

Articles

Evaluation of a Parent-Based Intervention for At-Risk Adolescents

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This study evaluated the effectiveness of a parent-based intervention, the Parent Project, among 84 parents of at-risk youth. Results indicated improvements in child management, family involvement, parent-child affective quality, substance use rules communication, and parental self-efficacy at a 10-week follow-up.

Keywords: at-risk youth, alcohol, heavy drinking, parent-based intervention

Underage drinking represents a significant problem in the United States, with 70% of students reporting alcohol use by their senior year in high school (Johnston, O'Malley, Bachman, & Schulenberg, 2013b). National survey data indicate that 81% of college students have tried alcohol at least once in their lifetime, with 70% reporting that they have been drunk and 37% reporting that they have engaged in binge drinking (Johnston, O'Malley, Bachman, & Schulenberg, 2013a). Excessive alcohol consumption also accounts for more than 4,600 deaths in persons under the age of 21 in the United States each year (Centers for Disease Control and Prevention, 2008). Researchers have also found that drinking increases the chance that adolescents will engage in risky behavior (Goldberg, Halpern-Felsher, & Millstein, 2002; Halpern-Felsher & Cauffman, 2001) and delinquent behavior (Barnes, Welte, & Hoffman, 2002). Furthermore, the relationship appears to be reciprocal; antisocial behavior is predictive of substance abuse among adolescents, with adolescents who show more signs of antisocial behavior at age 14 being more likely to use substances at age 17 (Adalbjarnardottir & Rafnsson, 2002). In longitudinal studies, researchers have also found that delinquent behaviors in adolescence are predictive of alcohol use disorders in adulthood (Harford & Muthén, 2000).

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Parents play a key role in adolescents' decisions to engage in substance misuse and antisocial and delinquent behaviors. A recent review of the literature on parenting factors associated with adolescent alcohol use indicated that parental monitoring, parental involvement, and parent-teen communication are related to both delayed initiation of alcohol use and drinking levels across time (Ryan, Jorm, & Lubman, 2010). Similarly, results of a meta-analysis suggested that among parenting factors related to adolescent delinquency, parental monitoring, psychological control, rejection, and hostility were the most significant predictors of delinquent behavior (Hoeve et al., 2009).

Parenting Practices and At-Risk Behavior

Parental monitoring reflects the degree of involvement of parents with their child, including the parents' awareness of their child's activities and friends, as well as the degree to which parents set and enforce clear standards for their child (Kim & Neff, 2010). Researchers have found that parental monitoring and involvement are related to lower levels of adolescent alcohol use (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2006; Luthar & Goldstein, 2008; Simons-Morton & Chen, 2005; Simons-Morton, Haynie, Crump, Eitel, & Saylor, 2001; Vakalahi, 2002; van der Vorst, Engels, Meeus, Deković, & Vermulst, 2006), fewer episodes of heavy episodic drinking (Doumas, Hausheer, & Esp, 2015; Guilamo-Ramos, Turrisi, Jaccard, Wood, & Gonzalez, 2004; Kim & Neff, 2010; Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1998), and fewer reported alcohol-related consequences (Arata, Stafford, & Tims, 2003). Researchers have also found that parental monitoring is associated with lower levels of adolescent antisocial behavior and delinquency (Barber, Stolz, & Olsen, 2005; Deković, Janssens, & Van As, 2003; Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Laird, Pettit, Dodge, & Bates, 2003; Stolz, Barber, & Olsen, 2005). Finally, in a longitudinal study examining the impact of parental monitoring on substance use and delinquency, findings indicated that monitoring significantly affected these adolescent problem behaviors (Barnes et al., 2006).

Parent-Teen Communication and At-Risk Behavior

Parent-teen communication is considered to be a fundamental component of positive family functioning and is incorporated into most family-based interventions for teen drinking. Parent-teen communication is associated with lower levels of adolescent alcohol use (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Doumas et al., 2015; Guilamo-Ramos et al., 2004; Hausheer, Doumas, Esp, & Cuffee, in press; Simons-Morton, 2004; Smetana, Crean, & Daddis, 2002). Although the emphasis of prevention programs is often on improving parent-teen alcohol-specific communication rather than general communication, parental listening in general and parental

knowledge regarding daily events and expectations contribute to an overall protective effect regarding drinking initiation (Simons-Morton, 2004). Parent-teen communication, including arguing and negative interactions, is also related to antisocial behavior (Deković et al., 2003).

Parental disapproval of teen alcohol use has also been identified as one of the primary protective factors against the initiation of drinking in adolescence (Donovan, 2004). Parental disapproval of teen alcohol use may be communicated directly or indirectly through the setting of limits or by the expression of values regarding alcohol use (Wood, Read, Mitchell, & Brand, 2004). Researchers have indicated that parental disapproval of drinking is associated with lower levels of alcohol use (Arata et al., 2003; Dumas et al., 2015; Foley, Altman, Durant, & Wolfson, 2004; Mares, van der Vorst, Engels, & Lichtwarck-Aschoff, 2011; Nash, McQueen, & Bray, 2005) and fewer alcohol-related consequences (Arata et al., 2003; Mares et al., 2011; Nash et al., 2005) among adolescents. Thus, communication of parental disapproval of adolescent substance abuse, both verbally and through rule setting, is associated with a decrease in teen substance use.

Parental Self-Efficacy

Parental self-efficacy (PSE) is derived from the construct of self-efficacy as defined by Bandura (1977). According to Bandura, self-efficacy is the belief in one's capabilities to affect and succeed in situations. In contrast, people who lack a sense of efficacy can exhibit behaviors of learned helplessness, in which effort is perceived as being ineffectual. PSE involves parents' beliefs in their ability to positively influence their child (Ardelt & Eccles, 2001). According to a review of the literature, PSE is related to parental competence and fewer behavioral problems in children, including conduct problems, delinquent behavior, and substance abuse (Jones & Prinz, 2005). Interventions designed to target PSE through parent management training also result in increased PSE and fewer child behavioral problems (Sofronoff & Farbotko, 2002). Boosting parents' self-efficacy in their ability to affect their teens' choices is an important strategy that may be used to reduce at-risk behavior.

Family and Parent-Based Interventions

Family and parent-based programs are effective in reducing substance use and delinquency among adolescents. For example, according to a review of parent-based prevention programs for substance misuse among children under 18, parent programs are effective in preventing and reducing substance abuse (Petrie, Bunn, & Byrne, 2007). In addition, family and parenting interventions are effective in reducing time spent in institutions and recidivism among juvenile delinquents (Woolfenden, Williams, & Peat, 2002). Researchers have also found that the most effective parent-based

programs for substance misuse emphasize active parental involvement and the development of skills in social competence, self-regulation, and parenting (Petrie et al., 2007). Results from a meta-analysis examining the components associated with parent training demonstrated that increasing positive parent–child interactions and developing emotional communication skills are among the components most associated with program effectiveness for child outcomes, including internalizing behaviors, externalizing behaviors, and social skills (Kaminski, Valle, Filene, & Boyle, 2008). These reviews emphasized the importance of parent-based programs for the development of skills, competence, involvement, and communication.

One parent-based program emphasizing these areas is the Parent Project (www.parentproject.com). Among parent-based interventions designed to educate parents of high-risk youth, the Parent Project is the largest court-mandated juvenile diversion program in the United States. This program is a highly structured, 10- to 16-week parenting skills program created to help parents of youth who engage in destructive behavior, including substance use, truancy, running away, and aggressive or antisocial behavior (Fry, Johnson, Melendez, & Morgan, 2003). The Parent Project combines multimedia instruction, small-group practice, problem solving, and collective learning experiences to facilitate lasting change. Topics covered include influencing and motivating children; effectively communicating love, affection, and expectations; dealing with emotional behavior; handling suicide threats and runaways; improving school performance; preventing gang involvement; and planning drug use intervention.

The program's format includes meeting 1 night per week for 2 to 3 hours per night. The Parent Project activity-based curriculum allows parents to learn and practice behavior management techniques at home. In addition, the program offers parent support groups, with a focus on behavior modification. During Part 1 of the course, the curriculum focuses on helping parents to address their teen's problem behaviors. After completing Part 1, parents continue their training in a structured parent group with trained facilitators. These topic-focused groups promote effective use of group time while providing parents with practical and emotional support as they begin the difficult process of change. Parents are encouraged to build a network with other parents to continue meeting and offering support for one another after the class has been completed.

To date, however, only one study has evaluated the Parent Project (Stolz, Vargas, Clifford, Gaedt, & Garcia, 2010). Stolz et al. (2010) examined the effectiveness of the Parent Project across 10 weeks in a volunteer sample of 107 parents and 71 youth from 13 sites. Results at the 10-week follow-up indicated significant increases in parent and youth reports of parental support, parent reports of parental behavioral control, youth reports of mother's behavioral control, and parent reports of higher levels of youth school achievement, as well as significant decreases in parent and youth reports of antisocial behavior. Although their study provided preliminary

evidence for the effectiveness of the Parent Project in changing parental and youth behaviors, Soltz et al. (2010) noted several limitations, including a 45% attrition rate among parents and a 33% attrition rate among youth.

The Current Study

Given the wide use of the Parent Project as a parent-based intervention program for at-risk youth, it is important to add to the literature evaluating this program. The aim of this study was to examine the effectiveness of this program on parental behaviors and beliefs. Specifically, we sought to assess whether parents' completion of 10 weeks of the Parent Project program would be associated with changes from baseline to follow-up in (a) general child management, including monitoring, discipline, and standard setting; (b) family involvement; (c) parent-child affective quality; (d) substance abuse-specific communication; and (e) PSE regarding their child's substance use. We hypothesized that completion of the program would be associated with improvement in each of these domains.

Method

Participants and Procedure

Participants were parents enrolled in Parent Project classes in the northwestern region of the United States. Of the original 114 potential participants, 84 (73.7%) completed both the pretest and posttest. The age of participants (62.3% female, 37.7% male) ranged from 30 to 62 years ($M = 44.80$, $SD = 8.36$). The majority of participants were Caucasian (89.7%), with 7.7% Hispanic, 1.3% American Indian, and 1.3% African American. Participants were referred to the Parent Project by a friend (11.8%); a relative (6.6%); Health and Welfare, which offers programs for families and children in crisis (15.8%); social services (6.6%); schools (7.9%); mental health clinics (3.9%); the court (23.7%); or another referral source (23.6%). (Percentages may not total 100 because of rounding.) A series of paired-samples *t* tests and chi-square tests demonstrated that differences in program completion were not associated with demographic variables, with the exception of referral source. Participants who were referred by relatives, mental health clinics, and the court experienced no attrition, whereas participants who were referred by friends, Health and Welfare, social services, and schools experienced an attrition rate of 44% to 55%.

Participants were recruited by program facilitators from a local Drug-Free Communities coalition. Program facilitators were certified trainers who had completed 40 hours of training provided by the Parent Project. Data were collected as part of a routine program evaluation by the Drug-Free Communities program staff. Participants completed a brief survey before beginning the course and again upon completion at 10 weeks. As a means to

ensure confidentiality, participants were given an identification number that was then used to match pretest and posttest surveys. Secondary analysis of the database was approved by the university's institutional review board.

Measures

Parenting practices. We assessed parenting practices using a 30-item survey designed to measure general child management, parent-child affective quality, substance use rules and communication, and involvement of children in family activities and decision making (Spoth, Redmond, & Shin, 1998). Indicators of these constructs were developed through the use of exploratory and confirmatory factor analyses (Spoth et al., 1998), and researchers have supported both the construct validity (Redmond, Spoth, Shin, & Lepper, 1999; Spoth et al., 1998) and predictive validity (Spoth, Neppel, Goldberg-Lillehoj, Jung, & Ramisetty-Mikler, 2006; Spoth & Redmond, 2002) of the measure. The Cronbach's alphas for the scales ranged from .75 to .89 (Redmond et al., 1999). Specific information for each scale is provided next.

The General Child Management scale consists of 13 items, which are rated on a 5-point Likert-type scale ranging from 0 (*never*) to 4 (*always*). Select items are reverse coded so that a positive score reflects positive child management. Areas of child management addressed by the scale include monitoring, consistent discipline, and standard setting. Examples of monitoring items are "In the course of a day, how often do you know where this child is?" and "How often do you know when this child gets into trouble at school?" Examples of consistent discipline items are "Once a discipline has been decided, how often can he or she get out of it?" and "When you discipline this child, how often does the kind of discipline you use depend on your mood?" Examples of standard setting items are "How often do you give reasons to your child for your decisions?" and "When he or she doesn't know why you make certain rules, how often do you explain the reasons?" The Cronbach's alpha for the current sample was .77.

The Family Involvement scale consists of 10 items, which are rated on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Higher scores represent higher levels of involvement by children in family activities and decision making. Sample items are "I find ways to keep my child involved in fun activities with our family," "I have discussed my child's dreams and goals with him/her on several occasions," and "I let my child know I care about him/her when setting limits and consequences." The Cronbach's alpha for the current sample was .86.

The Negative Parent-Child Affective Quality scale consists of four items, which are rated on a 7-point Likert-type scale ranging from 0 (*always*) to 6 (*never*). Select items are reverse coded so that lower scores reflect negative affective quality. The scale items are as follows: (a) "How often did you get angry at your child?" (b) "How often do you shout or yell at this child because you were mad at him/her?" (c) "How often do you act loving and affectionate toward him/her?" and (d) "How often do you let this child

know you really care about him/her?" The Cronbach's alpha for the current sample was .63. Because of the low alpha level, we deleted the item "How often do you shout or yell at this child because you were mad at him/her?" which resulted in a three-item scale with a Cronbach's alpha of .83.

The Substance Use Rules Communication scale consists of three items, which are rated on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Higher scores represent increased levels of parental communication regarding substance use rules. The scale items are as follows: (a) "I have clear and specific rules about my child's association with peers who use alcohol, tobacco, or other drugs," (b) "I have explained my rules concerning alcohol, tobacco, or other drugs to my child," and (c) "I have explained the consequences of not following my rules concerning alcohol, tobacco, or other drugs to my child." The Cronbach's alpha for the current sample was .77.

PSE. We assessed PSE using a three-item scale created for this study to measure changes in attitudes about parenting abilities regarding teen substance use. Items are rated on a 5-point Likert scale ranging from 0 (*strongly agree*) to 4 (*strongly disagree*), with higher scores representing higher levels of PSE. The scale items are as follows: (a) "As a parent there is little or nothing I can do to keep my child from smoking cigarettes," (b) "As a parent there is little or nothing I can do to keep my children from drinking alcohol," and (c) "As a parent there is little or nothing I can do to keep my child from smoking marijuana." The Cronbach's alpha for the current sample was .93.

Results

Means and standard deviations for pretest and posttest scores are presented in Table 1. We conducted a repeated measures multivariate analysis of variance (MANOVA) to examine the change in parental behaviors and attitudes regarding adolescent substance use. Results of the repeated measures MANOVA demonstrated a significant main effect for time, Wilks's $\Lambda = .35$, $F(5, 76) = 28.92$, $p < .001$, $\eta^2 = .66$. According to Cohen's (1988) criteria, this effect size is considered large. The pooled within-groups correlations among

TABLE 1

Mean Scores and Standard Deviations at Baseline and Follow-Up

Variable	Baseline		Follow-Up	
	M	SD	M	SD
General child management	30.37	5.99	38.08	5.65
Family involvement	24.65	5.84	29.51	4.73
Negative parent-child affective quality ^a	8.44	4.38	10.10	3.63
Substance use rules communication	9.41	2.49	10.99	1.67
Parental self-efficacy	7.88	3.58	9.86	2.58

^aLower mean associated with higher levels of negative parent-child affective quality.

the dependent variables are provided in Table 2. Follow-up paired-samples *t* tests are reported next. Given that five analyses were run, a Bonferroni adjustment was made for the follow-up analyses, and the alpha level was set at .01.

Parenting Practices

Results indicated that parents reported significant changes in general child management, $t(83) = -10.96, p < .001$, Cohen's $d = -1.20$; family involvement, $t(82) = -7.97, p < .001$, Cohen's $d = -0.89$; negative parent-child affective quality, $t(80) = -3.78, p < .001$, Cohen's $d = -0.41$; and substance use rules communication, $t(82) = -7.32, p < .001$, Cohen's $d = -0.87$. According to Cohen's (1988) criteria, the effect sizes for general child management, family involvement, and substance use rules communication are considered large, whereas the effect size for negative parent-child affective quality is considered medium. Parents reported a significant increase in general child management, family involvement, and communication about rules regarding substance use and a significant decrease in negative parent-child affective quality.

PSE

Results indicated that parents reported a significant change in beliefs about their ability to affect their teen's substance use, $t(80) = -5.50, p < .001$, Cohen's $d = -0.63$. According to Cohen's (1988) criteria, this effect size is considered medium. Parents reported a significant increase in beliefs about their ability to affect their teen's substance use.

Discussion

The aim of this study was to evaluate the effectiveness of a parent-based intervention, the Parent Project, on general child management, family involvement, negative parent-child affective quality, substance use rules communication, and PSE in the ability to affect adolescent substance use. Although the Parent Project is the largest court-mandated juvenile diversion program in the country, only one study to date has examined its effectiveness (Stolz et al., 2010). Thus, the current study extends the literature by adding to the limited research in this area.

TABLE 2

Pooled Within-Groups Correlations Among Study Variables

Variable	1	2	3	4	5
1. General child management	—				
2. Family involvement	.66	—			
3. Negative parent-child affective quality	.01	.13	—		
4. Substance use rules communication	.52	.56	-.10	—	
5. Parental self-efficacy	.43	.37	-.05	.31	—

Findings from the current study confirmed our hypothesis that parents would report significant changes in parenting practices and PSE. Specifically, from baseline to follow-up assessment, parents reported higher levels of general child management, family involvement, substance use-specific communication, and PSE and lower levels of negative parent-child affective quality. The largest effect sizes were observed in the areas of general child management, family involvement, and substance use rules communication. These areas might have been particularly influenced by the program because the Parent Project emphasizes acquiring behavior management skills, including parental monitoring and discipline; improving parental involvement and support; and improving communication regarding substance use rules. In contrast, although still in the medium range, the smallest effect size was associated with negative parent-child affective quality, suggesting that changing negative communication may be more difficult than improving positive parental behavior.

The results of this study are consistent with previous research on the effectiveness of the Parent Project (Stolz et al., 2010). As with our study, Stolz et al. (2010) examined the effectiveness of the Parent Project across 10 weeks among a sample of volunteers. The authors reported a significant increase in positive parenting variables, such as parental support and parental monitoring, and youth behaviors, including improved school achievement and a decrease in antisocial behavior. Findings from our study replicate results related to positive changes in parenting practices and extend those findings by demonstrating significant improvement in alcohol-specific communication, as well as PSE. Our findings are also consistent with research supporting the general effectiveness of parent interventions in changing parental behaviors and attitudes, including increased PSE (Sofronoff & Farbotko, 2002).

Limitations and Directions for Future Research

The scope of the current study did not include attention to changes in adolescent behaviors or perceptions of the quality of parent-child relationships. However, our results indicated that the Parent Project is effective in changing parental behaviors and attitudes that have been linked by other researchers to changes in adolescent substance use and antisocial behavior. Specifically, in previous research, increased parental monitoring and involvement were strongly associated with reductions in adolescent alcohol use (Barnes et al., 2006; Luthar & Goldstein, 2008; Simons-Morton & Chen, 2005; Simons-Morton et al., 2001; Vakalahi, 2002; van der Vorst et al., 2006) and antisocial behavior and delinquency (Barber et al., 2005; Barnes et al., 2006; Deković et al., 2003; Griffin et al., 2000; Laird et al., 2003; Stolz et al., 2005); less negative communication and more communication regarding substance abuse were associated with lower levels of adolescent alcohol use (Ackard et al., 2006; Doumas et al., 2015; Guilamo-Ramos et al., 2004; Simons-Morton, 2004; Smetana et al.,

2002) and antisocial behavior (Deković et al., 2003); and, finally, increased PSE was related to fewer behavioral problems among adolescents (Jones & Prinz, 2005). Future research should examine the Parent Project in association with changes in adolescent behavior through both parent and adolescent reports.

Another limitation pertained to the homogeneity of the sample. The participants in this study were primarily Caucasian, thus limiting the generalizability of the results. Future research should examine intervention effectiveness with more diverse samples to assess whether findings generalize to other groups of parents. Moreover, the duration between baseline and follow-up assessment in this study was fairly short. Although this time frame (10 weeks) is consistent with previous research on the Parent Project (Stolz et al., 2010), longer follow-up periods would shed light on the maintenance of behavioral and cognitive changes beyond the program. An additional limitation was the lack of a control or comparison group in this study. Thus, it is not clear if changes demonstrated in parental behaviors and attitudes were related to the Parent Project or unmeasured variables. In line with the Hawthorne effect, it is possible that participants changed their behavior simply because they were being evaluated. In addition, the PSE scale used in this study was created to measure outcomes for this specific project. Future research using a randomized controlled design and a self-efficacy scale with established psychometric properties would add to the literature examining the effectiveness of the Parent Project. Finally, because some of the dependent variables were correlated, these variables may be measuring overlapping aspects of the same behavior (Tabachnick & Fidell, 2007). Thus, caution should be used when concluding that the Parent Project significantly affected each individual parenting construct rather than parenting as a whole.

Counseling Implications

The Parent Project was designed to help parents of youth who engage in destructive behaviors, including substance use, truancy, running away, and aggressive or antisocial behavior. Engaging parents in the treatment is crucial, because researchers have found that parents do have an effect on their adolescents' behavior and that parent-based interventions emphasizing parental involvement, communication, skills, and competence are the most effective in changing adolescent behavior (Kaminski et al., 2008; Petrie et al., 2007). This study added to the literature by indicating that parent-based interventions are effective in changing such parental behaviors and beliefs. Thus, we obtained preliminary support for the Parent Project as a means for initiating new behaviors and beliefs among parents of at-risk youth.

Treatment outcome research indicates that the involvement of families during the active treatment process leads to better client outcomes (Winters, Botzet, & Fahnhorst, 2011). Although the majority of counselors are aware of the importance of family involvement in adolescent therapy and wellness,

many do not incorporate family members into therapy because of issues of confidentiality and autonomy. Results of this study provide further evidence for the benefits of including parents in treatment programs. Referring parents to a program such as the Parent Project is one way to engage parents in the treatment process and to provide parents with the necessary skills to work with their at-risk teens. Following the Parent Project model, counselors may also facilitate parent support groups, focusing on empowering parents to implement practices that promote healthy adolescent decision making.

If the Parent Project is not available in a particular region, counselors can explore related means of educating parents about the importance of parental monitoring and involvement in their adolescents' daily lives, teach behavior management techniques to help parents acquire skills to address adolescent high-risk behavior, and work with families to improve parent-teen communication. These strategies might improve parenting skills and promote PSE as parents gain confidence in their ability to work with their teens who are engaging in substance use or other destructive behaviors. For example, the Strengthening Families Program (SFP) is an evidence-based intervention designed to prevent adolescent substance abuse by strengthening monitoring, effective discipline, and communication skills (Kumpfer, Molgaard, & Spoth, 1996). SFP is a multicomponent, 14-session, family skills intervention consisting of parent, child, and family training courses. During weekly groups, parents and adolescents are seen separately in the 1st hour, and then families are brought together to practice skills. Homework is also assigned to facilitate generalizability of the skills. Manuals are available for adolescents 10 to 14 years old and 12 to 16 years old. Reviews of the literature indicate that SFP is among the few programs with the most promising evidence for reducing alcohol use among adolescents (Spoth, Greenberg, & Turrisi, 2008).

Computer-based programs are also available for high-risk families. For example, SFP is also available as a 10-session DVD course. Parenting Wisely (Kacir & Gordon, 1999; Lagges & Gordon, 1999) is another computer-based program designed to improve parent-child communication and parental disciplinary skills. This interactive computer program is delivered through nine 2- to 3-hour lessons. Researchers have found that Parenting Wisely is effective in improving child and adolescent problem behavior (Gordon & Stanar, 2003). Computer-based programs such as SFP and Parenting Wisely can be used alone or in conjunction with other counseling interventions. For example, counselors could assign a lesson or module as homework and then discuss these lessons or modules in subsequent sessions.

Conclusion

The aim of this study was to examine the effectiveness of the Parent Project in changing parental behaviors and beliefs. Findings indicated that parents

reported improved levels of general child management, family involvement, parent–child affective quality, substance use rules communication, and PSE at the end of the program, compared with baseline measures. This study adds to the empirical support for the Parent Project, a program available in multiple states and a valuable resource for counselors working with at-risk youth.

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