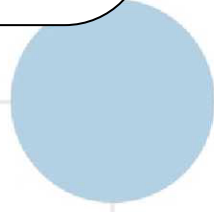
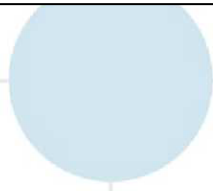


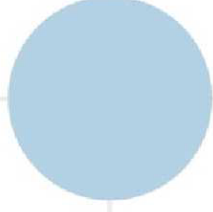
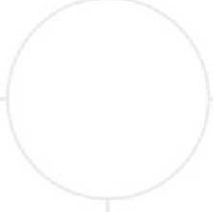


***Parents360 - Parents: You Matter
Final Report***

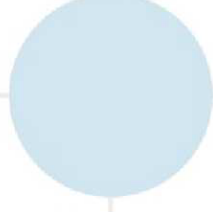
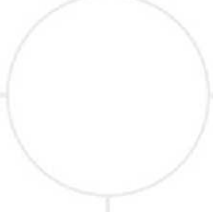
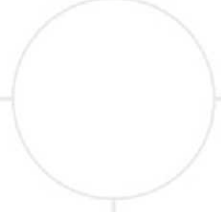
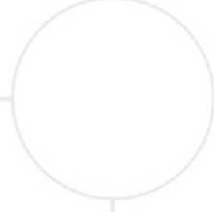
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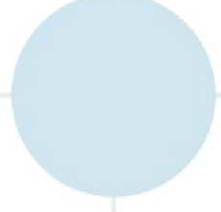
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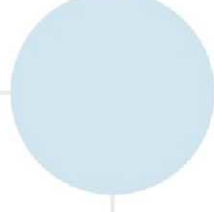
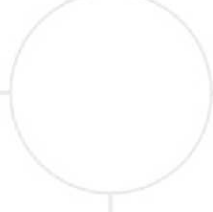
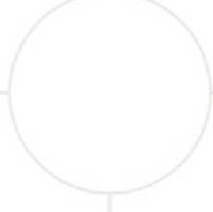
HOPE



STRENGTH



CONNECT



EQUITY

Preface

This report, *Parents360 - Parents: You Matter* Final Report, developed by Community Science, details the findings of the evaluation of the Partnership at Drugfree.org's *Parents: You Matter* community education intervention.

The Community Science evaluation team wishes to thank Gina Hijjawi, Mike Townsend, Kevin Collins, and Barbara Delaney at the Partnership at Drugfree.org for their guidance and assistance, and the opportunity to evaluate such an important intervention effort. We thank Carol Walsh, Alicia Church, and Charlotte Gironda, and Patty Brown at the Montgomery County Collaboration Council for Children, Youth, and Families for helping us recruit participants for the study, and coordinate and host the *Parents: You Matter* presentations. We also thank the families who participated in this evaluation for their commitment and the critical role they played in helping to test the effectiveness of *Parents: You Matter*.

Community Science staff working on this project include David M. Chavis (project director), LaKeesha N. Woods (co-project director), Marjorie A. Nemes, Zachary Miller, and Andrea Campos. Kien S. Lee assisted with the pilot test of the adapted and developed surveys. Sylvia Mahon was responsible for the production of this report.

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Executive Summary

Purpose

Given the immediate and long-term effects of substance use on youth, prevention and early intervention are critical to help keep youth healthy and successful. Previous research suggests that risk-focused and multi-component approaches are the most promising preventive interventions for adolescent substance use. Previous research also suggests that parents are a primary influence on adolescent substance use, with their parenting practices and perceptions about substance use being potential risk or protective factors of their children's use. Recognizing the importance of parents, the Partnership at Drugfree.org developed *Parents: You Matter* to teach parents of 12- to 17-year-olds about substance use and provide them with tools and resources to prevent substance use—or to intervene in the case of suspected or known substance use. The purpose of the current evaluation was to assess the effectiveness of *Parents: You Matter* on parents':

1. Engagement of their child and other parents in ongoing communication about adolescent substance use;
2. Monitoring of their children's whereabouts and behaviors;
3. Knowledge of adolescent substance use and community resources related to adolescent substance use prevention;
4. Attitudes toward substance use; and
5. Self-efficacy to address substance use.

The expectation was that parents who participated in the intervention would increase their parental behaviors, knowledge, and self-efficacy about adolescent substance use more than would parents who did not receive the intervention. Parents also were expected to find each component of the intervention useful and beneficial for their children.

Methods

Based on the age of the identified child for the study, parents were randomly assigned to the intervention or control group. A total of 75 parents (34 intervention, 41 control) and 72 youth (33 intervention, 39 control) from Montgomery County, Maryland, completed self-report surveys of the indicators of interest at baseline, one month later, and three months later. Intervention parents attended a one-hour *Parents: You Matter* presentation and completed an evaluation form of their impressions of the presentation. After the presentation, intervention parents were asked to watch the accompanying DVD, entitled *wreckED*, with their child and use

the DVD guide that provided suggested discussions about the content of the video. The evaluators analyzed survey data to determine changes in parents' behaviors and attitudes about adolescent substance use; youth survey data were compared with parents' reports of their own behaviors and attitudes. Evaluators gleaned impressions of the presentation from the evaluation form that intervention group parents completed. Intervention group participants' responses to the open-ended survey questions pertaining to the *wreckED* DVD and accompanying guide were analyzed for salient themes. Analyses of covariance (ANCOVA) were conducted to determine the effectiveness of the *Parents: You Matter* intervention and to identify demographic groups for which the intervention was most effective.

Results

Over the course of the study, parents, on average, reported they talked with their children about substance use up to *twice* in the last 30 days and spent time with them in general activities up to twice per week. Their most thorough discussion about substance use lasted up to 30 minutes. Parents expressed strong disapproval for their children using any type of drug. The majority of parents shared views similar to those of their co-parent; any differences between intervention group parents were due to the intervention parents having stricter views than the co-parents. Parents reported the least consistency around their views about adolescent alcohol use. To stay apprised of their children's whereabouts and activities, parents reported practicing monitoring behaviors regularly. In general, parents felt knowledgeable about adolescent substance use and resources as well as felt certain about their ability to help prevent substance use.

After adjusting for differences in baseline scores between the intervention and control groups, **the intervention group had significantly greater increases after three months than did the control group parents in:**

- **Knowledge of substance use, and resources for assistance; and**
- **Communication self-efficacy.**

On average, intervention parents reported being *knowledgeable*, and control group parents' average scores were between *somewhat knowledgeable* and *knowledgeable*. On a 1 to 10 scale of certainty, intervention group parents' average communication self-efficacy was 8.90, and control group parents' mean was 8.65. The effect sizes indicated that *Parents: You Matter* had a moderate effect on parents' ability to gain knowledge and confidence in communicating with their children about substance use. *Parents: You Matter* did not have a significant effect on their other aspects of self-efficacy or on communication, monitoring, or attitudes toward substance use. **Intervention group youths' perceptions of their parents' behaviors and attitudes after three months was consistent with parents' self-ratings, as**

indicated by the high positive correlations. **Only control group youths' rating of their parents' communication was similar to their parents' self-ratings after three months. No differences were found between intervention and control group youths' perceptions of the frequency of their parents' communication and monitoring or their level of disapproval toward substance use** after adjusting for differences in the youths' baseline scores. This finding suggests that parents' participation in the intervention did not substantially change their communication, monitoring, or disapproval of substance use in a way that was noticeable to their children.

There were significant demographic differences in intervention parents' identification of substance use and knowledge self-efficacy scores, after controlling for differences in baseline scores. **Parents of children older than 13 years and parents with annual household incomes of under \$100,000 felt more confident about identifying substance use in their child than did their counterparts. Parents of color felt more confident about being able to access information and resources about adolescent substance use than did Caucasian parents.**

Intervention group parents rated the information they received from the presentation useful and parents and youth found the wreckED DVD helpful in facilitating a conversation about alcohol and drugs. Parents and youths found the stories from families affected by adolescent substance abuse as well as examples of consequences of substance use particularly helpful. Parents and youth also found the DVD helpful in facilitating discussion about adolescent substance use. Parents considered the guide a useful tool for framing discussions with their child, providing information and resources, and navigating the DVD.

Conclusion

Consistent with hypotheses, the evaluation of *Parents: You Matter* revealed that it was a moderately effective intervention for strengthening parents' knowledge about substance use and community resources, and parents' confidence in their ability to communicate regularly and meaningfully with their children about substance use. Furthermore, parents of older youth, parents of color, and parents with an annual household income of under \$100,000 gained more confidence for addressing substance use as a result of the intervention than did their counterparts. As expected, parents and youth were satisfied with *Parents: You Matter*; intervention group participants found the presentation, *wreckED* DVD, and guide helpful and useful. Parents and youths who watched the DVD together found the personal stories, examples of consequences of substance use, and facilitation of discussion that the DVD provided particularly poignant and helpful. Parents considered the guide a useful tool for framing discussions with their child, providing information and resources, and navigating the DVD. Most of the parents and youth were satisfied with the DVD but recommended including even more information about alcohol and drugs, expanding the demographics of the youth and

families shown, and making the video longer. Some parents also wanted more information about alcohol and drugs included in the guide.

The assessment of *Parents: You Matter* is an important step in testing the intervention as an evidence-based parent education tool. The evaluation found that the intervention had a positive effect on parents' knowledge about adolescent substance use and confidence about their ability to address alcohol and drug use with their children. The findings are especially noteworthy in light of the facts that parents already appeared motivated, knowledgeable, and engaged in addressing adolescent substance use; and that *Parents: You Matter* is a low dosage intervention.

Parents: You Matter can be considered an intervention to prepare parents to practice more substantial strategies and should be thought of as an early step in the continuum of interventions to prevent or change youths' actual use. To strengthen this parent-focused intervention and further research related to adolescent substance abuse preventive interventions, the evaluators recommend the following:

- 1. Help parents move beyond knowledge and confidence about addressing substance use by developing more strategies and tools to help parents put their learning into practice.**
- 2. Continue to refine the target audience for the intervention and tailor the content by a) examining the cultural relevance of all aspects of the intervention and b) expanding the demographics of the parents who are exposed to the intervention.**
- 3. Strengthen messages to ensure that parents understand the dangers of all types of drugs on all children and to promote early intervention.**

1. Introduction

Substance use among adolescents in the United States remains prevalent and results in numerous, dangerous consequences for youth, their families, and communities. Use of alcohol, one of the most widely used drug substances in the world, among high school students remained consistent from 1991 to 1999 and then decreased from 50% in 1999 to 42% in 2009. In 2009, nearly one-quarter of high school students reported episodic heavy or binge drinking (Centers for Disease Control and Prevention [CDC], 2010). Although reported current marijuana use decreased from 27% in 1999 to 21% in 2009 (CDC, 2010), marijuana is the most commonly used illegal drug among youth in the United States. Among other illicit drugs, reported lifetime use of inhalants decreased from 20% in 1995 to 12% in 2009; ecstasy decreased from 11% in 2003 to 7% in 2009; and methamphetamines decreased from 10% in 2001 to 4% in 2009 (CDC, 2010). While illicit drug use has declined among youth, reported rates of nonmedical use of prescription and over-the-counter (OTC) medication remain high, with 20% of U.S. high school students having used a prescription drug in their lifetime (CDC, 2010; Substance Abuse and Mental Health Services Administration [SAMHSA], 2008). Youth most commonly misuse prescription pain relievers, tranquilizers, stimulants, and depressants as well as OTC cough and cold medications (SAMHSA, 2008). With respect to tobacco, approximately 3,600 young people between the ages of 12 and 17 years initiate cigarette smoking in the U.S. daily, and an estimated 1,100 young people become daily cigarette smokers (SAMHSA, 2009). In 2009, the reported current use of tobacco products among high school students was 19% for cigarettes, 14% for cigars, and 9% for smokeless tobacco (CDC, 2010).

Adolescent substance use is a major—and costly—public health problem. Tobacco use remains the leading preventable cause of death in the U.S. Alcohol use can cause physical harm or death via excessive consumption, motor vehicle crashes, unintentional injuries, fights, diseases, and psychological disorders. Drug and alcohol use also contributes directly and indirectly to the HIV epidemic. Additionally, substance use is related to academic, occupational, and legal problems. Although many youth falsely believe that prescription and OTC drugs are safer than are illicit drugs, misuse of these medications can cause serious health effects, addiction, and death (CDC, 2008a; Naimi, Brewer, Mokdad, Denny, Serdula, & Marks, 2003; SAMHSA, 1999; U.S. Department of Transportation, 2010).

1.1 Importance of Prevention and Early Intervention

Given the immediate and long-term effects of substance use on youth, prevention and early intervention are critical to keep youth healthy and successful. Students with positive connections to adults and peers are less likely to engage in risky behaviors such as alcohol and drug use (Resnick, Bearman, Blum et al., 1997). Further, declines in adolescent substance use

are linked to the diffusion of evidence-based prevention to schools (Pentz, 2003). Research suggests that risk-focused approaches, which comprise the identification of risk factors for substance abuse and the identification and application of methods that effectively address risk factors, and multi-component approaches are the most promising preventive interventions for adolescent substance use (Hawkins, Catalano, & Miller, 1992; Pentz, 2003).

1.2 Parent Education Interventions

According to existing research, parents are a primary influence on adolescent substance use. For instance, parents' perception of adolescent substance use is related to actual youth substance use. Family disapproval of drug use has been shown to be protective against drug use, and unclear rules and consequences have been associated with higher substance use (Ary, James, & Biglan, 1999; Hawkins et al., 1992). Parents' perceived control over their child's drug use behavior (self-efficacy) also is protective (Hawkins et al., 1992). A number of family-focused interventions have been developed to help prevent adolescent substance use. The foci of many family-focused interventions are counteracting risk factors and enhancing protective factors through strategies such as promoting effective parenting (e.g., behavior management, limit setting, communication), strengthening families, and providing support for prevention practices (Kumpfer & Kaftarian, 2000). Although some parent interventions have beneficial effects on children's health behavior (Johnson, Pentz, Weber et al., 1990; Rohrbach, Hodgson, Broder et al., 1994), parent-based interventions tend to have inconsistent or weak effects relative to programs that focus directly on youth behavior (Ary et al., 1999; Klitzner, Gruenewald, & Bamberger, 1990; Spoth, Redmond, Trudeau, & Shin, 2002). Research posits that the weak effects might be due to erroneous assumptions about parental mechanisms for behavior change, particularly the impact of self-efficacy (Riggs, Eifenbaum, & Pentz, 2006).

1.3 Overview of Project

Recognizing the importance of parents in preventing adolescent substance use, the Partnership at Drugfree.org (the Partnership; formerly Partnership for a Drug-Free America) developed *Parents: You Matter*, which is part of a suite of presentations in the PACT360 Community Education Program. The Partnership trains teams of professionals in substance abuse prevention, treatment, and law enforcement to deliver the presentations in their communities. *Parents: You Matter* is designed to teach parents of 12- to 17-year-olds about substance use and provide them with tools and resources to help parents prevent substance use—or intervene in the case of suspected or known substance use. As parent-based interventions primarily have focused on changing parent behavioral skills rather than self-efficacy (Riggs et al., 2006), *Parents: You Matter* aims to impact not only parental behaviors and

attitudes but also their self-efficacy to help prevent adolescent substance use, which addresses the gap in the focus on parental self-efficacy in existing interventions.

To address the gap in research on effective parent-based substance use, the Partnership awarded Community Science a contract to evaluate *Parents: You Matter*. The aim of the evaluation was to determine the impact of *Parents: You Matter* on parents':

1. Engagement of their child and other parents in ongoing communication about adolescent substance use;
2. Monitoring of their children's whereabouts and behaviors;
3. Knowledge of adolescent substance use and resources related to adolescent substance use prevention;
4. Attitudes toward substance use; and
5. Self-efficacy, or confidence in their ability to prevent their child's use of alcohol and drugs or intervene as necessary.

The expectation was that parents who participated in the intervention would increase their parental behaviors, knowledge, and self-efficacy about adolescent substance use. Parents also were expected to find the components of the intervention beneficial for their children. The following sections present the findings and implications of the evaluation of *Parents: You Matter*. Section 2 summarizes the methodology used for the evaluation and describes the characteristics of the parent and youth intervention and control group participants. In section 3 are the evaluation findings that test the hypotheses related to the effect of the *Parents: You Matter* intervention. Finally, section 4 addresses the implications of the findings and related recommendations for ongoing intervention development and future research.

2. Methods

2.1 The Intervention

Parents: You Matter consists of a one-hour presentation; an accompanying DVD, entitled *wreckED*; and a discussion guide for the DVD. The presentation informs parents about:

1. Methods to communicate with their child, and opportunities to connect with other parents;
2. Methods to monitor and supervise their child's whereabouts and behavior;
3. Risk factors associated with adolescent substance use (for individuals, families, and peers; at school; and in the community) and common motivations for adolescent substance use;

4. Information, methods, and tips specific to alcohol and particular drugs; and
5. Their role and confidence in their ability to prevent substance use or intervene if their child is using alcohol or other drugs (Partnership at Drugfree.org, 2010).

The presentation took place in the evening in a central location for the parents; refreshments were provided. A trained facilitator from the Partnership conducted the presentation. During the presentation, parents received a folder that included materials about local substance use resources, tips for communicating with and monitoring children, and exchanging contact information with other parents; the *wreckED* DVD; and the DVD guide, designed to help parents navigate the DVD and facilitate discussions that would occur from viewing the DVD with their children.

WreckED is a 10-minute video that shows stories from youth who became addicted to alcohol and/or drugs. Drug-specific educational modules (e.g., methamphetamine, ecstasy) are available depending on the needs of the local community; however, these modules were not part of this evaluation of the intervention. Parents were encouraged to watch the DVD with their child within one week after the presentation.

2.2 Participants

Community Science subcontracted with a local management board (a county body required by the state to plan, implement, and monitor child and family services)—the Montgomery County Collaboration Council for Children, Youth, and Families (the Collaboration Council)—to identify, recruit, and enroll eligible participants into the evaluation study and host the presentation. The eligibility and screening criteria for parents were as follows:

- A 12- to 17-year old child living in the same home as the parent—if more than one child was eligible, only one was recruited;
- No currently or previous treatment for substance abuse or severe emotional disorders;
- Ability to provide informed consent (e.g., legal guardian);
- Has regular access to email and Internet and uses email regularly;
- Proficient in English at a 7th-grade level (the presentations are in English only and developed at a 6th- to 7th-grade reading level); and
- Speaks English at home.¹

¹ The current *Parents: You Matter* intervention is available only in English.

To ensure racially/ethnically/culturally diverse sample with socioeconomic similarities, parents were recruited from similar neighborhoods in the county. A diverse sample enhanced the testing of the intervention because 1) the feedback that parents provided represented diverse perspectives, and 2) the degree to which *Parents: You Matter* is culturally sensitive and relevant could be determined in part by having a diverse group experience the intervention.

The Collaboration Council recruited families from 15 communities in Montgomery County, Maryland, a primarily suburban county outside of Washington, DC. The Council sent potential participants emails explaining the intervention, study length, activities, and incentives for participation (\$25 per completed parent survey and presentation; \$20 per completed youth survey; \$50 bonus for parents completing all three surveys [and the presentation, if applicable]; and \$25 bonus for youths completing three surveys). The evaluation team contacted eligible parents who wanted to participate to explain the informed consent process, and parents and youths were enrolled into the study once they confirmed their consent to participate.

Based on the age of the identified child, parents were randomly assigned to the intervention or control group. Between May and July 2010, 77 families consented to participate in the study. A total of 75 parents (34 intervention, 41 control) and 72 youth (33 intervention, 39 control) completed the baseline survey and therefore were eligible to complete the entire study. Analysis of variance (ANOVA) and chi-square tests were used to determine if the intervention and control groups were similar. The demographics of the two groups did not differ significantly, and therefore were comparable.

Tables 1 and 2 present the participants' demographic characteristics. Parents tended to be female (over 85%), between 35 and 54 years old (over 80%), White/Caucasian (44%) or Black/African American (over 35%), native to the United States (over 73%), and have attained some post-secondary education (over 85%). Households most frequently had an annual income greater than \$100,000 (over 35%). The number of boys and girls in the sample was comparable, with over 40% reported of each gender. The average age of the youths was 14.5 ($SD = 2.02$). The majority of the youths (61%) were in high school.

Table 1. Parent Demographics

Variable	Intervention (n = 34) % (n)	Control (n = 41) % (n)
Gender		
Female	88.2 (30)	90.2 (37)
Male	11.8 (4)	9.8 (4)
Age		
25 – 34 years	8.8 (3)	7.3 (3)
35 – 44 years	35.3 (12)	22.0 (9)
45 – 54 years	47.1 (16)	58.5 (24)
55 years or older	8.8 (3)	4.9 (2)
Race/Ethnicity		
White/Caucasian	44.1 (15)	43.9 (18)
Black/African American	35.3 (12)	36.6 (15)
Latino/Hispanic	8.8 (3)	17.1 (7)
Asian/Pacific Islander	5.9 (2)	2.4 (1)
Native American/American Indian	0	4.9 (2)
Other (e.g., Jamaican, African, Chinese)	0	4.9 (2)
Multiracial	2.9 (1)	14.6 (6)
Country of Origin ^a		
United States	73.5 (25)	78.0 (32)
Non-Native to U.S. ^b	26.5 (9)	22.0 (9)
Marital Status		
Married	55.9 (19)	58.5 (24)
Single	26.5 (9)	22.0 (10)
Separated	0	7.3 (3)
Divorced	17.6 (6)	4.9 (2)
Domestic partnership	0	2.4 (1)
Education		
Some high school	2.9 (1)	2.4 (1)
High school	0	9.8 (4)
Some college	23.5 (8)	17.1 (7)
College degree or technical certificate	38.2 (13)	34.1 (14)
Some graduate school	20.6 (7)	34.1 (14)
Graduate degree	14.7 (5)	0

Variable	Intervention (n = 34) % (n)	Control (n = 41) % (n)
Annual Household Income		
Less than \$20,000	8.8 (3)	4.9 (2)
\$20,000 - \$29,999	5.9 (2)	7.3 (3)
\$30,000 - \$49,999	11.8 (4)	19.5 (8)
\$50,000 - \$74,999	20.6 (7)	24.4 (10)
\$75,000 - \$99,999	8.8 (3)	7.3 (3)
\$100,000 or more	41.2 (14)	36.6 (15)
Household Composition		
Children 12 – 17 years old	97.1 (33)	92.7 (38)
Significant other	58.8 (20)	53.7 (22)
Children over 18 years old	20.6 (7)	22.0 (9)
Children under 12 years old	14.7 (5)	34.1 (14)
Parents (i.e., children’s grandparents)	5.9 (2)	4.9 (2)
Grandparents	0	4.9 (2)
Other relatives (e.g., aunt, cousin, sibling)	2.9 (1)	2.4 (1)

Note: All participants did not answer all items; where appropriate, some selected multiple responses.

^aNon-U.S. natives have lived in the U.S. for at least 10 years. ^bNative countries represented include India, Canada, Colombia, El Salvador, England, Ethiopia, Finland, Ghana, Guatemala, Indonesia, Jamaica, Liberia, Morocco, Panama, Peru, and St. Vincent.

Table 2 Child Demographics

Variable	Intervention (n = 33) % (n)	Control (n = 39) % (n)
Gender		
Female	48.5 (16)	53.8 (21)
Male	48.5 (16)	43.6 (17)
Age		
12 years	18.2 (6)	17.9 (7)
13 years	12.1 (4)	12.8 (5)
14 years	18.2 (6)	20.5 (8)
15 years	15.2 (5)	20.5 (8)
16 years	24.2 (8)	10.3 (4)
17 years	9.1 (3)	12.8 (5)

Variable	Intervention (n = 33) % (n)	Control (n = 39) % (n)
Race/Ethnicity		
White/Caucasian	48.5 (16)	43.6 (17)
Black/African American	42.4 (14)	43.6 (17)
Latino/Hispanic	9.1 (3)	17.9 (7)
Asian/Pacific Islander	12.1 (4)	5.1 (2)
Native American/American Indian	6.1 (2)	7.7 (3)
Other (e.g., Jamaican, African, Chinese)	3.0 (1)	7.7 (3)
Multiracial	21.2 (7)	20.5 (8)
Country of Origin ^a		
United States	94.0 (31)	87.0 (34)
Non-Native to U.S. ^b	6.0 (2)	13.0 (5)
Grade		
6 th	6.1 (2)	10.3 (4)
7 th	21.2 (7)	15.4 (6)
8 th	9.1 (3)	10.3 (4)
9 th	15.2 (5)	25.6 (10)
10 th	18.2 (6)	20.5 (8)
11 th	21.2 (7)	2.6 (1)
12 th	6.1 (2)	12.8 (5)

Note: All participants did not answer all items; where appropriate, some selected multiple responses. ^aNon-U.S. natives have lived in the U.S. for at least three years. ^bNative countries include China, Colombia, El Salvador, Liberia, Morocco, Panama, and Puerto Rico.

2.3 Instruments

To develop the surveys, the evaluation team reviewed the literature about assessments of youth substance use and other risky behavior (CDC, 2008b; National Institute on Drug Abuse [NIDA], 2000; SAMHSA, 2010), and the use of self-efficacy scales (Bandura, 2006; Perrone, Sullivan, Pratt, & Margaryan, 2004). With the exception of the self-efficacy scale, the scales used to measure the other four indicators were adapted from the following national surveys: Youth Risk Behavior Survey (CDC, 2008b), National Survey of Parents and Youth (NIDA, 2000), and National Survey on Drug Use and Health (SAMHSA, 2009). The evaluation team developed the self-efficacy scale, given the lack of standardized measures for parental self-efficacy related to adolescent substance use. The survey given to parents to evaluate the presentation was adapted from the evaluation form the Partnership uses for its programs (see Appendix A for a copy of the measures).

The Partnership reviewed the first draft of the parent and youth surveys, and the evaluators made revisions based on the comments. The evaluation team conducted a pilot of the revised drafts of the surveys with a sample of 15 parents and 20 youths recruited from Montgomery County, Maryland. These participants were asked to provide feedback (via phone or email) on the survey's length, the clarity of instructions and questions, and the readability and adequacy of the wording. In addition, the evaluators asked participants in the survey pilot to comment on the perceived purpose of the survey, report any difficulty they had with completion, and make recommendations for improvement.

The evaluators conducted psychometric statistical analyses on the survey responses from the pilot test. The reliabilities (i.e., the consistency of a measure each time it is used) of overall parent and youth surveys were moderate to high, with $\alpha = .86$ and $.62$, respectively. The reliabilities for the subscales were moderate to high, ranging from $\alpha = .33$ for Attitudes about Substance Use to $.86$ for Identification of Substance Use Self-Efficacy; the reliabilities of the scales of youths' perceptions of their parents were moderate, ranging from $\alpha = .45$ for Parent-Child Communication to $.66$ for Attitudes about Substance Use. To begin to test the validity (i.e., the degree to which a measure assesses what it is designed to assess) of the self-efficacy scale, the scale score was correlated with the item, "I wish I knew better what to say to my child about alcohol or drugs." The items were strongly correlated ($r = -.69, p < .01$), meaning parents with a high self-efficacy according to their responses to the items on the scale were less likely to wish they knew more.

Analysis of the debriefing questions revealed that both parents and youths found the survey clear and easy to understand. They reported that it was written at an appropriate reading level and required less than 10 minutes to complete. Some youths suggested that the response choices be aligned better with the questions. Youths thought that the survey pertained to communication as well as drug awareness and use; parents thought that the survey assessed parent-child communication and involvement, drug and alcohol awareness and education, and parental views about adolescent substance use. The evaluation team refined the measures (made the response scales clearer and better aligned with the wording of the questions for youths), created online versions using the Zoomerang survey program, and sent the surveys to the Partnership to test. The team finalized the online surveys based on the Partnership's feedback.

The indicators of interest were measured using Likert-type scales:

- Parent-child communication: A four-point scale of 1 (*0 times*), 2 (*1-2 times*), 3 (*3-4 times*), and 4 (*5 or more times*).
- Monitoring: A five-point scale of 1 (*never*), 2 (*seldom*), 3 (*about half the time*), 4 (*often*), and 5 (*always or almost always*).
- Knowledge about adolescent use and resources: Five-point scales of 1 (*not at all knowledgeable*), 2 (*not very knowledgeable*), 3 (*somewhat knowledgeable*), 4 (*knowledgeable*), and 5 (*very knowledgeable*); and 1 (*strongly disagree*), 2 (*disagree*), 3 (*somewhat agree*), 4 (*agree*), and 5 (*strongly agree*).
- Attitudes toward substance use: A four-point scale of 1 (*very acceptable*), 2 (*acceptable*), 3 (*unacceptable*), and 4 (*very unacceptable*).
- Self-efficacy of parents regarding communicating about substance use, monitoring their child, identifying adolescent substance use, and finding information about adolescent substance use: A 10-point scale, ranging from 1 (*not at all certain*) to 10 (*very certain*).

The evaluation of the *Parents: You Matter* presentation included Likert scales ranging from 1 (*very dissatisfied*) to 5 (*very satisfied*) and 1 (*strongly disagree*) to 5 (*strongly agree*).

2.4 Data Collection Procedures

Parents in the intervention group received a written invitation from the Collaboration Council to attend the *Parents: You Matter* presentation. The evaluation team emailed the baseline survey to parent and youth participants in this group and asked them to complete it electronically or in person prior to the presentation. Parents who attended the presentation also completed an evaluation survey about the presentation at the end of the session. Intervention group parents who did not attend the presentation were moved to the control group. The remaining participants received the one- and three-month surveys via email.

Given that *Parents: You Matter* is an educational presentation and a type of intervention, the Partnership and evaluators wanted all participating parents to have the opportunity to attend. Therefore, control group parents received a letter from the Collaboration Council explaining that they would be invited to attend the presentation after finishing the survey portion of the study. Control group parents and youths received the baseline and follow-up surveys by email. Participants were mailed their incentives upon completion of each portion of the study.

Table 3 displays the completion rate for each time point of the study. High retention in longitudinal studies is critical to the validity of the research and robustness of the findings; attrition (dropout) can compromise longitudinal studies, and expected rates of attrition can be

as high as 20% (Boys, Marsden, Stillwell, Hatchings, Griffiths, & Farrell, 2003). Therefore, the evaluation team used a number of strategies to maximize participation, contributing to the high response rates. The evaluation team partnered with the Collaboration Council because of the organization’s expertise in engaging youth and families and its strong reputation in the community. The Collaboration Council corresponded with parents after recruitment to thank them for enrolling in the study, invite them to the presentation, and encourage their ongoing participation in the study. The evaluation team used email and phone reminders as necessary to maximize participants’ completion of the surveys. Additionally, the evaluation team worked with the Collaboration Council to determine an incentive amount that would adequately compensate participants for their time and encourage participation without being coercive.

Table 3. Participant Study Completion Rate

Group	Presentation (Response Rate)	Baseline Survey (Response Rate)	One-month Survey (Response Rate)	Three-month Survey (Response Rate)
Intervention parents (n = 34)	34 (87%)	34 (100%)	33 (97%)	34 (100%)
Intervention youths (n = 33)		33 (97%)	31 (94%)	29 (88%)
Control parents (n = 41)		41 (95%)	40 (98%)	40 (98%)
Control youths (n = 39)		39 (91%)	38 (97%)	36 (92%)
Intervention group parent-child pairs with complete data	33 (97%)	33 (97%)	31 (91%)	29 (85%)
Control group parent-child pairs with complete data		39 (95%)	38 (93%)	36 (88%)

3. Results

The evaluation team analyzed the survey data to determine changes in parents’ behaviors and attitudes about adolescent substance use; the team compared youth survey data with parents’ self-report. The evaluators gleaned impressions of the presentation from the evaluation survey that intervention group parents completed after the presentation. Intervention group participants’ responses to the open-ended survey questions about the *wreckED* DVD and accompanying guide were analyzed for salient themes related to the DVD’s usefulness in facilitating discussion between parents and their child. Analyses of covariance (ANCOVA) were conducted to determine the effectiveness of the *Parents: You Matter* intervention on parents’ ability to prevent or intervene in their child’s substance use, after

controlling for the groups' baseline (initial) scores on each indicator. ANCOVA compares the differences in the mean scores of groups (e.g., intervention and control). ANCOVA also was used to identify demographic groups for which the intervention was most effective.

3.1 Perceptions of the Intervention

Intervention group parents provided feedback on the usefulness of the *Parents: You Matter* presentation and reported on their use of *wreckED* and the user guide. **The parents generally were very satisfied with the quality of the presentation** (i.e., the presenter, presentation materials, and overall experience; $M = 4.69 - 4.86$, $SD = .40 - .68$) **and found the information they received from the presentation useful, with a mean rating between useful and very useful** ($M = 3.67$, $SD = .64$). **Parents agreed to strongly agreed that they gained knowledge from the presentation** ($M = 4.40$, $SD = .86$), **and strongly agreed that they would recommend the presentation to friends and family** ($M = 4.63$, $SD = .55$).

The vast majority (88%) of the parents who attended the presentation planned to take some of the actions suggested in the presentation. Over one-half of the parents planned to communicate more with their child(ren) about adolescent substance use. One parent described plans for, "...more discussion, communicating that 'open door' attitude, when in the past I've tended to communicate instead that I trust her to make good decisions." Forty-seven percent of parents expressed explicit plans to watch the *wreckED* DVD and discuss it with their child(ren). A small number of parents (up to three for each specified action) also planned to connect and talk with other parents about adolescent substance use, monitor their children more, and visit the Partnership at Drugfree.org website.

The majority of parents (85.3%; $n = 29$) and youths (75.8%; $n = 25$) reported watching *wreckED* together. Almost two-thirds (64.7%) of parents reported using the guide that accompanied the DVD. Parents and youths typically found the DVD helpful in facilitating a conversation about alcohol and drugs (Parents: $M = 3.43$, $SD = .59$; Youths: $M = 3.32$, $SD = .57$).

Specific Impressions and Recommendations. Twenty-seven intervention parents and 24 intervention youth answered open-ended questions and provided recommendations about the DVD on the follow-up surveys. The most frequent responses are categorized below with examples of specific responses where available:

Most helpful aspects of the DVD

- **The real-life stories presented** (39.2%, $n = 20$)
“Having kids tell their story in video.” (A parent)
“The modules were the most helpful in opening my eyes to the horrors of drugs that they were about. They did a very good job scaring me—and I think my parents—about them.” (A youth)
- **Examples of the consequences of using alcohol and drugs** (27.5%, $n = 14$)
“Illustrated how drugs destroy lives.” *“It showed my child what could happen to him if he gets involved with drugs and alcohol.”* *“Shows how even ‘regular’ kids can get mixed up with drugs.”* (Parents)
“How drugs and alcohol can ruin and take your life.” *“How normal kids can get addicted to drugs.”* (Youths)
- **Facilitated discussion** (21.6%, $n = 11$)
“It was an opportunity to talk about the history of alcoholism in our family and the potential higher risk my son faces. We also talked about peer pressure.” (A parent)
“My mom and I talked about things from her past that we hadn’t before discussed.” (A Youth)
- **Educational/informative** (7.8%, $n = 4$)

Least helpful aspects of the DVD

- **Nothing** (51.0%, $n = 26$)
- **The content** (13.7%, $n = 7$) (e.g., ages of the youth in the DVD; too few real-life situations; the “Check yourself or get wrecked” slogan; situations portrayed were too “extreme” to seem relevant)

Recommendations for improving the DVD

- **Add more detail** (23.5%, $n = 12$) (e.g., more examples of consequences of substance use, statistics about successful rehabilitation and career success, information on adverse effects on health, pictures of the drugs and street names, more types of drugs)
- **Content** (19.6%, $n = 10$) (e.g., making the video longer, adding more stories, less use of the flashing “wreckED” logo)
- **None** (19.6%, $n = 10$)
- **Increase the demographic diversity (e.g., younger ages, races/ethnicities) of the youth in the video** (11.8%, $n = 6$)
“Biggest oversight—to teach that the best way to not become addicted is to not START taking drugs; also that all those interviewed were adult or almost adult age.” (A parent)
- **Show the effects of drug use on people** (20.0%, $n = 4$)
“The video could have been made better by giving a more in-depth look into the lives of people who had been affected by drugs.” *“If the stories were more in depth in how the*

addicts' families were affected." (Youths)

The parents who used the guide explained its most and least helpful aspects and provided recommendations for improving the guide:

Most helpful aspects of the guide (n = 15)

- **Recommendations and suggested topics of conversation to help frame the discussion** (53.3%, n = 8)
- **Information and resources** (28.6%, n = 4)(e.g., goal-setting, prevalence and risk of trying alcohol and drugs, descriptions of feelings that drugs cause) (28.6%, n = 4)
- **Helps parents navigate the DVD** (14.3%, n = 2)

Least helpful aspects of the guide (n = 12)

- **Nothing** (83.3%, n = 10)
- **Not enough information included** (16.7%, n = 2)

Recommendations for improving the guide (n = 13)

- **None** (66.7%, n = 8)
- **Provide more resources and information about all drugs** (30.8%, n = 4)

The parents who did not watch the DVD with their child cited being too busy to watch it.

3.2 Group Averages for All Parents and Youth

Over the course of the study, all parents (i.e., intervention and control) reported confidence and engagement in parenting practices related to substance use, rating themselves highly from baseline to three months later. On average, parents reported that they talked with their children about substance use up to *twice* in the last 30 days and spent time with them in general activities up to twice per week. Their most thorough discussion about substance use lasted up to 30 minutes. Parents reported practicing monitoring behaviors at least *half of the time*. Parents also expressed strong disapproval for their children using any type of drug, and the majority of participating parents (i.e., at least 80%) shared similar views about different substances as did their co-parent or caretaker who spends a substantial amount of time with the child. Any differences between intervention group parents and their co-parents were due to the intervention parents' having stricter views than did the co-parents; differences between control group parents and their co-parents were due to the control group parents either having stricter or more lenient views than their co-parents did. Parents reported the least consistency around their views about adolescent alcohol use, which has implications for parents' understanding and clear communication to their children about the many consequences of

underage drinking. Parents felt *knowledgeable* about adolescent substance use and resources as well as felt certain about their ability to help prevent substance use.

At baseline and after one month, youths' perceptions of their parents' behaviors and attitudes generally were inconsistent with parents' self-perceptions. **After three months, however, intervention group youths' ratings of their parents on all three behavior and attitude indicators were highly correlated with their parents'. Only control group youths' rating of their parents' communication was significantly correlated with their parents' after three months.** This finding suggests an increased consistency between intervention youths' perceptions of their parents' behaviors and attitudes and parents' ratings of themselves. Table 4 displays the correlations between parents' and youths' perceptions of the parents.

Table 4. Correlations Between Parents' and Youth's Ratings of Parents' Communication, Monitoring, and Attitudes about Substance Use

Variable	Baseline	One Month	Three Months
Intervention Group, <i>n</i> = 25-31			
Parent-child communication	.21	.76**	.66**
Monitoring	-.06	-.20	.61**
Attitudes about substance use	-.06	.10	.76**
Control Group, <i>n</i> = 31-37			
Parent-child communication	.29	.47**	.37*
Monitoring	.39*	.43*	.25
Attitudes about substance use	.05	-.12	.002

* $p < .05$, ** $p < .01$

Intervention parents tended to have the highest scores on the indicators at three months after the presentation. In contrast, **control parents' scores were more variable**, rating their communication as well as self-efficacy around communication and monitoring highest at baseline. Control group parents rated their monitoring and self-efficacy around knowledge highest at one month, and their knowledge and self-efficacy for identifying substance use in their child at three months. Table 5 displays the mean scale scores for each indicator. The subsequent analyses are based upon these means.

Table 5. Parents' Means Scores on the Indicators of Interest, According to Parents (P) and Youth (Y)

Variable	BASELINE		ONE MONTH		THREE MONTHS	
	Intervention (n = 34) M (SD)	Control (n = 41) M (SD)	Intervention (n = 31-32) M (SD)	Control (n = 39-40) M (SD)	Intervention (n = 30-34) M (SD)	Control (n = 38-41) M (SD)
Parent-child communication	2.16 (.51) P 2.18 (.57) Y	2.28 (.56) P 2.44 (.55) Y	2.33 (.62) P 2.30 (.56) Y	2.40 (.65) P 2.36 (.66) Y	2.34 (.65) P 2.14 (.68) Y	2.35 (.65) P 2.42 (.53) Y
Monitoring	3.89 (.37) P 3.24 (.86) Y	3.71 (.70) P 3.55 (.86) Y	3.78 (.56) P 3.45 (.81) Y	3.91 (.59) P 3.65 (.77) Y	3.87 (.27) P 3.46 (1.06) Y	3.67 (.74) P 3.73 (.85) Y
Attitudes about substance use	3.80 (.56) P 3.83 (.28) Y	3.86 (.48) P 3.71 (.70) Y	3.79 (.42) P 3.78 (.56) Y	3.79 (.68) P 3.91 (.18) Y	3.87 (.31) P 3.87 (.27) Y	3.82 (.51) P 3.67 (.74) Y
Knowledge	3.31 (.94)	3.62 (.70)	3.83 (.73)	3.76 (.81)	4.06 (.67)	3.87 (.79)
Self-efficacy: Communication	8.36 (2.15)	8.99 (1.24)	8.46 (1.99)	8.97 (1.18)	8.90 (1.25)	8.65 (1.59)
Self-efficacy: Monitoring	7.95 (1.25)	8.69 (1.19)	8.13 (1.20)	8.41 (1.20)	7.98 (1.40)	8.40 (1.22)
Self-efficacy: Identification of substance use	7.79 (1.94)	8.70 (1.24)	8.13 (1.63)	8.50 (1.40)	8.44 (1.19)	8.73 (1.39)
Self-efficacy: Knowledge	9.18 (1.27)	8.67 (2.03)	9.47 (.73)	8.97 (1.41)	9.38 (.91)	8.91 (1.44)

Note: Youths were not asked to rate their parents' knowledge or self-efficacy.

3.3 Between-Group Differences: Impact of the Intervention after Three Months

As shown in Table 6, ANCOVAs revealed that, after adjusting for differences in baseline (initial) scores between the groups, **the intervention group had developed a significantly greater knowledge of substance use and resources and communication self-efficacy scores than did control group parents after three months** (i.e., the likelihood that the differences occurred by chance is less than 5%). On average, intervention parents were *knowledgeable* and control group parents' means were between *somewhat knowledgeable* and *knowledgeable*; on a 1 to 10 scale of certainty, intervention group parents' mean communication self-efficacy was 8.90, and control group parents' mean was 8.65. The effect sizes were $\eta^2 = .09$ and $.05$, respectively, indicating moderate effectiveness (Cohen, 1988) of *Parents: You Matter* on parents' ability to gain knowledge and confidence in communicating with their children about substance use. *Parents: You Matter* did not have a significant effect on their other aspects of self-efficacy or on communication, monitoring, or attitudes toward substance use. **There were no significant differences between intervention and control group youths' perceptions of the frequency of their parents' communication and monitoring or their attitudes toward substance use after adjusting for differences in the youths' baseline scores.** Figures 1 – 8 display the trends between the intervention and control groups' scores on each indicator over the three time points in the study.

Table 6. Analysis of Covariance for Between-Group Differences on Parent Indicators

Source	Sum of Squares	df	Mean Square	F	Partial Eta Squared (η^2)
Communication					
Baseline Score	360.90	1	360.90	16.02	.20
Group	1.93	1	1.93	.09	.01
Error	1419.35	63	22.53		
Monitoring					
Baseline Score	115.18	1	115.18	8.15	.11
Group	8.85	1	8.54	.63	.01
Error	961.55	68	14.14		
Knowledge					
Baseline Score	59.23	1	59.23	30.91	.31
Group	13.28	1	13.28	6.93**	.09
Error	134.16	70	1.92		
Attitude					
Baseline Score	1.49	1	1.49	.44	.01
Group	1.23	1	1.23	.36	.01
Error	240.03	71	3.38		
Self-Efficacy: Communication					
Baseline Score	758.83	1	758.83	32.14	.32
Group	95.18	1	95.18	4.03*	.05
Error	1652.66	70	23.61		
Self-Efficacy: Monitoring					
Baseline Score	1568.41	1	1568.41	48.70	.41
Group	1.82	1	1.82	.06	.00
Error	2222.39	69	32.21		
Self-Efficacy: Identification of Substance Use					
Baseline Score	209.43	1	209.43	33.06	.32
Group	1.96	1	1.96	.31	.00
Error	449.75	71	6.33		
Self-Efficacy: Knowledge					
Baseline Score	96.36	1	96.36	49.24	.41
Group	1.07	1	1.07	.55	.01
Error	136.48	70	1.95		

* $p < .05$, ** $p \leq .01$

Figure 1. Parent-Child Communication

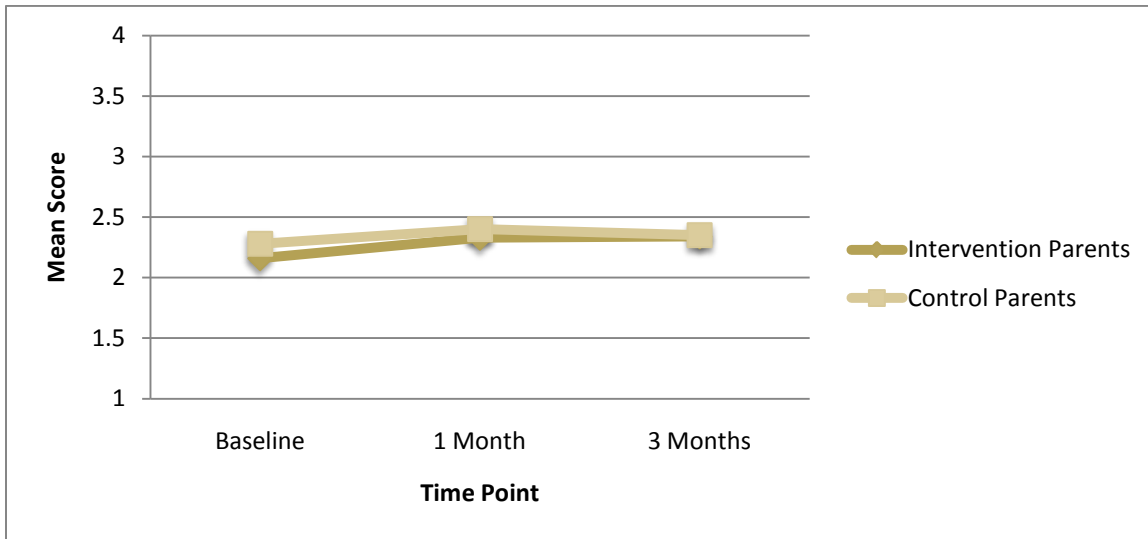


Figure 2. Monitoring

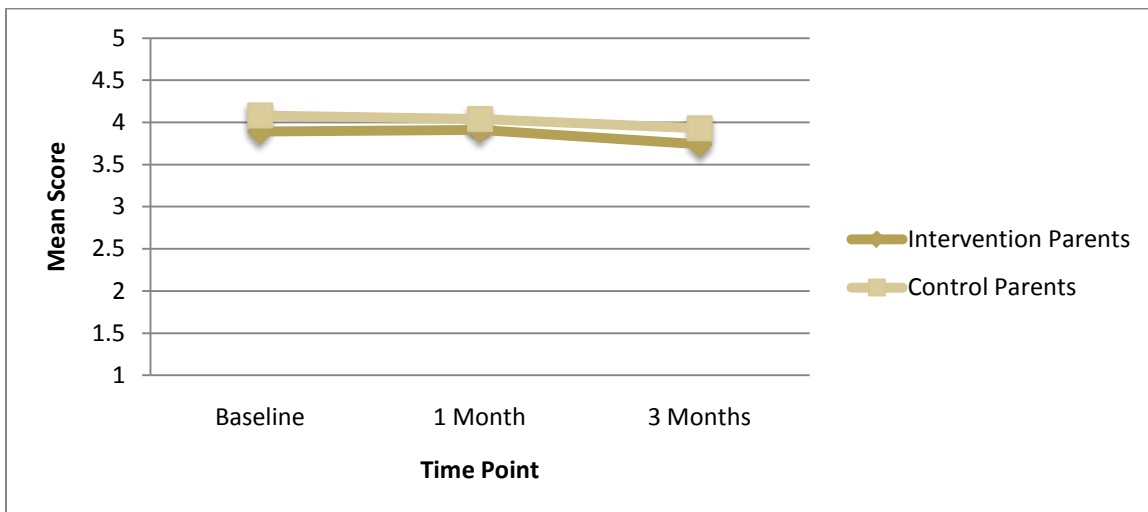
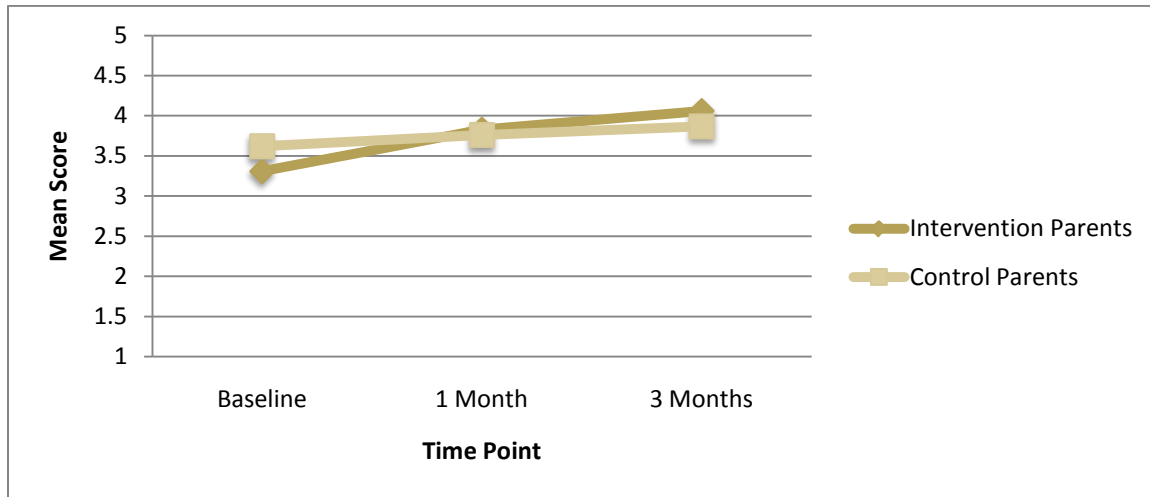


Figure 3. Knowledge About Substance Use and Resources



Note: There was a statistically significant difference between the groups at the level of $p \leq .01$.

Figure 4. Attitudes about Substance Use

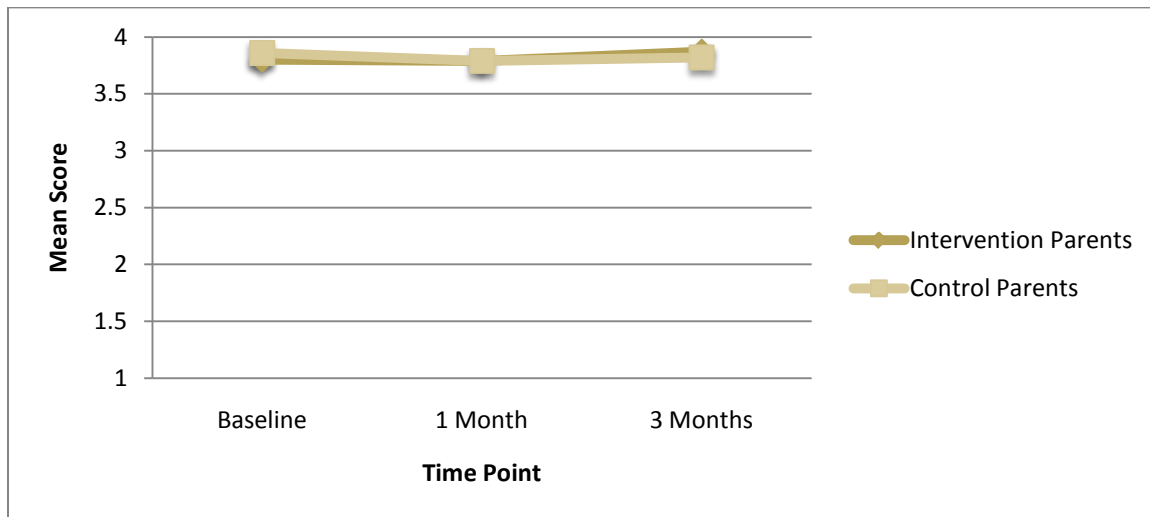
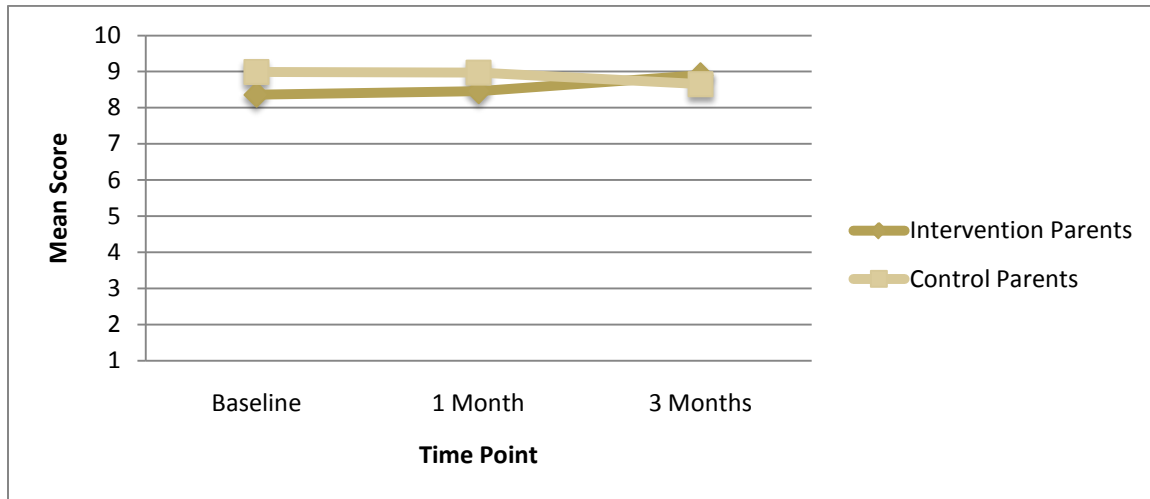


Figure 5. Self-Efficacy: Communication



Note: There was a statistically significant difference between the groups at the level of $p < .05$.

Figure 6. Self-Efficacy: Monitoring

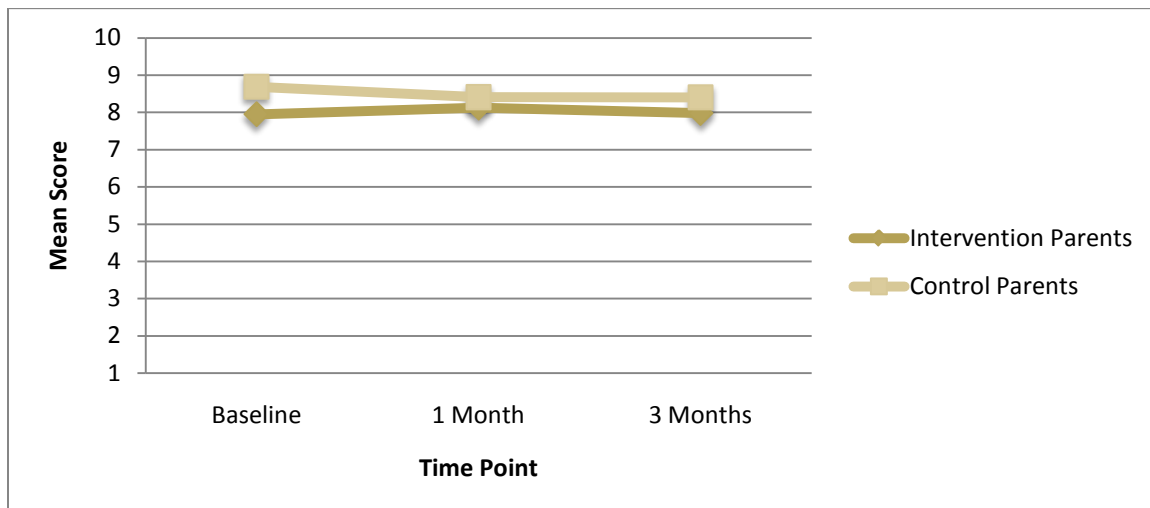


Figure 7. Self-Efficacy: Identification of Substance Use

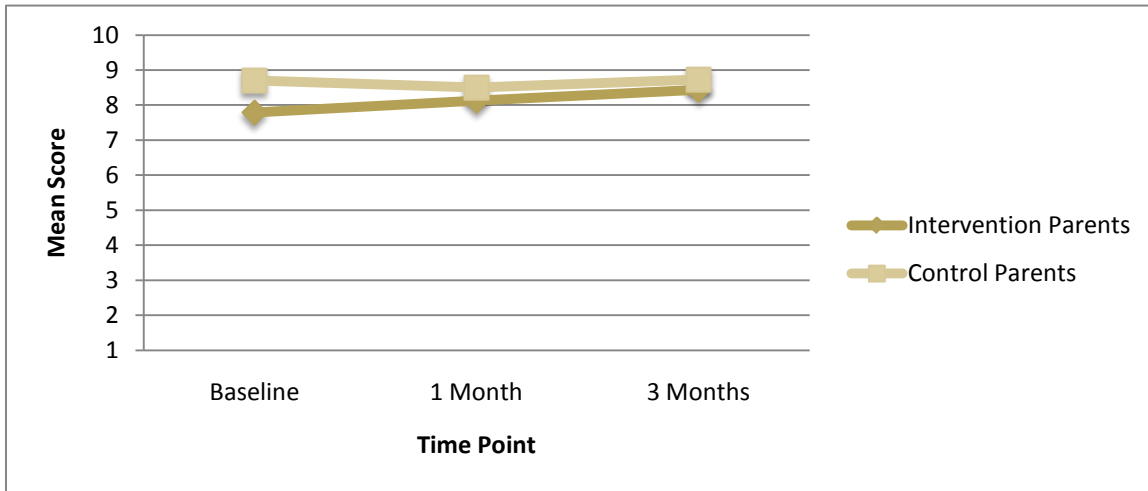
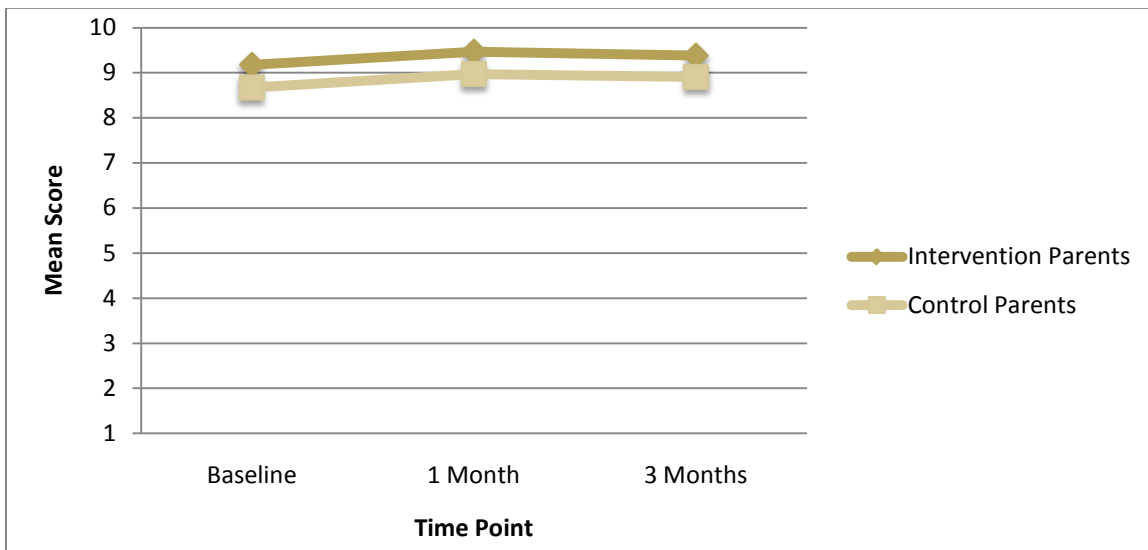


Figure 8. Self-Efficacy: Knowledge



The evaluators conducted ANCOVAs to identify parents for whom the intervention was most effective. There were significant demographic differences in intervention parents' identification of substance use and knowledge self-efficacy scores after controlling for differences in baseline scores. Parents of children older than 13 years ($F [1,30] = 6.15, p < .05$) and parents with annual household incomes of under \$100,000 ($F [1,30] = 4.52, p < .05$) felt more confident about being able to identify substance use in their child than did parents with younger children and household incomes over \$100,000 (means of 8.48 and 8.52 versus 7.74 and 7.85, respectively). Additionally, non-White parents felt more confident about being able to

access information and resources about adolescent substance use than did Caucasian parents ($F [1,30] = 5.19, p < .05$; mean of 9.71 versus 8.88).

4. Conclusions and Recommendations

Parents are a critical part of efforts to prevent adolescent substance use (Ary et al., 1999; Hawkins et al., 1992); however, findings of the effectiveness of interventions to support parents in preventing substance use are inconsistent (Ary et al., 1999; Klitzner et al., 1990; Riggs et al., 2006). The Partnership at Drugfree.org developed *Parents: You Matter* to teach parents of adolescents about substance use, provide them with tools and resources to prevent substance use, and to intervene when necessary. Consistent with hypotheses, the evaluation of the intervention revealed that it was a moderately effective intervention for strengthening parents' knowledge about substance use and community resources as well as parents' self-efficacy around communicating regularly and meaningfully with their children about substance use. Although all parents initially reported an ability to address adolescent substance use, monitor their children's behavior and whereabouts, communicate with their children, and expressed strong disapproval of their child's use of alcohol or drugs, *Parents: You Matter* helped participating parents gain knowledge and confidence about preventing adolescent substance use. As the purpose of the intervention was to change parents' confidence and knowledge related to prevention (and intervention as needed) of their child's substance use, *Parents: You Matter* met the Partnership's goal of being an early step for parents helping prevent substance use; *Parents: You Matter* is not a stand alone intervention designed to impact adolescent substance use directly.

Some groups of intervention participants were more receptive to the intervention than were others. Parents of older youth, parents of color, and parents with an annual household income of under \$100,000 gained more confidence for addressing substance use as a result of the intervention than did their counterparts. As previous research has noted gaps in knowledge and practice around parents' self-efficacy (Riggs et al., 2006), the evaluation team's self-efficacy scale and the intervention's impact on parents' confidence are particularly important innovations and contributions to the field. The self-efficacy scale that the evaluation team developed is psychometrically sound and thus is useful to assess parental self-efficacy in other parent education interventions related to substance use. Future research can further test the validity of the self-efficacy scale on assessing parents' confidence about their ability to prevent or intervene in their child's substance use.

To corroborate parents' self-reports and get a broader perception of parental behavior, youths were asked to rate their parents' views and behavior regarding adolescent substance use. Intervention group youths' perceptions of their parents' communication, monitoring, and

attitudes about substance use after three months were consistent with parents' self-ratings, as indicated by the high positive correlations. Only control groups' rating of their parents' communication was similar to their parents' self-ratings after three months. There were no differences between intervention and control group youths' perceptions of their parents' communication, monitoring, and attitudes toward substance use at three months after adjusting for differences in the youths' baseline scores. These findings suggest that parents' participation in the intervention did not substantially change their communication, monitoring, or disapproval of substance use in a way that was noticeable to their children. In addition to conveying consistent messages about substance use, it also is important for parents to have clear and effectively implemented rules and to use consistent monitoring and limit setting strategies; consistent family disapproval is protective against adolescent substance use and unclear rules and consequences are risks for use (Hawkins et al., 1992).

Parents and youth were satisfied with *Parents: You Matter*; intervention group participants found the presentation, *wreckED* DVD, and the guide useful. Parents and youths who watched the DVD together found the stories of actual families who experienced adolescent substance abuse and examples of consequences of substance use particularly helpful and poignant. Some parents and youth also found the DVD helpful in facilitating discussion about adolescent substance use. Most of the parents and youth were satisfied with the DVD but recommended making changes to the content of the video (e.g., expanding the demographics, providing more information, lengthening the video). Parents also found the guide helpful for framing the discussion with their child, providing information and resources, and navigating the DVD. Although most parents were satisfied with the guide, some wanted more information included about alcohol and drugs.

Consistent with action research that involves partnerships between researchers and the community and results in feedback that can be used as planning tools for prevention and procuring funding for initiatives (Pentz, 2003), this evaluation was an important step in testing *Parents: You Matter* as an evidence-based parent education program. Research (e.g., Kumpfer & Kaftarian, 2000) highlights the need for testing programs for effectiveness and adopting evidence-based family programs to prevent youth substance abuse. This investigation of *Parents: You Matter* found that the intervention positively affected parents' knowledge about adolescent substance use, efforts to continue to educate themselves, and confidence about their ability to address alcohol and drug use with their children. The experimental longitudinal design of the evaluation shed light on what happened after parents left the presentation; that is, differences in the interactions of parents who did and did not receive the intervention. The lasting effects of *Parents: You Matter* are particularly noteworthy in light of the fact that 1) parents already appeared motivated, knowledgeable, and engaged in addressing adolescent substance use; 2) it is a one-time presentation with no booster, and therefore a low-dosage

intervention; and 3) parent-based interventions tend to have weaker effects than youth-focused interventions (Ary et al., 1999; Klitzner et al., 1990; Spoth et al., 2002).

Parents: You Matter can be considered an intervention to prepare parents to practice more substantial strategies and should be thought of as an early step in the continuum of interventions to prevent or change youths' actual use (i.e., the evolution of community education to behavior change). To strengthen this parent-focused intervention and further research related to adolescent substance abuse preventive interventions, the evaluators recommend the following:

- 1. Help parents move beyond knowledge and confidence about addressing substance use and put their learning into practice**, as parents' communication and monitoring behaviors did not change significantly because of the intervention. Thus, it is important to develop strategies and tools to help parents learn from other parents and translate tips provided into changes that are effective for and noticeable by their children.
- 2. Continue to refine the target audience for the intervention and tailor the content as needed by a) examining the cultural relevance of all aspects of the intervention and b) expanding the demographics of the families who are exposed to the intervention.** The demographic differences in self-efficacy suggest that some of the information and messages of the intervention might resonate more with particular cultural groups than with others. Also, some parents and youth recommended that the presentation and DVD show younger children and more diverse families. A strength of the study was the racial/ethnic diversity; yet both a strength and limitation was its homogeneity in families' socioeconomic status and youths' histories (e.g., delinquency). Therefore, it will be important to diversify the content and audience in the future. The evaluators recommend testing the intervention with parents of children who are at higher risk for substance abuse and determining the expected impact of the educational intervention on actual changes in youths' substance-use behavior. Also recommended is a translation of *Parents: You Matter* into other languages (e.g., Spanish) in the future.
- 3. Strengthen messages to ensure that parents understand the dangers of all types of drugs on all children.** The higher self-efficacy of parents of older children suggests that parents of younger children might need more support and prevention information relevant for children in middle and elementary school. Early intervention is vital to help youth be prepared to understand risks and make healthy choices to avoid alcohol and drugs as they transition into high school. Parents' and youths' comments about seeing the effects of drugs on "ordinary" youth in the presentation and video and their requests to see younger children further suggest that the intervention needs to elicit a sense of urgency about the risks and protective factors of substance use for *all* youth.

References

- Ary, D. V., James, L., & Biglan, A. (1999). Parent-daughter discussions to discourage tobacco use: Feasibility and content. *Adolescence, 34*, 275-282.
- Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (pp. 307-377). Charlotte, NC: Information Age Publishing.
- Boys, A., Marsden, J., Stillwell, G., Hatchings, K., Griffiths, P., & Farrell, M. (2003). Minimizing respondent attrition in longitudinal research: Practical implications from a cohort study of adolescent drinking. *Journal of Adolescence, 26*, 363-373.
- Centers for Disease Control and Prevention (2008). Smoking-attributable mortality, years of potential life lost, and productivity losses- United States, 2000-2004. *Morbidity and Mortality Weekly Report, 57*, 1226-1228.
- Centers for Disease Control and Prevention (2008). *Youth Risk Behavior Survey*. Atlanta, GA: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2010). Youth Risk Behavior Surveillance- United States, 2009. *Morbidity and Mortality Weekly Report, 59*, 1-142.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Erlbaum.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64-105.
- Johnson, C. A., Pentz, M. A., Weber, M. D. et al. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology, 58*, 447-456.
- Klitzner, M., Gruenewald, P. J., & Bamberger, E. (1990). The assessment of parent-led prevention programs: A preliminary assessment of impact. *Journal of Drug Education, 20*, 77-94.
- Kumpfer, K. L., & Kaftarian, S. J. (2000). Bridging the gap between family-focused research and substance abuse prevention practice. *Journal of Primary Prevention, 21*, 169-179.

- Naimi, T. S., Brewer, R. D., Mokdad, A., Denny, C., Serdula, M. K., & Marks, J. S. (2003). Binge drinking among U.S. adults. *Journal of the American Medical Association, 289*, 70-75.
- National Institute on Drug Abuse (2000). *National Survey of Parents and Youth*. Rockville, MD: Westat.
- Partnership at Drugfree.org (2010). *Request for proposals: Evaluation of the Parents: You Matter community education presentation*. New York, NY: Partnership at Drugfree.org.
- Pentz, M. A. (2003). Evidence-based prevention: Characteristics, impact, and future direction. *Journal of Psychoactive Drugs, 112*, 64-105.
- Perrone, D., Sullivan, C. J., Pratt, T. C., & Margaryan, S. (2004). Parental efficacy, self-control, and delinquency: A test of the general theory of crime on a nationally representative sample of youth. *International Journal of Offender Therapy and Comparative Criminology, 48*, 298-312.
- Resnick, M. D., Bearman, P.S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., ...Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study of Adolescent Health. *Journal of the American Medical Association, 278*, 823-832.
- Riggs, N. R., Eifenbaum, P., & Pentz, M. A. (2006). Parent program component analysis in a drug abuse prevention trial. *Journal of Adolescent Health, 39*, 66-72.
- Rohrbach, L. A., Hodgson, C. S., Broder, B. I., Montgomery, S. B., Flay, B. R., Hansen, W. B., & Pentz, M. A. (1994). Parental participation in drug abuse prevention: Results from the Midwestern Prevention Project. *Journal of Research on Adolescence, 4*, 295-317.
- Spoth, R. L., Redmond, C., Trudeau, L., & Shin, C. (2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychology of Addictive Behaviors, 16*, 129-134.
- Substance Abuse and Mental Health Services Administration (1999). *The relationship between mental health and substance abuse among adolescents*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration (2008). *Misuse of over-the-counter cough and cold medications among persons aged 12 to 25*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (2009). 2009 National Survey on Drug Use and Health. Retrieved on December 30, 2010 from <http://oas.samhsa.gov/nsduh.htm>

Substance Abuse and Mental Health Services Administration (2010). *National Survey on Drug Use and Health*. Rockville, MD: SAMHSA.

U.S. Department of Transportation (2010). Fatality Analysis Reporting System (FARS) Web-based Encyclopedia. Retrieved December 30, 2010 from <http://www-fars.nhtsa.dot.gov/Main/index.aspx>

Appendix A: Surveys

Note: Only the surveys for the intervention groups are included; the surveys for the control group contain all questions but those pertaining to the *Parents: You Matter* intervention (i.e., the presentation, DVD, and guide).

Parent Survey Intervention Baseline

This survey asks questions about your relationship with your child with respect to substance abuse prevention. Please only think about your child who is participating in this study. There are no right or wrong answers. Your survey will remain confidential. Your name will not be connected to your answers, and your answers will not be shared with anyone outside of the research team. Please select the most appropriate response.

Section 1

The following questions ask you to consider how you talk and connect with your child.

1. Have you ever spoken to your child about tobacco, drug, and alcohol use? Yes No **(SKIP TO #5)**

2. In the last 30 days, how many times have you had a quick talk (e.g., 5 min.) with your child about risks and disapproval related to substance use?	0 times	1-2 times	3-4 times	5 or more times
	1	2	3	4

3. In the last 30 days, how many times have you talked with your child about...	0 times	1-2 times	3-4 times	5 or more times
a) family rules or expectations about alcohol or drug use?	1	2	3	4
b) specific things your child could do to stay away from alcohol or drugs?	1	2	3	4
c) alcohol or drug use in movies, music, and on TV?	1	2	3	4
d) people you or your child know who have gotten into trouble with alcohol or drugs?	1	2	3	4
e) the dangers or problems of using alcohol, marijuana, or other drugs?	1	2	3	4
f) the dangers or problems of smoking or using other tobacco products?	1	2	3	4

4. Think about the most serious and thorough discussion about alcohol or drugs you had with your child during the past 30 days. About how long did this discussion last?
 - a. Less than 10 minutes
 - b. 10 to 30 minutes
 - c. 31 to 60 minutes
 - d. More than 60 minutes

5. In the past week, how often did you do activities (e.g., hobbies or attending events) or have general conversations (e.g., about how things are going in their lives) with your child?
 - a. Not at all
 - b. Once
 - c. Twice
 - d. 3 times
 - e. 4 or 5 times
 - f. 6 or 7 times
 - g. More than 7 times

Section 2

The following questions ask you to consider how you monitor your child.

6. How often do you know what your child is doing when he/she is away from home?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

7. How often do you have a pretty good idea about your child's plans for the coming day?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

8. How often does your child spend his/her free time in the afternoons hanging out with friends without adult supervision?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

9. How often have you done each of the following in the last 30 days?	Never	Seldom	About Half the Time	Often	Always or Almost Always
a) Required your child to be at home by a specific time	1	2	3	4	5
b) Limited the time that your child spent with other children without adult supervision	1	2	3	4	5
c) Known what your child was doing when he/she was away from home	1	2	3	4	5
d) Taken whatever opportunity you had to get to know your child's friends better	1	2	3	4	5
e) Known what your child's plans were for the coming day	1	2	3	4	5
f) Taken whatever opportunity you had to get to know the parents of your child's friends better	1	2	3	4	5

Section 3

The next question asks about your general attitude towards alcohol, tobacco, marijuana, and other drug use by your child at their current age.

10. How acceptable would you feel it would be for your child to...	Very Acceptable	Acceptable	Unacceptable	Very Unacceptable
a) drink beer, wine or hard liquor?	1	2	3	4
b) smoke cigarettes or use other types of tobacco?	1	2	3	4
c) smoke marijuana?	1	2	3	4
d) use prescription drugs that are not his or hers?	1	2	3	4
e) use any other type of drugs (e.g., inhalants, ecstasy, methamphetamine)?	1	2	3	4

Section 4

The next set of questions asks you to think about how effective you feel in helping prevent your child from using alcohol, marijuana, and other drugs.

For questions 11-14, please rate from 1 to 10 how confident you are that you can carry out each of the following things with your child, with 1 being *Not at all Certain* and 10 being *Very Certain*.

	Not at All Certain									Very Certain
11. How certain are you that you can...										
a) bring up the topic of drugs and alcohol use?	1	2	3	4	5	6	7	8	9	10
b) find the right time to speak with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10
c) know what to say to your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10
d) have an open two-way conversation with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10
e) have ongoing open conversations with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10

	Not at All Certain									Very Certain
12. How certain are you that you can...										
a) keep informed about what your child is doing on a daily basis?	1	2	3	4	5	6	7	8	9	10
b) know what your child is doing when he/she is away from home?	1	2	3	4	5	6	7	8	9	10
c) get to know your child's friends well?	1	2	3	4	5	6	7	8	9	10
d) communicate with the parents of your child's friends?	1	2	3	4	5	6	7	8	9	10
e) limit the time your child spends without adult supervision?	1	2	3	4	5	6	7	8	9	10
f) require your child to be home at a specific time?	1	2	3	4	5	6	7	8	9	10

	Not at All Certain									Very Certain
13. How certain are you that you can...										
a) identify warning signs that your child is at risk of using alcohol and drugs?	1	2	3	4	5	6	7	8	9	10
b) spend enough time with your child to be able to identify any warning signs of drug or alcohol use?	1	2	3	4	5	6	7	8	9	10
c) tell if your child is using drugs or alcohol?	1	2	3	4	5	6	7	8	9	10

	Not at All Certain									Very Certain
14. How certain are you that you can...										
a) use the Internet to find information about alcohol and drug use?	1	2	3	4	5	6	7	8	9	10
b) find community resources that you can use to help prevent substance use?	1	2	3	4	5	6	7	8	9	10

15. I wish I knew better what to say to my child about alcohol or drugs.

- a. Strongly disagree
- b. Disagree
- c. Somewhat agree
- d. Agree
- e. Strongly agree

16. What I say will influence whether my child uses alcohol or drugs.

- a. Strongly disagree
- b. Disagree
- c. Somewhat agree
- d. Agree
- e. Strongly agree

Section 5

The next set of questions asks about your knowledge of substance use and related resources.

17. How knowledgeable are you about adolescent substance abuse (e.g., risk and protective factors)?

- a. Not at all knowledgeable
- b. Not very knowledgeable
- c. Somewhat knowledgeable
- d. Knowledgeable
- e. Very knowledgeable

18. In the last 30 days, have you taken it upon yourself to learn more about adolescent substance use by looking up information or talking to others? Yes No
19. I know of places in my community where I can learn more about how to help prevent my child from using alcohol and/or drugs.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
20. I know of people and/or organizations in my community that I can speak to if I have questions about adolescent substance use.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
21. Did you ever visit the Partnership for a Drug-Free America's website (drugfree.org) for information before learning about the *Parents: You Matter* presentation? Yes No **(SKIP TO #22)**
- How did you learn about their website? _____

 - Why did you visit their website? _____

 - Have you made use of any of their resources? Yes No
If yes, which ones? _____

Section 6

22. Is there another parent or caretaker who spends a significant amount of time with your child? For example your partner/(ex)spouse, significant other, grandparent, aunt, uncle, mentor. *(If there is not another parent or caretaker, please SKIP TO #28.)*
- Yes
 - No **(SKIP TO #28)**
23. When it comes to your views on your child's involvement with alcohol use:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use
24. When it comes to your views on your child's involvement with cigarette/tobacco use:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use

25. When it comes to your views on your child's involvement with marijuana use:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use
26. When it comes to your views on your child's involvement with other drug use (e.g., ecstasy, methamphetamine):
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use
27. When it comes to your views on your child's involvement with the use of prescription drugs that are not his or hers:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use

Section 7

The following questions ask for general information about you and your family. Please select the response that is most true about you.

28. Have you ever attended a training or presentation about adolescent substance abuse? Yes No
 a. If so, please list. _____

29. Do you regularly seek out trainings to improve your understanding about adolescent substance use? Yes No

30. Do you regularly seek out trainings, presentations, or activities to ensure your child's well-being? Yes No

31. What is your race/ethnicity? (*Please choose all that apply. If you like, describe how you identify your family [Example: Black/African American: Ethiopian]*):

- Asian/Pacific Islander: _____
- Black/African American: _____
- Native American/American Indian: _____
- Latino/Hispanic: _____
- White/Caucasian: _____
- Other: _____

32. What is your gender (e.g., male, female, transgender)?

33. What is your country of origin? _____
 a. If not the US, how long have you been in the US? _____

34. What is your age?

- a. Age 25-34
- b. Age 35-44
- c. Age 45-54
- d. Age 55 or older

35. What is your marital status?

- a. Single
- b. Domestic partnership
- c. Married
- d. Separated
- e. Divorced

36. How much schooling have you completed?

- a. Less than some high school
- b. Some high school
- c. High school diploma
- d. Some college
- e. Graduated from college
- f. Some graduate school education
- g. Graduate degree
- h. Technical certificate or specialized technical training

37. What is your annual household income?

- | | |
|-------------------------|-------------------------|
| a. Less than \$20,000 | d. \$50,000 to \$74,999 |
| b. \$20,000 to \$29,999 | e. \$75,000 to \$99,000 |
| c. \$30,000 to \$49,999 | f. \$100,000 or more |

38. Who lives with you in your home? (*Choose all that apply*)

- a. Spouse/Significant Other
- b. Children over 18 years of age (Number of children: _____)
- c. Children 12 to 17 years of age (Number of children: _____)
- d. Children under 12 years of age (Number of children: _____)
- e. Your Parent(s)
- f. Your Grandparent(s)
- g. Other relatives (please specify):

- h. Other (please specify):

Thank you for your participation!

Youth Survey Baseline

Intervention group instructions: The purpose of this survey is to help us learn about how your parent(s)/caretaker(s) talk with you about alcohol and drugs. When answering, please think only about the parent/caretaker who will attend the *Parents: You Matter* presentation. There are no right or wrong answers. Your answers will be kept secret and will not be shared. Please choose the best response.

Control group instructions: The purpose of this survey is to help us learn about how your parent(s)/caretaker(s) talk with you about alcohol and drugs. When answering, please think only about the parent/caretaker who is participating in this study. There are no right or wrong answers. Your answers will be kept secret and will not be shared. Please choose the best response.

Section 1

The following questions will ask you about your relationship with your parent/caretaker.

1. Has your parent/caretaker ever spoken to you about drug and alcohol use? Yes No **(SKIP TO #5)**

2. In the last 30 days, how many times has your parent/caretaker had a quick talk (for example, 5 minutes) with you about risks and disapproval related to substance use?	0 times	1-2 times	3-4 times	5 or more times
	0	1-2	3-4	5+

3. In the last 30 days, how many times has your parent/caretaker talked with you about...	0 times	1-2 times	3-4 times	5 or more times
a) family rules or expectations about alcohol or drug use?	0	1-2	3-4	5+
b) specific things you could do to stay away from alcohol or drugs?	0	1-2	3-4	5+
c) alcohol or drug use in movies, music, and on TV?	0	1-2	3-4	5+
d) people you or your parent/caretaker know who have gotten into trouble with alcohol or drugs?	0	1-2	3-4	5+
e) the dangers or problems of using alcohol, marijuana, or other drugs?	0	1-2	3-4	5+
f) the dangers of smoking or using other tobacco products?	0	1-2	3-4	5+

4. Think about the most serious talk you have had about alcohol or drugs with your parent/caretaker during the past 30 days. About how long did this talk last?
 - a. Less than 10 minutes
 - b. 10 to 30 minutes
 - c. 31 to 60 minutes
 - d. More than 60 minutes

5. In the past week, how often did you do activities (e.g., hobbies or attending events) or have general conversations (e.g., about how things are going in your life) with your parent/caretaker?
 - a. Not at all
 - b. Once
 - c. Twice
 - d. 3 times
 - e. 4 or 5 times
 - f. 6 or 7 times
 - g. More than 7 times

Section 2

The next set of questions asks about how your parent/caretaker checks in with you.

6. How often does your parent/caretaker know what you are doing when you are away from home?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

7. How often does your parent/caretaker have a pretty good idea about what you are doing on a daily basis?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

8. How often do you spend your free time hanging out with friends without adult supervision?
 - a. Never
 - b. Seldom
 - c. About half the time
 - d. Often
 - e. Always or almost always

9. How often did your parent/caretaker do each of the following in the <i>last 30 days</i> :	Never	Seldom	About Half the Time	Often	Always or Almost Always
a) Require you to be home by a specific time	1	2	3	4	5
b) Limit the time that you spend with other friends when another adult was not present	1	2	3	4	5
c) Check in with you to see what you were doing when you were away from home	1	2	3	4	5
d) Talk to your friends to get to know them better	1	2	3	4	5
e) Check in with you to see what your plans were for the coming day	1	2	3	4	5
f) Get to know your friends' parents better	1	2	3	4	5

Section 3

The next set of questions asks you about your parent/caretaker's attitudes about alcohol and drugs.

10. How acceptable would your parent/caretaker feel it would be for you to...	Very Acceptable	Acceptable	Unacceptable	Very Unacceptable
a) drink beer, wine or hard liquor?	1	2	3	4
b) smoke cigarettes or use other types of tobacco?	1	2	3	4
c) smoke marijuana?	1	2	3	4
d) use prescription drugs that are not yours?	1	2	3	4
e) use any other type of drugs (e.g., inhalants, ecstasy, methamphetamine)?	1	2	3	4

11. Do you have another parent or caretaker (like a parent you do not live with, grandparent, aunt, uncle, or mentor) who spends a lot of time with you?

- a. Yes
- b. No **(SKIP TO #17)**

12. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on teen alcohol use:

- a. Your parents/caretakers share similar beliefs
- b. The parent/caretaker who will attend the presentation is stricter
- c. The parent/caretaker who will attend the presentation is less strict
- d. You don't know what your other parent/caretaker's views are

- 13.** When it comes to your parents' or caretakers' views (e.g., expectations, rules) on teen cigarette/tobacco use:
- Your parents/caretakers share similar beliefs
 - The parent/caretaker who will attend the presentation is stricter
 - The parent/caretaker who will attend the presentation is less strict
 - You don't know what your other parent/caretaker's views are
- 14.** When it comes to your parents' or caretakers' views (e.g., expectations, rules) on marijuana use:
- Your parents/caretakers share similar beliefs
 - The parent/caretaker who will attend the presentation is stricter
 - The parent/caretaker who will attend the presentation is less strict
 - You don't know what your other parent/caretaker's views are
- 15.** When it comes to your parents' or caretakers' views (e.g., expectations, rules) on other drug use (e.g., ecstasy, and methamphetamine):
- Your parents/caretakers share similar beliefs
 - The parent/caretaker who will attend the presentation is stricter
 - The parent/caretaker who will attend the presentation is less strict
 - You don't know what your other parent/caretaker's views are
- 16.** When it comes to your parents' or caretakers' views (e.g., expectations, rules) on the use of prescription drugs that are not yours:
- Your parents/caretakers share similar beliefs
 - The parent/caretaker who will attend the presentation is stricter
 - The parent/caretaker who will attend the presentation is less strict
 - You don't know what your other parent/caretaker's views are
- 17.** My parent/caretaker knows what to say to me about alcohol or drugs.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
- 18.** When it comes to alcohol or drug use, I want to do what my parent(s)/caretaker(s) want me to do.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
- 19.** When it comes to alcohol or drug use, I want to do what my close friends want me to do.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree

Section 4

The following questions ask for general information about you and your family. Please choose the response that is most true about you.

20. What is your race/ethnic background? (*Please choose all that apply.* If you like, describe how you identify your family [Example: Black/African American: Ethiopian]):

- a. Asian/Pacific Islander: _____
- b. Black, African, African American: _____
- c. Native American/American Indian: _____
- d. Latino/Hispanic: _____
- e. White/Caucasian: _____
- f. Other: _____

21. What is your gender (e.g., male, female, transgender)?

22. What is your country of origin? _____

- a. If not the US, how long have you been in the US? _____

23. What is your age? _____

24. What grade are you in school?

- a. Grade _____
- b. I am not in school

25. Think about where you live (i.e., your apartment or house). Who lives there with you?

Please select ALL that apply

- a. Mother
- b. Father
- c. Stepmother
- d. Stepfather
- e. Grandmother(s)
- f. Grandfather(s)
- g. Aunt(s)
- h. Uncle(s)
- i. Sister(s)
- j. Brother(s)
- k. Stepsister(s)
- l. Stepbrother(s)
- m. Cousin(s)
- n. Other children
- o. Other adult(s)

Thank you for your participation!

Parent Survey Intervention One Month Follow Up

This survey asks questions about your relationship with your child with respect to substance abuse prevention. Please only think about your child who is participating in this study. There are no right or wrong answers. Your survey will remain confidential. Your name will not be connected to your answers, and your answers will not be shared with anyone outside of the research team. Please select the most appropriate response.

Section 1

The following questions ask you to consider how you talk and connect with your child.

1. Have you watched the *wreckED* DVD with your child? **Yes No (SKIP TO #4)**

a. If yes, what was most helpful about it? _____

b. What was least helpful? _____

c. What recommendations would you make for improving the video? _____

2. Did you use the guide that accompanies the DVD? **Yes No (SKIP TO #3)**

a. If yes, what was most helpful about it? _____

b. What was least helpful? _____

c. What recommendations would you make for improving the guide? _____

3. How much did watching the *wreckED* DVD with your child(ren) help you with talking with them about alcohol and drug use?

a. Not helpful at all

b. Not very helpful

c. Helpful

d. Very Helpful

4. Why did you not watch the *wreckED* DVD with your child(ren)? **PLEASE SKIP IF YOU ANSWERED YES TO 1 AND 2.**

a. What would you recommend to make the DVD more useable or increase the chance of parents using it? _____

5. In the last 30 days, how many times have you had a quick talk (e.g., 5 min.) with your child about risks of substance use and expressed disapproval related to substance use?	0 times	1-2 times	3-4 times	5 or more times
	1	2	3	4

6. In the last 30 days, how many times have you talked with your child about...	0 times	1-2 times	3-4 times	5 or more times
a) family rules or expectations about alcohol or drug use?	1	2	3	4
b) specific things your child could do to stay away from alcohol or drugs?	1	2	3	4
c) alcohol or drug use in movies, music, on the Internet, and on TV?	1	2	3	4
d) people you or your child know who have gotten into trouble with alcohol or drugs?	1	2	3	4
e) the dangers or problems of using alcohol, marijuana, or other drugs?	1	2	3	4
f) the dangers or problems of smoking or using other tobacco products?	1	2	3	4

7. Think about the most serious and thorough discussion about alcohol or drugs you had with your child during the past 30 days. About how long did this discussion last?

- a. Less than 10 minutes
- b. 10 to 30 minutes
- c. 31 to 60 minutes
- d. More than 60 minutes
- e. Have not had a talk in the past 30 days

8. In the past week, how often did you do activities (e.g., hobbies or attending events) or have general conversations (e.g., about how things are going in their lives) with your child?

- a. Not at all
- b. Once
- c. Twice
- d. 3 times
- e. 4 or 5 times
- f. 6 or 7 times
- g. More than 7 times

Section 2

The following questions ask you to consider how you monitor your child.

9. In the past 30 days, how often did:	Never	Seldom	About Half the Time	Often	Always or Almost Always
a) you know what your child was doing when he/she was away from home?	1	2	3	4	5
b) you have a pretty good idea about your child's plans for the coming day?	1	2	3	4	5
c) your child spend his/her free time in the afternoons hanging out with friends <u>without</u> adult supervision?	1	2	3	4	5

10. How often have you done each of the following in the last 30 days?	Never	Seldom	About Half the Time	Often	Always or Almost Always
a) Required your child to be at home by a specific time	1	2	3	4	5
b) Limited the time that your child spent with other children without adult supervision	1	2	3	4	5
c) Taken whatever opportunity you had to get to know your child's friends better	1	2	3	4	5
d) Taken whatever opportunity you had to get to know the parents of your child's friends better	1	2	3	4	5

Section 3

The next question asks about your general attitude towards alcohol, tobacco, marijuana, and other drug use by your child at his/her current age.

11. How acceptable would you feel it would be for your child to...	Very Acceptable	Acceptable	Unacceptable	Very Unacceptable
a) drink beer, wine or hard liquor?	1	2	3	4
b) smoke cigarettes or use other types of tobacco?	1	2	3	4
c) smoke marijuana?	1	2	3	4

11. How acceptable would you feel it would be for your child to...	Very Acceptable	Acceptable	Unacceptable	Very Unacceptable
d) use prescription drugs that are not his or hers?	1	2	3	4
e) use any other type of drugs (e.g., inhalants, ecstasy, cocaine)?	1	2	3	4

Section 4

The next set of questions asks you to think about how effective you feel in helping prevent your child from using alcohol, marijuana, and other drugs.

For questions 12-15, please rate from 1 to 10 how confident you are that you can carry out each of the following things with your child, with 1 being *Not at all Certain* and 10 being *Very Certain*.

	Not at All Certain										Very Certain
12. How certain are you that you can...											
a) bring up the topic of drug and alcohol use?	1	2	3	4	5	6	7	8	9	10	
b) find the right time to speak with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10	
c) know what to say to your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10	
d) have an open two-way conversation with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10	
e) have ongoing open conversations with your child about drug and alcohol use?	1	2	3	4	5	6	7	8	9	10	

	Not at All Certain										Very Certain
13. How certain are you that you can...											
a) keep informed about what your child is doing on a daily basis?	1	2	3	4	5	6	7	8	9	10	
b) know what your child is doing when he/she is away from home?	1	2	3	4	5	6	7	8	9	10	
c) get to know your child's friends well?	1	2	3	4	5	6	7	8	9	10	
d) communicate with the parents of your child's friends?	1	2	3	4	5	6	7	8	9	10	

	Not at All Certain									Very Certain
13. How certain are you that you can...										
e) limit the time your child spends without adult supervision?	1	2	3	4	5	6	7	8	9	10
f) require your child to be home at a specific time?	1	2	3	4	5	6	7	8	9	10

	Not at All Certain									Very Certain
14. How certain are you that you can...										
a) identify warning signs that your child is at risk of using alcohol and drugs?	1	2	3	4	5	6	7	8	9	10
b) spend enough time with your child to be able to identify any warning signs of drug or alcohol use?	1	2	3	4	5	6	7	8	9	10
c) tell if your child is using drugs or alcohol?	1	2	3	4	5	6	7	8	9	10

	Not at All Certain									Very Certain
15. How certain are you that you can...										
a) use the Internet to find information about alcohol and drug use?	1	2	3	4	5	6	7	8	9	10
b) find community resources that you can use to help prevent your child from using/abusing alcohol and other drugs?	1	2	3	4	5	6	7	8	9	10

16. I wish I knew better what to say to my child about alcohol or drugs.

- f. Strongly disagree
- g. Disagree
- h. Somewhat agree
- i. Agree
- j. Strongly agree

17. What I say will influence whether my child uses alcohol or drugs.

- a. Strongly disagree
- b. Disagree
- c. Somewhat agree
- d. Agree
- e. Strongly agree

Section 5

The next set of questions asks about your knowledge of substance use and related resources.

18. How knowledgeable do you currently feel about adolescent substance use (e.g., vulnerabilities that may increase the risk of use/abuse)?
- Not at all knowledgeable
 - Not very knowledgeable
 - Somewhat knowledgeable
 - Knowledgeable
 - Very knowledgeable
19. In the last 30 days, have you taken it upon yourself to learn more about adolescent substance use by looking up information or talking to others? **Yes** **No**
20. I know of places in my community where I can learn more about how to help prevent my child from using alcohol and/or drugs.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
21. I know of people and/or organizations in my community that I can speak to if I have questions about adolescent substance use.
- Strongly disagree
 - Disagree
 - Somewhat agree
 - Agree
 - Strongly agree
22. Since your participation in the presentation have you:
- looked into other trainings to improve your understanding about adolescent substance use? **Yes** **No**
 - looked into trainings, presentations, or activities that address your child's well-being? **Yes** **No**

Section 6

23. **Is there another parent or caretaker who spends a significant amount of time with your child? For example your partner/(ex)spouse, significant other, grandparent, aunt, uncle, mentor. (If there is not another parent or caretaker, please skip the remaining questions.)**
- Yes
 - No **(PLEASE STOP. THIS IS THE END OF THE SURVEY.)**
24. When it comes to your views on your child's involvement with **alcohol use**:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's alcohol use

25. When it comes to your views on your child's involvement with **cigarette/tobacco use**:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's cigarette/tobacco use
26. When it comes to your views on your child's involvement with **marijuana use**:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's marijuana use
27. When it comes to your views on your child's involvement with **other drug use** (e.g., ecstasy, cocaine):
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's use of other drugs
28. When it comes to your views on your child's involvement with the use of **prescription drugs that are not his or hers**:
- You and your child's other caretaker share similar beliefs
 - You have stricter expectations than your child's other caretaker
 - You have more lenient expectations than your child's other caretaker
 - You are not aware of your child's other caretaker's views on your child's use of prescription drugs that are not his or hers

Thank you for your participation!

Youth Survey Intervention One Month Follow Up

The purpose of this survey is to help us learn about how your parent(s)/caretaker(s) talk with you about alcohol and drugs. When answering, please think only about the parent/caretaker who attended the *Parents: You Matter* presentation. There are no right or wrong answers. Your answers will be kept secret and will not be shared. Please choose the best response.

Section 1

The following questions will ask you about your relationship with your parent/caretaker.

1. Have you watched the wreckED DVD with your parent/caretaker? **Yes No (SKIP TO #3)**

a. If yes, what did you find most helpful about it?

b. If yes, what did you find least helpful?

c. If yes, how do you think the video can be made better?

2. How much did watching the wreckED DVD with your parent/caregiver help you both in talking about alcohol and drug use?

a. Not helpful at all

b. Not very helpful

c. Helpful

d. Very Helpful

3. In the last 30 days, how many times has your parent/caretaker had a quick talk (for example, 5 minutes) with you about risks of substance use and expressed disapproval of substance use?	0 times 1-2 times 3-4 times 5 or more times			
	0	1-2	3-4	5+

4. In the last 30 days, how many times has your parent/caretaker talked with you about...	0 times	1-2 times	3-4 times	5 or more times
a) family rules or expectations about alcohol or drug use?	0	1-2	3-4	5+
b) specific things you could do to stay away from alcohol or drugs?	0	1-2	3-4	5+
c) alcohol or drug use in movies, music, on the Internet, and on TV?	0	1-2	3-4	5+
d) people you or your parent/caretaker know who have gotten into trouble with alcohol or drugs?	0	1-2	3-4	5+
e) the dangers or problems of using alcohol, marijuana, or other drugs?	0	1-2	3-4	5+
f) the dangers of smoking or using other tobacco products?	0	1-2	3-4	5+

- 5. Think about the most serious talk you have had about alcohol or drugs with your parent/caretaker during the past 30 days. About how long did this talk last?**
- Less than 10 minutes
 - 10 to 30 minutes
 - 31 to 60 minutes
 - More than 60 minutes
 - Have not had a talk in the past 30 days
- 6. In the past week, how often did you do activities (e.g., hobbies or attending events) or have general conversations (e.g., about how things are going in your life) with your parent/caretaker?**
- Not at all
 - Once
 - Twice
 - 3 times
 - 4 or 5 times
 - 6 or 7 times
 - More than 7 times

Section 2

The next set of questions asks about how your parent/caretaker checks in with you.

7. In the past 30 days, how often did:	Never	Seldom	About Half the Time	Often	Always or Almost Always
a) your parent/caretaker know what you were doing when you were away from home?	1	2	3	4	5
b) your parent/caretaker have a pretty good idea about your plans for the coming day?	1	2	3	4	5
c) you spend your free time hanging out with friends <u>without</u> adult supervision?	1	2	3	4	5

8. How often did your parent/caretaker do each of the following in the last 30 days:	Never	Seldom	About half the Time	Often	Always or Almost Always
a) Require you to be home by a specific time	1	2	3	4	5
b) Limit the time that you spend with other friends when another adult was not present	1	2	3	4	5
c) Check in with you to see what you were doing when you were away from home	1	2	3	4	5
d) Talk to your friends to get to know them better	1	2	3	4	5
e) Check in with you to see what your plans were for the coming day	1	2	3	4	5
f) Get to know your friends' parents better	1	2	3	4	5

Section 3

The next set of questions asks you about your parent/caretaker's attitudes about alcohol and drugs.

9. How acceptable would your parent/caretaker feel it would be for you to...	Very Acceptable	Acceptable	Unacceptable	Very Unacceptable
a) drink beer, wine or hard liquor?	1	2	3	4
b) smoke cigarettes or use other types of tobacco?	1	2	3	4
c) smoke marijuana?	1	2	3	4
d) use prescription drugs that are not yours?	1	2	3	4
d) use any other type of drugs (e.g., inhalants, ecstasy, cocaine)?	1	2	3	4

10. Do you have another parent or caretaker (like a parent you do not live with, grandparent, aunt, uncle, or mentor) who spends a lot of time with you?

- a. Yes
- b. No **(SKIP TO #16)**

11. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on teen **alcohol use**:

- a. Your parents/caretakers share similar beliefs
- b. The parent/caretaker who attended the presentation is stricter
- c. The parent/caretaker who attended the presentation is less strict
- d. You don't know what your other parent/caretaker's views are

12. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on teen **cigarette/tobacco use**:

- a. Your parents/caretakers share similar beliefs
- b. The parent/caretaker who attended the presentation is stricter
- c. The parent/caretaker who attended the presentation is less strict
- d. You don't know what your other parent/caretaker's views are

13. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on **marijuana use**:

- a. Your parents/caretakers share similar beliefs
- b. The parent/caretaker who attended the presentation is stricter
- c. The parent/caretaker who attended the presentation is less strict
- d. You don't know what your other parent/caretaker's views are

14. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on **other drug use** (e.g., ecstasy, cocaine):

- a. Your parents/caretakers share similar beliefs
- b. The parent/caretaker who attended the presentation is stricter
- c. The parent/caretaker who attended the presentation is less strict
- d. You don't know what your other parent/caretaker's views are

- 15. When it comes to your parents' or caretakers' views (e.g., expectations, rules) on the use of prescription drugs that are not yours:**
- a. Your parents/caretakers share similar beliefs
 - b. The parent/caretaker who attended the presentation is stricter
 - c. The parent/caretaker who attended the presentation is less strict
 - d. You don't know what your other parent/caretaker's views are
- 16. My parent/caretaker knows what to say to me about alcohol or drugs.**
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat agree
 - d. Agree
 - e. Strongly agree
- 17. When it comes to alcohol or drug use, I want to do what my parent(s)/caretaker(s) want me to do.**
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat agree
 - d. Agree
 - e. Strongly agree
- 18. When it comes to alcohol or drug use, I want to do what my close friends want me to do.**
- a. Strongly disagree
 - b. Disagree
 - c. Somewhat agree
 - d. Agree
 - e. Strongly agree

Thank you for your participation!

Partnership for a Drug-Free America

Parents: You Matter Audience Evaluation Form

Thank you for attending today's "Parents: You Matter!" presentation. Please take a moment to fill out this evaluation and return it to the presenter.

Presentation Date: _____ Name: _____
 Presentation Location: _____ Address: _____
 Email: _____ City _____ State _____ Zip _____
 Occupation: _____

Would you like to receive information from the Partnership for a Drug-Free America about preventing drug and alcohol abuse in your community?

I want to receive information by e-mail
 No, I don't want to receive information.

Our eNewsletter sign-up section requires you to enter your e-mail address to sign up for e-mail newsletters. When you choose to sign up for one of our e-mail newsletters, your e-mail address is used solely to provide the newsletter to which you subscribe. Your e-mail address won't be shared with any outside organizations or individuals without your permission. Whenever you do receive a mailing from us you will always find an easy method to unsubscribe within the contents of the e-mail.

Please respond to the following questions as accurately as possible.

- Ethnicity: a) Caucasian b) African American c) Hispanic d) Asian e) Native American f) Other: _____
- Country of Origin: _____
 2a. If country of origin is not the US, how long have you been in the US? _____
- Age: a) 18 - 25 b) 26-35 c) 36-49 d) 50-64 e) 65+
- What are the ages of your children?

Child 1:	a) 0-5	b) 6-9	c) 10-12	d) 13-15	e) 16-17	f) 18+
Child 2:	a) 0-5	b) 6-9	c) 10-12	d) 13-15	e) 16-17	f) 18+
Child 3:	a) 0-5	b) 6-9	c) 10-12	d) 13-15	e) 16-17	f) 18+
Child 4:	a) 0-5	b) 6-9	c) 10-12	d) 13-15	e) 16-17	f) 18+
Child 5:	a) 0-5	b) 6-9	c) 10-12	d) 13-15	e) 16-17	f) 18+
- Please select how knowledgeable you were about adolescent substance use issues before today's presentation.
 a) Not at all knowledgeable b) Somewhat knowledgeable c) Knowledgeable d) Very knowledgeable
- Is this your first time attending a presentation or event to learn more about adolescent substance use? _____ Yes _____ No

Please respond to questions 7-10 based on how you feel about the presentation.

	Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied
7. How satisfied are you with the overall quality of the presentation?	5	4	3	2	1
8. How satisfied are you with the quality of the presenter?	5	4	3	2	1
9. How satisfied are you with the quality of the presentation materials?	5	4	3	2	1
10. Overall, how satisfied are you with your presentation experience?	5	4	3	2	1

Please respond to questions 11 - 16 by selecting the most appropriate rating on a scale of 1 to 5.
 1= Strongly Disagree and 5= Strongly Agree

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
11. The presentation was well organized.	5	4	3	2	1
12. The presentation improved my knowledge about adolescent drug and alcohol use.	5	4	3	2	1
13. I expect to use the information I learned from this presentation.	5	4	3	2	1
14. I expect that my participation in this presentation will benefit my child(ren).	5	4	3	2	1
15. I would recommend this presentation to other friends and family.	5	4	3	2	1

16. I feel that after participating in this presentation...

	1 Strongly Disagree	2	3	4	5 Strongly Agree
a. I am better prepared to communicate with my child(ren) about substance use issues.	1	2	3	4	5
b. I have a better understanding of how to monitor my child(ren)'s activities	1	2	3	4	5
c. I am better prepared to identify drug and alcohol use.	1	2	3	4	5
d. I have a better understanding of what to do if I identify drug and alcohol use.	1	2	3	4	5
e. I have a better understanding of what makes a teen more vulnerable to drug and alcohol use.	1	2	3	4	5

17. Do you plan on taking any of the actions suggested in the presentation? _____ Yes _____ No

17a. If you answered "Yes", please list the specific actions you plan to take.

