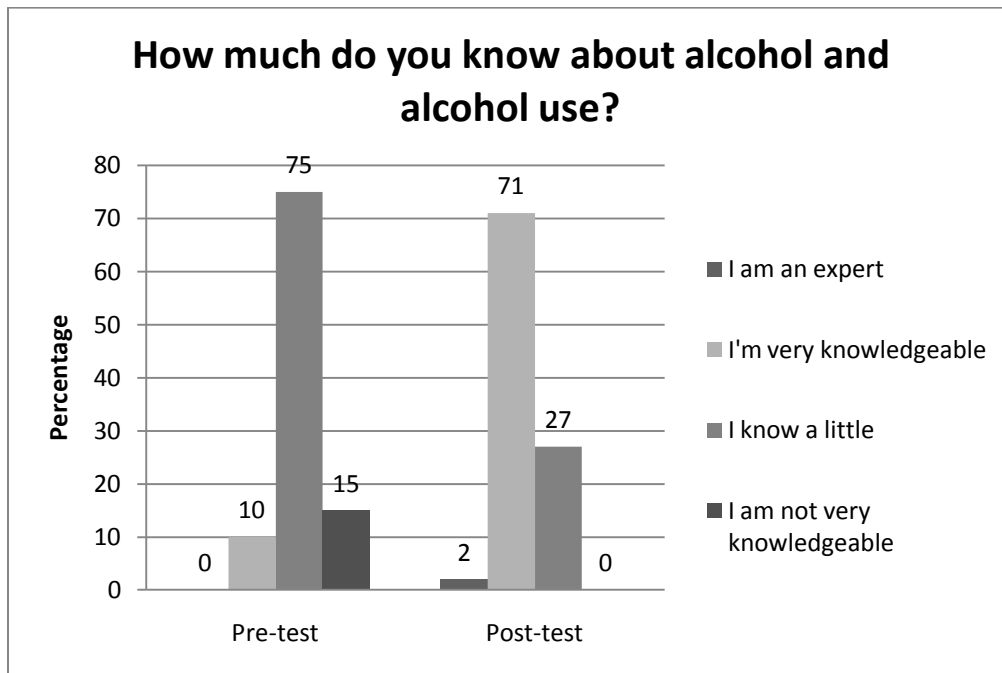
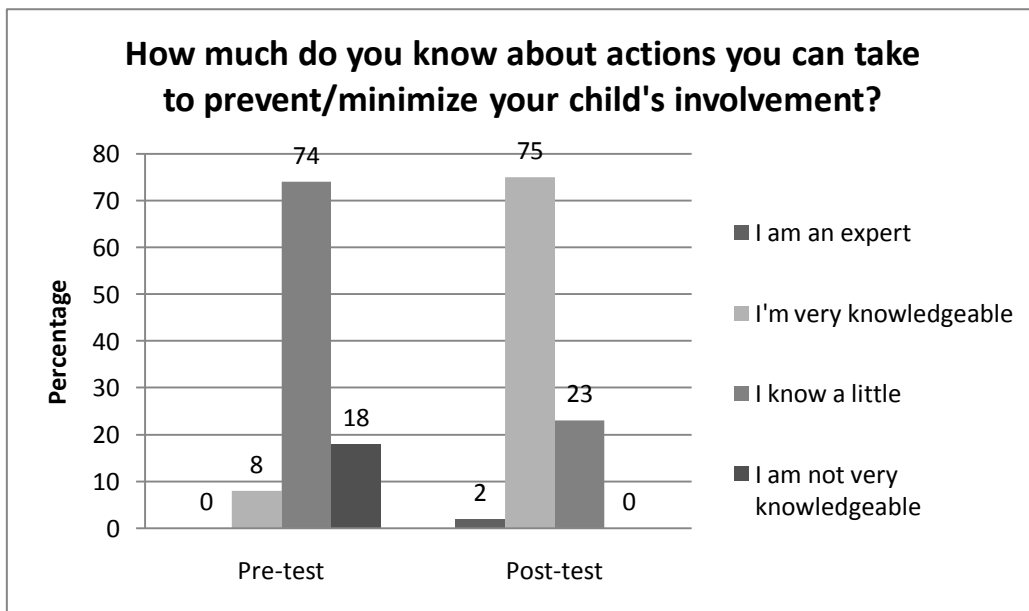


Figure 12. Pre and post-test comparison of knowledge about actions to prevent involvement.



Parental level of preparation

Data analysis indicated a significant increase in feeling prepared to raise a teenager ($z = -6.911, p < .001$), with 71% of parents indicating that they feel more prepared to raise their teenagers. The largest increase was the 64% of parents that reported feeling *very* prepared by the end of the class, compared to 7% at the beginning of the class. Following Parenting 101, parents felt more prepared to talk about drugs, alcohol, sex and violence with their teens ($z = -7.101, p < .001$) with 71% of parents indicating that they felt more prepared to discuss these topics with their teens. Specifically, 74% of parents felt *very* prepared to discuss these topics with their teen.

Figure 13. Pre and post-test comparison of degree of preparedness raising teens.

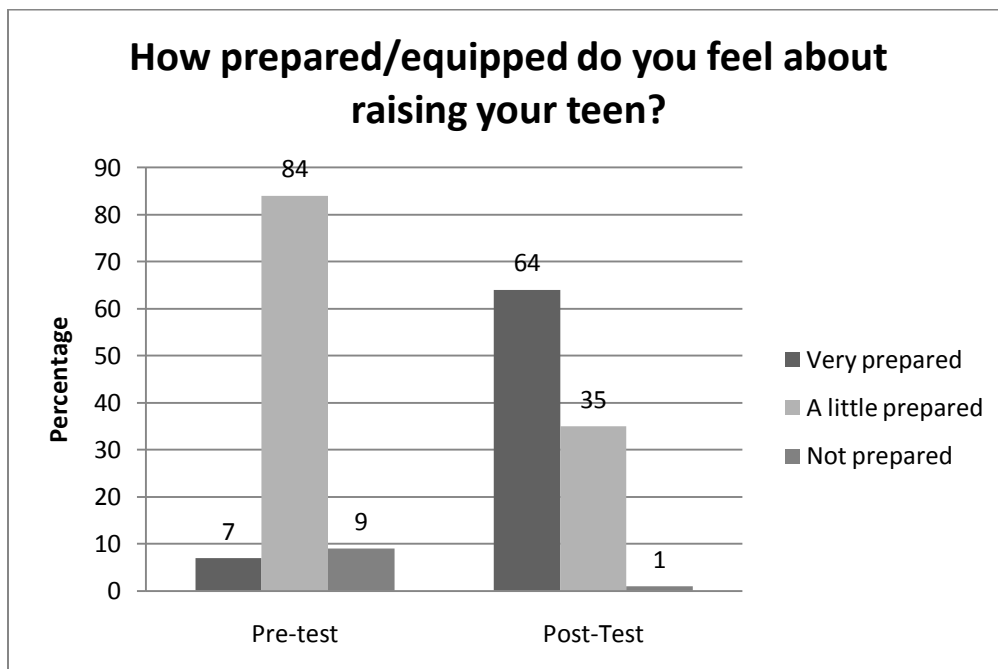
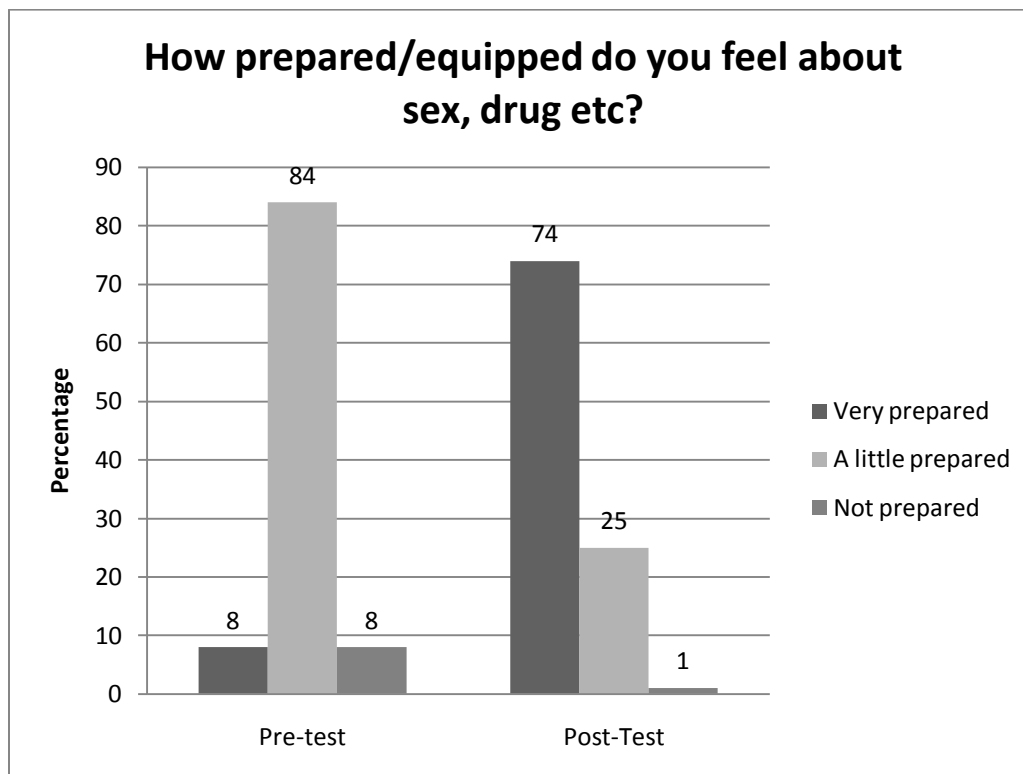


Figure 14. Pre and post-test comparison of level of preparedness about issues.



Results of Qualitative Client Satisfaction Feedback

Of the participants who completed the qualitative questionnaire, all 128 parents would recommend the class to another parent. In addition, 121 of 122 parents felt that the class was worth the \$80 and eight-hour investment of time. Participants were asked to describe how Operation Parent would benefit other parents. A major theme in response to this question was *increased awareness* about issues that occurred as a result of the program. This theme occurred in 50 statements. Awareness occurred through the information presented in the program as well as awareness into their child's life. Another major theme was *increased knowledge* and information. This theme occurred in 37 statements. Parents indicated the need for this sort of

information to help their children. Table 1 provides examples of quotes that represent these two major themes.

Table 1. Major qualitative themes

Increased awareness	Increased knowledge and information
<p>“It's made me more aware of what's going on with our adolescents. It has helped me realize that these kids (and their brains) are too young to make mature decisions and we need to talk to them as much as possible to prevent issues with all that was discussed in the meeting.”</p>	<p>“This class really informs you about teen issues and what to do about them. Topics about how to keep your kids safe are invaluable.”</p>
<p>“This class has opened my eyes to what our children are facing these days. If we, as parents and a community, become more aware & involved in our children's lives, all of us are going to benefit with more responsible, respectable, respectful people.”</p>	<p>“Any information we can receive to help us help our children is extremely valuable.”</p>

Many minor themes also emerged in the qualitative analysis. Table 2 provides examples of quotes that represent five of the minor themes. Parents reflected the importance of *communication* in parenting and preventing ATOD use. This theme was reflected in seventeen statements and responses reflected the importance of both parent-child and parent-parent communication. Minor themes also reflected the *direction, skills and tools*, learned through the training. This theme was reflected in fifteen parent responses. Eleven parents reflected the *prevention and pro-active techniques* learned through Parenting 101. Sixteen responses reflect the *increased knowledge of the role of a parent*, specifically the parent's role as an obstacle to

alcohol and drug use and ten responses reflected feelings of *empowerment* following the program.

Table 2. Minor Qualitative Themes

Communication	Direction, Skills, and Tools	Prevention and Pro –active Techniques	Role of the Parent	Empowerment
“Provide a platform for my husband and I to begin discussing how we would be a united front about these issues...especially since we come from different backgrounds.”	“Operation [Parent] gives us the tools we need to be strong in being good parents, despite the negative message we get all over TV, Movies, Magazines, etc.”	“It has increased my awareness of specific dangers that our kids face in the ‘toxic culture’ they are subjected to. It has provided tools to prevent kids getting involved in those dangerous activities/behavior as well as intervene when they are mixed up in them.”	“This class reminds (or teaches) you what our role is as parents, what's important so that our kids will learn to be good parents too one day.”	“This class equipped me with tools that I feel I can use to raise a healthy teenager. I feel very informed and very empowered.”
“gave me ideas to both talk to my kids, their friends & parents of their friends –opened communication lines -made me realize that the decisions I have made have been good, reinforced what I knew was right.”			“This class is an eye opener. It really makes you become aware of what your children will be exposed to. We need to be the obstacle for our children.”	“This class has been very empowering to me in so many ways. Every parent (and not just moms) need to attend. It should be a requirement!”

Discussion

The aim of this study was to evaluate Operation Parent’s Parenting 101 class as an effective tool in building skills that prevent ATOD use. This program was found to significantly increase reported frequency of parent-child communication regarding alcohol, drugs, sex, and

violence. In addition, parents felt more comfortable and confident in speaking to their children about these issues. The program was also effective in increasing knowledge of the signs and symptoms of drug and alcohol use, causes of alcohol use, and knowledge about the toxic culture, alcohol and drug use, and prevention skills. Parents felt more equipped to raise their teens and to discuss alcohol, drugs, sex, and violence with their teens.

The findings of both the quantitative and qualitative portions of this study reflected the goals of Operation Parent to educate, equip, encourage, and engage parents of teenagers in preventing alcohol and drug use. Parenting 101 was successful at educating parents as evidenced by increased knowledge of signs and symptoms of alcohol and drug use, behavior of an addict, the causes of alcohol and drug use, the toxic culture surrounding teens, and prevention. In addition to significant differences in the pre- and post-test questionnaire responses, participants also identified the increased knowledge and information gained through Parenting 101 in their qualitative responses. Increased knowledge and understanding was a major theme of the responses and was presented in 37 participant responses.

Another goal of Operation Parent was to equip parents with skills and tools to use to prevent alcohol and drug use by their teenager. This theme emerged in fifteen of the qualitative responses. Parents felt as though the program gave direction and taught skills that could be used every day. In addition, pre- and post- test results showed that parents felt more equipped to raise a teen and discuss drugs, alcohol, sex, and violence with their teen after completing Operation Parent.

Through Operation Parent, parents of teens were encouraged in many ways. Parents were encouraged to act and to be strong in their parenting styles. As a result, parents felt empowered.

Empowerment emerged as a minor theme in qualitative analysis. Parents reported feeling empowered to prevent alcohol and drug use and empowered in their role as parents.

The primary indicator of engagement is the reported increased awareness. This theme was the most reported theme in the qualitative analysis. Fifty parents reported feeling more aware of the struggles teens face and more aware of their role in preventing alcohol and drug use. The Parenting 101 curriculum emphasized the importance of awareness as a parent's 'best friend'. A lesson on this topic included awareness of the culture teens are living in as well as awareness of the messages teens send through their behavior. Parenting 101 also encouraged engagement between parent and child. Significant changes were reported in frequency of alcohol, drug, sex, and violence related conversation. Parenting 101 encouraged parents to "be an obstacle", to be aware of what their children are doing, and to be engaged with their child's lives. The role of the parent as an obstacle to alcohol and drug use was presented in the curriculum and emerged as a minor theme in qualitative analysis. Curriculum encouraged parents to play an active role in preventing drug and alcohol use.

The Parenting 101 curriculum incorporates the preventive factors as identified in related literature. Of primary importance is increased communication. Parent-child communication, particularly communication about drugs and alcohol can prevent or lower drug and alcohol use (Beatty et al., 2008; Mallick, 2007). Parenting 101 was successful at increasing parents' comfort in discussing alcohol, drugs, sex, and violence with their children. In turn, parents increased the frequency of such discussions. Qualitative data showed that parents understood and valued the role communication plays in prevention. Parents also felt prepared and equipped to use the information gained in Parenting 101 at home to discuss drugs, alcohol, sex, and violence with their children.

One of the messages of the Parenting 101 curriculum is that “*to tolerate is to teach.*” The program encourages parents not only to be involved in their children’s lives and to supervise their children but also to maintain guidelines regarding acceptable behavior. Another message taught through the curriculum and reflected in the qualitative data is the role of a parent as an obstacle to alcohol and drug use. Operation Parent encourages parents to know what their children are doing and to intervene in the children’s lives in order to prevent alcohol and drug use. Strict guidelines and attitudes about alcohol and drug use, sex and violence delay the first use of alcohol and drugs and also decrease the amount of use (Koutakis, Stattin, & Kerr, 2009). While the current study does not measuring alcohol and drug use in teens, the parents who attend Operation Parent will be educated about the importance of strict guidelines and equipped with the skills to reduce ATOD use.

Studies show that parents have requested information about recognizing the signs and symptoms of drug use, how to talk to their children about ATOD use, and specific parenting skills to use to prevent ATOD use (Beatty & Cross, 2006; Mallick, 2007). Parents report feeling less knowledgeable than their adolescents about drug use and feel as though much of the information they have is inaccurate (Mallick, 2007). This perceived generational difference in information contributes to the lack of communication surrounding adolescent ATOD use. Operation Parent: Parenting 101 simultaneously increases protective factors of ATOD use in parents, while providing parents with the information and hands-on skills that they want and need.

A limitation of this study is the convenience sample of participants which were limited to 89 surveys that were easily accessible that makes it difficult to generalize results to all program participants. The sample could be strengthened by using all participant responses or by selecting

a random sample representing the many facilitators and locations in which the program is delivered. Another limitation of this study is the use of only self-reporting measures. While some studies show that self-reporting is reliable (Barnea, Rahav, & Teichman, 1987; Brown, Kranzler, & Del Boca, 1992), others show that self-report is affected by the responses desired by the researcher (Ford, Tappin, Schluter, & Wild, 1997). The responses of parents in this study may have changed their responses based on what they desired rather than on behavioral or actual change. However, due to the fact that negative views of the parents in this study were unlikely, the self-report measure may be reliable.

Recommendations

In the short-term, it is suggested that program staff review the current pre and post-test questionnaires to ensure that data is being captured most accurately for each of the topics covered during the training session. For example, it was noted by the evaluators that when asked what issue most worried parents about their child, alcohol was not included as a response.

It would also be useful to compare findings from this evaluation to those of other parent education programs using the Parent to Parent materials. Consistency in using similar evaluation instruments will add to both the reliability and validity of results from the Operation Parent program. In contrast to the convenience sample used in this study, results would be more generalizable if either surveys from all participants were included or a randomized sample was selected from across the delivery sites and over time.

Future studies should try to incorporate an objective measure of changed behavior. Additionally, a pre- and post-test limit does not measure any long lasting effects. If a drug and alcohol prevention program is to be successful, improvements must be demonstrated over an extended period of time. Further studies should incorporate an additional measure after the

completion of the program. While this current pilot study measured improvement in parental knowledge and parent-child communication about alcohol, drugs, sex and violence over a two-month period, it did not examine whether parents continue the increased communication over time and/or with siblings. In addition, it is unknown whether the teens of these parents are then less likely to delay and/or abstain for involvement in these activities. An extension of this study could measure the impact of more knowledgeable and better equipped parents on ATOD use behavior of teens. The majority of participants in this study were women. Future studies and interventions should incorporate more men and examine the role that fathers have in preventing alcohol and drug use. The addition of demographic questions to the pre-and post-test surveys will also be useful in generalizing the results of program outcomes to multiple groups of parents/guardians across both gender and socio-economic characteristics.

Conclusion

Overall, the results of this pilot evaluation project are promising. Findings suggest that Operation Parent is consistently meeting its program goals of equipping, educating and empowering parents to address critical issues facing teenagers. Improvements were noted in parent-child communication, parental awareness and knowledge, level of comfort in discussing issues and feelings of empowerment to identify and address these issues. The vast majority of parents found the program to be valuable and worth the cost. One hundred percent of participants would recommend the program to other parents. On-going evaluation will assist Operation Parent's leadership team in strategically assessing program effectiveness and building a strong body of evidence-based outcomes upon which key planning decisions can be made.

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