

6-Month Results from 12-14 Year Old Youth and Parents in the Family-Based “CARE to Wait Program” Abstinence and Life Skill Program

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INTRODUCTION

CARE to Wait is a family-based program for middle school youth (12-14 years old) and their parents. The core family program involves youth and their adult family members in 22 hours of workshops over 11 weeks. The national model DARE to be You program was adapted to provide education about abstinence in a framework of developing self-efficacy, especially around refusal skills for youth, parental communication, self- and family management, improved family relationships, skills in problem solving, and communication. An incentive program optimizes participation. Literature on adolescent pregnancy prevention indicates 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.

Families are recruited into a pool from which control and experimental groups are randomized through drawing of names. Baseline, 6-, 12- and 24-month surveys assess program results against the key outcome variables as listed below. In addition, key community members who work with the same families receive community training of 7-15 hours in strategies and activities to support the development of crucial life skills and the abstinence message. They are contacted to determine data on the number of clients and time/client with whom they have used CTW.

The question addressed in this program evaluation is if statistically significant differences occur between middle school youth and their parents who participate CARE to Wait (experimental) and those who do not (control). Outcome variables for parents include (a) parent self-efficacy, (b) positive dyadic and family relationships, (c) effective parental monitoring, (d) their ability to communicate with their youth about their sexual decision making, and (e) actual knowledge of abstinence and healthy relationships in marriage. Outcome variables for youth include (a) their peer refusal, communication, and decision-making skills; (b) their association with low-risk peers; (c) their actual 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) and key factors in establishing healthy marriages.

The hypothesis is that both the adults and youth will show statistically significant changes over their control peers in all variables as listed above.

METHOD

In this experimental design, families in both sites are recruited with knowledge that they will be randomized into either the control group (receiving surveys only) or experimental group. The experimental group participates in 24-27 hours (including a family meal) experiential activities over the course of 11 weeks. Parents and youth participate together in selected activities each week and then divide into separate parent and youth workshops.

A total of 630 adult family members and their middle school youth (approximately 600), over five years will be randomized into control and experimental groups. Surveys will include adult measures of perception of their children's peers behaviors, their abstinence attitudes, family communication and self appraisals of efficacy, family relationships and their parental monitoring. Youth surveys will include questions on self efficacy, knowledge of peer refusal skills, peer orientation, physical development, dating status, sexual attitudes, intentions and behaviors, and family relationships.

RESULTS

Preliminary results from baseline data on parents ($n = 63$) and youth ($n = 51$) in year 01 show that the randomization achieved equivalent E and C groups. The baseline data were used to test our program theory, and showed that the key pathways of parental monitoring and communication, association with deviant peers, and abilities to use key social (refusal) skills show significant relationships with this population). These findings are preliminary given that power = .46 for $n = 30$ per group at this point, with an effect size of .40 assumed. Repeated anovas for time and group are used to determine significance levels.

Parents show increases in parental monitoring, communication with youth and efficacy that they can communicate with youth about abstinence issues. Youth show increases in efficacy in using peer refusal skills, intentions to remain abstinent and association with less deviant peers.

DISCUSSION

Although it must be emphasized that this is a preliminary study on only the start-up cohort, some important trends are evident. First, analyses of the baseline data show that randomization is effective in creating equivalent control and experimental groups. As well, the baseline data also support our logic model, particularly the program's emphasis on promoting healthy family functioning that includes effective parent monitoring, which appears to offset the effect of deviant peer affiliation on youths' sexual attitudes.

IMPLICATIONS

Involving parents in the intervention shows that it is a powerful mediator in intermediate youth factors that support abstinence decisions. In depth involvement of the family unit should be an important consideration in programs with abstinence goals.

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