

Comparison of CARE to Wait family class and CARE to Wait youth only program with middle school youth in diverse implementation sites.

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INTRODUCTION

For this multi-site randomized research, the enriched model will be the family based CARE to Wait (CTW) program. Both parents and 12-14 year old youth attend together for 10 weeks at 2 hours/week (experimental). The primary abstinence education program for youth will be the 20 hour youth component from CTW for the 12 – 14 year olds (control). Five years of research show that youth 12- 14 years olds who attend CTW with their parents and complete baseline, 6, 12 and 18-month surveys enhance self-efficacy in refusal skills, relationships and communications with parents, have fewer high risk peers and lower risky sexual behaviors (an index which includes abstinence). These were statistically significant improvements over the randomized controls. The model will be tested in 18 sites which will be randomized into youth-only or enriched family-based sites. The target population will be accessed through six sponsoring organizations. The sites are Pueblo County (2 sites) and Washington/Morgan Counties (2 sites) through County extension programs in Colorado (rural and urban mixed populations); La Clinica del Pueblo, community health care agency in northern New Mexico, primarily Hispanic and rural/small town (2 sites); Accomack County, Eastern Shore Community Services in Virginia with African American and mixed populations (2 sites); Garrett County Health Department in Maryland (4 sites) with mixed populations; and the Elijah Network and Family Alliance in Dade County, Florida (6 faith-based sites – 3 matched pairs of African American, Hispanic, and mixed populations). The six sponsors for 18 sites access matching, non-contaminating pairs of sites have experience in successfully implementing youth and family based programs.

Literature on adolescent pregnancy prevention indicates that that building family communication, monitoring, and positive relationships as well as increased knowledge and skills in youth are key elements in supporting abstinence decisions and are more effective than youth education alone. Additionally, peers play an important role and association with more low-risk peers is associated with lower rates of early and risky sexual activity. Family monitoring and selected youth skills can increase the number of low-risk peers. Literature also shows that youth who receive life skills and direct practice using refusal and decision-making skills around sexual decision making may also have important changes in their views and commitments around abstinence.

The question addressed in this program evaluation is if statistically significant differences occur between middle school youth who participate with their parents in CARE to Wait (experimental) and those who attend the same basic intervention without their parents (control). Outcome variables for youth include (a) their peer refusal, communication, and decision-making skills; (b) their association with low-risk peers; (c) their knowledge of the health, emotional, and social benefits of abstaining from sex until marriage; (d) more positive attitudes toward abstinence and a lower rate of onset of sexual activity than controls, and (e) key factors in establishing healthy marriages. Outcome variables for parents in the experimental group include (a) parent self-efficacy, (b) positive dyadic and family relationships, (c) effective parental monitoring, (d) their ability to

communication with their youth about their sexual decision making, and (e) knowledge of abstinence and healthy relationships in marriage. The hypothesis is that youth in the enriched model (participating with family) will show significantly higher improvements than their peers in the youth only model in the variable described above.

METHOD

In this experimental design, the pairs of sites under each sponsoring organization will be randomized by the PI. Upon consenting to participate, both parents and youth complete a baseline survey. Families in the enriched program will attend 10 weeks workshops/ 2 hour/week for a minimum dosage of 20 hours. Incentives are provided to increase attendance. Youth and parents spend some time each session on parent-youth activities. The balance of the time is spent on specific parent and youth skills in simultaneous but separate sessions.

The youth program will follow a similar pattern with parents or guardians being encouraged to attend an initial information and survey program. Youth will also attend a minimum of 20 hours of skill building and abstinence education workshops.

RESULTS

The university Internal Human Subjects Review Board has approved the research. Results will be tracked with 6, 12, and 24 month surveys. Youth surveys include puberty and dating status, sexual attitudes and behaviors, risk taking behaviors, self efficacy, future and peer orientation, refusal skills, family relationships and parental monitoring. Parent surveys include child rearing practices, parental efficacy, parents perception of their youth's peer orientation and peer's risk taking, parent-child relationships and parent monitoring. Process evaluation will include monitoring of number of participants, amount of attendance and completion of workshop series. Site uniformity will be insured by 30 hours of on site training, monthly webinar conferences, development of a replication manual, and completion by staff of weekly workshop log sheets. These log sheets will be monitored by the core DTBY staff by weekly.

All sites have participated in a start up phone call and initial Webinar conferences. They have submitted time lines for hiring, site selection, staff training, on-site training and workshop schedules.

DISCUSSION

Start up of a multi-site research project required development of multiple structures to insure uniformity of programming across sites.

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