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EFFECTS OF GROUP PSYCHOEDUCATION FOR PARENTS OF AT-RISK ADOLESCENTS

by

Lauren Ashley Christensen

A thesis submitted to the Department of Psychology

in partial fulfillment of the requirements for the degree of

Master of Arts in Counseling Psychology

UNIVERSITY OF NORTH FLORIDA

COLLEGE OF ARTS AND SCIENCES

August, 2011

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CERTIFICATE OF APPROVAL

Effects of Group Psychoeducation for Parents of At-Risk Adolescents
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Dedications and Acknowledgements

This thesis is dedicated to my parents and to all parents who love their children and strive to help them work towards becoming happy and healthy adults.

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Abstract

The efficacy of the Parent Project, a current group psychoeducational program for parents of at-risk adolescents, was explored in this investigation. In particular, determining whether a parent-focused psychoeducation approach would beneficially alter family interaction style as well as adolescent behavior was investigated. A within-subjects design was implemented to evaluate before and after treatment levels of function. The Parent Project psychoeducational program provided 34 participating parents with classroom instruction and processing time to help meet the participating parents with their 13- to 18- year-old children. The current sample of participating parents was referred to the Parent Project by the Child Guidance Center, Inc. and United Way of Jacksonville, FL.

The main goal of the Parent Project training program was to teach parents the skills necessary to reduce harmful adolescent behavior. The aim of the program is to inform parents about ways to enhance their relationships with their adolescent via prevention and intervention techniques, with the secondary goal of reducing the adolescents' difficult, defiant, and destructive behaviors.

In the current investigation, parents reported enhanced family dynamics following their participation in the parenting psychoeducational program. In addition, a decline in adolescent externalizing behavior was found. These findings demonstrate that treatment programs targeting parents can effect change in families and in adolescents with behavioral problems.

Effects of Group Psychoeducation for Parents of At-Risk Adolescents

Parenting is a transformational process that necessitates – among other things – both learning and adaptation. Children often challenge parents in a myriad of ways. Parenting through the normative change during adolescence can be a challenging role. The teen years are a period of intense growth and change, not only physically but morally, intellectually, and emotionally. For many adolescents, this part of the lifespan also is a time of confusion and upheaval. Parents play an important and integral role in the lives of their adolescent children and must be equipped with knowledge and training on how to deal with problem behaviors.

The transition into adolescence may have a significant impact on the parent. While individual change is expected throughout life, the relationship between parent and child also is altered as a child matures through adolescence. Parents experience change via their adolescent's move toward greater autonomy, enhanced focus on peers, and the altered way in which they and their teen share time with each other. During this time, parents also are changing. Parents face their own normative life challenges, typical experiences, and may have reduced levels of energy. Given that this phase in family life is so dynamic, it is not surprising to learn that many families display signs of strain during this time. Many adolescents experience frequent negative affect as a result of the increased amount of life changes (Larson & Ham, 1993). During this period, research indicates that there is often an increase in conflict and a decrease in closeness between parents and their teenagers, especially during the early pubertal stage of adolescence (Smetana, Champione-Barr, & Metzger, 2006; Steinberg & Morris, 2001).

Understanding the conflicts and changes of adolescence is important for both teens and parents. The period of adolescence involves rapid maturation of neurobiological processes that underlie higher cognitive functions and social and emotional behavior (Yurgelun-Todd, 2007). These changes alter the interactional patterns between parents and teens. Adolescents' new cognitive framework leads to changes in family discussions, decisions, and arguments which challenges the way the family functions (Steinberg & Silk, 2002). If this period of time is not negotiated successfully, the adolescent may experience emotional and behavioral problems in adult life (Nicholson & Ayers, 2004).

Parents, therefore, play a crucial role in the healthy development of their children. Understanding the confusing youth culture can be difficult for parents and they must be equipped to help their teens navigate the challenging world of adolescence. Teenagers face a variety of issues in their lives and problems can take many forms. Critical issues teens may encounter include suicide, pregnancy, academic difficulties, drug and alcohol abuse, violence, depression, anxiety, and low self-esteem. Adolescents throughout the United States are exposed to drugs and alcohol along with opportunities to engage in risky behavior or delinquent activities. Although peers become more important at this stage in a child's life, parents still hold tremendous power to influence their choices, values, and behaviors.

The most consistent predictor of adolescent mental health and well-being is the quality of the relationship that the teenager has with his or her parents (Resnick et al., 1997). The extent to which parents are involved directly affects their children's attitudes and decisions. It is, therefore, important that parents learn how to establish healthy

relationships with their teens. Steinberg (2001) states that there is "enough evidence to conclude that adolescents benefit from having parents who are authoritative: warm, firm, and accepting their needs for psychological autonomy" (p. 13). Healthy parent-child relationships and family connectedness are consistently associated with adolescent well-being (Ackard, Neumark-Sztainer, Story, & Perry, 2006).

Risk during Adolescence

The adolescent years are a time of exploration and discovery, however often teenagers engage in high-risk behavior. In fact, a major facet of adolescence is increased risk taking, especially in the presence of peers (Gardner & Steinberg, 2005). Engaging in risky behaviors such as drug use, unprotected sexual intercourse, school dropout, and delinquency can compromise healthy adolescent development and jeopardize the life chances of teens (Jessor, 1991). Adolescents may be at risk for a number of negative outcomes such as criminal involvement, substance abuse, sexually transmitted diseases, mental health problems, and suicide.

Teens are faced with increased stress from school, work, and peers. The amplified stress combined with the physical, emotional, cognitive, and social changes may make teenagers vulnerable to the threat of suicide. According to the Centers for Disease Control and Prevention (CDC, 2008), suicide is the third-leading cause of death for 15- to 24-year-olds, surpassed only by accidents and homicide. Suicide affects both male and female teenagers. Adolescent girls are more likely than adolescent boys to suffer from depression, have thoughts of suicide, and attempt suicide (Sofranoff, Dalgleish, & Kosky, 2005). However, male teenagers are more likely to die by suicide (Sofranoff et al., 2005).

According to the National Institute for Mental Health (NIMH, 2008) nearly five times as many males as females ages 15 to 19 died by suicide in 2007.

Adolescent suicide behavior is tremendously complex, yet risk factors associated with suicidal ideation, attempts, and completions of suicide have been identified. Risk factors for completed suicide include gender, sexuality, family history of psychiatric illness, abuse as a child, relationship breakups, interpersonal conflict, unresolved conflict within the family, difficulties with discipline and the law, lack of closeness between family members, and genetic predisposition (Sofranoff et al., 2005). The CDC (2008) report the following additional suicidal risk factors: history of previous suicide attempts, family history of suicide, alcohol or drug abuse, stressful life event or loss, easy access to lethal methods, exposure to the suicidal behavior of others, and incarceration. Parents are in a key position to address these risk factors and seek help when needed. Parent-family connectedness is a protective factor for all adolescents' attempting suicide, regardless of their gender, race, and ethnicity (Borowsky, Ireland, & Resnick, 2001).

As discussed above, adolescents experience a multitude of social pressures and personal changes which puts them at risk of developing mental health problems, with particularly high prevalence rates of depression and anxiety. Approximately 11 percent of 13 to 18-year-olds in the United States have been affected by depressive disorders at some point during their lives (NIMH, 2002). Failure to address these problems may lead to serious consequences such as drug abuse, social withdrawal, and even suicide. It may be difficult for parents to differentiate between actual depression or an anxiety disorder and normal teenage moodiness. Therefore, it is crucial that parents are educated to better

recognize the warning signs of mental health problems in teens and to know how to access help (e.g., mental health professional services) if necessary.

Teen pregnancy is another critical issue facing adolescents and families. The pregnancy rate for teenagers has steadily declined from 1990 to 2004, by 38 percent overall (CDC, 2008). Although the number of teens giving birth has declined substantially, teen pregnancy remains a significant problem in this country. The United States continues to have a much higher teen birth rate than other developed nations (Darroch, Singh, & Frost, 2001). For example, the CDC (2011) recently reported that teen birth rates in the United States are as much as 9 times higher than the rates in most other developed countries.

Part of being a parent is guiding children to make appropriate and healthy choices on their own. Parents need to be aware that they play a crucial role in shaping their adolescent children's values and decisions. This is especially true for issues concerning sexual activity and pregnancy. Whitaker and Miller (2000) found that discussions between parents and teens about sex and condoms can impact adolescent behavior by moderating the extent to which often inaccurate and misleading peer norms guide their sexual behavior and condom use. The following factors have been identified as influencing adolescents' health risk behavior (including decisions about sexual behavior): family connectedness, parent-child communication, parental modeling, parenting style, parent's socioeconomic status, and parental monitoring (DiClemente et al., 2001). In their review of two decades of research on family influence on teen pregnancy, Miller, Benson, and Galbraith (2001) discovered that the following factors are associated with a decreased risk of adolescent pregnancy: parent/child connectedness (support, closeness,

and warmth), parents' values against adolescent intercourse, and parental supervision or regulation of adolescents' activities.

It appears that effective parenting does not merely involve parroting or providing robotic machinations of parenting behavior. Instead, the quality of parents' relationships and level of involvement with their teenagers is imperative, with warmth and closeness serving as significant variables. Perhaps the traditional suggestions for parenting children by being "warm but firm" authoritative parents (Baumrind, 1971) may partially apply to the parenting tasks during adolescence (Baumrind, 1991). Parents may not be able to fully determine their children's decisions about key issues (such as sexual activity), but the quality of their relationships with their offspring appear to make a difference in their adolescent children's decisions and behavior.

A teenager's choice to drop out of high school is a negative event that many families experience throughout the United States. Although the dropout rate for high school students declined from 14 percent in 1980 to 8 percent in 2008, many adolescents continually fail to graduate high school. Adolescents who do not earn a high school degree may encounter many problems later in life. For example, the National Center for Education Statistics (NCES, 2009) reports that the median income of persons ages 18 through 65 who had not completed high school was roughly $24,000 in 2007, $16,000 less than that of persons who completed their education with a high school credential. Additionally, individuals of ages 25 or older who dropped out of high school reported being in poorer health than adults who are not dropouts, regardless of income (NCES, 2009). Importantly, parents appear to play an influential role regarding their adolescent's likelihood of graduating from secondary school. Jimerson, Egeland, Sroufe, and Carlson

(2000) found that children's early home environment and quality of early care-giving are powerful predictors of whether a teenager dropped out of high school. In sum, it is vital that parents stay involved in their adolescent's life.

Adolescence is one of the most dynamic and demanding stages of human development. The dramatic physical, emotional, cognitive, and social changes present both opportunities and challenges for adolescents and their families. Engaging in open communication and feeling connected to their parents may reduce adolescents' chances of committing suicide, becoming pregnant, developing mental health problems, and dropping out of high school. Parents must maintain a continuing interest in their adolescent's daily activities and concerns.

Parenting Styles and Strategies

The parenting process is not easy and involves a considerable amount of time, energy, effort, understanding, and adaptability. Steinberg and Silk (2002) explain that the current view of parent-adolescent relationships proposes that parents should be active participants in the developmental process of adolescents. Based on this model, parents who are authoritative and "active" in their children's lives are neither "uninvolved" nor "over-involved." By being "active" parents provide a warm, nurturing, and open family environment. Parents who adopt this style are interested and participate in their teenager's life. These parents encourage independence and psychological autonomy, listen to their teenager's point of view while also expressing their own views, show respect for their child, maintain a fairly high level of expectation from the teenager in terms of conduct and responsibilities, and are controlling but not restrictive. For example, an "active" parent will monitor the amount of time that that teen spends playing video

games, allowing them to play them in moderation after explaining that they are fun, but may take time away from doing other activities like playing sports, reading, and spending time with family.

Uninvolved parents, however, express no interest and do not participate in their adolescent's life. These parents do not play an active role in their children's lives. They are neither warm nor firm and they do monitor their adolescent's behavior. For example, if a teenager tells his parent that he made straight A's on his report card, the "uninvolved" parent may simply reply "Okay" and continue watching television. Conversely, over-involved parents pay extremely close attention to their children's experiences and problems. These parents may obsess about their teen's safety and success which may create a problematic and strained relationship. For example, an "over-involved" parent may require that the teenager "check-in" by calling home when out with friends every hour.

Parenting style is an important part of the parenting process. The level of involvement of parents can directly impact adolescent achievement (Steinberg et al., 1992). Parenting adolescents can be challenging and learning effective parenting styles and skills is essential. Understanding the importance of a balanced and loving approach to parenting may contribute to healthier and happier parent-child relationships and less problematic behavior.

Components of Effective Parent Training Programs

Parent training programs aim to provide useful information to parents about what they should expect during the adolescent developmental period. Enhancement of such parent expectations helps by reducing the amount of "surprise" that certain teenage

behaviors or patterns might trigger in an unprepared parent. In addition, provision of information about adolescence to address expectancies also helps to normalize behaviors or patterns that otherwise might be pathologized.

Such interventions also may reassure parents about the significance of their role in the lives of their teenagers as major sources of influence, guidance, and support. Research indicates that parental influence continues to be a robust source of influence throughout adolescence, despite increasing peer influence among teenagers (Ary, Duncan, Duncan, & Hops, 1999). Warr (1993) reports that "the quantity of time that adolescents spend with their family has moderate to strong effects in counteracting peer influence, and in certain instances is capable of completely negating it" (p. 258). At a time when adolescents are emphasizing their peer relationships and perhaps seemingly shunning their parents, it can be empowering for the latter to realize that they remain influential and valued presences in their offspring's lives. Indeed research shows that parents remain effective sources of influence in the areas cigarette smoking, alcohol usage, sexual activity, and academic performance (Newman & Ward, 1989; Pick & Palos, 1995; Steinberg, Lamborn, Dornbusch, & Darling, 1992; Wood, Read, Mitchell, & Brand, 2004).

Barlow and Brown (2001) state that parenting programs can have long-term beneficial effects for parents such as helping them learn how to think about matters calmly, empathize, and identify with their children. Group parent training is a treatment that is beneficial to a wide range of parents and children (Ruma, Burke, & Thompson, 1996). According to Dishion and Andrews (1995), parenting interventions are needed as a prevention strategy in adolescence and when working with adolescents, the involvement of parents and other concerned adults may be particularly beneficial. A

report by the Council of Economic Advisers (CEA, 2000) analyzed key trends in teen behavior and found that "parental involvement is a major influence in helping teens avoid such risks as smoking, drinking, drug use, sexual activity, violence, and suicide attempts, while increasing educational achievement and expected attainment." Parental participation in children's lives is central and critical to the successful development of adolescents.

When parents do not have access to support networks (e.g., family members or trusted friends), the stresses of parenthood become even more challenging (Sanders, Markie-Dadds, & Turner, 2003). Social support, therefore, is another important variable that may be provided by parenting programs. Meeting with parents with similar concerns can provide mutually needed information and emotional support. Parents may also gain a sense of community and understanding via the group process.

Participants struggling with teens whose problem behavior is out of control gain insight, knowledge, and support from parent training groups. These programs are designed to emphasize communication and focus parents' attention on overcoming the challenges they are experiencing with their adolescent. They also provide an opportunity for parents to learn new skills and strategies in communicating with their teens.

There are a variety of parent training programs targeted for adolescents and their families such as Creating Lasting Connections, Multidimensional Family Therapy, and Parenting with Love and Limits. These parent/family training programs focus on a variety of issues, such as family strengthening, conflict management, consistency, parental expectations, supervision, problematic/high-risk behavior, parental involvement, creating structure, and parent-child relationships. Parent training programs target

problematic child/adolescent behavior by motivating change in parents' behavior, perceptions, communication, and understanding (Lundahl, Risser, & Lovejoy, 2006).

Researchers have found that parent training programs for children that are consistently associated with larger effects include: increasing positive parent–child interactions and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions (Kaminski et al., 2008). These same program components may be effective for parent training programs targeting destructive adolescent behavior. Research indicates that parent training management programs are effective with delinquent adolescents (Kazdin & Weisz, 1998). In their review of a large body of research, the Child Welfare Information Gateway (2008) found that the following training strategies are effective when working directly with parents: strength-based focus, family-centered practice, individual and group approaches, qualified staff, targeted service groups, clear program goals and continuous evaluation, encourage peer support, involve fathers, promote positive family interaction, use interactive training techniques, and provide opportunities to practice new skills.

As mentioned previously, there are a plethora of parent training programs available in the United States. This variety could make it a difficult or even confusing process to choose which program to offer (as an intervener) or to attend (as a parent). The "components" associated with more effective or less effective parent training programs have rarely been examined (U.S. Department of Health and Human Services [HHS], 2009). It is, therefore, essential that researchers evaluate the effectiveness of the various programs offered.

Program Overview

This study investigates the Parent Project psychoeducational program, a national parent training program that is provided in thirty states. The effectiveness of this program has not been sufficiently researched. Only one previous study has been published that evaluates this program. Researchers of this previous study demonstrated the success of the Parent Project program in increasing parental behavior control and youth achievement as well as significantly decreasing adolescent antisocial behavior (Stolz, Vargas, Clifford, Gaedt, & Garcia, 2010).

Further examination of the Parent Project program was investigated in the present study. Pretest and posttest responses to the Child Behavior Checklist and the Family Assessment Measure III were analyzed to evaluate progress. It was hypothesized that the Parent Project psychoeducational program would be effective in reducing destructive behavior in children of parents completing the program.

The Parent Project was established in 1987 and since this time the program directors report that over 100,000 families have attended the program's classes nationwide. The program targets parents of strong-willed adolescents who have engaged in forms of destructive behavior. Participants for the Parent Project are referred from the community or they self-enroll.

The Parent Project training program is an eight to sixteen week course in which parents and guardians learn specific prevention and intervention strategies designed to reduce behavior problems in teenagers. Participants meet weekly for approximately three hours. A trained facilitator provides lessons about various techniques and interventions. Participants are encouraged to share their personal experiences with each other. Each

participant receives and works within an activity handbook called "A Parent's Guide to Changing Destructive Adolescent Behavior" (Fry, Morgan, Johnson, & Melendez, 2009). The aim of the Parent Project is to teach parents effective prevention and intervention techniques to be implemented at home. The goal of these techniques is to thwart difficult, defiant, and destructive behavior in adolescent children. The curriculum teaches concrete prevention, identification, and intervention strategies for destructive adolescent behaviors such as poor school attendance and performance, alcohol and other drug use, gangs, runaways, and violent teens.

The Parent Project training program covers several topics including: providing consistency, communicating in a healthy and productive manner, engaging in active listening, addressing problematic behavior, recognizing alcohol/drug abuse and gang involvement, talking to teens about relationships, providing active supervision, managing conflict, and building positive self concepts (Fry et al., 2009). For each area of focus, specific techniques and interventions are provided to help parents practice what they have learned at home.

Parents are encouraged to practice being consistent with their adolescents in the form of rules, consequences, support, love, and affection. Consistency is one of the most important relational components that a parent can offer their adolescent. Parents learn to establish boundaries with their teens and to consistently enforce these boundaries, regardless of the tactics or responses of the adolescent. Adolescence is a time of searching for identity, for trying on new personas, and for practicing flights out of the nest. Parents are encouraged to practice being consistent in their love for their teens, as well as in their emphasized adherence to the rules and limitations they have put in place.

This consistent treatment provides the adolescent a much needed sense of stability and enhanced predictability of the home environment. Previous studies have shown that consistent actions eventually take strain off of the parent because they no longer have to negotiate each infraction with the adolescent (HHS, 2009).

In this program, parents also learn to establish healthy communication and build or perhaps rebuild a strong relationship with their teen. Educating parents about effective ways of communicating with their adolescent can be extremely helpful. Healthy communication involves parents actively listening to their adolescents (another topic covered in the Parent Project curriculum). By engaging in active listening, parents send their teens the message that they are important enough to have their parent's undivided attention which allows the opportunity to discuss important issues. Communication skills and active listening are essential components to good parenting.

Part of effective communication between parents and adolescents involves addressing problematic behaviors. The Parent Project curriculum encourages parents to remain calm and listen to their teen while clearly explaining their expectations for their child's behavior. Parents should then identify the consequences, provide structure, and end the conversation on a positive note (Fry et al., 2009). When tackling problematic behavior, it is vital that parents talk to their adolescent in a reasonable manner while conveying true concern for their child's wellbeing.

Parents are responsible for steering their children safely through the teen years which means that they must be vigilant and continually look for signs and symptoms of problematic behavior. The Parent Project program promotes active involvement of parents in the lives of their adolescents. Parents are taught how to recognize drug and

alcohol influence, gang involvement, and other high-risk behaviors. After identifying the high-risk behaviors, parents can then take steps to change their parenting behavior in order to promote change in their teen's behavior.

As noted above, another high-risk behavior among adolescents that parents may not consider is sexual activity. Engagement in sexual behavior is considered to be a high-risk behavior because of the potentially physical (e.g., sexually transmitted diseases and pregnancy) and socioemotional risks they present (DeGuzman & Bosch, 2007). Parents participating in the Parent Project are instructed to directly address this high-risk behavior by communicating with their adolescent about sex, love, and relationships. Open communication about sex will build trust between the parent and adolescent and can help teenagers make safer choices.

Due to the likelihood that adolescents will be exposed to drugs, alcohol, sex, and violence, active supervision by parents is encouraged. The Parent Project curriculum promotes parental monitoring of the daily activities of adolescent children and the enlistment of help from the teens in creating the rules. Research strongly supports that parental monitoring is fundamental to healthy parenting (Dishion & McMahon, 1998).

Another component of this intervention is the process of facing and working through conflict. The Parent Project normalizes the occurrence of conflict within families. It also provides parents techniques or skills for conflict resolution. Time outs and negotiating compromises are two strategies suggested for parents to practice using in the home. Parents should maintain a calm demeanor and take breaks when discussions get too heated.

The objective of the intervention is to address the concepts of adaptive parenting (Baumrind,1991). Parents are informed that, while they cannot control their adolescents, they do have incredible influence in their teens' lives. The Parent Project curriculum advocates that parents consistently demonstrate warmth via love and affection towards their adolescent children. Parents are taught methods of promoting positive self-concepts in their adolescents. Demo, Small, and Savin-Williams (1987) report that "an important context for the evolution of one's self-esteem is the family and the kinds of interactions that occur among family members" (p. 706). Parents serve as reinforcers to positive self-esteem in their adolescents by encouraging independence and accepting their children for who they are as individuals.

As mentioned previously, there is limited research evaluating the Parent Project program. It is vital that interventions targeting high-risk behavior in youth are empirically supported. Evidence indicates that, when implemented properly and with the appropriate population, parent/family interventions can be powerful and cost-effective methods of reducing problematic adolescent behavior (Kumpfer & Alvarado, 2003). Knowing if a program is empirically supported can help community providers determine whether or not they should offer the program. This knowledge can also help potential parents decide whether or not to enroll in the program.

The aim of the current investigation was to evaluate the effectiveness of the parent-focused psychoeducation group-based intervention – The Parent Project – for parents of current adolescents. In particular, family relational dynamics and specific adolescent behavior were assessed to explore the effectiveness of this intervention. It was hypothesized that:

1. Families of participating parents would report to display enhanced family dynamics in the form of affective communication, active involvement, quality of communication, consistency in values and norms, well integrated roles, constructive influence and control, and task accomplishment from baseline to Post-Intervention.
2. Target adolescents of participating parents would report to show a decrease in symptoms of externalizing and internalizing difficulties from baseline to Post-Intervention.

Method

Participants

Participants in this study included 34 adult parents and guardians of adolescents who completed the Parent Project psychoeducational program at local high school in Jacksonville, Florida. Approximately two to four Parent Project groups are offered per year in the Jacksonville, FL area, with current data gathered from three group interventions. Participants were referred to the Parent Project psychoeducational program by Child Guidance Center (CGC) staff members, other community agencies and professionals, or the participants self-enrolled.

All parents and guardians taking part in the Parent Project program were informed of the study and offered the opportunity to participate. Participants were informed that their participation in the study might not benefit them directly, but that improvements in the psychoeducation intervention could be possible through utilization of such gained understanding. Parents also were informed that there would be no compensation for participation in this investigation. The nature of the investigation and the limits of

confidentiality were clearly explained to the participants in both written and oral form so that they understood the details of the study. Each participant signed an informed consent and was treated in accordance with the ethical principles and Code of Conduct (American Psychological Association, 2002).

The participating parents provided demographic information of the targeted adolescents. A total of 19 adolescent males and 15 adolescent females were targeted in this investigation. The majority of the adolescent sample identified as either Caucasian (38.2%) or as African American (26.5%). All teens were between the ages of 13 and 18 years old (M age = 16). See Table 1 and Table 2 for complete demographic information about the targeted adolescent sample. In addition to the 34 included participants, nine parents or guardians enrolled in the Parent Project groups but declined to participate in the current investigation. Also 5 parents took part in the baseline assessment, but were excluded from the analyses due to dropping out of the program (all by the fourth meeting).

Measures

Child Behavior Checklist. Each participant in this investigation completed the consent for participation, a demographics form, the Child Behavior Checklist (CBCL 6/18; Achenbach, 2001), and the Family Assessment Measure - III - General Scale (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995). The demographics form indexed information about participants' adolescent children and their households, including the targeted adolescent's gender, age, and ethnicity, the parent/guardian's employment status, annual family income, and total number of children living in the household.

The CBCL was used as an index of adolescent's general behavioral functioning. Two summary index scores of the CBCL were analyzed: parent/guardian report of their adolescent's internalizing behaviors (internalizing T-score) and externalizing behaviors (externalizing T-score). The internalizing subscale of the CBCL targets behavioral issues that remain internal struggles for the individual (e.g., anxiety, worry, depression-related withdrawal). The externalizing subscale addresses behavioral difficulties that are externalized from the individual outwardly to others or to one's setting (e.g., overt, problematic behaviors directed outward or toward others). Typically, internalizing issues are less disruptive and less noticeable to the other (e.g., parent, teacher) than are externalizing difficulties.

In addition to the total, internalizing and externalizing issues, prosocial behaviors and competencies reported on the CBCL were evaluated. Achenbach reports high to moderate reliability, interparent agreement, and construct validity (for specifics, see Achenbach, 2001).

Family Assessment Measure – III. The Family Assessment Measure - III - General Scale (Skinner et al., 1995) qualitatively and quantitatively measures family system strengths and weaknesses. Concepts targeted include task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms. More specifically, role performance is defined as the ability of family members to hold and fulfill well integrated roles. Task accomplishment is delineated as the ability of a family and its members to successfully pursue goals (e.g., financial savings, providing adequate food/shelter). As a FAM-III construct, control is defined as a family's

understanding and moderated adherence to rules or limitations with appropriate adaptation or flexibility (Skinner et al., 1995).

Parents reported on such topics within the instrument by denoting their level of agreement with fifty descriptive statements about family functioning on a 4-point likert scale ranging from strongly disagree to strongly agree. Statements pertain to the afore mentioned topics (e.g., family duties are fairly shared). Scores for each of the areas of function are obtained in summary form, with normative data allowing t-score and percentile summary. The authors report high to moderate test-retest reliability (*rs* = .57-.66 at 2 week intervals) and internal consistency (*rs* = .86-.95). The FAM-III correlates well with other inventories of family function (*rs* = .55 to .73).

Procedure

All participants were welcomed by a trained Parent Project facilitator at a group room at a local high school. Each of the Parent Project psychoeducational programs investigated in this study was offered as an 8 week course. The weekday evening meetings began at 6:30pm and ended at 9:00pm. Participants were asked to sit at chairs placed strategically at available tables in a manner that allowed both privacy and availability of staff support/explanation while completing the measures. At Time One (for baseline measure), the measure completion took place at the start of the program's registration meeting. Participants took approximately 45 minutes to complete the measures. At Time Two, (for post-intervention measures), the measure completion took place at the end the final meeting and similar time was required for completion.

Results

Preliminary Analyses

Group Composition. The current investigation involved a within-subjects design to evaluate change in family systems and individual adolescent functioning, with assessment occurring prior to (Time 1) and following an 8-week parenting program (Time 2). Basic descriptive statistics were computed so to tally frequencies, percentages, means and standard deviations of key demographic data. See Tables 1 and 2 for more detail.

Validity Checks

Hypotheses Tests

Hypothesis 1. It was expected that families of participating parents or guardians to display improvements in family dynamics in the form of decreased T-scores from Time 1 to Time 2 for affective communication, active involvement, quality of communication, consistency in values and norms, well integrated roles, constructive influence and control, and task accomplishment from baseline to post-intervention.

To test this hypothesis, paired sample t-tests were conducted on the clinical scales, overall rating, and validity scales of the FAM-III. These analyses revealed a significant decline in overall family dysfunction from Time 1 ($M_{T\text{-}Score} = 60.0$, $SD = 4.3$) to Time 2 ($M_{T\text{-}Score} = 48.5$, $SD = 9.4$), $t(1, 33) = 6.65$, $p < .001$. Scrutiny of individual FAM-III clinical scales found declines from clinical level function at Time 1 to normative level function at Time 2 for task accomplishment, role performance, and control (See Table 3 for more detail). Improvements in function were found for each of the remaining clinical scales: communication, affective expression, involvement, and values, $p < .01$. These

remaining clinical scales reflected change that began (Time1) and ended (Time 2) within the normal range of function for family dynamics. As only task accomplishment, role performance, and control reflected both statistical and clinical significance regarding change over time, the focus was on these findings exclusively.

Analysis revealed a significant decline in task accomplishment difficulties from Time 1 ($M_{T\text{-}Score}$ = 62.6, *SD* = 7.8) to Time 2 ($M_{T\text{-}Score}$ = 48.1, *SD* = 10.5), t (1, 33) = 6.52, $p < .001$. For role performance, a decline in difficulties also was displayed from Time 1 ($M_{T\text{-}Score}$ = 65.1, *SD* = 8.7) to Time 2 ($M_{T\text{-}Score}$ = 49.2, *SD* = 11.5), t (1, 33) = 7.44, $p < .001$. Analysis showed a decrease in control problems from Time 1 ($M_{T\text{-}Score}$ = 60.8, *SD* = 9.5) to Time 2 ($M_{T\text{-}Score}$ = 49.0, *SD* = 11.2), t (1, 33) = 4.40, $p < .001$. See Table 3 and Figure 1 for more detail.

Hypothesis 2: It was anticipated that adolescents of participating parents or guardians would display a reduction in internalizing and externalizing behaviors from Time 1 (baseline) to Time 2 (post-parenting program). To test this hypothesis, paired sample t-tests were conducted on the t-scores from the CBCL internalizing, externalizing subscales and total behavior problems scale. Analysis revealed a significant decline in overall or total behavior problems for the adolescents of participating parents and guardians from Time 1 ($M_{T\text{-}Score}$ = 63.2, *SD* = 9.1) to Time 2 ($M_{T\text{-}Score}$ = 55.4, *SD* = 5.6), t (1, 33) = 5.28, $p < .001$. Analysis also revealed a decrease in externalizing behaviors from Time 1 ($M_{T\text{-}Score}$ = 55.9, *SD* = 12.5) to Time 2 ($M_{T\text{-}Score}$ = 50.0, *SD* = 5.7), t (1, 33) = 2.93, $p < .001$. No differences were found from Time 1 to Time 2 for internalizing behaviors, $p > .20$.

Post-hoc analyses for CBCL subscales involving externalizing behaviors revealed that aggressive behavior reported by parents and guardians declined from Time 1 ($M_{T\text{-}Score}$ = 49.4, *SD* = 13.3) to Time 2 ($M_{T\text{-}Score}$ = 44.6, *SD* = 10.3), t (1, 33) = 5.45, $p < .001$. However, delinquent behaviors did not change from Time 1 to Time 2, $p >. 20$. See Table 4 and Figure 2 for more detail.

Post-hoc considerations that addressed competency levels were also compared, using paired sample t-tests. Results found that overall reported competencies for adolescents grew from Time 1 ($M_{T\text{-}Score}$ = 39.97, *SD* = 9.7) to Time 2 ($M_{T\text{-}Score}$ = 44.35, *SD* = 7.8), t (1, 33) = -2.72, $p < .02$. The activities competency scale increased from Time 1 ($M_{T\text{-}Score}$ = 32.94, *SD* = 10.7) to Time 2 ($M_{T\text{-}Score}$ = 36.32, *SD* = 9.0), t (1, 33) = -3.40, $p < .003$. In addition, the social competency scale grew between Time 1 ($M_{T\text{-}Score}$ = 38.24, *SD* = 8.4) to Time 2 ($M_{T\text{-}Score}$ = 41.53, *SD* = 8.2), t (1, 33) = -4.07, $p < .001$. Finally, the school competency scale showed improvement from Time 1 ($M_{T\text{-}Score}$ = 36.44, *SD* = 9.3) to Time 2 ($M_{T\text{-}Score}$ = 41.09, *SD* = 7.6), t (1, 33) = -2.65, $p < .02$.

Discussion

The main purpose of this research was to determine if the Parent Project psychoeducational program improves family interaction style and adolescent behavior. This program is designed to teach parents effective prevention and intervention techniques to help reduce difficult, defiant, or other destructive behavior in their adolescent. The majority of parents/guardians who completed the Parent Project psychoeducational program and our study reported subjective positive experiences and noted that they appreciated their investment of time and effort with the program.

The hypotheses for this investigation were that 1) Families of participating parents would display enhanced family dynamics in the form of affective communication, active involvement, quality of communication, consistency in values and norms, well integrated roles, constructive influence and control, and task accomplishment from baseline to post-intervention. In addition, it was expected that the target adolescents of participating parents would show a decrease in their externalizing and internalizing difficulties from baseline to post-intervention.

Overall family dynamics appeared to improve from pre- to post-intervention. The overall rating of family functioning decreased from a score of 60 to a score of 49 demonstrating positive growth within the family. According to the FAM-III guidelines, a score above 60 indicates a greater likelihood of disturbance within the family (Skinner et al., 1995).

More specific findings also were in line with this prediction of improved parent training leading to improvements in family function. The reported ability of family members to hold and fulfill well integrated roles (role performance) showed improvement following the intervention. The mean score on this dimension was 65 at baseline which indicates a weakness in terms of disagreeing about roles, inability to adapt to new roles, and having idiosyncratic roles. The results showed positive change in this dimension with a post-intervention score of 49. This demonstrates that family members were in agreement and willing to accept their assigned roles. By establishing clear roles within the family, members are better able to deal with problems and challenges that occur. This, in turn, can have a positive effect on adolescent problem behavior and increase healthy family functioning.

As families require the ability to successfully pursue goals (task accomplishment), the findings of improvement in this domain of family functioning suggests improved ability to respond appropriately within the family to identified tasks, to pursue possible solutions, and to continue toward goals or task completion even when under stress. The mean score on the task accomplishment dimension was 63 at baseline which indicates a weakness in terms of completing basic tasks, responding appropriately within the family life cycle, identifying tasks and potential solutions, and maintaining task completion even under stress. The mean score at post-intervention was 48, revealing a significant positive change.

The presence of constructive influence and control within the family (rather than over- or under control) also displayed improvement. Control measures the flexibility and patterns of influence within the family. The mean score of control at baseline was 61 and the post-intervention mean was 49, indicating movement from a weakness in family functioning to a strength. Parental influence impacts adolescent behavior. An improvement in influence/control can positively affect the decisions that teenagers make.

Although there were not clinically significant levels at Time 1 for every dimension of the FAM-III, each subscale did show movement in the direction of expected improvement, demonstrating that the typical parent or guardian reported perceptions of improvement in their family functioning.

The hypothesis that the problematic behavior of the targeted adolescents would show improvement from Time 1 to Time 2 was partially supported. There was significant reduction in the reported total behavioral difficulties of these adolescents and in their externalizing behaviors (e.g., overt, problematic behaviors directed outward or toward

others). However, no improvement was found in internalizing behaviors (e.g., less overt issues such as anxiety, depression-related withdrawal)

Exploration of the quieted externalizing behaviors found that the reported aggression levels were reduced from Time 1 to Time 2. However, another key component of externalizing behavior problems – delinquent behavior – showed no improvement following the intervention.

The overall or total ratings for both the FAM-III and the CBCL showed marked improvement from Time 1 to Time 2, with both moving from the clinical range of their respective normative data to normal range scores following the Parent Project intervention. Such notable movement suggests perceived improvement by parents/guardians in family dynamics and adolescent behavior. It is thought that this parent-targeted intervention program produced positive changes for several possible reasons. First, the parents and guardians who completed both the pre- and post-intervention assessments demonstrated great vested interest in their adolescent and family. Such dedication was commendable, but this level of investment may be difficult to expect of other parents, thus limiting generalizability of these findings.

Another possible factor contributing to these positive findings was the manualized and experiential nature of the Parent Project intervention. Rather than merely provide cold objective parenting content, the program is designed to encourage parents to provide consistent parenting despite family chaos or environmental challenge, to role play and apply active listening at home, to provide active supervision within the program, and to build positive self concepts for each parent and guardian. As noted earlier in the introduction of this investigation, each of these components of the Parent Project program

has been demonstrated to be effective parenting skills (Demo et al., 1987; Dishion & McMahon, 1998; HHS, 2009; Kaminski, 2008).

The present findings replicate the work of Stolz et al. (2010) by demonstrating that the Parent Project program is effective in increasing parental behavior control of their adolescent and in increasing youth achievement. The control dimension of the FAM-III and the three competence scales of the CBCL showed significant improvement. Distinct from prior investigations, the results from the current investigation indicate a quieting of social difficulties and enhanced social competencies following completion of the intervention. Studies have demonstrated that there is a strong relation between parental control and adolescent children's reduced feelings of competence and ability to interact socially (McDowell & Parke, 2000). This program appears to help parents learn healthy patterns of family influence and control, thereby contributing to the adolescents' increased participation in hobbies, sports, chores, and other social interactions as well as leading to increased school achievement.

The Parent Project psychoeducational program targets parents and guardians of adolescents with behavioral problems. Oftentimes, the family environment contributes to the destructive or delinquent behavior of the teen. Risky family environments typically involve overt conflict and cold, unsupportive, uninvolved, and neglectful family interaction (Repetti, Taylor, & Seeman, 2002). These types of family environments increase adolescent children's vulnerability to a variety of mental health problems such as depression, anxiety, and aggressive and delinquent behavior (Repetti et al., 2002). The involvement, communication, and affective expression dimensions of the FAM-III revealed improvement from Time 1 to Time 2, but did not show statistical significance.

The anxious/depressed, delinquent behavior, and aggressive competence scales of the CBCL also did not reveal statistical significance between Time 1 and Time 2. This demonstrates that Parent Project psychoeducational program may lack sufficient focus or content to fully address these areas of struggle. Perhaps, increased focus on the issues of parental involvement, parents' expressed emotions, and healthy communication may be needed in order to reduce adolescent's symptoms of anxiety and depression as well as delinquent and aggressive behavior.

Limitations of the Study

This study had several limitations. First, despite valiant efforts to recruit and retain participants for this free parent training program, the number of parents who enrolled in the program for each round of classes was relatively small. The recruitment of participants relied primarily on referrals from the staff of one local non-profit family counseling agency and other professionals within the community. The limited number of referrals from a local population of approximately 1 million suggests that incentives for referrals, participant payments, and more saturating advertisements for future offerings of Parent Project programs may help boost such participant numbers.

Recruiting participants for this investigation from the limited number of parents and guardians enrolled in the Parent Project program was a challenge. In addition to the counseling program, researchers contacted local mental health professionals, church leaders, and high school faculty members through phone, flyers, email, and a community list-serve to inform them of the program offering. In spite of these efforts, enrollment was minimal to modest. Initial recruitment of family-based prevention treatments has been shown to be a challenging process (Heinrichs et al., 2005).

Variables that may influence participant recruitment participants include: time requirements (number and length of sessions), location of the group (logistic complications), recruitment method, and unique circumstances and characteristics of targeted participants. Program providers and researchers face multiple challenges when offering services to parents of adolescents with behavioral problems. The following factors put adolescents at risk for developing behavior problems as well as increase barriers for parents to access effective help: unemployment, low education, single parenthood, and low socioeconomic status (Heinrichs et al., 2005). Families that need help the most often encounter challenges that prevent them from obtaining assistance. It is, therefore, critical that parenting programs are offered and made easily available to families that need them most.

The challenge of the program's enrollment process substantiates the need for a comprehensive, collaborative, and coordinated approach to achieve recruitment success. It also underlines the importance of educating community mental health professionals and families about the benefits of parent training programs and parent involvement in promoting change in destructive behavior in adolescents. Creating awareness and motivating the community about program offerings is essential.

Focus on the investigation's recruitment suggests that a higher rate of recruitment of participants would likely require research funding to provide participant payments. Such stipends would respectfully acknowledge of the difficulties faced by many troubled families. Importantly, the provision of a participant stipend would help to mitigate concerns regarding the nature of the somewhat self-selected sample. The resilient, invested parents who completed the program may have characteristics or resources that

make findings from them less generalizable to the population at large. Paid participants may help to reduce such concerns about a self-selected sample.

A design concern or limitation is the absence of a true control group. Without a comparison group that did not receive the "treatment" of the parent project, we cannot say with complete confidence that the observed pattern of change was due fully or directly to the applied factors within the intervention. While the baseline assessment serves as an "internal" individual control for our investigation's purposes outside or confound variables (e.g., normative developmental, maturation processes, luck, seasonal change) remain to be considered as possible external influences.

A methodological limitation to weigh when interpreting the findings of the present study is that this investigation relied solely on parental reports and perceptions of adolescent problem behavior, family dynamics, and parenting. More confidence could have been placed in the results if similar findings were found with other reporters (e.g., adolescent self-reports, non-family members such as teachers).

Suggestions for Future Research

Recruitment: We recommend that for future research, participants are recruited through a variety of methods, including: referrals, public advertising campaigns, and direct communication with community leaders. Informing the community and potential participants about the program should begin several months prior to the start of group sessions. A centralized location that is easily accessible through mass transit is essential. If possible, the program should be offered at multiple sites throughout the targeted area. Suggestions for possible community-based parenting intervention sites include: schools, churches, neighborhood leaders' homes, and community centers. It is critical that the

program accommodate the location or residence of parents and guardians, whose capacity to travel for regular attendance may be limited.

Common versus Specific Factors of Change: Closer scrutiny of the active ingredients or factors of the Parent Project also is suggested. Via manipulation of the presence or absence of the various aspects of the interventions program, researchers could explore what factors appear essential (e.g., communication, control, values) and which factors could be pruned from the program to allow for enhanced efficiency of the program. Such in-depth analysis of the individual components of the course material and instruction is essential to identify the factors leading to or predictive of outcome. Further, such an investigation would likely require several evolutions over time to carry out.

Prevention versus Remediation: Targeting parents and adolescents that are not currently in crisis is also important. Recruitment for this program solely focuses on parents with adolescents with behavioral problems. However, the preventative lessons and instruction provided in this training may be beneficial to all parents regardless whether or not their children are currently displaying disruptive behavior. This program has the potential to be offered as a preventative program. This program offers valuable information that may help parents learn how to recognize warning signs of problematic behavior and how to engage in healthy child rearing habits.

Follow-up: The Parent Project training program does not offer any formal follow-up services. Follow-up meetings for parents in which they can meet with others who have also gone through the program may provide an opportunity to continue applying the lessons learned in new situations. With appropriate research funding, follow-up

assessment of Parent Project "graduates" would allow for scrutiny of the duration of identified intervention effects.

Conclusion

The current findings further our understanding of the impact of parent training programs on family dynamics and adolescent behavior. Treatment programs targeting parents can effect change in families and in adolescents with behavioral problems. Group parent training programs represent a viable intervention for parents of adolescents (Ruma et al., 1996). Although the results describe the specific program of study – the Parent Project - the importance of parent-child communication and involvement is highlighted by these findings. The potential benefits of parent-based training programs and interventions warrant continued attention.

In addition, this study demonstrates the need for community awareness about evidence-based parenting programs that are available to the general public. It also highlights the fact that parent training programs need to be readily accessible to families with risk factors or in current need. By understanding the specific barriers and limitations that families face in seeking services, program providers can tailor offerings to meet the needs of the community. Further, exploration of the benefits of such a program on families when carried out in a truly preventive manner remains to be conducted. Adolescence is a time of immense change for teens and their families. Parental involvement is crucial in helping their children navigate through the teen years. Parent training programs can assist parents and adolescents work through this challenging and exciting time. It is essential that researchers continue to investigate interventions targeting adolescents and their families. Adolescence is a key stage in life and parents

play an integral role in instilling values and guiding them towards a healthy and happy future. Providing parents the opportunity to learn effective parenting strategies, build skills, and discuss their concerns with other parents is essential. Research, therefore, is vital to ensure that these parents receive proper help at this critical developmental phase of their adolescent and within their family system.

Table 1

Means and Standard Deviations for Adolescent Demographic Information

Demographic	*%*	*M*	*SD*
Adolescent's Age		15.77	1.39
		2.9	1.69
Adolescent's Gender			
Female	44.1		
Male	55.9		
Adolescent's Ethnicity			
African American	26.5		
Latino	11.8		
Caucasian	38.2		
Asian	2.9		
Cultural Mix	14.7		
Filipina	2.9		
South Asian	2.9		
	100.0		

Table 2

Parent/Guardian and Family Demographic Information

Demographic	%	*M*	*SD*
Estimated Annual Family Income		$28,573.33	$11.8
Total Children in Household		2.09	1.03
Parent/Guardian Employment Status			
One Parent Employed	44.1		
Both Employed	17.6		
Neither Employed	14.7		
Intermittently Employed	14.7		
Estimated Annual Family Income			
$12,000 - $30,000 Range	61.7		
$31,500 - $68,000 Range	26.2		

Table 3

Family Assessment Measure III Scores – Paired Sample Statistics

Scale		*M*	*SD*	*p*
Task Accomplishment				
	Pre-Intervention	62.7	7.8	
	Post- Intervention	48.1	10.5	.000
Role Performance				
	Pre- Intervention	65.1	8.7	
	Post- Intervention	49.2	11.5	.000
Communication				
	Pre- Intervention	58.1	11.0	
	Post- Intervention	49.9	11.6	.001
Affective Expression				
	Pre- Intervention	58.3	11.1	
	Post- Intervention	47.8	9.5	.000
Involvement				
	Pre- Intervention	56.9	8.9	
	Post- Intervention	48.2	10.5	.000
Control				
	Pre- Intervention	60.8	9.5	
	Post- Intervention	49.0	11.2	.000
Values & Norms				
	Pre- Intervention	58.0	7.2	
	Post- Intervention	47.6	10.8	.000
Overall Function				
	Pre- Intervention	60.0	4.3	
	Post- Intervention	48.5	9.4	.000
Validity Scales				
Social Desirability				
	Pre- Intervention	47.2	9.6	
	Post- Intervention	47.3	9.3	.000
Defensiveness				
	Pre- Intervention	49.9	11.9	
	Post- Intervention	49.4	11.9	.000

Table 4

Child Behavior Checklist Scores – Paired Sample Statistics

Scale		*M*	*SD*	*p*
Total Problems				
	Pre- Intervention	63.2	9.2	
	Post- Intervention	55.4	5.6	.000
Internalizing				
	Pre- Intervention	57.1	11.9	
	Post-Intervention	55.1	7.8	.199
Externalizing				
	Pre-Intervention	55.9	12.5	
	Post-Intervention	50.0	5.7	.006
Subscales				
Aggressive Behavior				
	Pre-Intervention	49.4	13.3	
	Post-Intervention	51.6	12.3	.000
Delinquent Behavior				
	Pre-Intervention	53.0	12.4	
	Post-Intervention	51.6	12.3	.285
Anxious/Depressed				
	Pre-Intervention	54.2	11.8	
	Post-Intervention	54.1	9.6	.957
Withdrawn/Depressed				
	Pre-Intervention	62.0	8.2	
	Post-Intervention	54.8	9.1	.000
Somatic Complaints				
	Pre-Intervention	44.4	13.8	
	Post-Intervention	44.7	11.8	.918
Social Problems				
	Pre-Intervention	48.5	13.5	
	Post-Intervention	42.5	9.6	.000
Thought Problems				
	Pre-Intervention	38.2	13.8	
	Post-Intervention	35.4	11.8	.010

Table 4, Cont'd

Child Behavior Checklist Scores – Paired Sample Statistics

Scale		*M*	*SD*	*p*
Attention Problems				
	Pre-Intervention	54.9	14.9	
	Post-Intervention	49.5	12.5	.006
Competencies				
Total Competency				
	Pre-Intervention	40.0	9.74	
	Post-Intervention	44.4	7.77	.010
Activities				
	Pre-Intervention	32.9	10.7	
	Post-Intervention	36.3	9.0	.002
Social				
	Pre-Intervention	38.2	8.4	
	Post-Intervention	41.5	8.2	.000
School				
	Pre-Intervention	36.4	9.3	
	Post-Intervention	41.1	7.6	.012

Figure 1

Family Assessment Measure III T-Scores Across Time

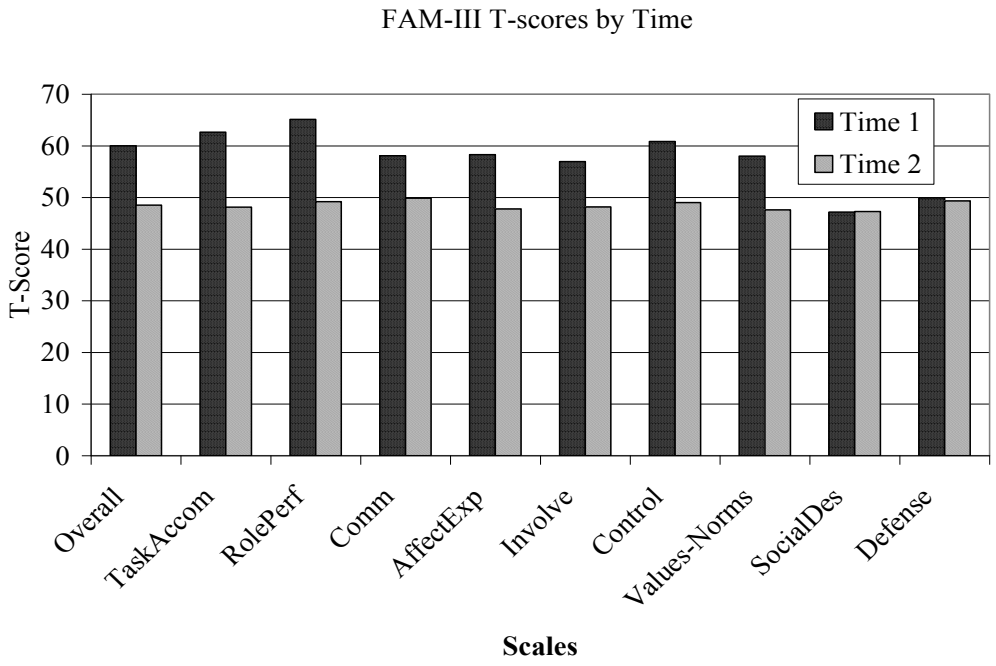
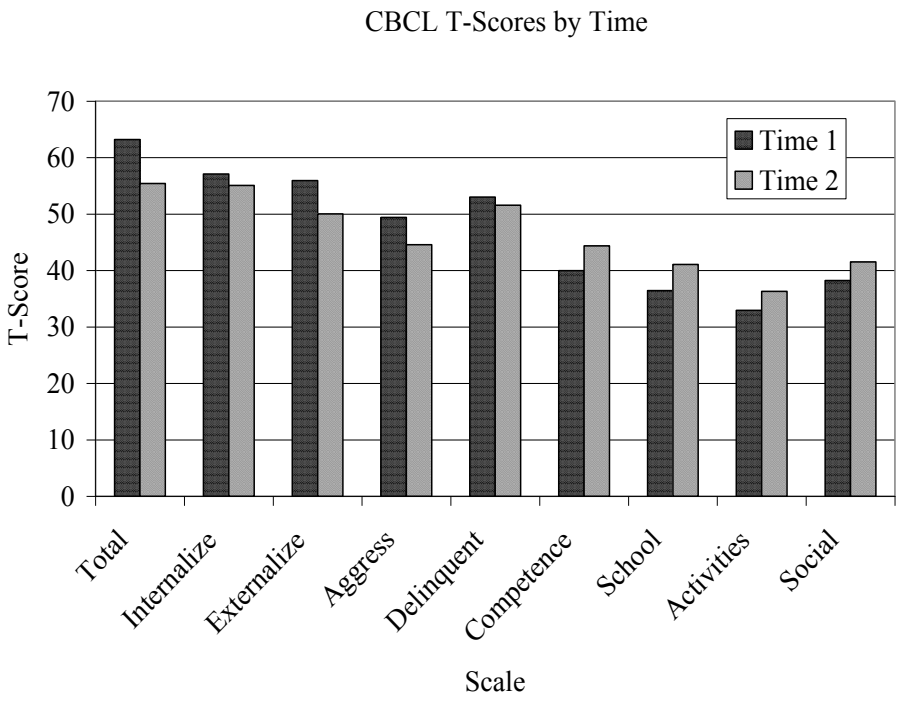


Figure 2

Child Behavior Checklist T-Scores Across Time



Appendix A

ARE YOU STRUGGLING TO MANAGE YOUR TEEN?
DO YOU WONDER WHAT HAPPENED TO YOUR RELATIONSHIP?

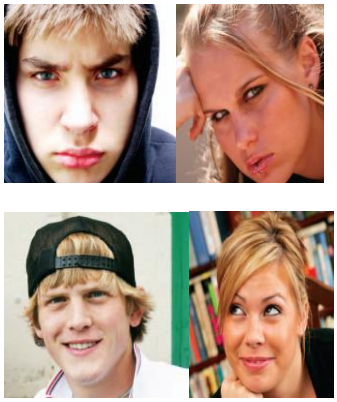
CHILD GUIDANCE CENTER AND THE UNITED WAY FAMILY RESOURCE CENTER IS OFFERING

The Parent PROJECT®

A FREE PARENT GROUP TO PROVIDE HOPE AND SPECIFIC TECHNIQUES TO TURN YOUR TEEN AROUND.

PLEASE CALL JANE DOE AT 555-555-5555 FOR REGISTRATION INFORMATION.

THE PARENT GROUP RUNS 1 HOUR PER WEEK FOR 8 WEEKS.
THE CLASS BEGINS THURSDAY, MAY 12th at 6:30PM.
CLASSES WILL BE HELD AT LOCAL HIGH SCHOOL.



- Prevent (or stop) teens from using alcohol, other drugs, and tobacco.
- Stop parent-teen arguments.
- Improve teen grades and school attendance.
- Recognize and prevent gang involvement.
- Learn how to "out-will" a

childguidancecenter
unlimited potential. endless possibilities.

United Way of Northeast Florida

Full Service Schools of Jacksonville

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