The importance of parents in school drug prevention efforts cannot be stressed enough. Most American citizens believe that the breakdown of the American family is primarily to blame for the dramatic increase in adolescent tobacco, alcohol and illicit drug abuse. Statistics bear this out. According to the U.S. Census, married couples with children comprised only 23.9 percent of households in 1995 – a share expected to shrink by 20 percent by 2010. Rather than bemoan the loss of the traditional family unit with a strong extended family network and strong communities, an approach should be considered that provides support through schools and communities to diverse types of families. Schools and teachers should be encouraged to form alliances with whatever family members they can interest in supporting the positive academic, moral, and social development of their students.

Parents find it challenging to be engaged in school sponsored activities as much as they would like. Because of increasing demands on parents’ time and attention as well as the increasing number of part-time, divorced, separated, or commuting parents, parents are, in fact, spending less time with their children. The Economic Policy Institute reported in 1998 that parents are working 240 more hours now per year than in 1989. With less time and less extended family support, parents need powerful strategies and ideas for effectively parenting their children.

Today’s schools and teachers are also more burdened with tasks than they were in the past. Schools simply cannot carry the full burden of strengthening families on top of their many other curricular and extracurricular responsibilities. By adopting effective prevention approaches, schools can significantly help families prevent drug use and delinquency. But schools – like parents – need help. The best solution is for schools and parents to invest in ways to work together. Schools can serve as the place where families and community members can meet to develop and coordinate strategies to help their children.

Parents remain an important resource that can be organized and mobilized to help in and drug prevention effort. For example, even though a child’s association with drug using friends is a dominant risk factor for developing drug use, recent results from the National Longitudinal Adolescent Health Study (Resnick, et al., 1997) suggests that parent disapproval of drug use or drug using friends is the primary reason that teens do not use drugs. The breakdown of the family and poor parent-child relationships are at the heart of why teens use drugs.

Research has identified how families aid in the cause of prevention. Strong families with loving and good parent-child relationships protect children from drug use. Families in which parents who are attuned to what their children are doing and who their children
are hanging out with raise non-drug using children. Parents help prevent drug use when they set a good example by not using tobacco, alcohol, or illegal drugs. Parents who communicate their disapproval of drug use are less likely to have drug using children. Improved parenting also contributes to less juvenile delinquency and unhealthy behaviors.

The importance of parents in a child's development, the critical role of family factors is acknowledged in every psychological theory of child development. Family variables are a consistently strong predictor of antisocial and delinquent behaviors and even stronger predictors in minority youth (King, Beals, Manson, & Trimble, 1992). Some have theorized that parents’ influence over their children decreases as they get older. The Center for Substance Abuse Prevention (CSAP) has recently analyzed data on 8,500 high risk youth that refutes this idea. These data suggest that parent involvement and support is the most important protective factor in preventing young people from using drugs. For girls, parent involvement is even more important. Peer norms and drug use by peers are the most immediate reasons for experimenting with drugs. However, teen’s decisions to associate with drug using friends is considerably influenced by their parents' attitudes about illicit alcohol or drug use. It is crucial for school-sponsored substance abuse prevention programs to involve parents.

**What Schools Can Do to Involve Parents and Families in Prevention**

We need to work towards an ideal in which parents see schools as collaborating institutions. A primary goal for those interested in prevention should be to increase the number of opportunities for mutual support in addressing concerns about young people’s behaviors (Bosworth, 1998). To achieve this goal, teachers and families need to develop clear expectations about what types of family involvement should be expected and facilitated.

Consider these options. School may find it beneficial to be active in recruiting parents as volunteers to fulfill all sorts of roles. For example, parent volunteers might act as community liaisons. They might serve to welcome visitors and assist them in finding where they need to go. Parents with special talents might be actively encouraged to serve as class assistants. Some parents can help volunteer with school improvement projects such as landscaping and flower planting, painting, and other beautification projects. If a school has a large immigrant population, acculturating parents might help with international theme evenings and contribute ethnic food, costumes or dances.

An excellent way to involve parents is to create an after-school academic and cultural program where parents and other community volunteers can offer classes in extracurricular activities that the students could benefit from, such as recreation and sports activities, music and dance training, tutoring in reading and math, vocational training, and additional curricular topics not available in many schools – such as advanced computer training, psychology, business internships, and community service projects. Such after-school and summer school activities help to reduce drug abuse by providing structured activities involving a broad range of adults, some of which will become natural mentors for students because of mutual interests. A wide variety of drug prevention activities (e.g., life skills training, drug education and tobacco prevention and cessation classes, resilience training) can also be offered as part of the after-school program.
Parents of the most at-risk students frequently have the most negative experiences with school. They may need special treatment to make them feel more comfortable and less threatened. They might specifically be invited to help with class dinners, parties, awards ceremonies, or to volunteer to help teachers using their talents or skills. Involvement always helps parents feel a part of the school team. It is important for teachers and administrators to invite parents to the school to participate in positive activities. If they only time parents come to school is when their student is in trouble, school will quickly develop a negative image that will be counter-productive to the goals of the family and the school.

Some schools have responded to the concerns of parents by providing parent support or education groups. In my own school, I worked with our Home School Committee to create Parent/Peer Support Groups in the 3rd and 6th grades. These groups allow parents to get to know each other better and to bring in experts to help them with pressing parenting and child developmental needs. These groups are being created ad hoc by parents in a few schools in this country. All involve inviting parents and students in a grade to the school one evening a week or on the weekend to meet for two hours. In the first hour the youth and parents meet individually to discuss a current issue, such as school violence, tobacco, alcohol or drug use, school safety, agreed upon guidelines for overnights, dating and parties and to recommend solutions. In the second hour both the parents and youth come to a consensus and agree on an action plan or guidelines for standards of behavior.

Some schools are implementing a wide number of activities to reduce drug use with the Safe and Drug-free Schools funds from the Department of Education. Parenting and family strengthening activities are not as frequently included. However, with the current mandate on school districts to use their funds for research-based prevention activities and programs, more schools will be implementing parenting programs because they are effective in not just reducing drug use and school violence, but improving school grades, school behaviors, and the child's mental health and social competencies. In fact, many family strengthening programs implemented in schools involve the youth in life and social skills training curricula in addition to their parents learning behavioral parent training and having an hour each week to practice communication skills together as a family.

Effective Family-focused Approaches to Prevention

An approach is a type of intervention (i.e., parent education, parent support groups, in-home family support, parent training), rather than a specific curriculum or program (i.e., Active Parenting, The Strengthening Families Program, etc.). There are about 15 different types of family-based approaches, but only four of these have been found effective in reducing behavioral and emotional problems in youth (CSAP, 1998), namely:

- behavioral parent training,
- family skills training (which combines parent training, children's skills training, family relationship enhancement, and communication practice sessions),
- structural or behavioral family therapy, and
- in-home case management and family support.

A more complete description of these research-based approaches follows:

**Behavioral Parent Training**

Researchers at the University of Oregon (Patterson, Chamberlain, & Reid, 1982) pioneered this approach which now has many versions including a very effective video tape version developed by Carolyn Webster-Stratton (1990) for preschool and elementary school students. The goal of this approach is to teach parenting skills that help parents become more effective at communicating, monitoring, and disciplining their children. This highly structured approach involves having parents meet in small groups without the presence of their children. The groups are led by a trained teacher or a professional parenting skills trainer who covers the details of a 12 session curriculum guide. Each session in the curriculum guide is two hours. Educational methods include review of homework, video presentations of effective and less effective methods of parenting, short lectures and discussions to extract parenting principles, interactive exercises, role plays of direct practice in the parenting behavior to be changed, charting and monitoring of parenting and children’s behaviors, and assignment of homework. This approach works on improving the relationship between the parent and the child by having the parents pay more attention to positive behaviors, increasing rewards for wanted behavior and ignoring unwanted behavior, increasing therapeutic play time, improving parental monitoring of the child's behaviors, developing chore charts and reward systems, improving communications with clearer requests and consequences, and finally ending with several sessions on effective discipline through time-outs or removal of privileges.

**Family Skills Training or Behavioral Family Therapy**

This approach differs from parent training because it includes the students in the training. The approach combines: (1) behavioral parent training, (2) children's social and life skills training, and (3) family communication and discipline practice sessions. Sessions are generally conducted in the evenings or on weekends. During the first hour, parents and children split into two groups: (1) the behavioral parent training group and (2) the children's skills training group. In the second hour, the families form two multi-family groups to practice. Parents participate in an activity called the “Child’s Game” in which they learn therapeutic techniques for improving their child’s play skills. Using intervention strategies developed by Forehand & McMahon (1981), the parents learn through observation, direct practice with immediate feedback by trainers and video tape, and trainer and child reinforcement of how to improve positive play by following the child's lead and not correcting, bossing, criticizing, or directing. Teaching parents how to play with their children in a non-directive and positive way improves the child’s relationship to the parents and decreases behavioral and emotional problems particularly for youth in special education. The families also practice talking with each other about sensitive issues and parent’s practice making requests and rewarding accomplishments.

Recruitment and retention of families can be better than for parent training only programs, because the students do not want to miss the group if their friends come. Typical program content includes: feeling identification, anger and emotional management, accepting and giving feedback and criticism or praise, problem solving, decision making, assertiveness and peer resistance skills, communication skills, and how to make and keep good friends. Food, transportation, and child care are often provided.

Family skills training is increasing in popularity. Other popular programs include the Strengthening Families Program (Kumpfer, DeMarsh, & Child, 1989) with versions for
substance-abusing parents, African-Americans (Aktan, Kumpfer, & Turner, 1996), Hispanic families of 6-12 year olds and rural families of pre-teens and teens (Kumpfer, Molgaard, & Spoth, 1996); Focus on Families for methadone maintenance parents; the Nurturing Program for physically and sexually abusive parents; Families and Schools Together (FAST) for high-risk students in schools (this program is described in more detail in Chapter 20); and the Family Effectiveness Training (FET; Szapocznik, Santisteban, Rio, Perez-Vidal, & Kurtines, 1985) for Hispanic adolescents.

**Family Therapy**

This indicated prevention approach is typically implemented with youth diagnosed as having milder emotional or behavioral problems such as conduct disorder, depression, and school or social problems. When left untreated these problems can lead to more severe problems such as delinquency or drug use. They are conducted by trained clinicians or interns under supervision in a clinic. In the CSAP review, only four family therapy models were found effective for the prevention of substance abuse, namely Jose Szapocznik’s Structural Family Therapy, James Alexander and Bruce Parson's Functional Family Therapy (1982), which includes Don Gordon's computer interactive version used in juvenile courts called Parenting Adolescents Wisely (Gordon, et al., 1998), and Howard Liddle’s Family Therapy.

Parent education programs that have focused on didactic knowledge-only approaches and affectively based parenting have produced insufficient evidence of effectiveness for school-aged youth (5 years and up; CSAP/Family PEPS, 1998). While there was sufficient evidence of moderate effectiveness of family support programs with families of children from birth to five years of age (Yoshikawa, 1994), there does not appear to be enough evidence of effectiveness with older children.

**Effectiveness of Family Interventions**

Many family and parenting programs are effective. Schools should try to select the one that fits the demographics and special needs of their students. Because common family and peer influences affect many unhealthy behaviors in youth (Ary, Duncan, Duncan, & Hops, in press), these parenting and family strengthening strategies are effective for the prevention of conduct disorders, violent and aggressive behaviors, delinquency, substance abuse, depression, suicide, teen pregnancy, HIV disease, school failure, and eating disorders (Gordon, Arbruthnot, Gustafson, & McGreen, 1998).

The most effective parenting programs also deal with community, school, and family norms and dynamics. Interactive approaches are more effective than didactic, lecture style programs (Tobler & Stratton, 1997). Comprehensive family programs that combine children’s social training with parent training have the potential to change a broader range of family risk and protective factors.

A wide variety of parenting and family programs impact different risk and protective factors. For instance, parenting skills training programs stressing effective discipline techniques such as ignoring disruptive or coercive child behaviors are effective in reducing coercive family dynamics (Webster-Stratton, & Taylor, 1998; Webster-Stratton, 1994). Behavioral parenting programs stressing improved parental monitoring do, in fact, improve parental monitoring (Dishion & Andrews, 1995). Behavioral parent training programs, if
of sufficient dosage (45 hours for high-risk families), are generally effective in reducing children's conduct disorder. Family therapy and family skills training programs are generally most effective in improving family communications, family control imbalances, and family relationships (CSAP/PEPS, 1998). In-home family support or parent support programs improve social support (Yoshikawa, 1994). In-home or office-based case management family services are effective in increasing the family's access to needed services. Parent education programs are effective in improving parent’s knowledge and awareness of parenting issues, but do not necessarily change parental or children’s behaviors – the most important test of an effective program (Falco, 1992). Children's social skills training added to parenting and family programs improve children’s prosocial skills.

**Principles of Effective Family-focused Interventions**

Schools can use the following principles of effective family programs as guidelines in selecting the program best for them.

- Comprehensive interventions are more effective in modifying a broader range of risk or protective factors and processes in children.
- Family-focused programs are more effective than child-focused or parent-focused only.
- Sufficient dosage or intensity is critical for effectiveness.
- Family programs should be long-term and enduring.
- Tailoring the parent or family intervention to the cultural traditions of the families involved improves recruitment, retention, and outcome effectiveness.
- Addressing developmentally appropriate risk and protective factors or processes at specific times of family need when participants are receptive to change is important.
- Family programs are most enduring in effectiveness if they produce changes in the ongoing family dynamics and environment.
- Interventions beginning early in the life cycle (i.e., prenatally or early childhood) are more effective with dysfunctional parents.
- Components of effective parent and family programs include addressing strategies for improving family relations, communication, and parental monitoring.
- High rates of family recruitment and retention (in the range of 80-85%) are possible with the use of incentives (food, child care, transportation, rewards for homework completion or attendance and graduation).
- Videos of families demonstrating good and bad parenting skills helps with program effectiveness and client satisfaction.
- The effectiveness of the program is highly tied to the trainer's personal efficacy and characteristics.

**Tips for Identifying Family Strengthening Programs**

School personnel who obtain local, state, and federal funds are now being required to use proven programs and measure program outcomes. In 1989, we began a national search for the most effective parenting family interventions that aim to reduce drug abuse,
delinquency and other behavior problems. To date, about 60 model programs have been identified, with 34 models selected by an expert panel from over 1,000 identified programs (Ashery, Robertson, & Kumpfer, 1998; CSAP, 1998; Kumpfer & Alvarado, 1998; in press). A list of model programs is available on the Internet at www.strengtheningfamilies.org. This web site includes a literature review and two page program descriptions and contact information. These parenting and family strengthening programs have standardized curricula and manuals. Unfortunately, only a few of these effective parenting programs are currently being disseminated commercially.

The majority of the drug prevention programs that are commercially marketed do not have outcome effectiveness results or are counterproductive. Most only have client satisfaction ratings which do not translate to real behavior change in kids. There are clearly programs to be avoided. According to Norman and Turner (1993), some programs may produce unwanted results, particularly if they are information-only models or models that inadvertently increase involvement with anti-social or drug-using adults or peers. Aggregating high-risk youth in youth-only groups without experienced adult leadership capable of maintaining a prosocial environment can lead to negative effects (Dishion & Andrews, 1995) as can any program that weakens the parent-child relationship (Szapocznik, et al., 1985).

**Needs Assessments**

The selection of a program should match the needs of the parents and students. To be maximally effective in reducing drug use and other unwanted behaviors, the school should conduct an assessment of resiliency strengths, talents, needs, and risks in students to determine the most appropriate prevention program to implement. The Search Institute Assets Assessment is being implemented in many schools is a positive approach but focuses solely on protective factors. An assets assessment is not enough as risks must also be addressed in prevention programs. Risks must also be identified because the probability of substance abuse increases as the number of risk factors increase no matter how many assets or protective characteristics exist (Dunst & Trivette, 1994). The selection of the best prevention approach must therefore be based on a complete risk and protective factor analysis. The Communities That Care (CTC) Student Survey (Harachi, et al, 1996), now being used in over 30 states, is an excellent resource for identifying both protective and risk factors that an adopted program should address.

**Family Protective and Resilience Factors**

In addition to reducing family risk factors, family protective mechanisms and individual resiliency processes should be addressed. The five major types of protective family factors include: (1) loving and supportive parent-child relationships, (2) positive discipline methods, (3) monitoring and supervision, (4) family advocacy for their children, and (5) seeking information and support for the benefit of their children. The most important thing a parent can do to increase resilience in children is to help them develop dreams, goals, and purpose in life (Kumpfer, 1999). A child without hope and direction is prey to depression and substance abuse. A major challenge is to develop and test interventions that effectively strengthen multiple family protective characteristics helpful in preventing multiple youth behavior problems.
Training To Improve the Fidelity of Implementation

Once the most suitable prevention program is selected, school personnel should receive training in how to implement the program. A number of factors have been identified that are important in effectively implementing research-based programs in school settings (Bosworth, Gingiss, Potthoff, & Roberts-Gray, 1999). Some of these factors include: (1) internal support in the facilitation process (training, technical assistance, and supervision) for the implementors, (2) appropriate resources to implement programs (e.g., materials, rooms, supplies, funding, and time), (3) commitment and support from the principal and other school and district administrators, (4) experience and expertise in program implementation by the staff, (5) parental and community support for new prevention programs, (6) compatibility of new programs with student needs and school culture, and (7) ease of implementation and compatibility with other programs in school. Adherence to program content is also a critical element in success. The implementors should not modify the program in terms of the core elements and should only modify the content to be more locally and culturally appropriate. To do this they need training. CSAP’s six regional Centers for the Application of Prevention Technology (CAPTs) offer training and website assistance in locating and implementing evidence-based substance abuse prevention programs.

Training in effective parenting and family programs (Kumpfer & Alvarado, 1998) can be purchased directly from the program developers or through the collaborative funding arrangements with the federal government. For example, CSAP/Office of Juvenile Justice and Delinquency Prevention (OJJDP) Strengthening America's Families Initiative have recently supported 96 communities to implement the best parenting and family program for their families. Training is provided by CSAP in partnership with OJJDP and the University of Utah.

Tips in Implementing Research-based Family Programs

To get maximal outcomes the standardized parenting programs should be implemented exactly as intended. Minor modifications of examples, wording, language, and visual materials is acceptable if such changes make the program more culturally or locally-relevant. Do not try to create your own program, cut the program, or rearrange the sequence of sessions without first discussing the proposed changes with the program developers. Program developers can help you avoid accidentally eliminating critical aspects of the program because they understand program objectives as well as the natural flow of content and length of time needed to get positive outcomes.

Conclusion

Drug abuse among children and adolescents has increased during this decade because of family breakdowns. Shifting youth cultural norms, and federal legislation have created an environment that is less supportive of strong, stable families. Research has identified many effective parenting and family strengthening approaches which should be implemented in schools to help parents improve their parenting skills and their children’s behaviors at school and at home. Schools should strive to find creative and effective ways to partner with parents and other family members to support the children’s academic, social and spiritual development. Schools can be active partners with families in developing
programs to foster both the academic mission of the school and to create healthier, happier, and non-drug using students.

**References**


Bosworth (1998)

Bosworth, K., Gingiss, S., Potthoff, & Roberts-Gray (1999)


