

## CORE POLICY # 6

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### **Promote Effective Parenting as the Cornerstone of Policies and Programs for At-risk Youth**

Parental behavior, the family environment, and the extent to which young people feel connected to their parents (or to caregivers who fill a parent's role) can be either one of the strongest protective factors in the lives of young people or one of the strongest risk factors. Evidence shows that investing in family-based parenting training that promotes positive, healthy, protective parent-child interactions can reduce domestic violence, the extent to which young people associate with delinquent peers, alcohol and substance abuse, school dropouts, and arrests. Therefore, parenting training is one of the most cost-effective ways to prevent risky behavior among young people.<sup>1</sup>

Effective parenting typically includes four components: warmth, structure, autonomy support, and development support. *Warmth* is the degree to which a parent successfully communicates to the adolescent that he/she is loved and accepted. *Structure* is the degree to which parents have expectations and set rules for the adolescent's behavior. *Autonomy support* is the degree to which parents accept and encourage the adolescent's individuality. *Development support* is the degree to which parents foster and enhance the adolescent's underlying developmental capacity for emotional and logical thinking.<sup>2</sup>

Parenting training can either be a separate intervention or a component of a comprehensive, multiservice prevention program targeted to at-risk youth. The most common types of parenting training programs include home visitation, which targets families with infants ages 0–3 years, and marital and family therapy, which target families of older children who are already exhibiting delinquent behavior. In home visitation programs, which are often included in early child development (ECD) programs (see Core Policy #1), a nurse or another professional goes to the home of an at-risk mother to provide her with training, counseling, and monitoring. The main goal of these programs is to promote healthy child development by changing parents' attitudes, knowledge, and and/or behavior. Other goals include preventing child abuse and neglect and improving parents' lives by providing them with job placement assistance and encouragement to continue their education or delay pregnancy. Although these programs can differ in terms of the starting age of the participants and the duration and intensity of the services provided, evidence shows that the earlier these programs are offered and the longer their duration, the greater the benefits that they yield. Marital and family therapy programs can also vary in design and content, but most programs aim to empower parents with the skills and resources needed to raise teenagers and empower young people to cope with family, peer, school, and neighborhood problems. These programs focus on changing maladaptive or dysfunctional patterns of family interaction and communication, including negative parenting behavior, which is one of the primary risk factors for youth violence.

#### **How Does Effective Parenting Prevent Risky Youth Behavior?**

Feeling connected to their parents, as well as receiving appropriate types and amounts of discipline and moral guidance, help create an environment in which children and young people can develop in positive ways. Parental support is also perhaps the single most important key to ensuring that adolescents pass through the different stages of physical and emotional development in a safe and healthy way. Parenting training can help parents play a positive role in their children's development by providing them with knowledge about their children's health, nutritional, and developmental needs, as well as how to interpret infant and young child behavior.<sup>3</sup> Furthermore, a child's feeling of being connected to their parents, which can be described as a young person's desire to meet his or her parents' expectations and not to disappoint them, has also been shown to strongly influence whether or not young people decide to engage in negative kinds of behavior.

This relationship is created and fostered primarily by parental guidance. Evidence from studies of at-risk youth in the Caribbean, Brazil, Honduras, Mexico, and Chile suggests that many of the risk factors connected with low self-esteem and feelings of rage in young people can be traced back to conditions at home such as maternal emotional abandonment, the absence of parental nurturing, unskilled parents, sexual abuse, and being part of an aggressive family.<sup>4</sup>

Research indicates that children who feel connected to their parents are protected from risks such as emotional distress, suicidal thoughts and attempts, drug and alcohol abuse, violent behavior, and early sexual activity.<sup>5</sup> Studies also show a positive relationship between parents demanding certain standards of behavior from their children and adjustments in the children's behavior. They also show a positive relationship between parental responsiveness (to their children's behavior and to developments in their lives) and adolescents' psychosocial development.<sup>6</sup> For example, if children believe that their parents trust them, this is associated with lower prevalence of sexual activity, intentions to have sex, and reports of sexually transmitted infections (STIs); higher rates of consistent condom use; and lower use of tobacco, alcohol, and marijuana.<sup>7</sup> Responsive and interactive parenting can also offset many of the adverse consequences of childhood malnutrition on cognitive development.<sup>8</sup> Furthermore, effective parenting has been positively associated with self-control, conflict resolution, and peer resistance in adolescents and inversely associated with the use of tobacco, alcohol, and drugs, anger, alienation, aggression, delinquency, and misconduct.<sup>9</sup> Conversely, low parental monitoring has been directly related to increased risky behavior, including cigarette smoking and alcohol consumption, substance abuse, sexual involvement and intercourse, unsafe sexual practices, teen pregnancy, STIs, and violent and delinquent behavior.

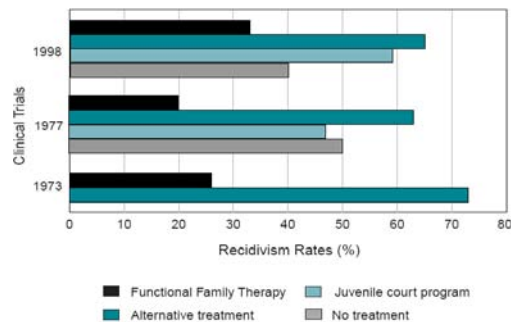
### **Research Findings: Providing the Evidence Base**

The *Nurse-Family Partnership* is one of the most successful nurse home visitation programs in the United States. It trains parents in how to provide responsible and competent care and increases their self-sufficiency by advising them in areas such as family planning, education, and employment. Studies have shown that this program has resulted in a 79 percent reduction in child abuse and neglect, a 56 percent decline in children running away from home, and reductions of 56 percent in arrests of children and alcohol consumption by children. It has also had a positive impact on mothers, with a 31 percent drop in subsequent births, a 44 percent decline in maternal behavioral problems, and a 9 percent decline in maternal arrests, as well as an increase in the average spacing between children of more than two years.<sup>10</sup> Australia's *Triple P-Positive Parenting Program*, a behavioral family intervention designed to improve parenting skills and behavior, has also been effective in reducing child behavioral problems, improving parenting skills and competence, and reducing conflicts over parenting between parents.<sup>11</sup> The Montreal Longitudinal Study, also called the *Preventive Treatment Program* (PTP), was designed to reduce antisocial behavior in boys from low-income families by combining parenting training and individual school-based social skills training. Evaluations found that the program had positive effects on academic achievement, avoidance of gang involvement, reduced drug and alcohol abuse, and reduced delinquency among program participants.<sup>12</sup> The *Mother-Child Education Program* in Turkey, which provided early enrichment for young children and training and support for mothers, yielded positive effects for children and mothers both in the short term (cognitive gains for children) and in the long term (greater educational attainment and reduced delinquency among children and the empowerment of mothers within families).<sup>13</sup>

The United States' *Incredible Years Series* (IYS) program includes a comprehensive, developmentally based curriculum for parents, teachers, and children designed to prevent, reduce, and treat behavior and emotional problems in children. Evaluations of the program have revealed an increase in positive parenting skills (such as greater use of praise and reduced use of criticism), an increase in parents' use of effective limit-setting, a reduction in parental depression and an increase in parental self-confidence, an increase in positive family communication and problem-solving, and fewer conduct problems in children's interactions with parents.<sup>14</sup> Evaluations of the United States' *Guiding Good Choices* program (formerly known as the *Preparing for the Drug-Free Years Program*), which uses a multimedia approach to strengthen parenting techniques, showed that there

have been improvements in the general child management skills manifested by mothers and fathers, increases in the amount of affection between parents and children, and greater self-efficacy on the part of mothers.<sup>15</sup> Evaluations of the United States' *Strengthening Families Program for Parents and Youth 10–14 (SFP)* (formerly the Iowa Strengthening Families Program), a universal (designed for all sixth grade students and their families) family-based intervention, showed that the program had led to better child management practices by parents, including monitoring, discipline, and standard setting; better parent-child communication; more involvement by children in their families' activities and decisions; and increases in the amount of affection between parents and children. Two years after the program ended, adolescents who had participated in the program had lower rates of alcohol use, using alcohol without their parents' permission, and being intoxicated than nonparticipants.<sup>16</sup>

### Recidivism Rates for Functional Family Therapy (FFT) and Other Treatment Options, 1973–88



Source: Alexander and Parsons, 1973; Klein, Alexander, and Parsons, 1977; Hansson, 1998.

Two different kinds of family therapy have been shown to have positive effects on young people. *Functional Family Therapy (FFT)* programs based in the United States are aimed at the families of youth ages 11–18 who are at risk of or already displaying problems with delinquency, violence, substance abuse, or conduct disorder. The programs consist of 8 to 15 sessions either in the family's home or in clinics and are organized in three phases: (i) engagement and motivation (develop alliances, reduce negativity and resistance, improve communication, minimize hopelessness, develop family focus, increase motivation for change); (ii) behavior change (develop and implement individualized change plans, change present delinquent behavior, build relational skills); and (iii) generalization (maintain/generalize change, prevent relapses, provide community resources necessary to support change). Multiple clinical trials of FFT have showed that it has succeeded in reducing the proportion of young people who re-offended (60 percent were arrested a second time compared with 93 percent of young people in the control groups) and in reducing the frequency of offending by up to 2.5 years.<sup>17</sup> The figure shows the effectiveness of FFT on recidivism rates compared with alternative treatments, juvenile court programs, and no treatment. The second kind of family therapy is known as *Multi-Systemic Therapy (MST)*, an intensive family- and community-based treatment program, which posits that youth antisocial behaviors are multidetermined and linked with characteristics of the individual youth and his or her family, peer group, school, and community contexts. As such, MST interventions aim to attenuate risk factors by building youth and family strengths (protective factors) on a highly individualized and comprehensive basis. Evaluations in the United States have shown that MST has had significant positive effects on behavioral problems, family relations, and self-reported offenses immediately after treatment. Seriously delinquent young people who participated in MST had slightly more than half as many arrests as those in control groups, spent an average of 73 fewer days incarcerated, and were less aggressive with their peers 59 weeks after being referred to the program.<sup>18</sup>

## Moving Forward: Factors for Success

- ***Start as early as possible*** (train parents even before children are born).
- ***Train parents and caretakers in positive discipline methods*** in addition to standard health and nutrition practices.
- ***Encourage weekly family meetings*** to change internal family dynamics and communication patterns tailored to the types of risks the family faces, and the development stage of the young people and parents who are targeted.
- ***Take into account the social context*** in which parenting occurs to increase likelihood of changing behavior.
- ***Make frequent and consistent home visits*** because too few visits will prevent a relationship from forming between the home visitor and the parent and will result in poor implementation of the program's curriculum.
- ***Operate programs year-round*** instead of only during the academic year to minimize the number of families who drop out of the program.
- ***Involve parents in as many program activities as possible***, while remaining cognizant of parents' time constraints and schedules.
- ***Hire staff with the personality and skills*** to establish positive relationships with families, the ***organizational skills*** to deliver the home visiting curriculum, the ***problem-solving skills*** to respond to any issues that families may bring up in the moment, and the ***cognitive skills*** to learn and implement the program curriculum.
- ***Provide high-quality training to home visiting staff*** to ensure the proper delivery of the curriculum, and constant support to prevent and/or reduce staff turnover.
- ***Set up partnerships with other community services***, such as health services, high-quality child care, and jobs to ensure that home visitation programs have the greatest possible impact.

## Endnotes

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11. Child Trends—Social Science Research for those Serving Children and Youth. "Guide to Effective Programs for Children and Youth." Available at: <http://www.childtrends.org/Lifecourse/programs/TripleP-PositiveParentingProgram.htm>.
12. U.S. Surgeon General, 2001, Report on Youth Violence; University of Colorado at Boulder, Blueprints for Violence Prevention, <http://www.colorado.edu/cspv/blueprints>; U.S. Department of Justice, December 2000, Juvenile Justice Bulletin/Office of Juvenile Justice and Delinquency Prevention/Office of Justice Programs.
13. Kagitsibasi, C., D. Sunar., and S. Bekman. 2001. "Long-term Effect of Early Intervention: Turkish Low-Income Mothers and Children." *Applied Development Psychology* 22: 333–361.
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17. <http://www.fftinc.com>.
18. U.S. Surgeon General. 2001. Report on Youth Violence; University of Colorado at Boulder, Blueprints for Violence Prevention, <http://www.colorado.edu/cspv/blueprints>; U.S. Department of Justice, December 2000, Juvenile Justice Bulletin/Office of Juvenile Justice and Delinquency Prevention/Office of Justice Programs.

<b>Key Implementation Considerations</b>	
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>• Improved parenting skills</li> <li>• Increased self-efficacy among parents</li> <li>• Improved parent-child relationships</li> <li>• Increased paternal involvement in child care</li> <li>• Less child abuse and neglect</li> <li>• Fewer births or a greater gap in time between first and second child</li> <li>• Increased gender equity</li> </ul>
<b>Secondary Outcomes</b>	<ul style="list-style-type: none"> <li>• Reduced alcohol and substance abuse by young people</li> <li>• Reduced criminal and violent behavior by young people</li> </ul>
<b>Responsible Agency/Sector</b>	Ministries of Education, Health, Justice, or Social Welfare, and NGOs
<b>Targeted Risk Group</b>	Types I-III
<b>Targeted Age Group</b>	Parents of infants to young adults (0–18)
<b>Examples of Costs per Beneficiary</b>	<ul style="list-style-type: none"> <li>• Nurse-Family Partnership (home visitation): US\$2,800 per family per year once the nurses are completely trained and working at full capacity <sup>a/</sup></li> <li>• Multi-Systemic Therapy (MST): US\$4,500 per youth/per year <sup>a/</sup></li> <li>• Functional Family Therapy (FFT): 90-day costs range between US\$1,600–US\$5,000 for an average of 12 home visits per family <sup>a/</sup></li> </ul>
<b>Necessary Initial Conditions</b>	<ul style="list-style-type: none"> <li>• Existence of support systems and training programs for parents that include life skills, family planning advice, and child rearing skills</li> <li>• Availability of trained nurses and health practitioners who know how to conduct effective home visits</li> <li>• Community acceptance of the importance of parenting training to improve children’s behavior</li> </ul>
<b>Specific Examples &amp; Levels of Effectiveness (Strong Evidence and Emerging Evidence)</b>	<ul style="list-style-type: none"> <li>• Australia/United States: <i>Triple-P-Positive Parenting</i>—Strong evidence (<a href="http://www.triplep-america.com">http://www.triplep-america.com</a>)</li> <li>• Montreal, Canada: <i>Longitudinal Study/Preventive Treatment Program</i>—Strong evidence</li> <li>• Turkey: <i>Mother-Child Education Program</i>—Strong evidence</li> <li>• United States: <i>Incredible Years Series</i>—Strong evidence</li> <li>• United States: <i>Guiding Good Choices</i>—Strong evidence</li> <li>• United States: <i>Strengthening Families Program for Parents and Youth 10–14</i>—Strong evidence (<a href="http://www.strengtheningfamilies.org">http://www.strengtheningfamilies.org</a>)</li> <li>• United States: <i>Nurse-Family Partnership</i>—Strong evidence (<a href="http://www.nursefamilypartnership.org">http://www.nursefamilypartnership.org</a>)</li> <li>• United States: <i>Functional Family Therapy (FFT)</i>—Strong evidence (<a href="http://www.fftinc.com">http://www.fftinc.com</a>)</li> <li>• United States: <i>Multi-Systemic Therapy (MST)</i>—Strong evidence (<a href="http://www.mstservices.com">http://www.mstservices.com</a> or <a href="http://www.mstinstitute.org">www.mstinstitute.org</a>)</li> </ul>
<b>Issues to Consider for Replication and Sustainability</b>	<ul style="list-style-type: none"> <li>• Social and community context must be taken into account in addition to individual and family factors</li> <li>• Success of the program largely depends on the dynamic between the program practitioner and the parent</li> </ul>

*Sources:*

a. University of Colorado at Boulder, Blueprints for Violence Prevention ([www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints))

*Note:* Costs per beneficiary were computed primarily in the U.S. and would most likely be reduced in middle-income countries.