ROSEVILLE PARENT PROJECT PROGRAM EVALUATION

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PROJECT

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ROSEVILLE PARENT PROJECT PROGRAM EVALUATION

A Project

by

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Division of Social Work
Abstract

of

ROSEVILLE PARENT PROJECT PROGRAM EVALUATION

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The Parent Project is a partnership project between the Roseville Police Department and local schools. It provides ten weekly two-hour class intervention sessions for parents who have experienced challenges in managing their adolescents. This program evaluation project explored the program’s effectiveness on parental knowledge, parental skill, parental attitude and parental confidence. This study used a mixed design. The quantitative research aspect of this study design includes a pretest/posttest pre-experimental design, O1 X O2. The qualitative portion of this study design uses a voluntary focus group two months after graduating from the program. Study findings show that The Parent Project program is an effective program in increasing parental knowledge, skill, attitude and parental confidence. Most notably, all participants were in agreement with 93% (N=14) marking that they strongly agree with the statement, “The Parent Project is an effective program.” On-going post Parenting Project support is recommended.

_______________________, Committee Chair
Francis Yuen, D.S.W.

_______________________
Date
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Chapter 1
INTRODUCTION

Parents and their adolescent children are often engaged in a tumultuous relationship. Adolescence is a time that brings about many physiological and hormonal changes that can lead to role confusion and boundary testing. Parents with children in this age group often struggle with these changes and become distraught. They can be left feeling hopeless and defeated. Parents faced with this situational stress may argue, “it’s just easier to just give her what she wants” or “he is out of control and I don’t have time to deal with it anymore.” Having worked with many families during my social work career thus far, I am aware of how perceptive children can be to not only their parent’s teachings but to their parent’s reactions and demeanor. During my time with the Roseville Police Department and in partnership with the local middle and high schools, I have seen the influx in juvenile disruption. The police department has responded by implementing an intern-counseling program at the school sites. This counseling program utilizes social work and counseling interns from the local University to provide services to various county school sites. These interns manage a caseload of students and provide them with brief counseling and community referrals.

After the intern program was developed the police department decided that they needed to incorporate the parents into their intervention. They brought in a program titled, The Parent Project, which provides an intervention for parents that
are having trouble managing their adolescents. In my work as one of these interns, I also came to work with The Parent Project.

The Parent Project is a program that is already in existence. It consists of ten weekly classes that provide education and resources for parents that promote parental responsibility. It was designed to help put the control back in hands of parents and give them the tools to provide structure and discipline practices that work. I believe in the need for a program that addresses these issues and wanted to know The Parent Project is successfully filling that need. Using an evaluative research design, this study will conduct an effectiveness assessment of the program and the aspect of parental involvement. This program evaluation is to assess if the methods taught in the program are effective. The Parent Project Corporation and the Roseville Police Department are very interested in obtaining the results of this study for program improvement.

Background of Research Project

A child’s adolescence can be a very trying time for their parents. During this time, period children are experiencing physical, emotional and mental transitions. Statistics show that juveniles who live with both biological parents are less likely to engage in illegal activities than juveniles who live in other family types (U.S. Department of Justice, 2006). Additionally, “juveniles accounted for 16% of all violent crime arrests and 26% of all property crime arrests in 2007” (U.S. Department of Justice, 2007, p. 72). Police departments and county probation
teams are flooded with juvenile crimes and complaints. Parents of adolescents often look to the local police when managing their child becomes too much for them to handle. Some parents refer to police for structure and guidance with their teen as often as once or twice per week which can perpetuate the notion that they cannot control their children (Salsbury, personal communication, April 30, 2009). The prevalent issue seems to be that parents of adolescents seem to lack the resources and tools to control their home environment. Some parents feel they have little or no control over their teen’s behavior.

Research shows that generationally, parental problems beget their offspring’s problems (Thornberry, Freeman-Gallant, & Lovegrove, 2008). Studies show that children with depressed care takers are six times more like to display depressive symptoms than children being taken care of by non-depressed individuals (Chen, Johnson, Sheeber, & Leve, 2008). It may seem apparent to most, but there has been a vast amount of research showing the impact of parenting styles and characteristics passed on to children. Parents sometimes feel helpless when raising strong-willed adolescents. However, they do not recognize their role in encouraging or changing their child’s behavior. During adolescence, children are especially susceptible to their parent’s attitudes and/or demeanor. This age range is strongly influenced by the way their parent’s react and handle situations (Evans, 2007). Furthermore, children whose parents demonstrate antisocial behavior during their adolescence are prone to these antisocial behaviors as well (Thornberry,
Freeman-Gallant, & Lovegrove, 2008). Often times, parental behavior will increase the child’s likelihood of developing the same attitudes, responses and behaviors. Therefore, when adolescents begin to veer off track, the parents or caretakers are often the only ones who can direct them back.

Parental interventions have been a common resolution to issues associated with problematic child behavior. A parent training program studied by Segal (1996) found that 33%-55% of children whose parents completed the program showed significant improvement in the frequency of behavior problems. This is due to parents having a more positive attitude toward their children (Segal, 1996). Some parents of strong-willed adolescents seek intervention programs. Studies conducted in these programs have found a commonality among parents with adolescents that are misbehaving. Parents that experience these difficulties tend to parent with high levels of demand and minimal levels of responsiveness (Shea, 1989). In terms of parenting style, the above statement translates as the parents who complain of complications with their adolescents are usually using an authoritarian style of parenting. In a study by Shea (1989) that observed the effects of a parenting program, Parent Enrichment Program, that used psychoeducation to influence parental attitude. It was implemented in an effort to help parents decrease their authoritarian parenting approach. The program introduces parents to alternative ways of handling negative behavior. It teaches them to be more responsive to their children. The Parent Project is not modeled after the Parent
Enrichment Program, but it does use a similar intervention approach. Both programs emphasize an authoritative style of parenting, which incorporates both high levels of demandingness and responsiveness. For years, parenting classes have aided parents who need to change the way they parent. Some methods have proven to be more effective than others. Finding and understanding commonalities within programs that have been proven effective is essential so that we can develop new programs and continue to educate and help parents to effectively nurture their adolescents.

**Statement of Research Project**

There is an abundant amount of literature on the subject of parenting in circulation today. Thousands of books have been written on parenting teenagers. A wide variety of curricula exist for parent-teen intervention programs. This research project intends to test the effectiveness of one such program, The Roseville Parent Project. The Parent Project program has been taught to over 100,000 families nationwide (The Parent Project, 2008). This program is especially prevalent in California where it has been used to empower parents and change deviant adolescent behavior. Past research on the program has shown its effectiveness in terms of adolescent behavior and school performance (Murray, 1998). There has also been evaluative research conducted by local police departments that shows a decrease in the calls for service made by parents in the months leading up to enrollment in the program and in the months following those parent’s graduation.
(Salsbury, personal communication, April 30, 2009). This study differs in that it will attempt to determine effectiveness based on parental knowledge, skills, attitude and confidence. This research project will focus on the parental figures to deem it an effective program. Although the mental health profession has sampled a variety of approaches to intervene between parents and their adolescent aged children, this program has been respected as an opportunity to put the power of change in the hands of parents themselves. The effectiveness of this program may give way for the implementation of The Parent Project to help in others areas where juvenile delinquency is on the rise.

**Purpose of Research Project**

The purpose of this study is to evaluate the effectiveness and outcomes of the Parent Project program for the target population in Roseville, CA. The program will be analyzed based on fluctuations in parental knowledge, skills, positive attitude and confidence. Surveys of parents were conducted upon entry into the program and upon exit from the program. The parent project surveys were designed to elicit responses in reference to the participants’ knowledge, skills, attitude and confidence in correlation with the class’ lesson plans. The focus group was surveyed with the intent of obtaining responses about the participant’s perceptions about the class teachings and the reality of the lessons learned.

This research project aims to provide the program coordinator with data on the strengths and weakness of the parenting classes currently offered. The
secondary purpose of this study is to find out what are the successes and failings of this parenting program. It also aims to celebrate the program’s successes and bring light to where the program has failed or is failing. This research project is looking to answer the following questions 1) Are The Parent Project parenting classes effective, regarding; a) knowledge gained, b) skills learned C) parental attitude and d) parental confidence? 2) How can the program be improved?

Theoretical Frameworks

This study uses three theoretical frameworks, psychoanalytic theory, empowerment theory and relational-cultural theory or RCT. All three theories will be briefly summarized and used to understand this research project and its importance. For further explanation of these theoretical frameworks and how they are used in this research project, please refer to chapter 2.

Psychoanalytic Theory. Several theoretical frameworks attempt to understand the conflict between parents and their adolescent offspring. Psychoanalytic theory, presented by Sigmund Freud, looks directly at relationship with one’s parents to explain pathology in an individual (Greene, 2008). Psychoanalysis recognizes the parent-child relationship as the basis for all learning, growth and development. It is deterministic and explains that pathology in adulthood is a result of childhood experiences. Freud described personality as being made up of three components, the id, ego and superego. He proposed that a harmonious relationship between these three components is what is necessary for normal development (Greene,
2008). The id is described as seeking immediate gratification, while the ego mediates the id and superego. The superego is considered the moral system of personality and it exists in the preconscious to help guide future interactions. Psychoanalysis suggests that the superego is developed by learning right and wrong from one’s caretaker. Freud states that one’s superego is learned by observing his or her mother and father (Greene, 2008). This theory places the upmost importance on parental influence for normal adolescent development.

*Empowerment Theory.* An Empowerment perspective assumes that people’s capacity to improve their lives is influenced by their psychological sense and their ability to control their environment (Robbins, Chatterjee, & Canda, 1998). One’s ability to influence their environment correlates with the power one has to control their environment. This is an important perspective to recognize when working with the Parent Project or any skill-building class. By giving the participants, in this case it is the parents, the education and tools that they need to manage their adolescents we are essentially giving them the power to influence their children's behavior. The empowerment perspective sees consciousness-raising as a key element for change (Robbins, Chatterjee, & Canda, 1998). Parenting classes raise awareness by teaching parents new communication methods, how to set boundaries, and how to monitor at-risk behaviors. Education is consciousness-raising. It promotes change through growth. The Parent Project aims to empower the parents by giving them hope for change.
Relational-Cultural Theory. Another theoretical framework that’s important to understanding parent-teen conflict is Relational-Cultural theory or RCT. RCT places emphasis on mutual empathy and empowerment through growth-fostering relationships (Jordan & Hartling, 2002). Relational-Cultural theorists attribute positive growth to the connection one experiences in his or her relationships. They also theorize that one’s feeling of disassociation or disconnection can result in dangerous behavioral problems (Jordan & Hartling, 2002). This theory looks at the quality of one’s relationships to determine their well-being. In RCT practice, one’s relationship with their parent or caretaker is thought to be important throughout most of that individual’s life. RCT has become the foundation of research for various societal issues. It has been particularly successful addressing deficiencies in mother-daughter relationships (Jordan & Hartling, 2002).

**Definition of Terms**

For the purpose of this study, The Parent Project will refer not only to the parent-teen intervention program, but to the parenting classes in Roseville, California during the 2009-2010 academic year.

The term adolescent refers to children between the ages of 12 and 17 years old. These children are the reason that the parents are involved in the program.

Parental knowledge, skills and attitude will represent the knowledge, skills and attitudes taught by the parenting classes.
Relevance to Social Work

This study will benefit the profession of social work by providing recommendations for the current parent project and future curricula on parenting adolescents. It is different than other studies on the subject in that it evaluates a particular intervention method and its participants. Conducting program evaluations is always useful in the social work profession. Community outreach and resource referrals are important aspect of the social work field. It is important to know which resources are effective. Some programs may be very successful for certain populations and may fail in others. Every program has positive aspects and areas for growth and improvement. The only way to understand various community programs is to evaluate them. Social workers would be doing their clients an injustice if they did not analyze the programs that they use as referrals. This study will impact the field of social work, but it still has its limitations.

If my hypothesis is correct, then the program will be deemed effective based on an upward increase of frequencies on the criteria being measured. This research project is study for areas that include parental knowledge, skills, attitude and confidence. Proving evidence that certain areas of a program are effective will give the program credibility. With that, other communities struggling with high rates of adolescent misbehavior and juvenile crime might be willing to fund their own Parent Project program. By putting control back into the hands of the parents and promoting parental responsibility, the program aims to ensure that future
generations will be able to produce more respectful and well-behaved children. Additionally, deeming this program effective will give parents the tools to better understand and manage their children so that teachers, police officers, coaches, etc can have more time to educate, protect and serve our children.

Limitations

One limitation of the research is that that study only tracks the effectiveness and changes in the parent-child relationship while the parents participate in the program. The quantitative data is gathered during the ten weeks of classes with qualitative data gather during a follow-up focus group two months following graduation. It will not detect the long-term effectiveness of the adolescents’ behavior. The sample size is another limitation of this research project. This research project observes the parents during only one cycle of the parent project classes therefore outliers may have a greater affect on analyzing the data received. Additionally, this research project will not be able to compare results of program participants with those of parents with strong-willed adolescents that have not attended that program, so we are not be able to determine if the program is the only factor determining change for this population.
Adolescent Development

Adolescence is a critical developmental stage that bridges the gap between being a child and being a youth. It can be defined as simply as the process of growing up, or more specifically as “the period of life from puberty to maturity terminating legally at the age of majority” (Merriam-Webster, 2009). In general, adolescence is thought of as the period between age 12 and age 17. It is a stage of development that plays a crucial role in the maturation process. This particular period of development includes the establishment of potentially healthy or harmful behaviors that can manifest into long-term patterns of behavior (Gestsdottir, & Lerner, 2008). Erickson, a psychodynamic theorist who developed stages of child development, attributes this particular stage of development to achieving a strong sense of self while maturing and integrating with the world outside of the home (Shaffer, 1999). Erickson developed what he termed the “Psychosocial Stages of Development” in which he describes eight stages of development. Each stage of development contains a task that needs to be resolved in order to move on to the next stage of development. According to Erikson, during adolescence, one needs to resolve the crisis of identity-versus-role, which is to create a sense of self while being able to navigate through multiple changing roles (Greene, 2008).
Reyna and Farley (2006) suggest that adolescents are at a higher risk of engaging in risk and irrational behavior. They administered a study that investigates the high level of sensation-seeking and immediately gratifying behaviors among adolescents. These behaviors are attributed, in part, to the development and maturation of the frontal lobe of the brain during this age. The frontal lobe is the planning, reasoning and impulse control part of the brain and it shows significant development during adolescence, and continues to grow through an individual’s early 20s. This correlates with Freud’s psychoanalytic theory in that during this stage of development, an adolescent is struggling with creating harmony between their id, ego and superego. As mentioned in chapter one, the id seeks immediate gratification, while the ego is the mediator of the id and superego. The superego is considered the moral system of personality and is developed through learning societal norms and behavioral etiquette modeled after one’s caretakers and peers (Greene, 2008). With that, it is safe to assume that this age of youth development creates a balance between intrinsic impulsivity and moral competence which paves the way for individuation.

Individuation during this period of development is common and necessary for proper development. As the period before adulthood, both physiologically and legally, this stage of development is imperative for building a foundation of character that a person will build upon throughout their life. This is a period where mistakes are made, lessons are learned and self-identity is formed. However, when
attempting to understand adolescent development, it is imperative to explore this age in the context of development as a whole. The next section will look deeper into development from birth to adolescence.

Stages of Child Development

For the purpose of understanding adolescent development, two main theories of child development will be reviewed. The first theory is Erickson’s stages of development which he first made public in 1950 (Crain, 1985). The second theory includes Kohlberg’s stages of moral development, developed in 1958 as part of a dissertation. Looking through the lens of these two theoretical concepts, child development can be seen in terms of cognitive functioning (Crain, 1985). Childhood welcomes a plethora of changes including physical, physiological, emotional, and cognitive functioning. While all aspects of growth are important for healthy development, this chapter will emphasize the changes in thought patterns, moral reasoning and ego functioning during adolescence.

Erickson’s theory of development includes eight stages, each containing a task that needs to be achieved in order to develop in a healthy manner. The first stage begins at birth and lasts until age two. This goal of this stage is to resolve the “trust vs. mistrust” crisis, in which the child would need to develop a bond, attachment, and a healthy dependence on his or her caregiver (Shaffer, 1999). If this stage is completed, and the task is mastered, then the child will gain a sense of hope. The second stage, according to Erickson, occurs from age two to age four,
and the challenge met in this stage is “autonomy vs. shame”. In this stage, the child should be able to feel secure enough to individuate and begin to assert his or her will (Shaffer, 1999). Erickson’s third stage looks to solve the crisis of “initiative vs. guilt”, which provides the child with a sense of purpose in the world. This stage begins when a child is age four, and should be resolved by age six. Purpose is the task of this stage, which ultimately requires a child to create an idea, develop a plan of action, and execute that plan and feel purposeful (Shaffer, 1999).

The next six years of a child’s life encompass Erickson’s fourth stage of development. During ages six through twelve a child must face the “industry vs. inferiority” crisis and develop the strength of competence (Greene, 2008). This developmental stage begins a child’s process of being able to manage their needs and wants, including the integration of values and personal grooming (Allen & Marotz, 2003). After mastering the “industry vs. inferiority” task, a child should enter the age of adolescence. During adolescence, a person begins to mature in thought and morality. They do so by becoming more aware of social cues and norms while developing a sense of self. This stage is known as “identity vs. role confusion” and the quality that is mastered is fidelity. Adolescence is the period in which a person visibly, emotionally and mentally transitions from childhood to adulthood. In this transition, an adolescent is aware of how others perceive them and is starting to think about their future plans (Shaffer, 1999).
Erickson’s last three stages encapsulate persons age twenty-two until death with young adulthood, middle adulthood and seniors. These three stages are where an individual is meant to master love, care and wisdom. Erickson believed that by not resolving each crisis during the corresponding stage, it will prevent successful completion of each of the tasks that follow. However, he argued that life presented opportunities to revisit the tasks and resolve the crises that were not mastered previously (Greene, 2008). Erickson’s stages of development show how issues left unresolved from early in life can directly affect a person later in their development. This theoretical basis for development support The Parent Project program by providing a foundation for these parents to correct and resolve possible uncompleted tasks.

The second theory of child development discussed in this chapter looks at Kohlberg’s stages of moral development. Kohlberg and Hersh (1977) wrote that moral reasoning develops over a long period of time and is made up of six stages. They concluded that each stage is categorized into three sub-groups which they refer to as levels of moral reasoning. The three levels are Pre-conventional, Conventional, and Post-conventional. The Pre-conventional level consists of two stages. The first stage is called the “punishment-obedience orientation”, in which a child determines good and bad with physical punishment or consequences. The second stage is known as “instrumental-relativist orientation” and is driven by self-interest. This stage begins a child’s quest to find reciprocity and support the
concept of “you scratch my back, I’ll scratch your back” (Hutchison, 2008). The Pre-conventional level, according to Kohlberg, occurs when a child obeys moral rules because they are set by authoritative figures. Additionally, this level suggests that moral rules are followed to gain rewards or avoid consequences (Nunner-Winkler, 2007).

Kohlberg’s second level of moral development is the Conventional level. This level is made up of stages three and four. Stage three is called “interpersonal concordance,” or what Kohlberg refers to as “good boy-nice girl orientation” (Kohlberg & Hersh, 1977, p.55). In this stage a person recognizes approval and disapproval from others regarding their behavior. Intentions are also identified and accounted for when determining a good behavior from a bad behavior for the first time during this stage. Kohlberg’s fourth stage of moral development focuses on rules, law and authority and social order. This stage known as the “law and order orientation” occurs when a person learns to respect authority, follow rules, and obey laws to keep the peace in the social order (Hutchison, 2008). Nunner-Winkler (2007) describes the Conventional level as a level where behavior is driven by social agreement and authority. This level of moral development does tend to shift behavioral norms from an individual to a society. A shift occurs for a person in this stage and they begin to look at how they are perceived by others and use social acceptance to determine whether or not they are good.
Stages five and six are part of the Post-conventional level, where an individual’s personal principles begin to take precedent over society’s expectations. Stage five, also known as the Social-contract, legalistic orientation, is where good behavior is not defined solely on authoritative rules but individual’s rights and opinion play a bigger role (Kohlberg & Hersh, 1977). The sixth and last stage of moral development according to Kohlberg is the universal-ethical-principle orientation. Acting with one’s conscious in mind is a great factor in the sixth stage. This stage introduces a more complex set of ethical reasoning in which value of humanity is taken into consideration. Universal-ethical-principle orientation steps away from law and order and places individual and human rights’ as a main priority (Kohlberg & Hersh, 1977). Kohlberg’s theory of moral development is valuable when investigating adolescence in that it explains good and bad behavior in terms of moral reasoning and one’s value system. Since parents play an active role in a child’s moral reasoning, this theory suggests that changes in parental behavior and attitude will produce changes in their adolescent’s values and morality.

**Historical View of Adolescence**

Demos and Demos (1969) credited G. Stanley Hall and his students with the discovery of adolescence in the early 1900s because they were among the first to conduct studies on this age group. Additionally, the discussion of the adolescence as a significant developmental period was first acknowledged in the United States.
G. Stanley Hall described the adolescent period as a time where there is a heightened sense of “storm and stress” (Demos & Demos, 1969). Arnett (1999) studied the adolescent storm and stress period that was defined in 1904. He wrote that it combined three key components, conflict with parents, mood disruptions and risk behavior. The first key component of the storm and stress model is conflict with parents. This component recognizes the adolescent tendency to be rebellious and to defy authority, which includes an increase in parental divergence. Mood disruptions are marked by episodes of intense emotional upsets, specifically including an increase in depressed mood (Arnett, 1999).

Arnett (1999) described risk behaviors as engaging in impulsive behaviors that are disruptive and can harmful to themselves and those around them. There has been an influx of research on adolescents and their involvement in risky behaviors. Reyna and Farley (2006) found that the majority of the unhealthy behaviors people commit over a lifetime occur during adolescence. They further explained that one of the reasons adolescents engage in these behaviors is because they deem risky behaviors as rational by creating pleasure-seeking goals. Some high-risk behaviors that adolescents engage in include substance use, drinking and driving, sexual intercourse without protection, fighting, weapons use, not wearing a seatbelt, and criminal activity (Reyna & Farley, 2006). Historically, the storm and stress concept coincided with adolescence and some years ago that concept was revisited and looked at in terms of modern-day research. Arnett (1999) found that adolescent
storm and stress is still very much a reality and the parents tend to be the most affected when their children are in this age range.

**Prevalence of Adolescent Deviance in U.S.**

According to the 2006 Department of Justice National Report, adolescents between the ages of 15 and 17 accounted for 68% of the 1.7 million reported missing children who left their homes because their caretakers forced them to leave or they ran away. This age range makes up the majority of missing children reports due to running away, and 77% of these adolescents returned home within a week (U.S. Department of Justice, 2006). Adolescent self-reports found that two-thirds of adolescents who committed crimes at the ages of 16 and 17 did not report committing crimes at the ages of 18 and 19 (U.S. Department of Justice, 2006). This leads to the belief that people are more like to engage in risky behaviors during adolescence than in early adulthood (Reyna & Farley, 2006).

In 2007, for the first time in thirteen years, adolescent property crimes arrests increased. Additionally, the number of female adolescent arrests increased 6% from 1998 to 2007, while male arrests decreased 6% (U.S. Department of Justice, 2007). Therefore, adolescent female crimes are on the rise while adolescent male crimes are slowly declining. Both genders of adolescents continue to commit punishable offenses at alarming rates. Shoplifting is an increasing adolescent offense that is more likely to occur during after-school hours, from 3pm to 6pm, than during any other time of day (U.S. Department of Justice, 2006).
Coincidentally, this is the time period in which adolescents are left unsupervised while many parents are at work. These statistics provide insight on the magnitude of adolescent crime that exists in the United States. Listed above are just the relevant research statistics for this project, but adolescents are both victims and offenders of a vast amount of criminal activity in the U.S.

Alcohol and drug use first begins to appear during adolescence and remains a tempting fixture throughout this age period. Marijuana use increases with alcohol use among adolescents ages 12 to 17. Juveniles that have recently used alcohol are 32% more likely to marijuana than those who have not recently used alcohol (U.S. Department of Justice, 2006). Drug-related adolescent arrests have increased in both male and female offenders (U.S. Department of Justice, 2007). These drug-related offenses have increased 19% in adolescent males since 1998 and 31% in adolescent females (U.S. Department of Justice, 2007). These statistics suggest that drug-use, which was once considered more prevalent among males, is now welcoming more female offenders. Alcohol and drug use is a major influence on adolescents and their involvement in risky behavior. Peer influence and accessibility to drugs are at their peak during a person’s adolescence. While these statistics are specific to the United States, similar problem and rates occur on a more local level (Roseville-Youth Services, n.d.).

Placer County, California is home to approximately 341,945 residents, of which 77.8% are Caucasian (U.S. Census Bureau, 2010a). Within this county is
the city of Roseville with a population of 107, 158 (U.S. Census Bureau, 2010b). Roseville is the location of the The Parent Project program being studied. This city is financially stable and only 4.9% of its residents are below the poverty line (U.S. Census Bureau, 2010b). Regardless of the area’s financial advantage, The Parent Project program is in high demand. The police department became aware that many calls coming into the Roseville dispatch center were regarding adolescent crime. Officer Michael Salsbury (personal communication, 2009) indicated that most often the reporting came from the parents of the child themselves who feel overwhelmed and are out of options. Schools have become overwhelmed with truancy and parents are redirecting punishment back to the schools to help with their truant teen (Michael Salsbury, personal communication, April 30, 2009). The Roseville Police Department found that, “In the State of California, 78% of prison inmates had truancy as the first entry on their arrest records and 82% of prisoners today are school dropouts” (City of Roseville- Youth Services, n.d., p. 2). After relating these two components, the Roseville Police Department sponsored The Parent Project and decided to integrate the program into their community.

Research conducted by Arnett (1999), indicates that while resistance and some rebellion during adolescence are normal, when adolescents begin to actively engage in high risk behavior and criminal activity it becomes a significant problem. Additionally, this research found that adolescent resistance is more likely to develop into adolescent deviance if not addressed. Since most adolescent children
live with their parents or caregivers, the adults in the home can set the precedent for their child’s behavior.

**Parenting Styles**

Parents play an integral role in the life of an adolescent. During this age period parents are competing for influence with friends, peers, significant others, music, media and video games. However, research shows that parents remain a key factor in healthy adolescent development. There are many resources in existence that provide tools, methods and alternative ways of parenting. This literature review will explore parental influence, knowledge and attitude and their role in parenting adolescents. Additionally, this chapter will examine different parenting styles and the pros and cons of each.

**Parental Influence on Adolescence**

One major misconception is that as adolescents begin to individuate and spend more time with their peers that parents have little control over their children and their behaviors. However, Evans (2007) summarizes this misconception and shows that many of the behaviors and situational responses children display are learned by observing their parents. Essentially, parents teach their children coping skills. If a child observes their parent react in a specific manner, they are more likely to react in that manner in similar situations. Children absorb social cues and mannerisms from those around them and usually parents play an active role in a child’s life.
Research has found that generationally, parental problems beget their offspring’s problems (Thornberry, Freeman-Gallant & Lovegrove, 2008). Studies show that children with depressed caretakers are six times more likely to display depressive symptoms than children being taken care of by non-depressed individuals (Chen, Johnson, Sheeber & Leve, 2008). There has been a vast amount of research showing the impact of parenting styles and characteristics on their children. Parents sometimes feel helpless when raising strong-willed adolescents and it can be easy to not recognize their role in encouraging or changing their child’s behavior. During adolescence, children are especially acceptable to their parent’s attitudes and/or demeanor. This age range is strongly influenced by the way their parent’s react and handle situations (Evans, 2007). Furthermore, parents who demonstrate antisocial behavior while their children are in adolescence are likely to have children whose antisocial behaviors increase as well (Thornberry, Freeman-Gallant & Lovegrove, 2008). Often times, parental behavior will increase the child’s likelihood of developing the same attitudes, response and behavior of the parent. Therefore, when adolescents begin to veer off-track, in some cases the parents or caretakers are the only ones who can direct them back.

Both positive and negative behaviors transfer from parents to their children. Many children learn their positive coping skills and communication style from their parents. Parents also transfer morals and values to their children. For the purpose of this study, the transfer of negative behavior will be emphasized. One study shows
that adolescents are particularly perceptive to their caregiver’s misconduct (Thornberry, Freeman-Gallant, & Lovegrove, 2008). Adolescents with parents who exhibit antisocial behaviors are more likely to engage in antisocial behaviors themselves (Thornberry, Freeman-Gallant, & Lovegrove, 2008). The above is true for other negative behaviors as well. Depressed mood and symptoms are more than five times more prevalent among children of parents suffering from depression than parents who are not (Chen, Johnson, Sheeber, & Leve, 2008). While children begin to gain independence in adolescence, parents still play a significant role in establishing long-term healthy patterns of living.

Parental Knowledge in Effective Parenting

For the purposes of this section, parental knowledge will refer to the understanding of child development, developmental norms and childrearing skills and practices (Morawska, Winter, & Sanders, 2009). Many studies have found that there is a strong correlation between parental knowledge and child cognitive and motor functioning. In part, this is due to the amount of verbal and physical stimulation being provided in the home. Additionally, the quality of life in the home environment of knowledgeable parents tends to be higher. These factors all contribute to the positive behaviors demonstrated by adolescents with parents who have higher knowledge of developmental norms and parenting skills (Morawska, Winter, & Sanders, 2009).
Caregivers that have learned discipline skills and have some knowledge of child development are more likely to discipline in an effective manner teaching their children right from wrong. Research also indicates that obtaining this knowledge during a child’s life and implementing the tools learned can reverse the negative learned behavior and increase the quality of the home environment (Murray, 2000). Overall, greater positive child development is associated with greater parental knowledge (Morawska, Winter, & Sanders, 2009).

*Parental Competence in Effective Parenting*

Parental confidence is another factor that contributes to optimal child development outcomes. Parental confidence refers to a parent’s belief in their ability to positively influence their child’s life or competence (Morawska, Winter, & Sanders, 2009). During adolescence, a person encounters a conflict between meeting the demands of their peers and meeting the demands of their parents (Guerra & Bradshaw, 2008). During this conflict, an adolescent may challenge their parents more or disregard the rules enforced by their parents. Parents that are aware of the stages of child development are more apt to view this as normal and change their method of discipline whereas parents that lack this knowledge may lose their confidence in their ability to parent. Therefore, increasing parental knowledge will inadvertently increase parental confidence making them more competent (Morawska, Winter, & Sanders, 2009).
Bogenscneider, Small and Tsay (1997) found that when parents reported higher parental competence their adolescent children reported a greater academic and psychosocial competence. Additionally, when parents of adolescents have higher competence levels, they also had higher levels of parental monitoring and responsiveness than those with lower parental competence. This leads to the notion that a more competent parent will produce a more competent child.

The Four Parenting Styles

There is an abundant amount of research on parenting styles and their effects are child development. Paulson and Sputa (1996) summarizes four main types of parenting as authoritarian, authoritative, permissive and neglectful parenting styles. All of these include parenting types are based on two major components - parental demandingness and parental responsiveness. Parental demandingness encompasses the parent’s control, expectations and firmness with rules. Parental responsiveness refers to a parent’s warmth and acceptance and how they show their love to their children.

Authoritarian parents have high levels of demandingness but display low levels of responsiveness. Authoritative parenting styles use both high levels of demandingness and responsiveness. While permissive parents are the opposite of authoritarian having low demandingness and high levels of responsiveness. The last style is oppositional of authoritative, in that, neglectful parents have low demandingness and low responsiveness. All of these parenting styles have been
researched and produce different characteristics in children which will be detailed further below (Paulson & Sputa, 1996).

Baumrind (1991) reveals that parents who use an authoritarian approach are likely to expect their children to follow rules and be obedient without explanation. These parents enforce rigid rules and excessive punishment but do not show their children warmth or a willingness to listen. This style of parenting can lead to children who are compliant and respectful but have low self-esteem and may feel belittled (Baumrind, 1991). Furthermore, authoritarian parenting may result in momentary submissiveness but it can severely limit a child’s ability to become autonomous and feel a social belongingness, which can be detrimental to long-term healthy development (Takeuchi & Takeuchi, 2008).

Like authoritarian parenting style, permissive parenting style is unbalanced. Permissive parents tend to parent with high levels of responsiveness but low levels of demandingness (Paulson & Sputa, 1996). Parents that use a permissive style, also known as indulgent, tend to take the role of friend more than a parent because they are nurturing and supportive but do not discipline, and avoid confrontation. Children of permissive parents often having trouble in school and obeying authority, and also experience low levels of happiness and maturity (Baumrind, 1991). Neglectful parenting operates as it sounds, with low levels of demandingness and responsiveness. Neglectful parenting style, also known as indifferent style, generally encompasses parents who are absent or detached from
their children and their lives (Paulson & Sputa, 1996). Neglectful caregivers meet the basic needs of children, such as food and shelter, but do not give their children attention or foster a relationship with the child. This parenting style is more harmful to its children than any of the other parenting styles. Children of neglectful parents generally have low levels of control over themselves, self-esteem and overall competence (Baumrind, 1991).

Research indicates that it is important to have both demandingness and responsiveness in equal amounts (Takeuchi & Takeuchi, 2008). Therefore, the authoritative parenting style generates children that are better adjusted and more academically successful. They also have a higher maturity level and are more self-confident overall (Paulson & Sputa, 1996). Parenting a child in an authoritative manner increases the level of influence the parent and child have on each other while decreasing the struggle for power and dominance, creating a harmonious relationship where both parties are valued (Takeuchi & Takeuchi, 2008). Children who are overall content, capable and accomplished are those who have parented in an authoritative manner (Baumrind, 1991). This project is studying the effectiveness of The Parent Project, which encourages an authoritative parenting approach in its curriculum.

*Theoretical Frameworks*

The Parent Project is a program that supports many theoretical concepts. This parent-adolescent intervention program uses theory in its practice for creating
change. This project will bring light to three psychological perspectives, how they influence the program, and encourage the idea of bringing in the parents to change adolescent deviant behaviors. There are many theories that can be used when discussing this program and its intentions, however, the theoretical frameworks discussed in this chapter are psychoanalytic theory, relational-cultural theory, and empowerment perspective.

**Psychoanalytic Theory**

Using a Psychoanalysis perspective to explain child and adolescent development can help to recognize the importance of the caregiver’s role in a child’s life. This theory was developed by Sigmund Freud and further developed by other theorists. Psychoanalytic theory has its own developmental stages for child development. Freud’s psychoanalytic approach has five developmental stages that begin at birth and end in adolescence. They include the oral, anal, phallic, latency, and genital stages (Miller, 2002). The first of these stages occurs in an individual’s first year of life. The oral stage hopes to complete the task of separation and formation of relationships. From one to three years of age a child goes through the anal stage which hopes to avoid retentive behavior in adulthood. After moving through the anal stage, the next task in need of satisfying is to develop a gender-identity and create a moral value system (Tyson & Tyson, 1990). This task is accomplished from age three to age six in the phallic stage. The latency stage, which occurs from six to twelve years old, is where the three personality systems,
the id, ego and superego are formed and begin to work as one unit. During this
time, the ego creates coping mechanisms or defenses to create balance among these
systems (Tyson & Tyson, 1990).

The last psychosexual stage in Freud’s theory of development is the genital
stage. From ages twelve to eighteen an individual is trying to accomplish successful
working and intimate relationships (Miller, 2002). Freud’s psychoanalysis uses
these stages to help identify problems in adulthood. When looking at
psychoanalytic theory and adolescence, we will examine the development during
the latency stage. During this stage, the child’s personality is cultivated and being
put to use in fostering meaningful relationships and accomplishing future goals.
This is where a parent’s efforts are being rewarded or needing to be adjusted in
raising a competent and happy young adult. Furthermore, during this psychosexual
stage, Freud attributes healthy development to the working relationships of what he
coined the id, ego and superego (Tyson & Tyson, 1990).

Assuming that one’s personality is made up of three components, the id,
ego and superego, is another central idea of Freud’s psychoanalytic theory. He
believed personality is constructed through the development, interaction and
working relationship of these three systems (Tyson & Tyson, 1990). The id is the
foundation of personality. It motivates impulses and is responsible for survival
mode of the individual. It exists in unconscious thought and therefore cannot be
influenced by outside sources. Psychoanalysis explains immediate gratification as
an essential element to the id. The id wants pleasure and satisfaction at all times and is not intrinsically motivated to tolerate pain of any kind. The id has no morality, ability to reason or accountability for its influence on personality. It is an unconscious, underlying, pleasure-seeking system of personality development at its rawest (Miller, 2002).

The other more malleable systems of personality, according to Freud, include the ego and superego. The superego is considered the moral system of personality and it exists in the preconscious to help guide future interactions (Miller, 2002). Psychoanalysis believes the superego is developed by learning right and wrong from one’s caretaker. Freud states that one’s superego is learned by observing his or her mother and father (Tyson & Tyson, 1990). The super ego plays devil’s advocate to the id. It is the reasonable, guilt-stricken and responsible system of personality. The superego takes rules, laws, and moral responsibility into account when influencing the personality. The superego and id do not work well with one another and that is why the ego was developed. The ego is the mediator between the id and superego and it works in the conscious and present mind (Miller, 2002). It makes executive decisions for an individual based on the information it is getting from the other two systems. The ego acts as the judge by allowing both the id and superego to plead their case and then the ego makes the final decision. Creating a balance between these three systems is ideal for an individual’s mental health according to Freud. Freud’s main goal in healthy
development is developing a harmonious relationship between the id, ego and superego (Tyson & Tyson, 1990).

Psychoanalysis is an important theory to acknowledge when discussing the relationship between an adolescent child and their parents. This theory states that the development of the superego is the caregiver’s responsibility. By observing one’s parents and learning how to behave is how their superego is formed (Greene, 2008). Freud relies on parental influence to create harmony within a child and balance the three components of personality. Additionally, whenever there is a pathological disconnect Freud looks to the parents first. Freud sees the immediate family system as the basis for all problems and the resource for all solutions (Miller, 2002). Therefore, addressing adolescent deviant behavior through a parenting program, like The Parent Project, would support this theory in its practice. If parent are the cause of children’s issues, then addressing parental shortcomings would be the start to the solution for these families.

This theory focuses and emphasizes the parental role in a human being’s life. This perspective assumes that childhood experiences shape and determine one’s adult life. The biggest influence on how one’s childhood plays out is their caregiver. Therefore, one’s caregiver establishes one’s adult pathology (Tyson & Tyson, 1990). The Parent Project tries to establish a change in adolescent behavior through altering the behaviors of their parents, thus using a psychoanalytic approach for an intervention.
Relational-Cultural Theory

Relational-Cultural Theory (RCT) focuses on the relationships a person has, and how those relationships affect a person’s life (Comstock, 2005). Since this theory is strongly influenced by Constructivist and Feminist theory, it can provide a framework that promotes empathy and cultural understanding, and also facilitate a safer exploration of a crisis, and how the client interprets and reacts to the events and circumstances in their life (Comstock, 2005). RCT promotes the emotional reconnection of individuals through family, friends, community, and society as a whole. The goal in therapy for Relational-Cultural Theorists is not to encourage the individual to be as self-sufficient and independent as possible. Rather, RCT promotes making meaning through growth and mutuality in the individuals relationships. For example, if an adolescent or child were experiencing difficulties, this theory would bring in the parents and siblings and start to work on the family as a unit. This theory emphasizes the importance of relationships not only with others and to one’s community, but the relationship with one’s self. Intrapersonal relationships are developed and fostered through obtaining mutual empathy in relationships (Jordan & Hartling, 2002).

RCT might investigate the client’s growth-fostering relationships and rely on those to keep young adults with delinquent urges from following through with negative behaviors. Therapists using an RCT framework would draw from a client’s support system to promote authenticity and healing (Comstock, 2005).
Relational-Cultural Theorists use reconstruction, education and consciousness-raising as intervention methods. Treatment, according to this theory, would include bringing in those closest to the client, i.e. parents, siblings, etc, to develop mutual empathy and mutual empowerment to foster growth for the troubled individual (Comstock, 2005). RCT uses a client’s relationships as a tool to achieve well-being. By removing the problem from the individual and creating change in a family, the intervention techniques are more effective and longer-lasting.

The family intervention platform is one of trust, mutuality and healthy communication oriented towards the family functioning as a protective factor for the client (Comstock, 2005). RCT would use the familial relationships to create change and promote relational competence. Relational-Cultural theory would suggest promoting education, skill building and support within a family, which are all components of The Parent Project. This parent-teen intervention program does not just focus on the proposed problem, which is the unruly teen, but the parents and their role in the teen’s behavior. This program uses components of Relational-Cultural Theory to foster the relationship between parent and child and use that relationship to address the adolescent’s behavior.

Empowerment Perspective

Empowerment perspective is essential when implementing an intervention program. This psychological perspective assumes that people often have power which they are unable to use, or believe they are unable to use, due to oppressive
circumstances (Gutierrez, Parsons, & Cox, 1998). This perspective uses the notion of empowerment to promote hope for change, and encourages people’s capacity to improve their lives and situations by providing resources that allow them to exert some influence over their current environment (Gutierrez, Parsons, & Cox, 1998). “Empowerment refers to the process by which individuals and groups gain power, access to resources, and control over their own lives” (Robbins, Chatterjee, & Canda, 1998, p. 91). Empowerment perspective trusts that if people feel they have some control of their environment, they will in turn feel empowered to improve the quality of their life.

The Parent Project integrates the principle of empowerment into its practice by educating parents on adolescent development and the behaviors to expect. The program empowers parents by teaching skills to manage their adolescent and their home environment. Parents are further empowered by developing a support system and social network of parents in similar situations normalizing their hardships. Upon completing this program, parents are equipped with tools, resources, and skills that allow them to not only make educated decisions for their family, but to regain control and influence over their children’s lives. The Parent Project is implemented using empowerment as a key factor in its application.

*Parent-Adolescent Interventions*

Conflicts between parents and their adolescent children have been existent throughout history. Much literature, empirical research and curricula have been put
into circulation on this topic. Parenting classes, manuals and advice networks have been developed to help parents manage their children and raise them in an effective manner. This project will look at the history of parent intervention programs and some relevant research studies along with past studies evaluating The Parent Project program.

**History of Parent/Family Intervention Programs**

Conducting treatment for adolescents through parental interventions is important because parents play a primary role, and have substantial influence in their child’s life. Parents, or primary caregivers, have the ability to control the home environment in which the child lives and can create structure and boundaries. Parents can also influence how their child performs academically and socially by prioritizing these areas in the home. More importantly, parental figures have the ability to instill values and morality in their youth. More than any other individual in a child’s life, a parent is invested in their child’s success and well-being. Therefore, they are more likely to invest time, energy, and effort in ensuring their child’s success.

From a family systems theoretical perspective, human beings exist within subsystems that operate as a whole, so in order to provide treatment to an individual one would need to provide treatment to multiple players in that person’s system. Changing the dynamic of family system is the most promising way to provide effective and long-lasting treatment (Murray, 2000). With that, multi-
systemic intervention techniques and family-based approaches were originally developed to work with adolescent conduct disorder. Family therapy was not found to be effective in treating adolescent conduct disorder, but various child-focus problems (Carr, 2009). As a result, including family members, specifically parents, in treatment for children and adolescent has become a norm. Especially when working with minors, parental intervention techniques have been a fixture in treatment modalities in recent history.

Research on Parent/Family Intervention Programs

Carr (2009) conducted a study of family-based treatment for adolescent conduct disorder. This meta-analysis evaluated eight families and tested family-based treatment modalities such as functional family therapy, multi-systemic family therapy and intense foster family therapy. This study used functional family therapy to facilitate family problem-solving skills with an emphasis on engaging a therapeutic alliance between family members. This study employs multi-systemic family therapy as intense family therapy with intervention an education for the adolescent, parents and working professional in the school system. This form of intervention tackles the issue from every angle to promote change. Lastly, intense foster family therapy uses a multi-dimensional approach to educate and teach behavioral skills to the foster parents, adolescent, school teachers, probation officer and social workers. This form of treatment included therapy for both the adolescent and foster parents and on-going support for at least nine months (Carr, 2009).
Consequently, the families who received services that incorporated family members of the adolescent were more effective than those included only the adolescents in routine treatment settings (Carr, 2009). The term “effective” in this study referred to reduced incarceration rates, lower rates of recidivism, and a decreased in time spent institutionalized. Additionally, sibling rates of delinquent behavior were reduced as a result of this treatment. This study also found that the drop-out rates for participants in these forms of treatment were significantly less, 10% compared to 70% for other treatment. Furthermore, in some cases, it was as much as $12,000 less-expensive to provide family-based treatment than routine treatment modalities, which saved tax-payers over $40,000 in court fees per juvenile (Carr, 2009).

While studying family-based treatment and its effectiveness on adolescent conduct disorder, Carr (2009) explored its effectiveness on other adolescent issues. Adolescent drug abuse was treated more effectively by family-based intervention methods than individual therapy, therapeutic communities, residential treatment, and adolescent 12-step programs. Family-based therapy was also found to be more cost-effective than residential forms of treatment. The gains from family therapy in adolescent drug use include engaging and maintaining adolescents in treatment, reducing drug use, and improving familial adjustment. These results remained for more than a year after treatment. Research indicates that therapy involving the
family is most effective in treating drug abuse among adolescents (Carr, 2009; Jewell, Downing, & McFarlane, 2009).

Carr (2009) found that adolescents with emotional problems, such as depression, anxiety, suicidal ideation, bipolar and grief, are all found to be effectively treated by family-based therapy and treatment modalities. Many of these emotional problems are related to the family system and at the very least have an impact on the family as whole. Accordingly, it seems that family treatment is necessary for treatment. This research study shows that family therapy is effective when working with emotional difficulties, and is more effective in improving the overall quality of family functioning. Research suggests that family therapy and family-based intervention methods are generally effective in working with adolescents and their various ailments (Carr, 2009; Jewell, Downing, & McFarlane, 2009).

The Parent Project program uses both family-based therapy and a psychoeducational approach. Psychoeducation in this setting involves educating the parents on adolescent development and tools to manage their teens. A study conducted by Jewell, Downing, & McFarlane (2009) of families of people suffering from schizophrenia, found that psychoeducation is especially effective when parents consistently participate so they can learn ways of being supportive, reduce stress in the environment and in their own lives, and develop a broader social
network of support. Interventions that educate and support families are well-supported by academia and The Parent Project utilized both techniques.

Parental interventions have been a common resolution to issues associated with problematic child behavior. A parent training program found that between 33% and 55% of the children whose parents completed the program showed significant improvement with the frequency of behavior problems, along with a more positive parental attitude toward their children (Segal, 1996). Parents of strong-willed adolescents seek intervention programs specific for their needs with their children’s age range. Studies have found a commonality among parents with adolescents who misbehave. Parents experiencing these difficulties tend to parent with high levels of demand and minimal responsiveness (Shea, 1989). In terms of parenting style, the above statement describes that parents who complain of misbehavior of their adolescent are likely using an authoritarian style of parenting. To reduce the authoritarian parenting approach, a parent enrichment program was implemented and was successful in decreasing the negative adolescent behavior. This program introduced new skills and ways of handling negative behavior, in other words, it increased the responsiveness of the parents (Shea, 1989). For years parenting classes have been available for parents who need to change their parenting methods. Some methods have proven to be more effective than others, and looking for underlying commonalities within the effective programs is essential for creating new programs and maintaining effective parent education.
The Parent Project

The Parent Project was created in 1987 and was specifically designed to assist parents in preventing and intervening in the destructive behaviors of their adolescent children (Fry, Johnson, Melendez, & Morgan, 2000). The Parent Project is a ten to sixteen-week long program consisting of weekly two-hour classes, and is usually run in conjunction with another community-based organization (Fry, Johnson, Melendez, & Morgan, 2000). These community-based organizations may include schools, law enforcement, probation or mental health facilities and act as a sponsor of The Parent Project. Their sponsorship responsibilities tend to incorporate a facility to hold classes and referrals. The community-based organization benefits by receiving education and skill-building for their clientele along with the reduction of gang violence, drug use, drop-out rates and other deviant behavior (Fry, Johnson, Melendez, & Morgan, 2000).

The Parent Project runs the ten-to-sixteen week program several times throughout the year, giving families the opportunity to enroll and complete a series. Classes are generally during the week and take place in the evening at a designated community location (Fry, Johnson, Melendez, & Morgan, 2000). This program takes all referrals and does have an entrance fee, but that fee can be waived if income requirements are met. The Parent Project classes and curricula are presented in nineteen states country-wide and offered in Spanish in some
The Parent Project was created by Ralph Fry, a retired law enforcement officer, and Roger Morgan, a licensed Psychologist (Murray, 2000). These men developed the curricula for this program with one goal in mind to, “move parents toward authoritative style from whichever current quadrant they originally function” (Fry, Johnson, Melendez, & Morgan, p. 5, 2000). This program uses a hands-on model to educate parents and teach them skills. Guided practice, cooperative learning structures, and linking theory with life happenings are all ways the program facilitators engage the caregivers in material being presented (Fry, Johnson, Melendez, & Morgan, 2000). This program does not operate using a specific theoretical framework. However, it was developed using a psychoeducation approach.

The Parent Project classes are split into two parts, the first half of the class is “Laying the Foundation for Change,” while the second part is “Changing Behavior and Improving the Parent/Child Relationship” (Fry, Johnson, Melendez, & Morgan, p. iv-v, 1998). Part one discusses understanding strong-willed children, drug use, peer associations, creating structure, and addressing problematic behavior. Part two encompasses parental support, phases of change, managing conflict, active listening, consistency, and promoting family unity (Fry, Johnson, Melendez, & Morgan, 1998). By providing education in the beginning, parents can
learn more about their child’s development and warning signs for risky behavior, and then they can implement the tools learned in the second half. The Parent Project is an established program that enriches the lives of families across the country. The staff at Parent Project, Inc. continues to improve the program by participating in and encouraging research to test the program’s effectiveness.

Most of the research on the program’s effectiveness is based on police reports and changes in calls for service. The Roseville Police Department has noticed a significant change in the families that have attended The Parent Project program. Parents that have graduated from the program tend to have more structured and consistent approach than they did before entering the program. Michael Salsbury (personal communication, 2009) is a Student Resource Officer and has been stationed at many of the schools in the Roseville area. He has noticed a change in the calls for service from these families and there are less problems at school overall. Salsbury (personal communication, 2009) also reported using The Parent Project daily as a referral for parents and the families of children that are having behavioral issues at school. This program is being evaluated at this time because there has been very little evidentiary research on The Parent Project in Roseville. In fact, there is little concrete evidence that this program is effective other than participant feedback and judiciary reporting. This program serves a large number of families in the greater Sacramento region and evaluating programs is important to ensure that they are working. This evaluation hopes to help The Parent
Project validate their importance in the community, and provide them will ways of improving their program.
Chapter 3

METHODS

The purpose of this research study is to evaluate the effectiveness of The Parent Project, a parenting program in Placer County taught by Full Circle Treatment Center, and sponsored by the Roseville Police Department. A pre-and post-survey design method is used to test the program’s ability to achieve its goals. This research project targets the following measures: an increase of parental knowledge, an increase of parental skills, and a change in frequency in regards to the parent’s attitude and confidence. The Parent Project questionnaire addresses the measures mentioned above, along with demographic measures. This research project uses a pre-test post-test experimental design, followed by a non-structured focus group. The pre-test post-test design allows the researcher to assess a change in parental knowledge, skills, attitude and confidence from the first week of class to the last week of class. Copies of the pre- and post-survey are located in Appendixes B and C. The follow-up focus group took place eight weeks after the last class and attempted to test the staying-power of the intervention. The follow-up focus group was hoped to include 5-8 parents who graduated from the Parent Project, but one parent attended. A copy of the focus group interview guide is provided in Appendix E.

Research participants include parents of adolescents in Placer County who attended The Parent Project series from September 2009 to November 2009. The
Parent Project program is voluntary ten-week program through which parents gain knowledge, learn skills, and develop relationships with other parents struggling with their adolescent’s behavior. Parents can be referred to this parenting program by the police department, school system and various other community resources. Many of these parents are referred by police with whom they are in regular contact because of their adolescent’s deviant behavior. Approximately 40 parents were expected to enroll in the September 2009 series and each series has a 30 percent drop-out rate. This series had 24 people enrolled, 16 participants who began the series, and 14 participants who graduated the program. Only parents who graduate the program were invited to take part in the follow-up focus group.

**Study Design**

This research project uses an evaluative study with mixed designs. This evaluative research employs exploratory, descriptive and experimental designs. This project uses both qualitative research and quantitative research methods to study the program’s effectiveness. Evaluative research is the most appropriate design for studying the effectiveness of an intervention program because it incorporates all of the research designs in an attempt to provide a thorough investigation of the program and its efficiency. The quantitative research aspect of this study design includes a pre-test/post-test experimental design, O1 X O2. The pre-test and post-test consists of a pre-test survey given the first class of the program and a post-test survey given during the second to last class of the program.
The qualitative portion of this study design is measured using a voluntary focus group for willing program participants two months after graduating the Parent Project Program.

**Population and Sampling**

The population being observed for this study is made up of participants attending the Parent Project program in Roseville, California during the September 2009 series. This population includes adults from all socioeconomic and racial backgrounds who are caring for strong-willed teens. This study uses non-random purposive sampling because in order to test the effectiveness of the parenting program, this project will need to survey only people who are enrolled in the program.

Table 1.1

<table>
<thead>
<tr>
<th>Date of Class</th>
<th>Total Enrolled</th>
<th>Total Attended</th>
<th>Total Survey Participants</th>
<th>Percentage Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 9, 2009</td>
<td>24</td>
<td>16</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>October 28, 2009</td>
<td>16</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
</tbody>
</table>

Since the program is voluntary, all of the participants will be attending the program of their own will. Also, it is not random in its representation of Placer County, but it is random amongst parents of strong-willed adolescents because any parent of strong-willed adolescents is welcome to attend, with or without referral.
For the purpose of this program evaluation, this sample is the most relevant in measuring the effectiveness of the Parent Project. The sample size for the pre-test is N=16 and for the post-test is N=14 Please refer to Table 1.1 for the number of participants in attendance.

Sixteen parents (N=16) attended and voluntarily completed the pre-test questionnaire during week one. This session was poorly attended in comparison to the September 2008 series. The post-test was completed during week eight; this is due the drop in attendance during the week nine pot-luck and graduation. Week eight is the last mandatory class of the series, followed by an optional celebratory class during week nine. Fourteen parents (N=14) attended and voluntarily completed the post-test questionnaire during week eight. While the total number of participants attending this series was low, the percentage of those participants what graduated was exceptional (see Table 1.2).

Table 1.2

Rate of Graduation

<table>
<thead>
<tr>
<th>Number of Participants Enrolled</th>
<th>Number of Participants Graduated</th>
<th>Graduation Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>14</td>
<td>87.5%*</td>
</tr>
</tbody>
</table>

*Roseville Parent Project’s average graduation percentage is 60%.

Data Collection and Instruments

Two survey questionnaires, a pre-test and post-test, were used to collect data. The surveys were handed out during the first week one and the last week of
the September 2009 program series. The intervention classes were held at the Roseville Police Department’s conference and training room, which is where completion of consent forms and questionnaires took place. Respondent’s e-mail addresses were requested and obtained for a follow-up focus group eight weeks after the intervention. The parenting program has a fee of $100, but that fee can be waived dependent upon the participant’s income level. Prior to administering the questionnaire, participants were given directions and a consent form (See Appendix A to reference the consent form). This researcher read the consent form aloud and was available for questions. After the consent forms were collected and placed in a sealed envelope, the questionnaire was provided. This researcher left the room for twenty minutes and upon her return, the completed surveys were placed in a sealed envelope. The same procedures occurred during the post-test on week eight. Data was also collected qualitatively through a focus group with the program graduates in February 2010 (See Appendix D for focus group consent form).

The pre-test questionnaire consists of 39 questions in total (See Appendix B). The first three cover basic demographic information followed by eight questions that look for the parental knowledge that the program emphasizes. The next nine questions address parental skills that are learned in the classes. Parental attitude is determined by the ten questions in section four. Section five is compromised of an eight question series that makes light of parental confidence before entering the program. The last question on the survey asks about the primary
adolescent behavior the parental guardian wants to see changed. Meanwhile, the post-test questionnaire is made up of 50 questions total (See Appendix C). The first 38 questions replicate the pre-test questionnaire. The differences lie in last twelve questions which are formatted in two ways - Likert scale questions and open-format questions. Seven questions using a Likert scale to measure the participant’s satisfaction with the classes and the remaining five are open-ended to give the participants a chance to state their opinions. The open-ended questions allow the program participant’s to share their likes, dislikes and any additional comments they may have. Frequency and duration of the participants will be tracked through parental attendance kept by the class facilitators.

Data Analysis

After collecting the completed Parent Project questionnaires, scores were processed from the data received on each pre-survey and post-survey. Each survey score was entered into the Statistical Package for the Social Sciences Program (SPSS), in which a computed results page was produced. The researcher used frequency data to see if there is a significant difference between parents before and after the completing the program. For a significant difference, there would have to be an increase greater than 30%. Since this research study is looking for a difference based on pre-survey scores and post-survey scores, data will be analyzed using frequencies due to small sample size. Specifically, percentages of responses in agreement or disagreement will be used to identify differences. If the research
hypothesis is correct, then the frequencies of the post program questionnaires will increase by 30% or more from the pre-program questionnaires. Additionally, if the hypothesis is correct, then these changes will occur across all four indicators - knowledge, skill, attitude and confidence.

Ethical Considerations

In order to complete this research study, authorization and cooperation was obtained from the Roseville Parent Project parent class and staff, along with the Roseville Police Youth Services Department (Refer to Appendix F for a copy of the permission letter). In order to protect the participants, the subjects’ rights to privacy and safety is protected. Privacy and safety issues are included in the informed consent form. Informed consent is obtained for this research project, through a signed written consent. A consent form was handed out to each participant and received with a signature before handing out the survey questionnaire. Extra copies of the consent form were made available to each participant. Consent forms were received and signed by participants before both the pre- and post-test (See Appendix A for a copy of consent forms). Confidentiality was maintained by instructing participants not to put their names on the questionnaires. Additionally, the consent forms with signatures and e-mail addresses were presented and collected separate from the questionnaires.

To further protect the participants, no names or identifying data was included on the questionnaires. The researcher did not attend any of the classes
during the testing period and kept the consent forms with signatures in a separate folder from the questionnaire to ensure confidential processing. Once the data was obtained and processed, the questionnaires were destroyed. The information obtained from conducting this study was only used for the purpose of this program evaluation. For the convenience and comfort of the research participants, each survey and focus group took place during a regularly established program meeting.

**Protection of Human Subjects**

This study was presented to the California State University, Sacramento’s Committee for the Protection of Human Subjects (CPHS) for review in April of 2009 and approved in May of 2009 as minimal risk research. This program evaluation was approved with “minimal risk” because the probability and magnitude of harm or discomfort anticipated for participants are no greater than what might be encountered in daily life or during the performance of routine physical or psychological examinations or tests (Committee for the Protection of Human Subjects, 2009). Since the participants are voluntarily attending in the Parent Project program, by participating they will not encounter discomfort greater than that in daily life or during the course of the program. Participants are allowed to withdraw from the research study at any point during the study without consequence.
Chapter 4

STUDY FINDINGS AND DISCUSSION

This research project aims to assess the strengths and weaknesses of The Parent Project’s parenting classes. In doing so, this study hopes to find evidence that deem this program effective in increasing parental knowledge, skill, attitude and confidence. This research project is guided by the following major questions: 1) Are The Parent Project parenting classes effective, regarding: a) knowledge gained, b) skills learned C) parental attitude and d) parental confidence? 2) How can the program be improved? This chapter reports the major findings of the study, particularly those of the most relevance and significance in relation to the subjects in question.

Demographics

A total of 16 respondents completed the pre-test survey and 14 respondents completed the post-survey. Demographic information was obtained from the responses of the pre-survey to ensure that there was no repetitive data. Among these respondents, 56% (N=9) were within a 45-54 age range, 31% (N=5) were between the ages of 35 and 44 and 13% (N=2) were age 55 and older.

Among research participants (N=16), fifty-six percent (N=9) identified themselves as the adolescent’s mother, 31% (N=5) identified themselves as the adolescent’s father, the remaining thirteen percent (N=2) identified themselves as stepparents. This statistic shows that over half of the program’s participants were
the adolescent’s mother. This information relates to the notion that mothers are a child’s primary caregiver. It might even suggest that the task of parenting falls more heavily on the hands of the mother. Figure 1 shows the relationship of the adolescent and role of their caregiver enrolled in this Parent Project series.

Figure 1. Role of parent project participants in the adolescent’s life

The majority of this study’s respondents (N=9) are mothers between the ages of 45-54 and there is an ethnic majority. Among the research participants, 82% (N=13) of the respondents are Caucasian, 6% (N=1) are Hispanic, 6% (N=1) are Asian, and 6% (N=1) abstain from answering. These results correlate with the
demographics of the community in Roseville, CA. The city of Roseville consists of 86% White persons, 11.5% Latino persons and 4.3% Asian persons (U.S. Census Bereau, 2010b). This information reveals some general information on the respondents that participated in this research study. This project has also gathered some demographic information on the adolescents that have led these caregivers to The Parent Project.

According to the reports of the research participants, their adolescents vary in age and gender. This research group (N=16) reported having 69% (N=11) male adolescent children and 31% (N=5) female adolescent children as their child that led them to the program. These adolescents’ ages ranged from 12 to 17 (See figure 2). The oldest adolescents made up 6% (N=1) at age 18, followed by 31% (N=5) 16 year-olds, 44% (N=7) were 15 years old, 13% (N=2) were 13 year-olds and the last 6% (N=1) are age 12. Among these adolescents (N=16) majority are male and are 15 years of age.

*Pre-and Post-survey Frequency Comparisons*

Based on the pre- and post-survey results, this study achieved moderate directional change by using frequency comparisons from pre- to post-tests. Directional change occurs when the frequencies of responses in agreement or disagreement increase from the first survey to the second survey. As mentioned in chapter 3, significant data is based on a 30% or more increase in frequencies from pre-test to post-test surveys.
Effectiveness of Parent Project Classes

Overall, the research participants deemed their time in The Parent Project helpful (See Table 2), useful and relevant to their current parenting issues (N= 16 for the pre-survey and N=14 for the post-survey). On all of the evaluative measures identified in the post-survey, the vast majority indicated either agreement or strong agreement with the statements of effectiveness. Particularly, 100% of participants (N=14) were glad they participated in The Parent Project, with 85% in strong agreement. Most notably, all participants were in agreement with 93% (N=14)
marking that they strongly agree with the statement, “The Parent Project is an effective program.” Furthermore, the research participants found the parenting classes helped their families, met their expectations and taught them helpful tools for managing their children. When evaluating the resources and tools used by the program 86% (N=12) of the participants strongly agreed that the instructors were effective while 78% (N=11) strongly agreed that the Parent Project text was an effective tool.

Table 2

Program Evaluation Measurements

<table>
<thead>
<tr>
<th>Evaluative Specifiers</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agreement</td>
</tr>
<tr>
<td>Provided Helpful Tools</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Glad I Enrolled in Program</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Were Teachers Effective?</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Were Teachers Effective?</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Program Text Effective?</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Did NOT Help Family</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

Parental Knowledge. Using frequency data, there were increases in parental knowledge from the pre-survey given on the first day of class to the post-survey given on the last day of class. Table 3.1 and 3.2 identify six parental knowledge specifiers. Table 3.1 shows the results from the pre-survey and Table 3.2 shows the results from the post-survey. The specifiers included are parental knowledge of signs of drug and alcohol use, signs of gang affiliation, administering drug tests,
disciplinary consistency, protocol for adolescent runaways, and their adolescent’s closest friends. Knowledge of signs of drug and alcohol use means recognizing when their adolescent is under the influence as well as physical, behavioral and verbal signs that they are using substance.

Two specifiers of parental knowledge mentioned in Tables 3.1 and 3.2 include knowledge of what to do when your adolescent runs away from home and knowledge of your adolescent’s closest friends. These factors may seem unrelated but running away is a common occurrence among these adolescents and their closest friends tend to be aware of their location. On the first day, 50% (N=8) of the respondents stated that they are aware of the protocol for runaways while 93% (N=13) knew by the end of the program. An increase from 8 agreeable responses to 13 agreeable responses constitutes a 63% increase. This study found very little difference in the comparison of the amount of parents that knew their adolescent’s closest friends from the pre- to the post-survey. Addition to the protocol for runaways, The Parent Project curriculum includes education on signs for gang affiliation. A total of 9 pre-survey respondents answered in agreement of knowledge of gang affiliation indicators while approximately 11 post-survey respondents answered agreeably. Those results indicate that parental knowledge of gang affiliation signs is heading in an upward direction from pre-survey to post-survey.
Another factor of knowledge that increased from pre- to post-survey was the ability to access, obtain and administer drug tests. Knowledge of administering drug tests increased from 56% (N=9) in agreement the first class to 83% (N=13) in agreement on the last class. This 27% increase in knowledge for administering drug tests allows for an opportunity for parents to better control their child’s environment. Having parents administer drug tests hold the children accountable for their substance use and give parents the ability to monitor their child’s use. For more on the parental knowledge measurements and the percentages of participants in agreement and disagreement, refer to Tables 3.1 and 3.2.

Table 3.1

*Parental Knowledge Pre-Survey Measurements*

<table>
<thead>
<tr>
<th>Evaluative Specifiers</th>
<th>Pre-Survey Measurements</th>
<th>Agreement</th>
<th>Disagreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol for Runaways</td>
<td>8 (50.0%)</td>
<td>8 (50.0%)</td>
<td></td>
</tr>
<tr>
<td>Signs for Gang Affiliation</td>
<td>9 (56.2%)</td>
<td>7 (43.8%)</td>
<td></td>
</tr>
<tr>
<td>Administering Drug Tests</td>
<td>9 (56.2%)</td>
<td>7 (43.8%)</td>
<td></td>
</tr>
<tr>
<td>Disciplinary Consistency</td>
<td>11 (68.7%)</td>
<td>5 (31.3%)</td>
<td></td>
</tr>
<tr>
<td>Signs for Substance Use</td>
<td>14 (87.5%)</td>
<td>2 (12.5%)</td>
<td></td>
</tr>
<tr>
<td>Adolescent’s Close Friends</td>
<td>11 (68.7%)</td>
<td>5 (31.3%)</td>
<td></td>
</tr>
</tbody>
</table>
Parental Skills Learned. In addition to measuring parental knowledge, this study measured parental skills learned from completing The Parent Project classes. The first of the skills mentioned in this chapter is consistency in checking the homework of their adolescents to insure completion. There were minimal changes in the responses to the question regarding a parent’s skills of praising their adolescents for their positive behaviors. There was also little change in parents’ awareness of their adolescents whereabouts when they are not home. The number of parents engaging in daily confrontations with their adolescent decreased from pre-survey to post-survey.
Table 4

*Parental Skill Measurements*

<table>
<thead>
<tr>
<th>Parental Skills Learned</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Child’s Homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>7 (43.8%)</td>
<td>6 (42.9%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>8 (50%)</td>
<td>8 (57.1%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (6.2%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Engaging in Confrontations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>9 (56.2%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>7 (43.8%)</td>
<td>11 (88.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Praise for Positive Behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>13 (82.2%)</td>
<td>12 (85.7%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>3 (18.8%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Aware of Whereabouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>10 (62.5%)</td>
<td>9 (64.3%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>6 (37.5%)</td>
<td>5 (35.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
</tbody>
</table>

This skill is particularly important when communicating with adolescents. Adolescents tend to engage in confrontation with circular reasoning and hostility. A parent engaging in this pattern of communication with their adolescent may have trouble maintaining their position. According to the pre-survey, nine out of the 16 total respondents were engaging in daily conflicts with their adolescents. By the
last class, only three out of 14 respondents were still engaging in conflicts with their adolescents on a daily basis. See Table 4 for more percentages of parental skills measured.

*Parental Attitude.* Another category this study aimed to measure was The Parent Project’s effect on parental attitude. Oftentimes, a parent’s attitude can elevate or diffuse their child’s reactions and responses. Based on the results of this study, parental attitude was a factor influenced. Parental attitude measurements mentioned in this chapter include the feeling that parents have a strong influence in their adolescent, feeling exhausted from keeping the peace in the home, parents wanting their adolescents to like them and being proud of their child’s accomplishments.

Table 5 reports the results of the parental attitude measures. Pre-survey results shows that 31% (N=5) of parental figures agreed that they have a strong influence on their adolescent child. While the post-survey results show that 57% (N=8) of parental figures agreed that they have a strong influence on their adolescents. Therefore, there was only a 26% directional change in responses from pre- to post-test. Chi square statistics indicate that there is a statistically significance between parents’ pre and post survey on their influence on adolescent 

\( \chi^2 = 2.0, \ \text{df} = 1, \ \text{p}<.10 \). Many parents of adolescents are tired of keeping the peace. This study found that the percentage of parents that describe themselves as being exhausted from trying to keep the peace in home decreased from the pre-survey to the post-survey. Additionally, there was very little change in the number of
respondents that wanted their children to like them from the pre- and post-survey which remained in the 80th percentile.

*Parental Confidence.* The last category measured using a frequency data comparison of pre- and post- surveys is parental confidence. The category yielded the most frequency results, reference Table 6 for more information. The first confidence measurement explores whether or not parents feel they have the resources they need to parent effectively. Respondents of the pre-survey reported 44% (N=7) stating that they need more resources while only 7% (N=1) still felt they needed more at the end of the program. The decrease from seven participants needing resources to only one participant expressing a need for resources is considerable. The amount of parents that felt confident of their influence on their adolescent’s behavior doubled in frequency from pre-survey to post-survey. The number of respondents that felt that their discipline practices were effective increased from one participant during the first week to 11 participants during the last week of the program.

Another contributing factor to parental confidence is having the social contact that one needs to feels supported which includes having someone to talk to about their parenting concerns. This is evident by the 38% (N=6) of respondents that reported not having enough social support at the start of the program and by the end of the program only 15% (N=2) did not feel they had enough support, which is a 23% decrease. The Parent Project provided not only education but a
means for social support as well. The last two confidence measurements are an ability to follow through with discipline and an inability to diffuse confrontations with their adolescent. Both showed an upward directional change from the first week to the last week of The Parent Project program.

Table 5

*Parental Attitude Measurements*

<table>
<thead>
<tr>
<th>Parental Feeling Specifiers</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strong Influence on Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>5 (31.2%)</td>
<td>8 (57.1%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>11 (68.8%)</td>
<td>6 (42.9%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td><strong>Tired of Peace-Keeping</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>13 (82.2%)</td>
<td>9 (64.3%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>3 (18.8%)</td>
<td>5 (35.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td><strong>Want Adolescent to Like Me</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>13 (82.2%)</td>
<td>11 (88.6%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>3 (18.8%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
</tbody>
</table>

*Analysis of Data Received*

All four the categories measured in this program evaluation showed changes throughout the course of the program. One area of data emerged as the most influenced, the program had a larger impact on parental confidence than
parental knowledge, skill or attitude. The Parent Project program supports parental confidence in that it provides a safe space for parents to open discuss their concerns. It also allows parents to see that their family is not the only one dealing with these issues. The results of this study are based on the frequency data gathered from the program participants.

The Parent Project uses curriculum and exercises to educate and influence parental knowledge and skill. The program’s facilitators were found to be a major support for parental attitude. The Parent Project’s facilitators encourage parents to express their frustration in ways that are effective and non-explosive in front of their children. The interaction between the parents and the facilitators encourages a change in how the parents view their child and situation, which thus influences their attitudes.

Reviewing the results of this research process spoke volumes to the unconventional success of this program. Positive increases in parental confidence from pre- to post- survey shed light to the importance of group cohesion that The Parent Project provides. The Parent Project aims to educate parents and caregivers and reinforce the importance of consistency when parenting adolescents. However, this study shows that it does more than that. The Parent Project restores these caregivers confidence, and empowers them to take charge of their homes.
Table 6  
*Parental Confidence Measurements*

<table>
<thead>
<tr>
<th>Parental Confidence Specifiers</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the Resources I Need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>9 (66.2%)</td>
<td>13 (82.9%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>7 (43.8%)</td>
<td>1 (7.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Influencing Child’s Behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>7 (43.8%)</td>
<td>11 (88.6%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>9 (66.2%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>Effective Discipline Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement</td>
<td>1 (6.2%)</td>
<td>11 (88.6%)</td>
</tr>
<tr>
<td>Disagreement</td>
<td>15 (93.8%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
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<tr>
<td>Have Social Support I Need</td>
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<tr>
<td>Agreement</td>
<td>10 (62.5%)</td>
<td>12 (84.6%)</td>
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<tr>
<td>Disagreement</td>
<td>6 (37.5%)</td>
<td>2 (15.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100.0%)</td>
<td>14 (100.0%)</td>
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Using the group treatment model, this program does foster many of the curative factors that Yalom (1995) describes as being essential to successfully creating a group-processing environment. Yalom (1995) lists eleven factors that can contribute to positive group treatment. Among these factors are Instillation of Hope, Universality, Imparting of Information, Corrective Recapitulation of Primary Family Group, Direct Advice, and Interpersonal Learning (Yalom, 1995). The
Parent Project promotes the above six curative factors within their classroom setting. These six curative factors serve as evidence that this program is clinically noteworthy.

The Parent Project classes endorse the Instillation of Hope factor, they assure the parents that the program is effective and will help ease the tensions within their families. While answering the open-ended questions on the post-survey one parent wrote that from taking these classes, the thing he gained most is “confidence in my parenting style.” Another factor the program promotes is the idea of Universality, which is the importance of not feeling alone and demonstrates that there are others experiencing these problems and issues (Yalom, 1995). To further support this factor one parent wrote that the most important concept that she gained from the classes is that, “what we are going through in our home in happening in other homes too.” Simply put, it is comforting and encouraging knowing that you are not alone in your situation and that these techniques have worked for others.

The Imparting of Information factor is the basis for which this program was developed. This factor is the didactic sharing of information and instruction on the focal problem of the group (Yalom, 1995). The Parent Project uses a design that educates struggling caregivers on adolescent development, warning signs for risky behaviors and tools to manage and minimize those risky behaviors and conflicts in the home. An additional factor utilized by this program is the Corrective
Recapitulation of Primary Family Group. This factor refers to the process of relearning and correcting thought distortions surrounding the familial experience that is achieved through the relationships built in the group (Yalom, 1995). Parents, through their relationships with one another, can learn and grow as role models for their children. Many caregivers that attended this program address their thought distortions in their relationship with the Parent Project teachers. Through this relationship, caregivers can learn realistic expectations of their interactions with their children and that even though they want their adolescent to like them, as one parent wrote “I am aware that it isn’t always realistic or necessary.” The teachers of the program received positive evaluations all around. The caregivers enrolled in the program felt bonded to the teachers, one wrote, “Outstanding program and better than outstanding teachers.”

The classes support the last two curative factors mentioned previously as well. They are similar in that they both involve feedback. Direct advice refers to group members providing strategies and suggestions for handling problems (Yalom, 1995). Interpersonal Learning is the process of giving and receiving feedback in a manner that fosters new ways of communicating (Yalom, 1995). The Parent Project classes are part didactic learning and part group work processing. During the group work piece, both Direct Advice and Interpersonal Learning occur, are encouraged, and add to the clinical effectiveness of this program.
According to the results of this program evaluation, The Parent Project program does have an effect on parental knowledge, skill and attitude and evidence to support a positive increase in parental confidence. Parental knowledge, skill, attitude and confidence may or may not be necessary to change the ways parents manage their adolescents. The necessities of the measures studied were not addressed in this research project. Researchers interested in this subject may consider looking at the necessity of these factors for future studies. Furthermore, the participants were in unanimous in agreement that the program was effective on all levels measured.

Three months later, a follow-up focus group was held to gather some information on the longevity of the program’s effectiveness. Due to possible weather and economic factors, only one respondent attended. In response to how things are doing since graduating from the program she stated, “We as parents have set better boundaries. The teens are still challenging us but they face the consequences and we feel more in control. We have taken the power back. They still do what they are going to do but then we do what we said we would do.” Additionally, in response to describe your experience while in the program, she reported that, “It was great to see there are other parents struggling with difficult teens like us. Most of our friends have ‘normal’ kids who go to school and get good grades. It is hard not to blame yourself for what your children do. Both my husband and I were ‘normal’ teens who liked school and did not do drug or
alcohol. We tried to give our teen a good foundation but you cannot make their choices for them, as they get older. [The Parent Project] teaches many good skills. We knew nothing about drugs our teen was doing.”

The results from this research show that in regards to directional change, The Parent Project program is an effective program in increasing the indicated measures. According to the post-survey respondents, the program is effective overall.
Chapter 5
SUMMARY AND RECOMMENDATIONS

The Parent Project is a parenting program that consists of ten weekly two-hour classes that cover a wide range of topics. This research project aimed to evaluate The Parent Project program across four evaluative measures. The measures and their effectiveness are explored. The measures being evaluated are parental knowledge, parental skill, parental attitude and parental confidence. Data was collected using pre- and post-surveys and then evaluated in order to assess the differences between responses in the beginning of the program and responses upon completion of the program.

The cycle of parents surveyed began with 16 participants attending the first class and ended with 14 participants completing and graduating from the program. This is an unusually low number of attendees for this particular program making for a small sample size. Data was analyzed using basic descriptive statistics. This project found that the success of this program is largely due to the support that parents received from their fellow classmates and the class facilitators. This support helped give parents a more positive attitude and boost their overall confidence. There were positive changes in parental skill and knowledge but most parents stated that the most significant benefit that they received was the realization that they are not alone in their problems. The post-test survey also shows that parents
were left with feelings of empowerment and the ability to take control of their family.

After reviewing data collected, it is evident that group cohesiveness is an essential element to the success of The Parent Project. The group dynamic played a large role in the parents’ ability to utilize and enforce the skills they that were taught in the classes. With that in mind, on-going support is recommended after the ten-week program is completed to prolong the program’s effect. Based on information gathered in the follow-up focus group, some of the parents felt that if the program followed up, it would have helped build upon the momentum that they had developed. Graduates may benefit from a graduate group or reunion class in the months following graduation from the program. However, based upon the low attendance of the follow-up focus group I would anticipate such a group would be underutilized.

**Implication for Social Work**

Program evaluation skills are valuable and fundamental to the social work profession. Many of our agencies are funded by grants or social service money that requires evaluative measures. When developing grant proposals, programs need to develop a needs assessment that identifies the population being served and the levels of their need (Yuen, Terao, & Schmidt, 2009). Additionally, in order to continue to receive funding and support, programs need to have evidence that their program is meeting the needs of the community that they set out to serve. Included
in many of these funding contracts is a pledge to deliver the results of a program
evaluation or data that supports movement toward the program’s goal (Yuen,
Terao, & Schmidt, 2009). Therefore, having the ability to evaluate programs is
essential in order to create, plan, develop and improve programs for our clients.

The Parent Project is an important and useful program that should be
utilized by social workers. This profession works largely with families and
programs that give parents the ability to effectively manage their children can be a
great tool. By evaluating this program, and improving it to meet the needs of the
clients it serves, this project helps to ensure that this program will continue to
receive financial support and community referrals. As social workers, we should
strive to refer clients to evidence-based programs. Conducting program evaluations
and the research found in projects such as this, provides evidence that supports the
usefulness of programs for the clients they serve.

Social workers play a unique role in both providing psychoeducation and
conducting program evaluations. Resource referrals, community outreach and
therapeutic education are all vital components of the social work profession. Social
workers are taught to help their clients by assessing them, supporting them and
linking them to various resources, programs and community members. These
principles are embedded in social workers and are essential in facilitating and
running programs within the community. These principles make social workers
ideal candidates to evaluate programs. A strong connection the community and an
awareness of the needs of clients within that community, give social workers the capability to evaluate community programs thoroughly. Social workers are well known for being community oriented, which qualifies them to be active community members and advocates for community programs.

**Evaluation**

If further research were to be conducted on this program, I would suggest studying multiple program series to ensure a larger sample size. Additionally, for a more thorough understanding of the program’s effects, I would be interested in the results of a long-term study that continued researching a few family cases after completion of the program. The study might follow up with some of the families that participated in the program in the years after completion to see if there are any long-term benefits of the program.

This research project is a good start in exploring The Parent Project program and the pros and cons of parent intervention, however, there are factors limiting the research obtained. One is the size and nature of the sample. The small sample size may have allowed outliers to skew and manipulate the data. Findings may also be limited because the sample group participated voluntarily which may have made for a “feel-good” evaluation. The group that completed the evaluation is made up of people that enjoyed the program enough to stay and participate. I was unable to get an evaluation from those that dropped from the program or may have stopped participating.
Another component of the program worth studying would be the adolescent perspective. Further evaluation of the program from the adolescent viewpoint would provide a different, but valuable perspective on The Parent Project. Evaluating the program by studying the behaviors, reactions and opinions of the adolescents may provide valuable insight on ways to improve the program. Roseville’s Parent Project is one of the few Parent Project, Inc programs that have a teen program. Research on the teen component of the program may be an interesting study for a researcher wanting to further evaluate this program.

Reflection

Program planning and program development has always been an interest of mine. This project has taught me the importance of evaluating programs. Many entities operate using only evidence-based practices, and only through academic program evaluations can a program be considered evidence-based. This Parent Project evaluation found evidence to support the importance of learning parental skills in a classroom setting. The parents’ interaction with the program’s facilitators and the relationships that were developed with other parents are essential to the success of this program. If the same skills, lessons and information were presented through a video or another impersonal setting, the results may not have been as successful. Parental confidence and attitude measures, as reported by the program’s participants, improved in large part due to the group cohesion and interaction in the classroom setting. Therefore, there is now evidence to support the greater impact of
having this material presented in a classroom setting that allows for group processing.
APPENDIX A

Parent Project Program Evaluation Consent Form

You are being asked to participate in research, which will be conducted by Preeya Carleson, a Masters of Social Work student at California State University, Sacramento. The study will evaluate the effectiveness of the Parent Project classes.

You will be asked to complete two questionnaires, one today and one on the last Parent Project meeting during week ten. The questionnaires may require up to twenty minutes of your time. Some of the items in the questionnaires may seem personal, but you don’t have to answer any question if you don’t want to.

You may not personally benefit from participating in this research. It is hoped that the results of the study will be beneficial for the Parent Project and other programs designed to assist parents in parenting strong-willed adolescents.

Your responses on the questionnaires will be anonymous. The questionnaires will be destroyed as soon as the data has been processed, and in any event no later than one year after they were made. Until that time, they will be stored in a secure location and only viewed by the researcher.

You will not receive any compensation for participating in this study. Your decision whether or not to participate will not prejudice your future relation with The Parent Project. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions about this research, you may contact Preeya Carleson at (916) 806-6723 or by e-mail at preeyacarleson@yahoo.com.

Your participation in this research is entirely voluntary. Your signature below indicates that you have read this page and agree to participate in the research.

________________________________    _________________
Signature of Participant                              Date

Focus Group Participation

If you agree to be contacted, you may also be invited to participate in a one-hour focus group following graduation from the Parent Project. You may participate as much or as little in the discussion as you wish. Only first names will be used in the
focus groups, and you may use something other than your real name if you wish. The results of the study will be revealed at the focus group.

If interested in participating in the follow-up focus group, please provide your first name and email below.

___________________________
First Name

___________________________
E-mail address
APPENDIX B

Parent Project Pre-Survey

Please put an “X” in the answer that best fit the statements below. The term “child” refers to the child/adolescent you are attending Parent Project for.

1. My child’s gender is _______________.
2. My child is _______________ years old.
3. I am the child’s ________________ (mother, father, grandparent, stepparent, etc)

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<tr>
<th>(SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree)</th>
<th>SD</th>
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<tbody>
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<td>1. Short-term punishments are more effective than long-term punishments.</td>
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<td>2. I am familiar with how to access and use MySpace.com.</td>
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<td>3. I am aware of my child’s grades in school.</td>
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<td>4. I envy how my child does what he/she wants without fear of consequence.</td>
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<td>5. I have the contact information of my child’s closest friends.</td>
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<td>6. I know what clothing and signs to look for to identify gang affiliation.</td>
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<td>7. I know what signs to look for to monitor if my child is using alcohol or drugs.</td>
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<td>8. I am determined to practice the skills I learn from this training.</td>
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<tr>
<td>1. I feel I have a strong influence on my child as their parent/guardian.</td>
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<td>2. I know where my child is when he/she is not home.</td>
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<td>3. I praise my child for positive behaviors.</td>
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4. I feel exhausted from these last few years of trying to keep the peace.  

5. I know whom my child is with when he/she is not home.  

6. I check to make sure my child has completed his/her homework.  

7. Physical punishment is not desirable but sometimes necessary.  

8. I am consistent in my responses to my child’s destructive behavior.  

9. During confrontation, my child reacts violently toward me.  

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<thead>
<tr>
<th>(SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly agree)</th>
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<tr>
<td>10. I say “I love you” to my child regularly.</td>
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<td>28. My child’s most disturbing behavior which must be changed first is:</td>
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APPENDIX C

Parent Project Post-Survey

Please put an “X” in the answer that best fits the statements below. The term “child” refers to the child/adolescent for whom you are attending Parent Project.

1. My child’s gender is _____________.
2. My child is ________________ years old.
3. I am the child’s __________________ (mother, father, grandparent, stepparent, etc.)

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<td>39. Parent Project taught me helpful tools for managing my child.</td>
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<td>40. I am glad I decided to take the Parent Project classes.</td>
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<td>41. Parent Project did not meet my expectations.</td>
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<td>42. The Parent Project is an effective program.</td>
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<td>43. The Parent Project teachers were effective.</td>
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<td>44. The Parent Project book is an effective tool.</td>
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<td>45. The Parent Project did not help my family.</td>
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46. What are 3 things that you gained from taking these classes?

   1)
   2)
3) 

47. What are 3 things that you did not like about taking these classes?
   1) 
   2) 
   3) 

48. What, if anything, has improved in your home since you started the classes?

49. How has your child’s behavior changed, if at all, since your participation in the Parent Project?

Any additional comments?
APPENDIX D

Follow-up Focus Group Consent Form

You are being asked to participate in a follow-up focus group which will be conducted by Preeya Carleson, a Masters of Social Work student at California State University, Sacramento. The focus group will evaluate the effectiveness of the Parent Project based on parental feedback.

You are being asked to participate in a one-time focus group as a graduate from the Parent Project. The focus group discussion may last up to one hour. Some of the topics in the focus group discussion may seem personal, but you may participate as much or as little in the discussion as you wish. Only first names will be used in the focus group, and you may use something other than your real name if you wish.

You may not personally benefit from participating in this research. It is hoped that the results of the study will be beneficial for the Parent Project and other programs designed to assist parents in parenting strong-willed adolescents.

You will not receive any compensation for participating in this focus group. Your decision whether or not to participate will not prejudice your future relation with The Parent Project. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions about this research, you may contact Preeya Carleson at (916) 806-6723 by e-mail at preeyacarleson@yahoo.com.

Your participation in this focus group is entirely voluntary. Your signature below indicates that you have read this page and agree to participate in the research.

________________________________    _________________
Signature of Participant                Date
APPENDIX E

Focus Group Interview Guide

1. How have things changed at home since graduating from the Parent Project program?

2. How would you describe your experience while in the program?

3. What were some valuable things you learned from the Parent Project?

4. What areas could the Parent Project improve on?

5. Do you think the Parent Project is an effective program?

6. Any additional comments?
APPENDIX F

Permission Letter

April 21, 2009

To Whom It May Concern,

On behalf of The Parent Project®, I give Preeya Carleson permission to write her Masters of Social Work thesis as an evaluation of our program. With our permission she is authorized to attend meetings, submit an optional pre and post-test questionnaire to our clients as well as hold a voluntary focus group involving our clients. Miss Carleson will receive The Parent Project’s cooperation in completing her thesis. The Parent Project would like to request a copy of final results upon completion of the research study.

Sincerely,

Terri Jones
The Parent Project Program Coordinator
REFERENCES


