An Evaluation of Partners in Parenting: A Parent Education Curriculum Implemented by County Extension Agents in Colorado

Kristina Wilson
Postdoctoral Research Associate
University of Illinois at Urbana-Champaign
Champaign, Illinois
Duval County Health Department
Jacksonville, Florida
kwils@illinois.edu

Laura Hahn
Graduate Research Assistant
Colorado State University
Fort Collins, Colorado
laura.hahn@colostate.edu

Patricia Gonzalez
Postdoctoral Fellow
San Diego State University
San Diego, California
pgonzalez@projects.sdsu.edu

Kimberly Henry
Assistant Professor
Colorado State University
Fort Collins, Colorado
kim.henry@colostate.edu

Christine Cerbana
Project Coordinator
Colorado Family, Education, Resources and Training
Fort Collins, Colorado
christine.cerbana@colostate.edu

Abstract: The study reported here evaluated the efficacy of Partners in Parenting (PIP), which, in collaboration with Colorado State University Extension, was implemented in seven counties across Colorado. A total of 54 parents took part in the study. A pretest/posttest design was used to assess short-term changes in parenting practices, parental attitudes, and parental stress following intervention. After PIP, parents demonstrated improvement in basic elements of parent-child relationships and parenting attitudes and skills.
These promising results warrant further investigation into the benefits of parent education programs implemented by Extension agencies in the communities they serve.

**Introduction**

Research suggests that alcohol and drug use among youths in Colorado is a serious problem. For example, the U.S. Department of Health and Human Services (2007) reported that 10.3% of Colorado residents ages 12 to 17 years old used illicit drugs in a recent month. Rates of alcohol and tobacco use were also high, with 18.3% of Colorado youth reporting alcohol use and 14.4% reporting tobacco use in a recent month. Increasing substance use among adolescents has led researchers to speculate about the role of parenting as a contributing factor in youth substance abuse and has led to the development of services to support parents in the task of raising their children (Dwivedi, 1997).

According to Amato and Fowler (2002), appropriate guidance and discipline enables children to develop a sense of responsibility and to build life skills. Children raised with these principles are able to use their life skills to develop good relationships with their families, friends, school, and community. Positive parenting practices (e.g., warmth, parental support) have also been linked to positive child outcomes, including less substance use, higher social competence, and enhanced self-concept (Hawkins, Catalano, & Miller, 1992). Many parents are effective parents, but a substantial proportion need intervention programs to develop their skills, efficacy, and resources to optimize their ability to effectively parent.

The implementation of parenting programs is one method for teaching effective parenting practices. Parent education can buffer the risk of adolescent drug use by addressing child behavior problems through an increase in bonding and decrease in family management problems (Hawkins et al., 1992). Extension agents play a pivotal role in the successful development, implementation, and evaluation of parenting programs. Evaluation of parenting programs implemented by Extension agents indicates that some are associated with improvements in parenting skills (Malley, 2004), knowledge of child development, parental self-esteem (DeBord, Rosboro, & Wicker, 1998), and parenting knowledge (Cudback, Marshal, & Know, 1994).

**Partners in Parenting**

The study reported here summarizes results from an evaluation of Partners in Parenting (PIP). PIP is a skills-based program that has been implemented in Colorado for over 10 years and is in the process of being established as an evidence-based program. PIP is designed to prevent youth involvement in drug use by strengthening family relationships and promoting positive behaviors and lifestyles. The PIP curriculum provides parents with new and improved knowledge, attitudes, and developmentally appropriate skills that can be used to help children remain drug free. In six 2-hour workshops, parents are exposed to research findings, participate in experiential activities, and practice skill-building techniques (Table 1). Colorado Family, Education, Resources, and Training (CFERT) staff provide Colorado State University Extension (CUSE) agents with ongoing training to implement the PIP curriculum. To ensure program fidelity, CSUE agents are required to present the core domains of the curriculum. However, given CSUE agents' familiarity with their community's needs and problems, they are able to tailor the curriculum activities to their specific community.

**Table 1.**

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
</table>

2/11
<table>
<thead>
<tr>
<th></th>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-esteem</td>
<td>Parents explore the importance of self-esteem for both parents and children, and consider ways to increase self-esteem.</td>
</tr>
<tr>
<td>2</td>
<td>Risk and resiliency factors</td>
<td>Parents learn about effective resiliency factors and about the risks that should be of concern. Attention is given to children’s behaviors that are currently of concern to parents.</td>
</tr>
<tr>
<td>3</td>
<td>Communication</td>
<td>Parents learn about the basic principles of verbal and nonverbal communication and identify barriers to effective communication.</td>
</tr>
<tr>
<td>4</td>
<td>Discipline</td>
<td>Positive discipline is contrasted to punishment. Planning discipline in advance, communicating about expectations and supporting children by practicing consistent discipline are emphasized.</td>
</tr>
<tr>
<td>5</td>
<td>Problem solving and decision making</td>
<td>Maslow's (1943) conceptualization of the hierarchy of needs is introduced. Decision making is presented as the prioritization and negotiation of these needs. A section on facts about alcohol and other drugs is included in this lesson.</td>
</tr>
<tr>
<td>6</td>
<td>Synthesis</td>
<td>Parents reflect on how all the course topics- problem solving, communication, discipline, knowledge, self-esteem, resisting peer pressure – fit together to foster healthy youth development.</td>
</tr>
</tbody>
</table>

The Current Study

In collaboration with CSUE, PIP was implemented and evaluated at seven Colorado locations. While the overall goal of PIP is to prevent substance use, the current evaluation focused on a number of parenting constructs that are likely to be affected by PIP. It was hypothesized that following participation in the PIP, parents would report:

1. Increased use of consistent discipline and positive parenting practices and increased communication with their children about substance use.

2. More positive attitudes toward parenting and child rearing.

3. Decreased parental stress.

Method
Participants

Fifty-four participants (16 males and 38 females) took part in the study described in this article. Participants consisted of a convenience sample, and the majority were recruited by Extension agents who circulated study flyers. However, some participants were referred by nonprofits (e.g., school districts, social services) or were court ordered to attend PIP. The mean age of participants was 37.7 years (SD = 11.7). Participants had an average of 2.0 children (SD = 1.1, range = 1-7). The mean age of participants' children was 6.7 years (SD = 4.0, range = 4 months - 19 years). See Table 2 for demographic sample characteristics.

Table 2.
Demographic Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
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</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>14 (25.9)</td>
</tr>
<tr>
<td>Native American/Alaskan Native</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>37 (68.5)</td>
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<tr>
<td>Other</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Single/Never married</td>
<td>8 (14.8)</td>
</tr>
<tr>
<td>Married</td>
<td>35 (64.8)</td>
</tr>
<tr>
<td>Divorced</td>
<td>8 (14.8)</td>
</tr>
<tr>
<td>Separated</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1.9)</td>
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<tr>
<td>Annual Family Income</td>
<td></td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>4 (7.4)</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>3 (5.6)</td>
</tr>
<tr>
<td>$20,001-$30,000</td>
<td>14 (25.9)</td>
</tr>
<tr>
<td>$30,001-$40,000</td>
<td>4 (7.4)</td>
</tr>
<tr>
<td>$40,001-$50,000</td>
<td>7 (13.0)</td>
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<tr>
<td>Over $50,000</td>
<td>16 (29.6)</td>
</tr>
<tr>
<td>Don't know</td>
<td>5 (9.3)</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Number (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>4 (7.4)</td>
</tr>
<tr>
<td>High school/GED</td>
<td>15 (27.8)</td>
</tr>
<tr>
<td>Some college</td>
<td>18 (33.3)</td>
</tr>
<tr>
<td>2-year college graduate</td>
<td>3 (5.6)</td>
</tr>
<tr>
<td>4-year college graduate</td>
<td>8 (14.8)</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>6 (11.1)</td>
</tr>
</tbody>
</table>

**Procedure**

Study procedures were refined over a 3-year pilot testing phase. Participants completed a pretest survey at the beginning of the first class. All locations implemented the six-session PIP curriculum. At the end of the sixth session, participants completed a posttest survey. Participants were instructed to report on their current parenting attitudes and behaviors. Participants only completed the posttest survey if they attended all six sessions. The number of participants completing PIP at each location ranged from 2-11.

**Measures**

**Communication About Substance Use**

A single item (I talk to my children about alcohol and other drugs) assessed how often participants talk to their children about substance use. This item was rated on a four-point scale, ranging from 1 (Hardly ever) to 4 (Always). Many participants missed this item, resulting in a reduced sample size and a reduction in power to detect significant changes.

**Consistency of Discipline**

Consistency of Discipline (COD) was assessed with a seven-item scale measuring the extent to which discipline is proportionate to the problem behavior and consistently applied over time. This scale was adapted from the Rochester Youth Development Study (RYDS; Krohn, Stern, Thornberry, & Jang, 1992; \( \alpha = .73 \)). Responses were rated on a four-point scale, ranging from 1 (Never) to 4 (Often). Alpha-reliability estimates were .74 at pretest and .64 at posttest.

**Positive Parenting**

Five items, adapted from the RYDS, assessed the extent to which parents reward their child's positive behavior. Responses are rated on a four-point scale, ranging from 1 (Never) to 4 (Often). Alpha-reliability estimates were .73 at pretest and .66 at posttest.

**Parent/Child Rearing Attitudes**

The Adult-Adolescent Parenting Inventory (AAPI-II; Bavolek & Keene, 2001; \( s \geq .80 \)) is a 40-item measure assessing parent and child rearing attitudes. Responses are rated on a five-point scale ranging from 1 (Strongly agree) to 5 (Strongly disagree). This scale consists of five constructs:
• Expectations of Children (pretest  = .74, posttest  = .69)

• Empathy Towards Children's Needs (pretest  = .77, posttest  = .62)

• Endorse Alternatives to Corporal Punishment (pretest  = .86, posttest  = .73)

• Healthy Role Responsibilities (pretest  = .77, posttest  = .65)

• Healthy Power and Independence (pretest  = .62, posttest  = .59)

**Parental Stress**

The Parental Stress Indexâ€ Short Form (PSI-SF; Abidin, 1995; ‘s ≥ .89) is a 36-item scale assessing parenting stress and contains three subscales:

• Parental Distress (pretest  = .91, posttest  = .84)

• Parent-Child Dysfunctional Interaction (pretest  = .91, posttest  = .88)

• Difficult Child (pretest  = .91, posttest  = .89)

**Results**

Repeated measures t-tests were conducted to test for program effects (Table 3). Cohen's d is reported as an indicator of effect size. Effect sizes of .2-.3 can be interpreted as a small effect, .5 as a medium effect, and .8 as a large effect (Cohen, 1988).

**Table 3.**

Means and (Standard Deviations) for Measures at Pre- and Posttest

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pretest M (SD)</th>
<th>Posttest M (SD)</th>
<th>t-value</th>
<th>df</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication about Substance Use</td>
<td>1.96 (1.19)</td>
<td>2.33 (1.03)</td>
<td>1.91</td>
<td>26</td>
<td>.33</td>
</tr>
<tr>
<td>Consistency of Discipline</td>
<td>20.84 (3.42)</td>
<td>22.86 (2.54)</td>
<td>4.32*</td>
<td>42</td>
<td>.67</td>
</tr>
<tr>
<td>Positive Parenting</td>
<td>16.27 (2.33)</td>
<td>17.02 (2.12)</td>
<td>2.67*</td>
<td>51</td>
<td>.34</td>
</tr>
<tr>
<td>Parent/Child Rearing Attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>t</td>
<td>df</td>
<td>p</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>------</td>
<td>----</td>
<td>------</td>
</tr>
<tr>
<td>Expectations of Children</td>
<td>20.84</td>
<td>4.88</td>
<td>2.17</td>
<td>43</td>
<td>.25</td>
</tr>
<tr>
<td>Empathy Towards Children's Needs</td>
<td>40.73</td>
<td>5.17</td>
<td>5.64*</td>
<td>44</td>
<td>.73</td>
</tr>
<tr>
<td>Endorse Alternatives to Corporal Punishment</td>
<td>39.38</td>
<td>8.29</td>
<td>1.12</td>
<td>46</td>
<td>.12</td>
</tr>
<tr>
<td>Healthy Role Responsibilities</td>
<td>40.73</td>
<td>5.17</td>
<td>2.00*</td>
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<td>Healthy Power and Independence</td>
<td>20.40</td>
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<td>.84</td>
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<td>Parental Stress</td>
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<td></td>
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<td>Parental Distress</td>
<td>27.12</td>
<td>8.93</td>
<td>-2.78*</td>
<td>41</td>
<td>.42</td>
</tr>
<tr>
<td>Parent-Child Dysfunction</td>
<td>21.05</td>
<td>8.25</td>
<td>- .99</td>
<td>40</td>
<td>.14</td>
</tr>
<tr>
<td>Difficult Child</td>
<td>26.53</td>
<td>9.97</td>
<td>-1.78</td>
<td>37</td>
<td>.22</td>
</tr>
</tbody>
</table>

Note. * indicates p < .05

**Behaviors**

Findings indicated that PIP had a positive impact on parenting behaviors:

- Parents communicated with their child about drugs and alcohol more frequently at posttest, and this increase approached statistical significance.

- A significant increase in the use of consistent and appropriate discipline tactics was observed, suggesting that PIP is associated with improved discipline practices.

- A significant increase was observed in the use of positive parenting practices, indicating that parents were more likely to reward their children for their positive behavior following PIP.

**Parent/Child Rearing Attitudes**

PIP was associated with changes in parent and child rearing attitudes.

- Expectations of Children: A significant increase was observed in participants’ understanding of inappropriate expectations that parents have for their children.
• Empathy Towards Children's Needs: Participants reported significantly greater empathy towards their children's needs from pretest to posttest.

• Endorse Alternatives to Corporal Punishment: An increase in the endorsement of alternative strategies to corporal punishment was observed; however, this increase was not significant.

• Healthy Role Responsibilities: A significant increase in the understanding of healthy role responsibilities for parents and children was observed at posttest.

• Healthy Power and Independence: A significant change was observed in this construct; however, the change was not in the expected direction. Parents reported increased oppression of their children's power and independence following PIP.

**Parental Stress**

There is some evidence to suggest that PIP is associated with decreases in parental stress.

• A significant decrease was observed in the Parental Distress subscale of the PSI-SF, indicating that parents felt less distress regarding their functioning as parents at posttest.

• Significant changes were not observed for the Parent-Child Dysfunction Interaction and the Difficult Child subscales, suggesting that PIP did not lead to decreases in the incidence of dysfunctional interactions between the parent and child or in the incidence of troublesome child behavior.

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</tr>
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</table>
Discussion

Findings suggest that PIP affects basic elements of parent-child relationships, including parenting attitudes and practices, and parental stress. Statistically significant results include:

- Decreased endorsement of corporal punishment and reversal of parent-child roles
- Decreased parental stress
- Increased parental empathy and appropriate child expectations
- Increased use of positive parenting and consistent discipline practices

These elements have been identified as essential in preventing or delaying the onset of substance use during adolescence (Hawkins et al., 1992). However, significant changes were not found for all outcome measures, possibly due to the fact that some of the scales used were not appropriate for use with parents of young children. In addition, significant changes were not observed on all subscales of the AAPI-II and PSI-SF, perhaps because some aspects of parenting take longer to modify than others. Of greater concern is that significant changes were observed in an unexpected direction on the Healthy Power and Independence subscale of the AAPI-II. PIP encourages parents to monitor their children, which may have unintentionally led parents to oppress their children. This finding should be investigated further, and, if necessary, the curriculum should be modified to teach tactics for monitoring children without hindering their independence.

Taken together, findings suggest that PIP leads to measurable improvements in several parenting outcomes. The use of Extension in the delivery of parenting programs is a strategy that is well described and used (Spoth, Greenberg, Bierman, & Redmond, 2004). The collaboration between CFERT and CSUE is based on the belief that "together we can" gather the expertise necessary to ensure that families receive the services...
that they need. CFERT receives external funding to support the delivery of “parenting as prevention” services by Extension agents at the community level. This collaboration is vital to the continued successful implementation and evaluation of PIP in Colorado.

Despite these promising findings, there are limitations that should be noted.

- The number of participants who took part in the study was small, and there were issues with missing data. Many participants had young children, and, therefore, some of the survey items were not relevant to them. These factors may have influenced our ability to detect significant changes on all measures. In addition, many participants were self-selected, which may influence the generalizability of our findings.

- The study tested the short-term effects of PIP. The long-term effects of PIP and whether changes are maintained overtime remains unknown.

- The study did not have a control group, making it impossible to rule out alternative explanations for the significant changes observed.

A longitudinal, randomized controlled trial should be undertaken in future evaluations to allow for the conclusion that PIP leads to significant changes in parenting outcomes and that changes are maintained over time. It would also be important to evaluate whether PIP prevents youth involvement in substance use. Future evaluations may consider revising the evaluation measures. In particular, in order to reduce the burden to clients, the survey could be significantly shortened.

Overall, the study indicates that parents benefited from taking part in PIP. The strengthening of family bonds resulting from the knowledge and skills learned during participation in PIP has the potential to lead to positive outcomes for the children of parents who take part in this curriculum.

References


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