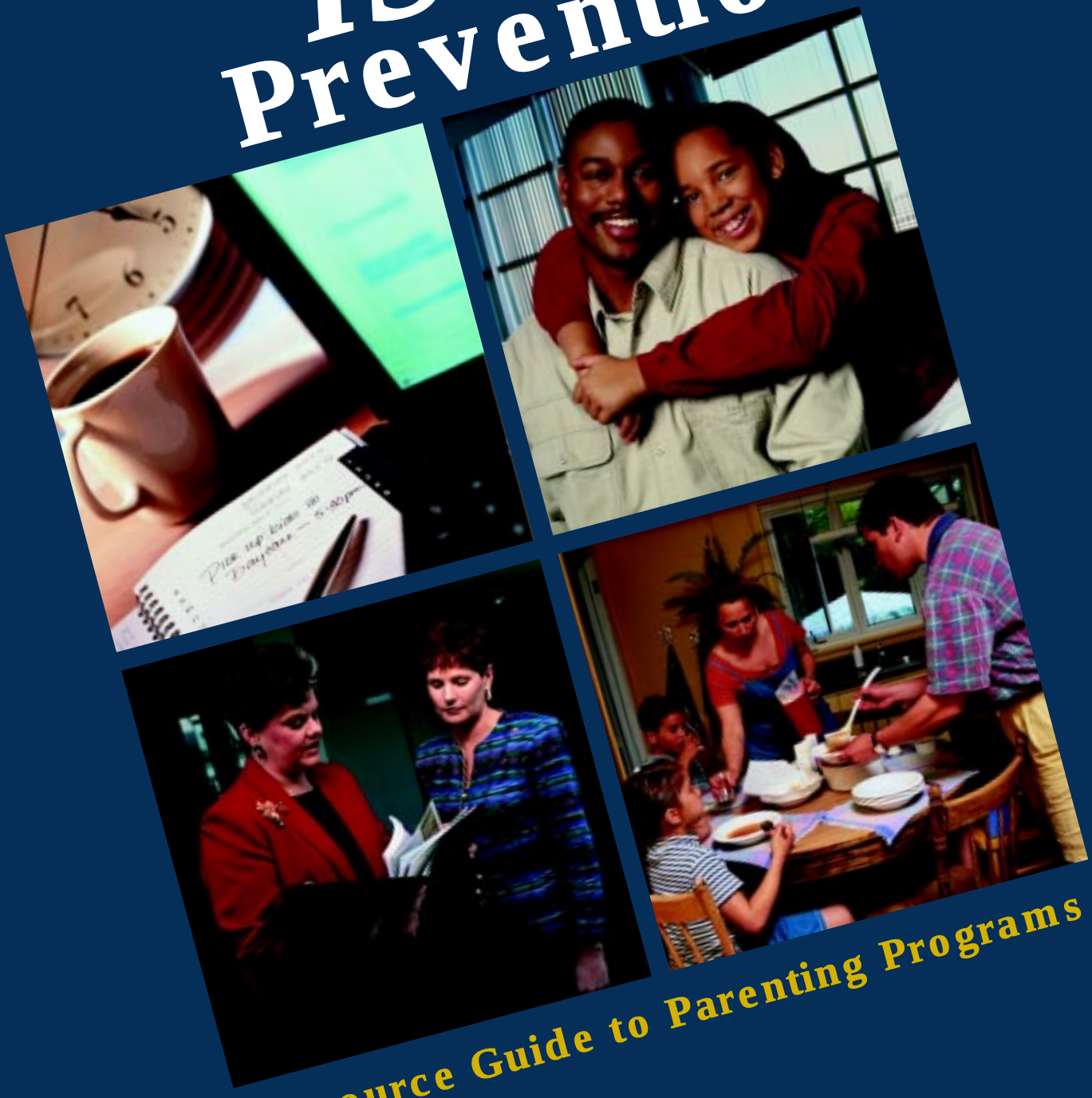
Parenting *IS* Prevention



Resource Guide to Parenting Programs

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES
OFFICE OF NATIONAL DRUG CONTROL POLICY

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Foreword

This Resource Guide is a joint effort of the White House Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). It is designed to provide state-of-the-art information about a variety of workplace-based programs and products that parents can use to help combat alcohol, tobacco, and drug use among their children. Research has determined that parental involvement is crucial in preventing children from abusing substances. We know that most parents, both mothers and fathers as well as other caretakers, work outside the home. Therefore, the workplace is an ideal location to disseminate information to parents about substance abuse prevention. Efforts to reach parents through their workplaces is a key component in CSAP's comprehensive Parenting ***IS*** Prevention (PIP) initiative. PIP is implementing the Secretary of Health and Human Services' Youth Substance Abuse Prevention Initiative and the President's National Drug Control Strategy. Goal 1 of the Strategy seeks to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco by educating parents and other caregivers, and by supporting parents and adult mentors to take an active role in community prevention.

The products and programs included in this Resource Guide are designed to educate parents about the harm associated with alcohol, tobacco, and other drugs; to motivate parents to talk with their children about these substances; and to encourage parents to participate in positive activities with children.

Section 1 gives an overview of the problem of youth substance use in the United States and describes the protective and risk factors that appear to influence adverse behaviors. In addition, it describes how parents' active participation in their children's activities is a prime deterrent from alcohol, tobacco, and drug use. The section also addresses the utility of parenting training in workplace settings.

In Section 2, various issues related to workplace parenting programs and training are discussed. They include the practical implementation of workplace-based parenting training, cost and funding, and evaluation and assessment.

A synthesis of approaches to workplace parenting programs and training is addressed in Section 3. Specific models and methods as well as implementation approaches adopted by the workplace parenting programs are described.

Section 4 presents profiles of selected workplace parenting programs including brief descriptions of content, evaluation information, and program contacts. The programs target various age and ethnic groups and a range of family problems; however, their primary focus is on substance abuse prevention.

ONDCP and CSAP convened a panel of experts from a variety of areas representing parenting programs in the workplace that focused on substance abuse prevention among youth. The summary of that meeting is included as Section 5.

The Resource Guide contains a list of Internet sites on substance abuse prevention, managed care, and parenting efforts. The list encompasses Federal agencies and clearinghouses, foundations, advocacy organizations, networks, and other types of organizations. CSAP maintains a web site on Workplace Managed Care/Substance Abuse Prevention and Early Intervention that contains information on many workplace-based substance abuse prevention programs, research, and issues. It is located at http://wmcare.samhsa.gov.

Finally, a bibliography containing pertinent research articles concerning parental influences on youth substance use is appended.

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Section 1
Introduction

Use of Illicit Drugs, Alcohol, and Tobacco Among Youth

Over 11 percent of teenagers reported using illicit drugs sometime during the 30 days prior to being surveyed in the 1997 National Household Survey on Drug Abuse, an increase from 9 percent in 1996 (SAMHSA, 1998a). Drug use among young teens aged 12 and 13 rose from 2.2 to 3.8 percent in the same period. Although there has been a modest downturn in illicit drug use among secondary school students, use of marijuana is still widespread. According to the annual Monitoring the Future Study, 22 percent of all 8th graders and 49 percent of 12th graders said they had tried marijuana (National Institute on Drug Abuse, 1998). Nationwide, as reported in the Youth Risk Behavior Surveillance—United States, 1997, over 47 percent of students in grades 9-12 had smoked marijuana during their lifetime, and over 26 percent of all students had used this drug in the 30 days preceding the survey (CDC, 1998). Incidence of first marijuana use among youth aged 12-17 increased from 37 per thousand to 83 per thousand between 1991 and 1996 (SAMHSA, 1998a) and approximately 1 in 10 students have tried marijuana before the age of 13 (CDC, 1998). More than half of youth reported to National Household surveyors that marijuana was easy to obtain. Cocaine use was reported by over 8 percent of students, and 17 percent of students had used other illegal drugs, including LSD, PCP, "ecstasy," mushrooms, methamphetamine, and heroin in their lifetime. Sixteen percent of students had sniffed glue or used inhalants (CDC, 1998).

After marijuana, hallucinogens and psychotherapeutics appear to be the second and third drugs of choice, resulting in a 50 percent increase for the former and slight increase for the latter between 1994 and 1996 (SAMHSA, 1998b). According to Kumpfer and Adler (1998), America has seen the "highest rates in 30 years of new cocaine users in youth and the incidence rate of heroin use in youth is much higher than ever." Moreover, rates of heroin, cocaine, and tranquilizer use among students did not show an improvement in 1998, according to the recent Monitoring the Future Study (National Institute on Drug Abuse, 1998).

After a gradual rise in alcohol consumption among teenagers, prevalence rates among 8th, 10th, and 12th graders showed a very small decline in 1998. Nevertheless, one-third of all high school seniors reported being drunk at least once in the 30 days preceding the survey (National Institute on Drug Abuse, 1998). In 1997, according to the SAMHSA survey, 11 million teens aged 12-20 consumed alcohol, and 40 percent of these drinkers reported binge drinking. The CDC Youth Risk Behavior reported that over 79 percent of students nationwide had at least one drink, and over half had a drink in the 30 days preceding the survey. Furthermore, tobacco use is high among youth, at 20 percent, and

there was a significant increase among children aged 12-13, from 7.3 percent in 1996 to 9.7 percent in 1997 (SAMHSA, 1998a). Over 70 percent of students in grades 9-12 have tried smoking (CDC, 1998).

Risk and Protective Factors

A report of the Six State Consortium for Prevention Needs Assessment Studies: Alcohol and Other Drugs, conducted in 1997, on a stratified sample of nearly 90,000 public and private school students in grades 6-12, identified major risk and protective factors that influence or prevent adolescents from engaging in substance use. Major risk factors that predict and predispose adolescents to drug abuse include (1) availability of drugs and handguns; (2) favorable drug attitudes by family, friends, and the community; and (3) the students' feelings of alienation and rebellion (Hawkins et al., 1998; SAMHSA, 1998b). Protective factors include social skills; prosocial beliefs and opportunities; and rewards for conventional involvement in school, family, and community activities (SAMHSA, 1998b). Analysis of the data revealed that 83 percent of adolescents abusing drugs have at least nine risk factors but no more than one protective factor present. Exposure to risk factors is mitigated by protective factors; the more protective factors present the less likely the adolescent will engage in substance-abusing behaviors.

Investigating possible preventive measures for deterring children from engaging in substance use and or abuse, researchers have focused on both parental influence and peer pressure (Kumpfer and Adler, 1998; Dishon and Andrews, 1995; Swisher and Hu, 1983). Assuming peer pressure is the most significant reason for adolescent drug abuse, substance abuse treatment providers have focused on peer intervention groups as a source of increasing prevention. Yet, recent studies show that parental involvement appears to be the most powerful and convincing catalyst in deterring children from substance abuse (Kumpfer and Adler, 1998; SAMHSA, 1998b). Researchers found that 57 percent of adolescents using marijuana have at least four best friends who also smoke pot. However, a staggering 75 percent of adolescents report using marijuana if their parents do not think that drug use is wrong. Conversely, only 9 percent of teens report using marijuana when their parents strongly oppose drugs (SAMHSA, 1998b).

Importance of Parental Involvement

Research demonstrates clearly that parental involvement is key in preventing children from engaging in substance abuse. One reason for the recent increase in drug abuse among youth may be a direct result of parents spending less and less time with their children (Kumpfer and Adler, 1998). However, most Americans work — 75 percent of men, and over 59 percent of women. More importantly, 72 percent of single women, 77 percent of married women, and 81 percent of widowed, divorced, or separated women with children aged 6-17 are employed. Furthermore, full-time workers are on the job an average of 43.3 hours per week (Bureau of Labor Statistics, 1998).

Mischel et al. (in press) revealed that two-parent households have increased their amount of working hours by 240 hours per year since 1989. Furthermore, households headed by single parents have seen

decreases in income from $21,281 to $20,368 for females and $36,043 to $32,325 for males. Parents who work longer hours to maintain income levels or successfully achieve employment objectives may spend less time with their children. This may reduce their influence in deterring children from antisocial behaviors such as drug abuse or in promoting prosocial behaviors such as academic achievement. Data collected between 1991 and 1993 indicate that 10 percent of children living with both biological parents, 15 percent of children living with their mother only, and 22 percent of children living with their father only, engaged in illicit drug use (SAMHSA, 1998b).

Focusing on intervention through parental involvement appears to be the strongest method of drug abuse prevention for children. Because parents spend a great deal of time at the worksite, this is a logical place to incorporate substance abuse prevention methods.

Workplace-based prevention strategies have the goals of (1) helping parents become aware of their role in preventing children from engaging in drug abuse and (2) empowering parents with education in prevention methods and skills. Evidence shows that not only parents benefit as they learn to balance career and family need — which in turn reduces stress at home and at work — but also employers benefit by increased employee productivity and other measurable outcomes. Business Week and the Work & Family Center at Boston University conducted a survey of 8,000 employees to evaluate "employers' best practices by asking both companies and employees to describe their work-family balancing acts" (Hammonds, 1996). Family-friendly policies at corporations of various sizes such as Aetna Life and Casualty, Johnson & Johnson, and First Tennessee National Corp. have shown dramatic reductions in absenteeism and turnover. However, in the majority of companies studied, a contradiction was found between theory and practice. Although 48 percent of the 8,000 employees surveyed reported that they could "have a good family life and still get ahead" within the company, 60 percent felt that management did not or only "somewhat" added employees' needs into the equation when making decisions. Furthermore, 32 percent of employees observed that work had adverse effects on their home lives. "I may have flexibility to accommodate family needs ... but I'm home working until midnight to get my job done," responded one employee to the questionnaire.

Parenting programs in the workplace benefit not only the employee, the employee's family, and the employer, but society as a whole. Decreased incidence and prevalence of children abusing substances results in fewer dollars spent on substance abuse treatment and the juvenile justice system. This is not trivial: the total estimated national cost of substance abuse increased from $245.7 billion in 1992 to $276.3 billion in 1995 (Rice, 1998).

The purpose of this Resource Guide is to identify "the state-of-the-art, exemplary programs and products that parents in different types of workplaces can use to help combat drug use among their children," said Karol Kumpfer, the Director of CSAP. "These products and programs include those designed to educate parents about the harm associated with drugs, to motivate parents to

talk with their children about drugs, and to encourage parents to participate in positive activities with their children." To this end, this Resource Guide provides information about parenting programs and training in the workplace and synthesizes the various approaches used by a variety of companies and organizations.

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Section 2
Issues Related to Workplace Parenting Programs and Training and Evaluation

This section of the Resource Guide highlights key issues and challenges faced by those planning, implementing, and/or evaluating parenting education programs designed to take place at or through the workplace. For some time, the workplace has been seen as an important locus of health promotion and disease prevention activity in the United States and elsewhere. Indeed, in many large corporations, workplace-based health education has been in place for two decades or more, and in Scandinavian and other European countries, primary health care is delivered at the workplace through both public and private sector resources. Increasingly, the workplace is seen as a potential venue for parenting education and support in general and specifically with regard to substance abuse prevention. An overwhelming majority of workers are parents, and as such play multiple roles — as workers, parents, perhaps as caregivers of older relatives. This not only limits the amount of time they have to participate in educational opportunities but also speaks to the more critical need of obtaining information and resources in a "safe" and readily accessible environment.

A number of issues are important to address when designing, implementing, and evaluating workplace-based parenting education activities. One purpose of the CSAP "Parenting ***IS*** Prevention" activity is to identify and fully explore these issues in order to develop effective policies and programs to support workplace-based parenting education. The issues are divided into three categories: practical implementation of workplace-based parenting education, cost and funding, and evaluation/assessment. These are put forth in a series of questions that should be answered when designing a workplace parenting education program.

Practical Implementation of Workplace-Based Parenting Education

- What is the "target" audience? Are there eligibility criteria, and if so, how are they applied? For example, how does a company identify or involve a worker who is having a parenting problem? Are all parents/caregivers invited to participate? What ethical considerations have the companies addressed in identifying/targeting employees for participation? Are there labor/management issues if there are criteria for participation?

- How are general goals and objectives developed for the program and incorporated into the educational sessions and materials? Can they meet both the broad needs of the workforce and, to the extent possible, specific needs of individual workers with parenting problems?

- How are the materials designed to meet multiple needs of parents/caregivers (e.g., stress, substance abuse, behavioral problems of adolescence)? If session time is limited, what is the optimal way to include information on the various issues?

- If audiovisual materials, videos, brochures, or other self-instructional materials are disseminated with minimal or no involvement on the part of a trainer/educator, how should the employee be instructed to best use these materials?

- After the educational program (activity) has taken place, what follow-up is provided to the employee? Is a list of local referral sources provided? Does the company offer support groups for parents? How does the company address a demand for additional parenting education or other support services?

- Are there company-specific barriers to implementing this type of employee assistance program?

- What is the most effective way of promoting to companies and organizations the advantages of providing this type of service? How is the program marketed to employees?

- What is the most effective mechanism to meet the needs of small business employers and their employees for parenting education programs, and to support such activities? Eighty-five percent of the American workforce is employed in the small business sector and the human and financial resources of these firms are often limited.

Cost and Funding

- What does it cost to implement a workplace parenting program at the specific company or organization? What are the cost elements (e.g., cost of the staff member, consultant, and/or contractor providing the service; lost work time; administrative costs of purchasing, producing, and disseminating information; evaluation)?

- What is the best way to account for the costs and at what level of detail?

- How feasible is collection of cost data?

- What benefits might accrue to offset the cost of a workplace parenting program? How can data be obtained that could indicate reduction in absenteeism and tardiness and other productivity measures?

- What are potential sources of funding for workplace parenting programs, particularly for small businesses and nonprofit organizations?

Evaluation/Assessment

- How do individual companies/organizations assess the utility of the parenting education program for their corporate/organizational needs, their workforce overall, and for individual workers?

- What are the sources of information and how are the data interpreted (e.g., employees' subjective assessments of utility, productivity measures, employee absenteeism data)? How feasible is collection of evaluation data?

- How are evaluation results to be reported, disseminated, and/or used? In what format? Will reports or brochures containing statistics and graphics be required? Will these be available to other companies/organizations, to workers, and to possible funding sources?

- Does the company/organization accept feedback (verbal or written) from participants regarding suggestions in improving the services provided? If so, how are the recommendations incorporated (e.g., in human resource development plans)?

- How are evaluation findings used to improve workplace conditions? How can the corporation ensure that adverse findings do not exacerbate stress among employees?

Section 3
Synthesis of Approaches to Workplace Parenting Programs and Training

3.1 Workplace Parenting Programs and Training Models and Methods

Diverse principles drive the types of services provided to the employees in workplace parenting programs. Although all of the programs and training described in this Resource Guide focus on empowering parents to deter children from engaging in antisocial behaviors, some programs have chosen to target balancing work with home life. The focus of the program may mandate development of a support group for parents who receive the training. Another program may stress a healthy lifestyle and focus on changing parents' drinking habits and behaviors that center around substance abuse. This type of program promotes a sound diet, stress management techniques, and exercise.

Some programs address parenting issues relevant to certain age groups of children. These programs identify various developmental challenges parents face as the child matures and assist in increasing the parents' level of comfort in addressing developmental issues. Programs that target substance abuse as the center of their curriculum concentrate on increasing parents' awareness of both protective and risk factors that may negate or promote substance abuse in their children. Activities incorporated within this type of program may include role play with the objective of helping the parents to become proactive in their child's life. It may portray actions parents should take if their child has a substance problem. It may also identify and expel misconceptions concerning drugs and alcohol.

Although each program appears to have unique principles driving the methods and objectives promoted through the various activities employed, a constant element observed in all programs is the emphasis on communication and empowerment. At the core of each program is the goal of providing parents with the tools for effectively communicating with their children and other family members. The program may suggest family meetings and outings. It may suggest that parents clearly list and express their expectations of their children. Parents are empowered when they become familiar and comfortable with information regarding drugs, alcohol, sex, and other disquieting issues families face as children mature. The sessions and information provided by the various programs focus on helping parents see the importance of their role in providing their children with the necessary survival skills to resist negative societal influences and embrace positive ones.

A panel of experts who are providing parenting programs and training in the workplace convened on September 28, 1998 (see Executive Summary of Proceedings) to assist CSAP in

identifying the core elements and issues in facilitating a parenting workplace program. As a result of this meeting, 11 key programming elements were identified, which are:

1. The programs are comprehensive for children and parents.

2. The programs focus on training for children as well as for parents.

    - They include activities that parents can do at home between training sessions.
    - They suggest participation in community activities such as sporting events, health fairs, etc.
    - They cover practice activities within the sessions, if the sessions are 1-day or weekend seminars.

3. The correct "dosage" is important.

    - Generally, the longer the program, the better.
    - However, if the program is too long, it may need to be modified because it could become discouraging.

4. The program must be tailored to cultural traditions.

    - This includes the workplace culture.
    - It also means addressing family cultures appropriately and providing an opportunity to share across cultures.

5. If the focus of the program is directed to different age groups of children, it should be developmentally appropriate.

    - In large workplaces, trainers can divide parent groups according to the age of their children.
    - This type of program may be difficult in small workplaces because there may not be a sufficient number of parents with children in each age group to form groups.

6. The location of training is very important.

    - The workplace environment changes the dynamics of the training.
    - There should be a focus on transferring parenting skills learned at the workplace training to the home environment.

7. Discussion of dysfunction in the home environment is a key program element.

    - There is a need to define what is functional versus what is dysfunctional.
    - The programs assist parents in identifying dysfunction at home.

8. Components of effective programs include strategies for improving family relations and communication.

    - Skill area training incorporates strategies for strengthening family communication.

9. Recruitment and retention of parents for the entire program is important.

10. Videos

    - Demonstrating or modeling good and bad parenting is desirable. However, some

parents who view the video may not correctly identify an example of poor parenting.
- Videos provide an extra dimension of privacy because they can be viewed at home or alone.
- If parents in the workplace do not identify with the parents on the video due to differences of race, family structure, lifestyle, etc., the impact of the program may be compromised.

11. It is critical to use trained and dedicated facilitators.

    - Facilitators must be committed to the idea that training parents is important.
    - They must be knowledgeable of the workplace.
    - They must be entrepreneurial.
    - They must have confidence in the information disseminated and enthusiasm in promoting their program.
    - They must treat parents with respect and instill confidence.
    - They should ask questions and encourage parents to think for themselves.
    - They should "keep it simple."

3.2 Company Implementation Approaches to Workplace Programs for Parents

There are several different designs companies can consider when they initiate a workplace parenting program. Time and location are major considerations, as is the ability to reach the most employees who could benefit from training. In this section, several approaches are discussed.

Onsite Training Sessions

Sessions during work hours or during the lunch hour are convenient for employees and do not interrupt the daily work schedule. This approach allows parents to take home the information learned and implement it immediately, so they can observe their effectiveness within the family setting. The parents then bring the results back to the next session and receive feedback from the facilitator as well as other parents on methods to improve techniques. A potential positive consequence of interaction among parents may be an informal support group that continues beyond the formal sessions provided by the company. Interaction among parents serves a twofold purpose. First, parents see that they are not alone and are not inadequate parents. Second, interaction provides parents with a support system that, if it continues, maintains a vehicle for sharing information and experiences.

One disadvantage to providing lunchtime sessions is that all employees do not take lunch at the same time. Therefore, sessions may not be available to all employees. Sessions conducted during the work day may not be long enough to both cover the information and receive feedback from parents as well. Location is important too. Companies must provide areas that are conducive to training, provide reasonable privacy, and discourage interruption by other employees.

One-Day and Weekend Training Sessions

One-day or weekend sessions outside the workplace are intensive and focus on meeting goals and objectives

established at the beginning of the sessions by the facilitator. This format allows more time for dealing with various issues adequately. Breakout sessions are used to discuss and practice activities learned. There is less room for disruption during the sessions. Although this format appears to have many advantages, all-day or weekend seminars may be inconvenient for parents. Parents must find child care or change their weekend routines. In addition, if the program is limited to one long workshop, there can be no benefit from parental feedback and repeated chances to implement the lessons learned. Interaction among families is often an effective means of helping to achieve the goals of the program.

Self-Instructional Programs

Self-instructional programs provide more personalized services that are private and give parents more control over when and where they receive parenting training. These services are provided through parenting hot lines, interactive CD-ROM with activity packets, and videos with workbooks that include activities to practice at home. The advantages to these methods are that information is available to parents when they need it and intervention is immediate. In contrast, parents must wait for prescheduled, structured, facilitated sessions. Services delivered in the privacy of the home may engender a certain level of comfort; the parent may feel less intimidated about recognizing weaknesses that need improvement. Finally, this type of program can reach more parents within the workplace because it allows employees access to the information at their own convenience. A disadvantage to this approach is the lack of interaction with other parents who experience similar challenges within their households. CD-ROM and video with workbook activity methods are difficult to evaluate. They do not require feedback on how the techniques worked within the families. This is essential in determining if the strategies suggested are actually effective.

Section 4
Profiles of Workplace Parenting Programs and Training

Birth to Three: Making Parenting a Pleasure

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Specific Goals for Parenting Education:

- Address the stress, isolation, and lack of adequate parenting information and social support that many parents experience.
- Build on family strengths and help parents develop a strong support network.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
The curriculum first acknowledges the importance of addressing each parent as an individual by focusing on the need for self-care and personal empowerment. Once accomplished, the curriculum moves from an adult/adult emphasis to a parent/child/family emphasis.

The curriculum includes 13 individual modules entitled 1) Getting Started, 2) Nurturing: Taking Care of Ourselves, 3) Understanding Stress, 4) Stress and Anger Management: Techniques, 5) Managing Anger, Modeling Alternatives, 6) The Dance of Communication: Nonverbal, 7) Communication: Listening Skills, 8) Verbal Communication, 9) Child Development: The Basics, 10) Discipline: Laying the Foundation, 11) Discipline: Parent's Toolbox, 12) Discipline: Challenging Behaviors, 13) Closure: Saying Goodbye. Some of the sessions include booklets and videotapes.

Center for the Improvement of Child Caring

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Specific Goals for Parenting Education:

- Share important information with parents regarding child development (e.g., stages that children go through, ways children learn, and child health care, nutrition), child care, and drugs/delinquency.

- Train parents in special skills and strategies for successfully relating to children and managing everyday family problems such as communication skills (e.g., understanding children's needs and assisting children in wanting to hear what parents have to say), disciplinary skills, mutual problem-solving skills, and verbal and nonverbal appreciation skills.

Target Group:
All parents who would like parenting training.

Description of Program/Sessions:
Confident Parenting:
Provides strategies for understanding the causes of children's behavior and for creating effective family rules. Parents also learn specific skills such as effective praise, mild social disapproval, ignoring, time out, and the point system for child management. They can put these skills into use as an integrated approach to confidently raise children and achieve harmony in the home.

Effective Black Parenting:
Teaches a set of parenting strategies and child management skills from within an African-American perspective using African proverbs to reinforce ancestral heritage. The Pyramid of Success for Black Children, Modern Black Self-discipline, Pride in Blackness, and Chit-Chat Time are examples of culture-based strategies. The child management skills are the same as those taught in the Confident Parenting program. Parents learn to put these skills and strategies to work in their families so they can raise proud and confident African-American children.

Los Niñas Bien Educados:
Teaches parents a sequence of proven strategies and child management skills for promoting and maintaining child behaviors defined as "bien educados" (well educated in both a social and academic sense) and for reducing "mal educados" behavior. This program can be offered in Spanish and English and uses "dictos" to reinforce cultural grounding.

Evaluation:
The program used a telecasting method for the Active Parenting seminar. Results indicate that many parents made immediate and practical use of the parenting ideas and skills taught within the session. Parents completed evaluations at the end of each seminar. Evaluations revealed that parents believe the seminar will assist them in increasing their concentration while at work as a result of receiving information and skills that will help them in managing their home life. Parents indicated that they felt "a new sense of loyalty and respect for their company for having responded to them as whole persons."

Center on Work & Family

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Specific Goals for Parenting Education:

- Increase resiliency/protective factors for youth within their peer groups and families.
- Reduce the likelihood of problems with drugs and alcohol.

Target Group:
Working parents with children between the ages of 9 and 12 years who spend some time (or are planning to spend some time) alone at home.

Description of Program/Sessions:
Consists of six workshops focused on helping parents to make decisions about child care and educate family members about key issues such as family communication, safety in the home and neighborhood, decision-making, and substance abuse.

Includes "A Handbook for Families with Children in Self-Care," "A Training Guide for Workshop Facilitators," and a video entitled "Home and On Your Own: How to Decide When It's Safe to Leave Your Child Home Alone."

Evaluation:
An outcome evaluation was designed to test the efficacy of the Home and On Your Own Program through self-administered questionnaires comprising both standardized and original measures. Data were collected from both an experimental and control group, using the pre-post-test method (6 months following completion of the program). The experimental group consisted of participants who attended at least three of the five evening workshop sessions, and the control group consisted of families who attended the introductory seminar but were unable to attend the five evening sessions. The sample size included 560 individuals (182 children and 378 adults). The evaluation revealed that families who participated in at least three sessions reported high levels of satisfaction with the program, improved communication, and increased comfort with their child care arrangements compared with families who participated only in the introductory session.

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Specific Goals for Parenting Education:

- Emphasize a risk and protective factors framework.
- Provide methods for talking with children about drugs.
- Identify risk factors for substance abuse in children and youth.
- Suggest strategies for helping children decrease risk and increase protection.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
Improving Parent Understanding of Youth Substance Abuse:
Assists parents in understanding why children may choose to use drugs. Parents are engaged in a discussion centered on five common reasons: to feel grown up, to fit in and belong, to relax and feel good, to take risks and rebel, and to satisfy curiosity.

Understanding Risk and Protective Factors:
Helps parents recognize the complex interaction among risk factors including personal characteristics, family environment, community environment (poverty or high crime), community/family/peer norms, relationship to school, peer relations, and the nature of relationships with adults. Identifies key protective factors that can either prevent or stop use: structure and nurturing provided by parents, adequate housing and income to meet family needs, and learning promoted by parents.

Accurate Information about Substance Abuse:
Provides accurate information about substance abuse. Shows parents how to clear up their children's misconceptions such as that alcohol is a self-inflicted illness, recovery from alcohol abuse is only a matter of willpower, and alcoholism strikes certain ethnic groups or races disproportionately, or one gender more than another.

Parenting Strategies:
Presents parents with strategies for helping their children. Strategies include being a good role model, avoiding relying on alcohol or drugs, establishing a strong relationship with children, giving clear messages about abstaining from substance use, teaching children to express thoughts and feelings honestly, teaching important problem-solving skills, and becoming a child's most reliable resource on drugs and alcohol.

Case Study:
Presents a hypothetical family. Asks parents to assess and list strategies they have learned that might be used to prevent youth involvement with illicit substances. Encourages parents to assess situations within their own homes, identify the risk and protective factors that exist, and list strategies they might employ to decrease risk and increase protection for their children.

Evaluation:
The program evaluates the effectiveness of the training program by pre- and post-test. Parents showed positive change in knowledge and reported an increase in their comfort level regarding techniques to assist children in avoiding substance abuse problems.

Developmental Research and Programs: Preparing for the Drug Free Years

Contact: Developmental Research and Programs
Customer Service
130 Nickerson, Suite 107
Seattle, WA 98109
Tel: (800) 736-2630
Fax: (206) 286-1462

Specific Goals for Parenting Education:

- Reduce adolescent drug abuse and behavioral problems by increasing parents' skills in providing preventive mechanisms that will reduce risk factors and enhance protection.
- Teach parents to use the basic principles of social development strategy to strengthen family bonding in order to build protection against risk.
- Help parents create opportunities for involvement and interaction in the family, set clear behavioral expectations, and strengthen drug and peer pressure resistance skills.
- Assist parents in managing and reducing family conflict by practicing consistent and contingent family management.

Target Group:
Parents of children ages 8 to 14 years old.

Description of Program/Sessions:
The program consists of either 5 2-hour weekly sessions or 10 1-hour sessions. Topics covered are: risk factors for drug abuse, nature and extent of the problem, how to reduce risks by strengthening family bonds, how to conduct family meetings and foster family communication, establishing a family position on drugs, identifying and establishing positive reinforcements and appropriate negative consequences, reinforcing a child's refusal skills, how to express and control anger, how to increase children's participation in the family, and how to create a parent support network.

Risk factors addressed are: family management problems, parental use and positive attitudes toward use, antisocial behavior in early adolescence, alienation and rebellion, friends who use drugs, favorable attitudes toward use, and early first use.

Evaluation:
An evaluation of statewide implementation of the program revealed that parents find the program helpful and of high value. The training assists in improving parents' knowledge and changing important attitudes and behaviors relevant to later teen substance use.

Family Works, Inc.: Parenting Wisely

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Professor
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Tel: (740) 593-9505
Fax: (740) 593-0186
E-mail: familyworks@familyworksinc.com

Specific Goals for Parenting Education:
Teach parents effective communication skills with children by using active listening and "I" messages. Aid parents in using assertive discipline by contracting, praising and setting consequences. Provide parents with resources in supervising children by encouraging parents to work with teachers, and monitor homework and friends.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
A highly active CD-ROM that opens with a video of a common family problem. There are nine problems in which the parents must select from a choice of three responses (two positive and one negative) one that is best in reconciling the situation. Parents view how their response would work and receive feedback of both positive and negative aspects of their choice. Parents are then made aware of the ideas and skills used within the problem.

Part I:
Helps parents in assisting children to do household chores and do better in school.

Part II:
Provides methods for solving step-parent/step-child conflict, dealing with a child who has a friend who is a bad influence, and getting the child to obey requests and speak respectfully.

Part III:
Focuses on getting the child off the phone, getting the child to do jobs correctly, and dealing with children fighting one another.

Functional Family Therapy:
Allows the parent to observe two therapists conducting a therapy session within a low-income family home with a delinquent girl. Dr. Gordon discusses the functional family therapy model and his research demonstrating various treatment effects with delinquent families.

Evaluation:
Parents with preteens and teens who have significant behavior problems were evaluated before and after using the program. Parents reported the program was easy to use, realistic and relevant to their concerns, and helpful in dealing with problem behaviors in their children that increased their confidence level. Parents increased their knowledge and use of parenting principles and skills, resulting in a reduction in their children's problem behaviors.

MCP Hahnemann University/Raising a Thinking Child: I Can Problem Solve Program

Contact: Myrna B. Shure, Ph.D.
Professor
Broad & Vine/Mail Stop 626
Philadelphia, PA 19102
Tel: (215) 762-7205
Fax: (215) 762-8625

Specific Goals for Parenting Education:

- Develop a set of interpersonal cognitive problem-solving skills that relate to overt behaviors as early as preschool.
- Increase the probability of preventing subsequent, more serious problems by addressing the behavioral predictors early in life.
- Assist parents in using problem-solving styles of communication that will guide young children to think for themselves.

Target Group:
Parents of children ages 4-7.

Description of Program/Sessions:
Parents receive a workbook that outlines activities to engage in with the family. Activities have certain goals and objectives. The sessions serve as support groups for parents. Parents share with the group pictures and other activities the children completed, and discussions are held focusing on handling real-life problems that came up during the week. Each program begins with a prerequisite word that assists children in settling future disputes. For example, the words is/is not and same/different help children later think of a *different* way to solve a problem and whether their idea *is* or *is not* a good one. Children learn to think about their own and others' feelings and to take those feelings into account when thinking of solutions and consequences to problems. Parents learn how to talk with their children using a problem-solving style of communication. They learn to ask their children to think about what they are doing, whether their idea is a good one, and if not, what else they could do in light of people's feelings and other consequences.

Evaluation:
In a 5-year longitudinal study, 39 African-American mother-child pairs who were trained were compared with 213 teacher-trained or never-trained youngsters. Of those trained by their mothers (in grade 1), those whose mothers best learned to apply problem-solving communication when real problems arose had children who maintained behavior gains from the training through grade 4. In addition, the training resulted in improved generalized behavior, from the home environment to the school environment. Children demonstrated an improvement in applying newly acquired thinking skills to various problems that arose in both home and school settings. Results demonstrated more successful problem-solving skills, and ability in coping with frustration. With impulsive children, a decrease in the need to show anger or impatience, as a result of increased problem-solving skills, helped in decreasing the amount of confrontation with other children.

MELD

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Development Manager
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Minneapolis, MN 55401
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E-mail: meldctrl@aol.com

Specific Goals for Parenting Education:

- Reduce family isolation that can lead to child abuse and neglect.
- Increase parents' knowledge of child development.
- Increase parents' ability to solve problems.
- Nurture parents' personal growth.

Target Group:
Parents of preschool children. Program has been adapted for young, single mothers or fathers; Hispanic and Southeast Asian parents; deaf and hard-of-hearing parents; first-time adult parents; and parents of children with special needs.

Description of Program/Sessions:
MELD for New Parents:
A 2-year comprehensive program with groups of 20 parents (from pregnancy until child is 2); meets twice a month and is facilitated by teams of 2 families.

MELD Special:
Organizes discussion groups, facilitated by parents of older children with special needs, for parents of children through the age of 3 who are chronically ill or disabled. Focuses on the daily tasks of raising a child rather than medical information. Includes topics such as coping with grief, sibling issues, child guidance and development, self-esteem, and more.

MELD for Young Moms:
A comprehensive 2-year program with weekly meetings designed especially for teen mothers between the ages of 13 and 20, facilitated by a team of women who became mothers in their teens. Focuses on providing practical information, parenting, and decision-making support as well as group encouragement in pursuing and achieving educational and career goals.

MELD for Growing Families:
An extension of the Young Mom's program focusing on single mothers of children aged 3-5. The curriculum includes age-appropriate child development information and management of outside influences on children's lives such as living situations, violence, relationships, balancing work and family, health, and well-being.

MELD Para Nueva Familias:
Addresses the needs of Hispanic/Latino families. This program is available in both English and Spanish. It focuses on issues of bilingual/biculturalism as well as recent immigration.

MELD for Hmong Parents:
A partnership with the Women's Association of Hmong and Lao, Inc., in St. Paul, Minnesota, as well as a 1-year feasibility study regarding the needs of Hmong parents. A curriculum serving Hmong parents of adolescents and young children was developed that includes issues of cultural differences, the legal and school systems, and parental guidance through childhood and adolescence.

MELD for Young Dads:
Serves young fathers who face emotional, societal, financial, and interpersonal barriers to participating in their child's life. It assists them, through group works and other services, in receiving information and support to help them understand their role in their child's life.

MELD for Parents Who Are Deaf and Hard of Hearing:
A 2-year program facilitated by experienced parents who are deaf. Includes a curriculum that addresses child health, development, nutrition, play, accident, prevention, and family management.

Evaluation:
MELD has conducted numerous evaluations of the various programs they provide to parents. A seven-site study of the MELD for Young Moms program found a significant positive change in attitudes and beliefs toward parenting and nurturing children, which places parents at lower risk for child abuse and neglect. Attitudes and beliefs the parents gained as a result of training directly increased their children's school readiness and relationship development. Scores on child development knowledge tests among MELD group participants were higher than scores of comparison groups of parents who received the same information in writing but did not attend the program.

Northern Illinois Council on Alcoholism and Substance Abuse (NICASA)

Contact: Joyce Millman, M.A.
Director
31979 N. Fish Lake Road
Round Lake, IL 60073
Tel: (847) 546-6450
Fax: (847) 546-6760

Specific Goals for Parenting Education:

- Provide free support and information regarding various issues relating to parenting for parents who do not have the free time to go to community programs outside of the office.
- Establish networks for working parents to improve parent/child relationships.
- Improve corporate climate for workers.
- Aid parents in developing strong protections for their children against drug abuse, early pregnancy, school dropout, and juvenile delinquency.

Target Group:
Working parents of children ages birth through 18.

Description of Program/Sessions:
Common issues addressed are balancing work and family, communication, discipline, learning styles, sibling relationships, sex role conditioning, and substance abuse.

Specific developmental issues addressed are child care, tantrums, sleeping and eating patterns, communicating with school personnel, peer pressure, and establishing family policies regarding substance abuse.

Other issues addressed are school performance, male/female relationships, and increased responsibilities of children as they mature.

Evaluation:
A longitudinal study of 191 parents, using a quasi-experimental design, revealed that parents in a high-dosage group reported significant increases of lasting positive changes in their child's behavior. They rated children's behavior more favorably and engaged in more affirmative parenting practices. The study also revealed a decrease in stress, depression, and punitive actions taken against children. There was an increase in parents' substance abuse knowledge and negative attitudes toward drug use.

The Passage Group: Parent to Parent, Parenting for Safe and Drug Free Years

Contact: Bill Oliver/John Clarkin
1240 Johnson Ferry Place, Suite F10
Marietta, GA 30068
Tel: (800) 487-7743
Fax: (770) 565-4749

Specific Goals for Parenting Education:

- Empower parents to counter influences of drug culture in their children's lives.

Target Group:
Parents of children of all ages.

Description of Program/Sessions:
Includes eight sessions:

1) The Me Within:
Identifies types of drug use. Provides a critical understanding of reasons children get involved with drugs and the effects on behavior.

2) Put Yourself in the Way:
Encourages parents to be more proactive in their children's lives. Outlines the prevention process used throughout the workshop. Provides an early warning system for parents.

3) Awareness Is Your Best Friend:
Outlines significant, observable lifestyle indicators that signal positive or negative changes in the child's behavior.

4) Remember the Difference:
Focuses on the differences between a teenager and an adult. Identifies three character traits that must be developed in the early teen years and how parents may use the child's independence to assist in developing these traits.

5) Expect and Inspect:
Equips parents with techniques in communicating expectations clearly with children. Trains parents in turning unfulfilled expectations into opportunities.

6) Never Cry Alone:
Parents learn to share the bad times (concerns with health, finances, and each other's well being) as well as the good times. Advises parents on ways to deal with their feelings versus masking them through the use of alcohol or drugs.

7) Take Time for Yourself **:**
Shares proven techniques for setting priorities to reduce stress as a result of engaging in too many activities.

8) When All Else Fails:
Focuses on actions to take if a child has a drug or alcohol problem.

Evaluation:
Pre-post tests assess the program's effects on the parents' level of comfort in addressing issues concerning alcohol and drugs. The results show a significant increase (33%) in parents' overall knowledge, skills, and abilities to deal with their children more effectively.

Reaching Parents in the Workplace

Contact: Royer F. Cook, Ph.D.
201 North Union Street, Suite 330
Alexandria, VA 22314
Tel: (703) 739-0880
Fax: (703) 739-0462

Specific Goals for Parenting Education:

- Help adult members of the workforce avoid problems with drug and alcohol abuse.
- Provide parents with information, sources, and strategies for preventing children from engaging in any type of substance abuse.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
Say Yes! Healthy Choices for Feeling Good:
Provides substance abuse prevention material with strategies for achieving healthy lifestyles. Uses a four-part video, comprehensive booklet, and trainer's guide that focuses on preventative methods for keeping children off drugs.

Working People: Decisions about Drinking:
Focuses on employees' self-examination of drinking habits and behaviors centered around substance abuse. Includes a video with a real-life testimony of a father's relationship with his children while abusing alcohol.

Make the Connection:
Addresses substance abuse within the context of healthy eating, stress management, and active lifestyle. Provides information on parents being good models for children.

Evaluation:
A study, sampling 289 employees of whom 159 parents participated in the program and 130 parents did not, showed that parents in the program increased positive health attitudes, motivation, and the desire to cut down on drinking. The program also enabled the trained parents to feel they had more control over their health and their work.

Work/Family Directions, Inc.

Contact: Roxanne Fernandes
Marketing Specialists
930 Commonwealth Avenue
Boston, MA 02215-1212
Tel: (617) 278-4000
Fax: (617) 566-2806
E-mail: info@wfd.com

Specific Goals for Parenting Education:
Help employees find ways to more effectively manage their commitments at work and in their personal lives.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
You as a New Parent:
"Planning for Parenthood" addresses such issues as making the decision to have children, managing the stress of infertility, anticipating work-related concerns during and after pregnancy, preparing an older child for a new brother or sister.

"Considering Adoption" addresses such issues as making the decision to adopt, exploring options (domestic/international, agency/private, single, or over 40), getting a sense of time frames, costs and risks, and understanding issues in adopting stepchildren or relatives.

"Adjusting to Life When Baby Comes Home" addresses such issues as understanding your baby's sleep needs, making your home safe, and feeding and nutrition.

"Finding and Managing Child Care" addresses issues such as understanding the child care options available to you; knowing what to look for and ask of providers; referrals to local care providers with confirmed openings; nanny agencies; summer and holiday camps; developing a strong relationship with providers; understanding basic legal, tax, and payroll implications of in-home care; and planning ahead for backup, sick, or drop-in child care.

"Walking, Talking, and Learning" addresses issues such as understanding your child's development, learning through play, setting limits and disciplines, easing childhood fears, and dealing with sibling rivalry.

You and Your School-Aged Child:
Addresses such issues as communicating with your child's teachers; addressing school problems and learning difficulties; motivating your child; keeping your child safe before, during, and after school; finding tutors and educational programs; helping with homework and reacting to grades; and supervising exposure to TV, movies, and computers.

"Getting Through the Teen Years" addresses such issues as improving communication with your teenager; dealing with peer pressure; identifying your child's options after high school; talking about sensitive issues like alcohol, drugs, sex, and HIV/AIDS; preparing for college throughout the high school years; and understanding the steps involved in the college application, selection, and financial aid process.

"Selecting Schools" addresses issues such as identifying the information you need to make an informed choice, understanding what questions to ask, deciding between public and private schools, and choosing and paying for college (personalized college choice and financial aid planners).

"Caring for Children with Special Needs" addresses issues such as learning more about your child's special needs, finding support groups and community resources for you and your child, developing a partnership with your child's school district, and working with public benefits and services.

The Work in America Institute's Parent Connection Program

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Program Coordinator
700 White Plains Road
Scarsdale, NY 10583
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Fax: (914) 472-9606
E-mail: info@workinamerica.org

Specific Goals for Parenting Education:

- Evaluate the workplace as an effective entity for dialoging with and disseminating information regarding sensitive topics (i.e., substance abuse) to parents.
- Aid parents in their level of comfort in sharing sensitive information with their children.
- Provide a positive influence on parents' knowledge regarding ATOD issues and their ability to communicate this information to their children.

Target Group:
Any employee who would benefit from parenting education.

Description of Program/Sessions:
Parents of Children 5-9:
Provide information and dialogue centered around such issues as problem-solving, choosing friends, understanding feelings, and trusting others relating to substance use and abuse.

Parents of Youth 10-15:
Provide information and dialogue centered around such issues as coping with stress; setting realistic goals; relating alcohol/drug abuse to other teen problems; peer relations; and relating to substance use and abuse.

Evaluation:
Participants reported dramatic, positive improvements in their relationships with their children. Parents felt the communication, problem-solving, and goal-setting techniques learned were critical to improving interactions, both with their children and with other family members. Nine of the 12 pilot sites decided to continue the program on an ongoing basis.

Section 5

Executive Summary of Proceedings from the "Research on Parents in the Workplace Expert Panel," September 28, 1998

CSAP convened this expert panel as part of its "parents in the workplace" initiative, which is being conducted in conjunction with the White House Office of National Drug Control Policy (ONDCP). This meeting brought together experts from a variety of areas representing parenting programs and the workplace, as they are associated with substance abuse prevention. Panelists were asked to share their experiences in designing and running parenting programs and in conducting evaluation and research on these programs. They were also asked to identify the core elements of successful programs and the challenges they face.

Discussion revealed a variety of existing workplace-based parenting and substance abuse programs, ranging from formal discussion groups to informal videos and written materials. Panelists identified several components that appear to be included in or addressed by successful programs:

- ***Content***. The programs disseminate basic information about substance abuse prevention and also empower parents through parenting skills training.

- ***Structure***. An ideal program might offer 12 or 15 2-hour sessions over as many weeks, but shorter programs may be sufficient if they are tied into other workplace and health care resources. If there is a facilitator, that person must receive adequate training and should be familiar with the specific workplace.

- ***Marketing***. Employees may be reluctant to sign up for a program specifically identified with "substance abuse"; this stigma can be removed by a broader characterization such as "effective parenting" or "raising well-balanced children."

- ***Results***. Workplace parenting programs must also be able to demonstrate favorable outcomes, whether they are improved morale, increased productivity, or cost savings. In most cases, however, the programs should be marketed to employers as the "right thing to do," rather than on strictly economic terms.

The expert panel concluded that further research is needed on outcomes and benefits of workplace parenting programs, including not only their immediate goal of reducing the incidence and prevalence of drug and alcohol use among children but also their broader costs and benefits to business, as well as the persistence of these outcomes over time.

To improve current efforts by ONDCP and CSAP, participants suggested several additional activities:

- Use Federal funds to draw attention to the existence and availability of proven, effective parenting and prevention programs, and to encourage all parents to take advantage of programs that provide information and skills for keeping their children off drugs.
- Promote parenting education and skill training in general by helping employers and communities offer a full range of parenting programs and multimedia resources.
- Legislate incentives for insurance companies to fund prevention activities and parenting programs.
- Provide businesses with tax incentives, and workers with vouchers, to sponsor and participate in parenting programs in the workplace or in the community.
- Cooperate with business groups in instituting a high-profile "family-friendly workplace" award.
- Encourage large corporations to "adopt" small businesses, or encourage the creation of small business consortia, in order to facilitate the extension of parenting and prevention programs into smaller workplaces.

Reaching Parents in the Workplace

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Appendices:

Internet and Other Resources on Parenting Programs and Training

This list, with links, can be found at http://wmcare.samhsa.gov.

Federal Organizations:

- U.S. Department of Health and Human Services (HHS)
- Public Health Service (PHS), one of five divisions of HHS/OASH (Office of the Assistant Secretary for Health), which comprise:
  - Agency for Health Care Policy and Research (AHCPR)
  - Agency for Toxic Substances and Disease Registry (ATSDR)
  - Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - National Clearinghouse for Drug and Alcohol Information
  - SAMHSA Managed Care Initiative
    - Center for Substance Abuse Prevention (CSAP)
  - Office of Managed Care Division of Workplace Programs (DWP)
  - CSAP's Workplace Helpline
- HHS Library - Parklawn Building
- Center for Substance Abuse Treatment (CSAT)
- Center for Mental Health Services (CMHS)
- U.S. Department of Labor: Web site: www.dol.gov
- Workplace Substance Abuse

Other Organizations:

- American Association of Health Plans
- American Compensation Association
- American Public Health Association (APHA)
- American Society for Public Administration
- Association for Worksite Health Promotion
- The Employee Assistance Professionals Associations (EAPA)
- Families USA Managed Care Central
- Federal Web Locator
- Health Care — American City Business Journal
- The Industrial Relations Research Association
- International Foundation of Employee Benefit Plans
- Managed Care Information Center for Health Care Executives
- National Committee on Quality Assurance (NCQA)
- Society for Human Resource Management
- Tennessee Drug Free Workplace Program

Alcohol and Drug Abuse Institute Library, University of Washington, Seattle.

Join Together Online — National resource center for communities fighting substance abuse. Great source for news clippings related to AOD issues. Indiana Prevention Resource Center is a clearinghouse for prevention technical assistance and information about alcohol, tobacco, and other drugs. This is one of the best sites on the web for online information. Web site: www.jointogether.org

The National Families in Action has an ambitious new web site. It has an "Ask the Experts" section, which is an electronic version of Sue Rusche's King Features, syndicated newspaper column. You can submit questions and review previously submitted questions and their answers. Another section contains links to four multicultural groups, which share a desire to educate parents and kids about drugs.

The Publishers Group has a DrugInfo for Dare Officers page that includes a wealth of valuable information for anyone interested in drugs of abuse. The page is notable for the inclusion of many photographs of various drugs of abuse and information on the legal status of various drugs.

Prevention Primer is an excellent reference tool for prevention practitioners. It incorporates the principles of a public health approach to preventing alcohol, tobacco, and other drug problems in its summaries of issues and strategies. It provides a brief history of prevention efforts and an overview of key topics, issues, principles, and approaches that have proven successful.

The Northwest Regional Education Laboratory web site contains a variety of information related to its mission of working with schools and communities to improve educational outcomes for children, youth, and adults. Of particular interest is the gopher section devoted to the Western Center for Drug-Free Schools and Communities. This gopher hole contains Western Center newsletters, a catalog of successful community-based alcohol and other drug prevention programs, a searchable database of Drug-Free schools publications, and a selection of Bonnie Benard's prevention articles. Benard's articles on resiliency are "must" reading for anyone interested in preventing addiction.

Project ADAPT is the Alcohol and Drug Abuse Prevention Team at the University of Missouri, Columbia. Their home page provides a great example of what a college prevention program should look like. The page also includes data on what such a program can accomplish.

HandsNet is a national, nonprofit network that promotes information sharing, cross-sector collaboration, and advocacy among individuals and organizations working on a broad range of public interest issues. HandsNet on the web offers the Internet community a substantive preview of HandsNet's full-featured service on CONNECT. It also features dynamic

"Handslinks" connections to select Internet resources of value to human service professionals.

Physicians for Prevention provides links, fact sheets, and abstracts of screening information that will be of use to those interested in successfully dealing with addiction.

BACCHUS and GAMMA are student organizations for college-level peer education and prevention.

MADD: Mothers Against Drunk Driving (National Office).

Elks Drug Awareness Program online resource collection contains a variety of materials related to the Elks program.

The University of California, Irvine Health Promotion Center web site offers information on corporate and community health promotion strategies and links to approximately 300 other web sites that provide information on health promotion and disease prevention.

National Clearinghouse for Alcohol and Drug Information (NCADI) is the world's largest resource for current information and materials concerning alcohol and substance abuse prevention, intervention, and treatment. NCADI is a service of the Center for Substance Abuse Prevention, which is under SAMHSA.

The National Center on Addiction and Substance Abuse at Columbia University (CASA) is a unique think/action tank that brings together under one roof all of the professional disciplines (health policy, medicine and nursing, communications, economics, sociology and anthropology, law and law enforcement, business, religion and education) needed to study and combat all forms of substance abuse — illegal drugs, pills, alcohol, and tobacco — as they affect all aspects of society. Web site: www.casacolumbia.org

National Inhalant Prevention Coalition (NIPC). Synergies, a nonprofit corporation based in Austin, Texas, founded in 1992. NIPC grew from a statewide prevention project in Texas called the Texas Prevention Partnership, which began in 1990. NIPC is a public-private effort to promote awareness and recognition of the underpublicized problem of inhalant use. NIPC is funded in part by the Robert Wood Johnson Foundation and is led by Synergies, a nonprofit corporation founded by Harvey J. Weiss. Web site: www.inhalants.com

Drug-Free Resource Net. The Partnership for a Drug-Free America is a private, nonprofit, nonpartisan coalition of professionals from the communications industry. Best known for its national, anti-drug advertising campaign, its mission is to reduce demand for illicit drugs in America through media communication.

Glossaries:

Public Health and Health Care Administration Glossary of Terms
Managed Care Glossary—Texas Medical Association
Managed Care and Administration: Managed Care Glossary

The following are direct links to useful web sites:

Adolescence Directory On-Line
Web site: http://education.indiana.edu/cas/adol/adol.html

Annie E. Casey Foundation
Web site: http://www/aecf.org

Another Empty Bottle
Web site: www.alcoholismhelp.com

Campaign for Tobacco-Free Kids
Web site: www.tobaccofrekids.org

Cap Web (the Internet Guide to Congress)
Web site: www.cabweb.net

Carnegie Foundation
Web site: www.carnegie.org

Center for Science in the Public Interest
Web site: www.cspinet.org

Drug Abuse Treatment Outcome Study
Web site: www.datos.org

Drug Watch International
Web site: www.lec.org/Drugwatch

Early Childhood Educators' and Family Web Corner
Web site: www.nauticom.net/www/cokids/index.html

Family Resource Information, Education Network Development Services (Friends)
Web site: http://chtop.com/ntap2.htm

Ford Foundation
Web site: http://www.forfound.org

The Foundation Center
Web site: www.fdncenter.org

Franklin County Prevention Institute
Web site: www.fepi.org

The Higher Education Center
Web site: www.edc.org/hec

Idealist
Web site: www.idealist.org

Kickbutt
Web site: www.kickbutt.org

Metropolitan Atlanta Council on Alcohol and Drugs
Web site: www.macad.org

Minnesota Star of the North Coalition
Web site: www.miph.org/star

National Alliance for Model State Drug Laws
Web site: www.natlalliance.org

National Coalition of Hispanic Health and Human Services Organization
Web site: www.cossmho.org

National Inhalant Prevention Coalition
Web site: www.inhalants.org

National Network for Family Resiliency (NNFR)
Web site: www.hee.ohio-state.edu/famlife/pnfri/nnfrmain.htm

National Parent Information Network
Web site: http://npin.org

The National Parenting Center (TNPC)
Web site: http://www.tnpc.com

Office of National Drug Control Policy
Web site: http://www.whitehousedrugpolicy.gov

Parenting Is Prevention Project
Web site: http://www.emory.edu/NFIA/PIPP/

Prevline's Funding Opportunities
Web site: www.health.org/pubs/funding.htm

The QuitNet
Web site: www.quitnet.org

Reader's Digest and Parent Soup
Web site: www.drugfreekids.com

Recovery Network
Web site: www.recoverynetwork.com/home.html

Robert Wood Johnson Foundation
Web site: www.rwjf.org

Smart's Congress Track
Web site: www.smokescreen.org

Strengthening America's Families
Web site: strengtheningfamilies.org

Tobacco BBS
Web site: www.tobacco.org

The Trauma Foundation
Web site: www.traumafdn.org

UCLA Drug Abuse Research Center
Web site: www.medsch.ucla.edu/som/npi/DARC

Virtual Resource Center
Web site: www.fcrs.org/friends.htm/Family

W.K. Kellog Foundation
Web site: www.WKKF.org

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