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## Involving Parents of High-Risk Youth in Drug Prevention

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**A**dolescent drug use, particularly of marijuana, has doubled in the United States since 1991, and cigarette smoking has gone up by nearly a half. Alcohol consumption remains steady with half of all high school seniors, almost 40% of 10th graders, and more than a quarter of 8th graders reporting some use within the past 30 days (Johnston, O'Malley, & Bachman, 1996).

This dramatic upsurge in use calls for renewed focus on prevention, particularly on strategies that build on experience, theory, and prior research. Over the last 30 years, prevention efforts have evolved from unsuccessful information programs to comprehensive strategies that target multiple early risk factors.

The family environment, in particular, has a powerful influence on adolescents' potential drug use. Given this, prevention researchers strongly advocate interventions that go beyond a focus only on the youth (Johnson & Solis, 1983; Lorion, 1988; Pentz et al., 1989; Perry, 1986; Tobler, 1986) and involve parents in drug prevention programs (DeMarsh & Kumpfer, 1986; Hawkins, Catalano, & Miller, 1992). Our research, reported in this paper, seems to confirm this, showing that parents' participation in prevention programs contributed significantly to positive results for their children.

In addition, prevention programs must be appropriate to youths' developmental stages and must continue over several years. This ensures that programming meets their needs as they grow through adolescence and encounter influences that increase their risk for trying various drugs and activities (Battjes & Bell, 1995; Connell, Turner, & Mason, 1985).

This article describes research supporting the significance of the family in helping prevent youth drug use. It discusses youth drug prevention programs and an accompanying parent program offered at Boys & Girls Clubs of America, and reviews strategies used to involve the parents. It also reports evaluation results and describes implications for policymakers.

### **Family Influence: Research and Past Programs**

Research on how families influence adolescents' drug use has identified these risk factors:

- Poor bonding between children and parents (Brook, Brook, Gordon, Whiteman, & Cohen, 1990)
- Low parental involvement in activities with children (Kandel & Andrews, 1987)

- Maternal isolation (Werner & Smith, 1982)
- Poor family management practices (Coombs & Landsverk, 1988)
- Family history and parental approval of drug use (Hawkins, 1988)

As a result, prevention researchers strongly advocate involving parents in youth programs aimed at preventing drug use (DeMarsh & Kumpfer, 1986; Hawkins et al., 1992). However, it is extremely challenging to identify and effectively implement prevention programs appropriate for high-risk families. Many general family life skills programs exist as well as some directed toward preventing youth drug use.

Most of these programs, however, were designed for middle-class White parents. Most follow structured curricula in weekly sessions. The lectures, discussions, role-playing, and homework they use are not appropriate for high-risk families (Alvy, 1988; DeMarsh & Kumpfer, 1986).

Furthermore, there are few published evaluations of parent programs designed specifically to prevent or reduce drug use by high-risk youth (DeMarsh & Kumpfer, 1986), probably because attracting and retaining parents among low-income populations is very difficult (Chilman, 1973; Halpern, 1990). Poverty, poor housing, and unemployment—everyday stresses in these families’ environments—make it difficult to recruit and retain parents (Chilman, 1973). The typically small participation by low-income parents is well documented (Cohen & Rice, 1995; DeMarsh & Kumpfer, 1986; Miller & Prinz, 1990). And attempting to involve them takes continuous labor-intensive efforts, which are difficult for program staff to sustain over time (Ruch-Ross, 1992). Researchers also shy away from such programs because it is tremendously difficult to evaluate them using scientifically accurate methods (Van Hasselt et al., 1993).

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### **SMART Programs and FAN Clubs: A 3-Year Study**

The researchers designed a 3-year study of youth drug prevention programs in Boys & Girls Clubs. There were 16 clubs from eight states in the East, South, and Midwest. Four Boys & Girls Clubs participated in each of the following groups in the study:

- Youth prevention program, monthly youth activities, and parent involvement (Family Advocacy Network or FAN group)
- Same youth prevention program and youth activities without parent involvement (Prevention Plus group)
- Same youth prevention program without youth activities (Prevention Only group)
- No program (Control group)

The Boys & Girls Clubs that participated were located in “severely distressed neighborhoods.” A neighborhood was considered severely distressed if it met at least four of five indicators (Annie E. Casey Foundation, 1994). Average percent-

ages on four indicators for the census tracts where the study clubs were located were

- incomes below poverty level above 27.5% (study groups 34%),
- public assistance recipients above 17% (study groups 20%),
- female-headed households above 39.6% (study groups 43%), and
- high school dropouts above 23.3% (study groups 48%).

The clubs were also located in high-risk neighborhoods with high crime rates and prevalent drug sales and use. Fifty-eight percent of youth participants reported that “many” or “most” people in their neighborhoods were using illegal drugs, and 61% had seen illegal drugs sold there. Seventy-eight percent said they had been offered illegal drugs, half of them “three or more times.” Sixty percent said it would be easy to get marijuana, and 49% said it would be easy to get other illegal drugs.

Three hundred youth, mostly aged 10–12, participated in all seven testing occasions over the 36-month study. Participants were racially mixed and about two thirds male (see Table 1).

**Table 1: Age, Race/Ethnicity, and Gender by Condition**

	FAN		P+		PO		C	
	N	%	N	%	N	%	N	%
<b>Age</b>								
10	17	17.7	2	3.1	2	2.4	8	14.3
11	41	42.7	30	46.9	49	58.3	21	37.5
12	36	37.5	30	46.9	32	38.1	24	42.9
13	1	1.0	1	1.6	1	1.2	3	5.4
*	1	1.0	1	1.6				
<b>Race/ethnicity</b>								
Caucasian	21	21.9	26	40.6	16	19.0	21	37.5
Hispanic	19	19.8	0	0.0	21	25.0	2	3.5
Black	52	54.2	36	56.3	45	53.6	28	50.0
Black Hispanic/Other	4	4.2	2	3.1	2	2.4	5	8.9
<b>Gender</b>								
Female	34	35.4	22	34.4	28	33.3	23	41.1
Male	62	64.6	42	65.6	56	66.7	33	58.9

Note: FAN = Family Advocacy Network Club group; P+ = Prevention + Youth Activities group; PO = Prevention Only group; C = Control group.

\*Respondents did not provide their age.

## Youth Programs

The youth programs offered over 3 years were Start SMART, Stay SMART, and SMART Leaders. They are sequential and developmentally appropriate. All three focus primarily on peer and other social influences on youth to use drugs, and on developing skills to resist those pressures. (See Table 2 for session titles.)

**Table 2: Program Sessions in Start SMART, Stay SMART, and SMART Leaders**

Start SMART	Stay SMART	SMART Leaders
1. Here We Are . . . All Together	1. Gateway Drugs	1. Orientation to the SMART Leaders Program
2. Consequences	2. Decision-Making	2. Improving Self-Image
3. Puberty	3. Advertising	3. Coping with Stress
4. Friendship	4. Self-Image and Self-Improvement	4. Resisting Media Pressures
5. Ways of Saying “No”	5. Coping with Change	5. Being Assertive in Pressure Situations
6. Say It Like You Mean It	6. Coping with Stress	
7. Everyone Is Not Doing It	7. Communication Skills	
8. Media Manipulation	8. Social Skills: Meeting and Greeting (A)	
9. Creating Commercials	9. Social Skills: Boy Meets Girl (B)	
10. Making SMART Moves	10. Assertiveness	
	11. Relationships	
	12. Life Planning Skills	

Start SMART was adapted by Boys & Girls Clubs from Project SMART (Johnson et al., 1996). Stay SMART was adapted from the Botvin (1983) Life Skills Training program. Both programs teach social and personal competence skills; help youth identify and resist peer and other social pressures to use alcohol, cigarettes, and marijuana; and help youth resist pressures to engage in early sexual activity. Boys & Girls Clubs added sessions on friendship and puberty to Start SMART and topics designed to prevent early sexual activity to the Stay SMART program.

SMART Leaders (St. Pierre & Kaltreider, 1988), developed during a previous study with Boys & Girls Clubs, was given to graduates of the first two programs. It encourages participants to be positive role models and influence peers to resist pressures to use alcohol, tobacco, and other drugs, and to resist early sexual activity. It was designed to reinforce skills learned in Start and Stay SMART programs, to meet youths’ developmental needs as they grew older, and to create an overall club environment with drug-free norms.

When no structured prevention programs were taking place, youth participated in monthly activities. These were designed to stress norms of nondrug use and to keep the youth involved in the prevention program. Activities included rap sessions (talking together), holiday parties, crafts, cooking classes, computer games, ice skating, and other group outings.

### Youth Outcomes

The 10- to 12-year-old youth participants in the SMART programs completed a questionnaire seven times in 36 months, including a pretest and six posttests. The self-reports measured 12 areas: social skills, knowledge, alcohol, marijuana, and cigarette attitudes; ability to refuse alcohol, marijuana, and cigarettes; and alcohol, cigarette, chewing tobacco, and marijuana behavior. For the refusal questions, responses were on 5-point scales from 1 = *very easy to refuse* through 5 = *very hard to refuse* and 1 = *I'm sure I'd refuse* through 5 = *I'm sure I'd accept*.

**Parent participation greatly contributed to positive results for youth.**

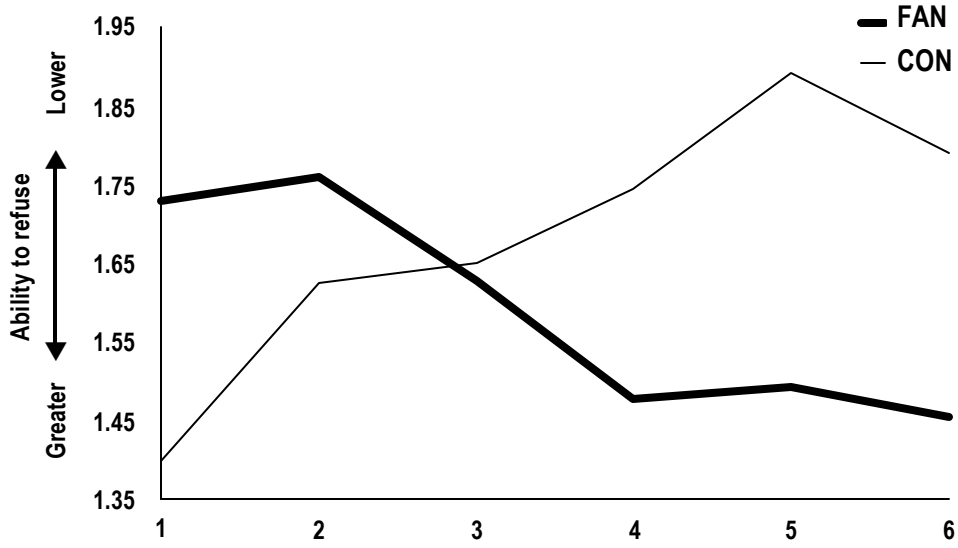
There were significant positive results for youth in the parent involvement FAN Club group for alcohol refusal; marijuana refusal; marijuana attitudes (the social benefits of using it); and knowledge of the health consequences and prevalence of alcohol, tobacco, and other drug use. Specifically, FAN Club youth, over time, reported an increased ability to refuse alcohol. In contrast, the control group showed a significant decrease (see Figure 1). Youth in the Fan Club group also showed a slight but significant increase in reported ability to refuse marijuana, whereas the other three groups showed a decrease (see Figure 2).

FAN Club group youth, over time, did not significantly increase their perceptions of the social benefits (attitudes) of using marijuana, whereas control group youth did increase their perceptions significantly. The other two groups also did not significantly increase their perceptions of the social benefits of using marijuana.

Thus, targeting only youth in drug prevention programs has a positive impact, but involving parents together with youth is even more effective. We believe that parent participation greatly contributed to positive results for youth and that the strategies used to recruit and retain the parents were integral to that success.

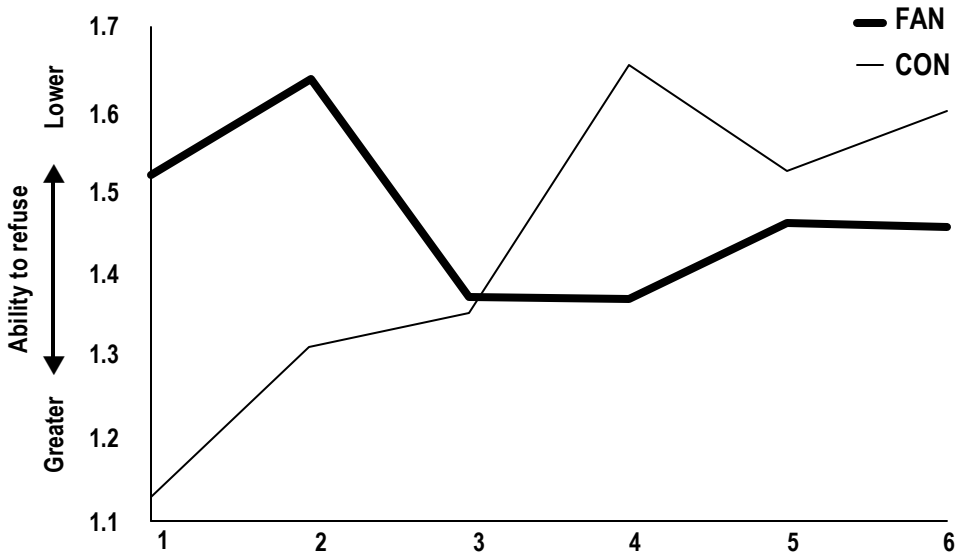
Drug knowledge was significantly greater in all the program groups than in the control group. Also, the control group showed a fairly steady, though not significant, decrease in ability to refuse cigarettes over time, whereas the other three groups did not show any significant patterns of change. There were no significant differences among the groups on any of the other scales.

**Figure 1: Mean Alcohol Refusal by Club and Time, Adjusted for Baseline Differences**



Note: FAN = Family Advocacy Network Club group; CON = Control group.

**Figure 2: Mean Marijuana Refusal by Club and Time, Adjusted for Baseline Differences**



Note: FAN = Family Advocacy Network Club group; CON = Control group.

## The Parent Involvement Program

The parent involvement program or FAN Club was designed to strengthen high-risk families. The goals included creating a bond between program youth and their parents, reducing maternal isolation, providing opportunities for families to participate in pleasurable activities together, assisting parents to influence their children to lead drug-free lives, and providing social and instrumental support. Based on the family support-resource model (Weissbourd & Kagan, 1989), the FAN Club was designed to

- focus on families' strengths rather than deficits,
- inspire parental confidence and competence,
- respond to family cultural preferences and values,
- take a developmental view of parents,
- be flexible and responsive to parental needs,
- encourage voluntary participation by parents, and
- include parents as partners in planning and implementing the program.

Offering a developmental continuum of activities allowed parents to participate at their level of readiness. The flexible program let families participate according to their needs and wants. The program was geared to meet the needs of the parents, many of whom experienced high levels of stress in their lives with little support. Many were socially isolated, had few friends, no phone, no transportation, and no job.

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The program was conducted by a full-time coordinator who also offered the youth prevention programs and a part-time parent assistant from the target population. These staff provided structure for activities, reminded and often persuaded parents to attend, and provided transportation when necessary. The FAN Club offered four broad categories of activities.

**Basic Support Activities** helped families cope with daily life or with particular crises. It was offered one-to-one by the coordinator, who made routine home visits. Types of activities included going along to appointments with social services agencies, helping parents deal with their children's schools, supporting parents with a family member involved in the criminal justice system, linking parents in crises with helping networks and shelters, transporting them to medical or court appointments, and visiting them in the hospital.

**Parent Support Activities** were regularly scheduled social activities selected by parents and participated in as a group, including potluck dinners, attending one another's churches, bingo, picnics, crafts projects, pool parties, meeting for coffee, ice cream socials, movies, bowling, and skating.

**Educational Program Activities**, also selected by FAN Club parents, were designed to provide education, knowledge, or enrichment. Examples include speakers to discuss parenting; culturally appropriate events; AIDS programs; gang prevention workshops; health fairs; and Keep SMART, the Boys & Girls Clubs parent drug prevention program.

**Leadership Activities** were those where parent volunteers did most of the planning and implementation. These included planning monthly meetings, fundraising, volunteering in Boys & Girls Clubs programs, visiting local nursing homes, and attending prevention program graduations.

On average, there were 24 activities offered in the first program year (6 months), 64 in Year 2, and 62 in Year 3 (both 9 months). Participation varied by club, by family, and by particular life events and stresses in individual families. Parent Support Activities drew the highest numbers. About half the parents attended one to four activities each year, whereas the remainder attended five or more. The means were 5.5 in Year 1, 10.1 in Year 2 and 8.6 in Year 3. Counting one parent per youth, 44% participated in at least one activity on average per month and 54% participated every other month. Summers, when parents decided to plan minimal activities, are not included.

***Recruiting and maintaining parental involvement with high-risk populations is a fragile process that relies on the personal skills of staff.***

### **Results and Limitations**

Results for the youth prevention program with parent involvement are promising. In addition to finding positive results for youths' ability to refuse alcohol and marijuana, decreased perceptions of the social benefits of using marijuana, and greater drug knowledge, we learned a great deal about recruiting and maintaining parental involvement with high-risk populations. It is a fragile process that relies on the personal skills of staff and takes considerable time and effort.

It is not clear how and why the parent component contributed to the program's positive effects for parents' early adolescent children. Tests were not administered to parents because in this population giving a questionnaire could easily have driven them away. The FAN Club may have decreased risk factors for youth drug use by engaging youth and parents in activities together, by reducing maternal isolation, or by providing support. Alternatively, perhaps youth and families benefited from the full-time coordinator, who may have developed stronger bonds with program youth than did staff in the other two program groups.

The retention rate of 59.5% over the 3-year study may call into question its validity. However, compared with shorter school-based programs with possibly inflated results (Hansen, Tobler, & Graham, 1990), attrition rates for this study may not be excessive.

Finally, the effects did not extend to behavior, despite positive effects on refusal, attitudes, and knowledge. This is not an uncommon pattern in the literature (Dryfoos, 1990); however, it is unlikely that behavior changes would be significant in a sample this young because so few are actually using substances.



## Strategies for Involving Parents

We found it is possible to involve many parents by using specific strategies. We identified six general groups of successful strategies.

### Identify the Right Person to Lead the Program

Finding a program leader with specific inherent (rather than learned) characteristics was the most important strategy. Because empowering and strengthening families was a major goal, the FAN Club coordinator had to be a positive person who could remain optimistic and hopeful under very challenging circumstances. Coordinators needed to be not into power or control, confident but not aloof, and focused on families' strengths rather than deficits. They also needed to be highly creative, energetic, and enthusiastic.

It was helpful for FAN Club coordinators to be of the same culture/ethnicity as the populations they served, which is consistent with the literature (Cunningham, 1991). It was also very helpful to know the community and have a proven track record with community organizations and services. This let coordinators quickly link families to appropriate social service agencies and helping networks.

Identifying and recruiting individuals with these characteristics was not easy, especially given the low salaries paid by youth organizations and the need to work weekends and evenings.

### Clearly Convey the Purpose of the Program

Although families in the study were extremely high risk and led stressful daily lives, they cared about the well-being of their children and did not want them to use drugs. The purposes of the FAN Club and the youth SMART programs were personally important to most parents. Therefore, coordinators regularly emphasized the program's goals and reminded parents that their children's attendance at sessions was important. This helped motivate parents to participate.

### Build Relationships of Mutual Trust, Respect, and Equality

This was essential. In addition to making phone calls and home visits, coordinators also attended PTA meetings, local churches, and tenant association meetings. To reinforce parent involvement in the FAN Club events, coordinators called the next day to thank parents for coming and ask how they enjoyed the evening. They thanked them for contributing a good idea or told them how much the group enjoyed the dish they brought. With each contact made with respect and sincerity, trust gradually grew between coordinators and parents. For parents who didn't attend events, coordinators dropped by their homes to personally say they were missed and to remind them of the next activity.

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### **Create Parent Ownership and Group Bonding**

Coordinators helped create a friendly informal atmosphere with refreshments and fun and encouraged parents to select activities they wanted. Over time, coordinators took less and less of the lead in organizing activities and parents took more of the lead. As each activity took place—ranging from parents’ selecting a parent education topic to more ambitious activities such as a community Black History program—numbers of parents involved went up, parent ownership of the program increased, and attachment and bonding among parents grew.

### **Provide Easy Access, Incentives, and Reminders**

There were many logistical barriers that had to be removed before families could participate in the program. Most families did not own cars and had several small children. Coordinators, therefore, routinely provided transportation and child care for events. Sometimes FAN Club activities were taken to parents’ homes. All four FAN Club coordinators conducted the Keep SMART parent drug prevention program in the homes of some families who were reluctant to come to sessions at the Boys & Girls Club. Because of this personal interaction, some parents became comfortable enough to attend a FAN Club activity. Offering a variety of activities on different nights or afternoons of the week also increased access.

Food was the most popular of the many incentives tried. All FAN Club activities included refreshments selected by the parents. Some coordinators took parents out to dinner after an event to recognize their hard work in conducting it.

Reminders were always necessary, regardless of how well established the FAN Club became. Parents were typically telephoned both the day before and the day of the activity. Where there was no phone, the coordinator made a home visit. Postcards, personal invitations, and newsletters were also used.

A monthly calendar of activities was particularly effective. The coordinator distributed an attractive calendar to all families each month. It marked the dates of parent and family activities. Delivering the calendars also gave coordinators another reason to drop by the families’ homes.

### **Be Flexible but Persistent (Within Reason)**

Coordinators learned early that many activities did not materialize as planned. It was important for them not to take low attendance personally and not to hold a grudge against parents who promised to show up but didn’t. Regardless of how much skill and persistence the coordinators demonstrated, some families never became involved.

***As each activity took place, numbers of parents involved went up, parent ownership of the program increased, and attachment and bonding among parents grew.***

## Policy Implications

This study shows that organizations that serve youth, such as Boys & Girls Clubs, can also help reach high-risk parents. The clubs in this study had good community reputations as safe places where young people participated in constructive activities. Parents did not feel threatened and intimidated by these clubs as they did by such other community organizations as the housing authority; social welfare; the juvenile-justice system; or even the schools, where interactions frequently were related to complaints about their children. Too often, low-income parents were treated with disrespect in their communities, making them feel incompetent and powerless.

***The clubs were often able to reach youth who had not bonded with school.***

Youths' existing involvement in the club provided an ideal opportunity to reach out to parents in a positive, respectful way that laid the foundation for developing a trusting relationship over time. Participants in the parent involvement program were treated with dignity and equality, involving them as peers in developing and conducting program activities. This positive approach empowers parents and strengthens families, helping parents be more effective and nurturing in their parenting.

The Boys & Girls Clubs in our study could provide the flexibility required to reach high-risk families. Not limited by agency policies and school bureaucracies, clubs were able to tailor programs to individual needs and wants of families, including such things as family activities, social support for parents, parenting programs, and crisis intervention. They related to parents as peers, often visiting parents on their own turf (their homes) rather than communicating across an agency desk. They also provided aid and encouragement so that parents could develop the confidence and competence that enabled them to help themselves.

Having their children involved in the Boys & Girls Club was a major drawing card for attracting parents to the parent involvement program. Like many other youth organizations, Boys & Girls Clubs provided a safe, comfortable environment with recreational, social, and educational activities for youth who might otherwise be engaging in negative activities in their often unsafe and crime-ridden neighborhoods. Youth were attracted to Boys & Girls Clubs by these activities. At the same time, they benefited from the positive adult role models who staffed the club and who engaged them in the drug prevention program.

The clubs were often able to reach youth who had not bonded with school. Youth who were experiencing discipline problems at school or were frequently truant often were well behaved and cooperative with staff in the club environment. This made them more receptive to anti-drug-use messages. Male staff frequently served as surrogate fathers. They provided desperately needed positive adult role models and mentors for the many young males living in households headed by their mothers or grandmothers and whose fathers were incarcerated or in drug treatment facilities. Furthermore, the flexibility inherent in programming provided

by the Boys & Girls Clubs helped the staff tailor programs to the needs of individual youth, often engaging those not reached by school drug prevention efforts.

The Boys & Girls Clubs in our study extended the length of prevention program sessions when interest warranted; rescheduled sessions when attendance, competing activities, or poor behavior occurred; and provided makeup sessions in creative formats like club sleepovers. This programming flexibility helped ensure maximum exposure to the program sessions for all participants, a goal sometimes difficult to achieve in the school setting.

Implementing the FAN Club required support from the entire Boys & Girls Club organization. Gaining this support was challenging at times. Given their long-standing mission to serve youth, some staff found it difficult to accept an expanded mission to serve their parents. Most staff had little experience working with parents, and some blamed youths' parents for their children's problems. However, by the 2nd and 3rd years of the program, staff began to see some benefits from parent involvement. For example, when club members in the FAN Club project became disruptive, the coordinator helped staff understand that the youths' families were experiencing problems. Knowing this, staff could understand and be supportive rather than punitive. Staff also were positively impressed with parent involvement when parents volunteered to help around the club. Parents managed and served the entire summer lunch program at one site. This freed staff to focus on other club responsibilities.

Features inherent in Boys & Girls Clubs and other youth organizations such as Scouts, YMCAs, YWCAs, and 4-H Clubs make them especially valuable for involving high-risk, low-income youth and their parents in drug prevention programs. Positive reputations, enticing youth activities, flexibility, and unthreatening atmospheres make these organizations ideal for programming with high-risk parents to strengthen their families and to help these highly vulnerable youth resist the multiple pressures around them to become drug users.

Admittedly, implementing a parent involvement program like the Family Advocacy Network is demanding. However, given the growing increases in youth drug use and the family risk factors existing for high-risk disadvantaged youth, youth organizations may want to rethink their priorities. This study's results indicate that parent involvement and youth drug prevention together show promise for helping youth refuse alcohol, marijuana, and cigarettes.

Finally, although these research findings indicate that interventions targeting the family and youth domains are more effective than those targeting only youth, there were positive effects for the 3-year youth prevention program alone, compared with the control group. This should not be ignored. Given the financial constraints facing most youth organizations, it offers an alternative that holds promise for helping high-risk youth remain drug-free.

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***Positive reputations, enticing youth activities, flexibility, and unthreatening atmospheres make Boys & Girls Clubs and other youth organizations ideal for programming with high-risk parents.***

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