

ACT AGAINST VIOLENCE: A MULTI-SITE EVALUATION  
OF THE PARENTS RAISING SAFE KIDS PROGRAM

by

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ACT Against Violence: A Multi-Site Evaluation  
of the Parents Raising Safe Kids Program

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## ABSTRACT

### ACT AGAINST VIOLENCE: A MULTI-SITE EVALUATION OF PARENTS RAISING SAFE KIDS

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Parents Raising Safe Kids (PRSK) is an empirically research-based, national violence prevention created by the American Psychological Association (APA) and the National Association for the Education of Young Children (NAEYC), with the goals of reducing violence in families with children ages 0-8 and making violence prevention visible within the community. The PRSK curriculum is comprised of four modules: anger management, social problem-solving, positive discipline, and media violence literacy that, through the use of videos, role playing, group discussions, homework, and hands-on activities, serve to teach caregivers non-violent strategies for parenting as well as increase their child development knowledge.

The current study is a formative and summative evaluation of the PRSK program. In the span of one calendar year, participants located at nine sites within the United States, including incarcerated caregivers, teen parents, and court mandated caregivers, participated in the free, eight-week violence prevention program. Results of the current study suggest PRSK is an effective parenting program. Participants significantly increased their violence prevention knowledge for all four modules, with small to medium effects. Spanish speakers significantly outperformed English speakers, both in terms of more knowledge gained from the PRSK program and higher retention rates.

These results will be used to inform stakeholders at the APA of the program's effectiveness at reaching its goals, namely reducing violence within the home. Additionally, this

study will make recommendations regarding the implementation of the PRSK program, specifically which components are most effective and what elements need improvement. Finally, this study will make recommendations regarding PRSK's evaluation tools, which until now have yet to be analyzed psychometrically.

This current research is also a stride in support PRSK to become an evidence-based practice. The results from this study suggest that PRSK is an affordable, flexible, effective program that can reduce coercive parenting behavior while increasing positive parenting techniques and child development knowledge. More research is needed regarding certain at-risk groups that were acutely explored in this study, specifically incarcerated parents and adolescent caregivers.

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## REVIEW OF THE LITERATURE

From 1996 to 1998, five million children in the United States were exposed to a traumatic event (Perry, 2000). Violence is the leading cause of death in children in the United States (American Academy of Pediatrics, 2001). Moreover, children are increasingly exposed to violence, which most frequently occurs in the home (Perry, 1997). The problem of violence in the home is particularly marked for very young children. Of the 1,760 child fatalities reported in 2007, 75.7 percent of children were under the age of four and 69.9 percent of the perpetrators were one or both of the child's parents (U.S. Department of Health and Human Services, 2007).

In addition to child fatalities, during 2007, 753,357 children were confirmed to be maltreated in the form of either abuse or neglect. Similar to child fatalities, very young children made up the highest proportion of abuse and neglect victims, with over 55 percent of maltreated children being under the age of seven (U.S. Department of Health and Human Services, 2007). Additionally, Carter, Weithorn, and Behrman (1999) estimated that between three to ten million children observe violence between their parents annually. Children who witness violence in their home are 15 times more likely to become victims of abuse themselves (Stacy & Shupe, 1983). Furthermore, those who witness violence are 53 percent more likely to be arrested for a crime as juveniles and 38 percent more likely to be arrested for a violent crime as adults (U.S. Department of Justice, 2001). In fact, children exposed to violence in any form are at a greater risk for becoming violent themselves (Crouch, Milner, & Thomson, 2001; Loeber, Wung, Keenan, Giroux, Stouthamer-Loeber, Van Kammen, et al., 1993; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998).

Abuse and neglect have negative psychological and emotional consequences for the child victim. Physical abuse, such as pushing, slapping, shaking, hitting, and punching, in addition to the obvious physical effects, can negatively impact psychological adjustment as well (Margolin & Vickerman, 2007). Similarly, verbal abuse can also negatively impact a child's development, leading to feelings of helplessness, hypervigilence, or the development of a hostile attribution bias, especially if the perpetrator is a child's primary caregiver (Lee & Hoaken, 2007; Margolin & Vickerman, 2007). In addition to maladaptive social behavior, abused children are at risk for developing symptoms of externalizing and internalizing psychopathology such as Post Traumatic Stress Disorder (PTSD), Attention Deficit and Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) (Drell, Siegel, & Gaensbauer, 1993; Margolin & Vickerman, 2007; Osofsky, 1995; Patterson, Reid, & Dishion, 1992).

Beyond direct victimization, witnessing violence in media also negatively impacts children. Media violence as a risk factor for developing maladaptive behaviors came to light in studies of social learning theory (Bandura, Ross, & Ross, 1961; Bandura, 1978). Bandura et al. (1961) found that children who observed aggressive models on a television screen produced aggressive behaviors similar to those they saw modeled by adults. On average today, young children utilize 3.5 hours of screen media per day, while children eight years and older are exposed to eight hours per day, including the internet, television, and video games (Roberts & Foehr, 2008). Unfortunately, studies have found that the highest amount of violence takes place in children's programming (Wilson, Smith, Potter, Kunkel, Linz, Colvin, et al., 2002). Additionally, in American households with children, eighty-three percent contain video game units (Roberts, Foehr, & Rideout, 2005). Of the video games rated as appropriate for children by the Entertainment Software Rating Board ([www.ESRB.org](http://www.ESRB.org)), 95% contain violent material

(Haninger & Thompson, 2004). Moreover, young children tend to prefer violent over non-violent video games (Funk & Buchman, 1996). These games impact aggressive behavior, cognition, and affect in children (e.g., Anderson & Dill, 2000; Anderson & Bushman, 2001). Meta analyses find that across dozens of studies, viewing violent media significantly increases physiological arousal and risk taking behavior, including drug seeking and sexual activity, and decreases prosocial behavior and executive functioning (Bushman & Anderson, 2009; Carnagey, Anderson, & Bushman, 2007; Kronenberger, Mathews, Dunn, Wang, Wood, Giaque, et al., 2005; Linder & Gentile, 2009; Villani, 2001). However, the impact of violent media on children can be mitigated by proactive parental and community support.

Cicchetti and Toth (2005) proposed a transactional model of child maltreatment, which states that a unique combination of risk and protective factors can influence a child's developmental trajectory in the face of violence or trauma. Risk factors influencing child maltreatment include parental history of abuse, single-parent status, number of children in a family, and age of parent at the time of childbirth (Ethier, Couture, & Lacharite, 2004). Adolescent, teen, and at-risk parents face especially challenging circumstances. Young parents are more likely to experience economic hardship, with more than 80% of adolescent parents living in poverty and utilizing social service programs (Maynard, 1996). Furthermore, young maternal age is a significant risk factor for child maltreatment (Lee & Goerge, 1999) and children born to adolescent mothers are twice as likely to be abused as those born to parents in their early 20s (Maynard, 1996).

However, protective factors can buffer a child against the risks faced at home. Factors such as high intelligence and a positive role model may lead a child to seek help outside his or her home environment (Masten & Coatsworth, 1998). Likewise, positive parenting decreases a

child's risk for developing maladaptive behaviors. Parenting programs seeking to increase positive parenting behavior, such as prosocial problem solving and effective anger management, may increase children's protective factors that prevent violence and future maladaptive behaviors.

Parenting programs for multiply-stressed parents reduce the likelihood of child abuse and neglect by teaching caregivers positive, nonviolent parenting techniques. Programs are most effective at reducing abuse when the attendees are parents of *young* children (Brestan & Eyberg, 1998). Early childhood is a time when children's stage salient developmental tasks, such as attachment, emotional regulation and expansion of peer relations, are developing (Cicchetti & Toth, 1997). Also emerging during the formative early years of life are a child's cognitive functioning and interpersonal skills (Masten & Coatsworth, 1998). Brain maturation is extremely plastic during these formative years and early adverse experiences can negatively affect brain development (Cicchetti & Cannon, 1999; Nelson & Bloom, 1997; Thatcher, 1994). Programs that emphasize prevention rather than intervention seek to educate parents facing numerous challenges about child development ages and stages and help foster prosocial parenting skills which increase the protective factors related to healthy child development. Additionally, programs that emphasize prevention over intervention may prevent coercive parenting behavior from occurring in the first place.

Parents Raising Safe Kids (PRSK) is an empirically-based early violence prevention program aimed at caregivers of young children and early childhood professionals. Part of the ACT (Adults and Children Together) Against Violence Campaign developed by the American Psychological Association (APA) and the National Association for the Education of Young

Children (NAEYC), ACT consists of two components, a national multimedia public service campaign and a violence prevention-training program (Silva & Randall, 2005).

The ACT national media campaign has reached over 60 million households in the United States and its messages appear on over 7,000 billboards and 2,500 transit ads (Silva & Randall, 2005). The Parents Raising Safe Kids (PRSK) violence prevention program has been implemented in 29 states, Puerto Rico, and four foreign countries. Over 100 professionals have been trained at APA headquarters in Washington D.C. to become site facilitators. In turn, these facilitators trained more than 20,000 adults in the communities they serve (Silva & Randall, 2005). These professionals implement the PRSK curriculum directly with parents. By analyzing the evaluation data from these multiple sites, researchers and program facilitators can develop and revise PRSK to better serve parents and potentially prevent violence in the home.

The PRSK program has two goals: to educate caregivers to be positive role models and to make early violence prevention part of a collaborative community effort to prevent violence. The present study evaluates PRSK, through analysis of data gathered at nine sites across the country with the purpose of evaluating changes in parents' skills and knowledge, as well as assessing ways to improve the PRSK program and future evaluations of the program.

### **Description of Parents Raising Safe Kids Program**

Based on social learning theory (Bandura, 1977), PRSK strives to prevent abuse by teaching caregivers of children zero to eight years of age appropriate child rearing techniques in order to better model non-violence to their children. As such, PRSK is a social-cognitive program, built on the assumption that aggressive and violent behaviors are learned, rather than primarily biologically driven (Bandura, 1978; Silva & Randall, 2005). PRSK seeks to teach caregivers problem solving techniques, help them acquire the social skills needed to make better

conflict resolution choices, and increase their child development knowledge. At its core, PRSK consists of four modules: anger management, social problem solving, child development/positive discipline, and media violence literacy (Guttman, Mowder, & Yasik, 2006; Mowder & Orland, 2006; Porter & Howe, 2008; Silva & Randall, 2005). These modules are based on the program's primary goal to educate caregivers on three major topics: the antecedents and consequences of violence, ages and stages of child development, and family violence prevention skills (Silva & Randall, 2005). Each module is taught through homework assignments, video discussions, mini-lectures, group work, and hand-on activities (Porter & Howe, 2008). The program is typically conducted in two-hour segments per week for eight weeks and may be taught in English or Spanish. Participants are taught how to prevent child abuse by learning how to productively cope with their anger and use positive parenting techniques. Previous studies have found that parents who believe that their actions influence their child's behavior are more consistent in their child rearing techniques (Kokkinos & Panayiotou, 2007). Parents who feel they have control over their own behavior use less authoritarian approaches to parenting, decreasing the risk for child abuse (Bugental, Blue, & Cruzcosa, 1989; Kokkinos & Panayiotou, 2007).

**Anger management.** The PRSK program's first module, anger management, teaches caregivers of young children to use appropriate means of expressing anger and helps them manage their anger accordingly (Silva & Randall, 2005). Parents who lack anger management skills are at greater risk for adopting coercive parenting techniques (Hansen & MacMillan, 1990). Additionally, children who witness their primary caregivers being aggressive are more likely to utilize aggressive techniques to resolve conflict (Adamson & Thompson, 1998). Children who use destructive anger to manage conflict are at risk for peer rejection and behavioral problems (Denham, Blair, Schmidt, & DeMulder, 2002; Salzinger et al., 1993). Thus,

focusing on productive understanding of one's feelings and proper non-violent responses is key to preventing child maltreatment.

Utilizing the anger management module, caregivers learn to manage and express their anger through the acronym "RETHINK," based on the work of Fetsch, Schultz, and Wahler (1999). RETHINK implements learning strategies for caregivers, which include recognizing parents' own anger and methods for processing and redirecting their children's anger. In a study evaluating the original RETHINK program, 99 European-American parents reported a 97% improvement in positive parenting techniques and 94% reported making positive changes in their attitudes. Additionally, caregivers who participated in the program showed an increase in their ability to control anger and a decline in abusive behavior (Fetsch et al., 1999). More recent studies of the RETHINK program have found significant decreases in family conflict and physical aggression (Fetsch & Schultz, 2008) and sustained internalization of RETHINK messages at a two month follow-up (Fetsch, Yang, & Pettit, 2008).

RETHINK as part of the ACT-PRSK program helps parents: *Recognize* when they are angry, *Empathize* with their child, *Think* about the problem in a new way, *Hear* what the other person is saying, *Include* personal "I" statements, *Notice* their body's reaction to anger, and *Keep* the conversation in the present (Porter & Howe, 2008). By utilizing these techniques, parents can learn to evaluate a difficult problem with calm, noncoercive behavior, reducing the likelihood of abuse. Previously, violence prevention programs including anger management report lower rates of aggressive behavior in children and adolescents following intervention (Farrell & Meyer, 1997; Miller-Johnson, Coie, Maumary-Gremaud, & Bierman, 2002; Orpinas, Parcel, McAlister, & Frankowski, 1995). In addition to positive emotion management ACT-PRSK also helps parents to learn to model appropriate cognitions and behaviors, such as is required in social problem solving situations.

**Prosocial problem solving.** PRSK's second module, social problem solving, gives caregivers the knowledge to understand the mechanisms behind their actions and effectively implement nonviolent strategies to address problems they may encounter. Azar (1989) suggests that parents who lack problem solving skills are more likely to utilize coercive parenting behavior. Patterson (2002) describes a coercive cycle of aggressive discipline which fosters youth aggressive behavior through continuous modeling and immediate reinforcement. Children who learn aggressive behavior from their parents as a result of poor problem-solving techniques are at a risk for future peer rejection, conduct disorders, violence, and drug use, among other negative consequences (Hanish & Guerra, 2002; Patterson, 2002). Peer rejection occurring at a young age, in particular, can have negative influences on a child's ability to problem solve. Aggressive children have rates of peer rejection than those children who do not act aggressively towards their peers (Hektner, August, & Realmuto, 2000). Likewise, children who have poor social problem solving skills are more likely to believe aggression is an acceptable form of conflict resolution (Huesmann, 1998).

Similar to the anger management module's use of RETHINK, the social problem-solving module utilizes an acronym, "IDEAL," to help parents remember the steps to effective problem-solving (Miguel & Howe, 2006). This method helps parents: *Identify* the problem, *Determine* positive solutions, *Evaluate* each possible solution, *Act* on a solution, and *Learn* from their problem solving process. Previous research has supported the use of acronyms as an effective cognitive problem solving technique (Crick & Dodge, 1994). Controlling anger and learning how to effectively solve problems leads caregivers to model positive, nonviolent behavior. When parents reduce anger and hostility and increase problem solving skills they are better able to discipline their children. Successful problem solving allows parents to use more inductive,

positive discipline strategies as well. Coercive discipline or the use of harsh punishment by parents is a risk factor that may lead children to exhibit aggressive behavior (Patterson, 2002; Synder & Patterson, 1987). By implementing consistent, positive discipline strategies that emphasize guidance rather than punishment, PRSK seeks to encourage parents to model positive behavior through consistent, noncoercive discipline strategies (Miguel & Howe, 2006; Porter & Howe, 2008).

**Positive discipline.** The positive discipline module of PRSK involves implementing calm, consistent guidance in parent child interactions. The American Academy of Pediatrics (1998) describes three essential components that influence effective discipline: a positive, supportive parent-child relationship, the use positive reinforcement, and the cessation of harsh punishment such as spanking. Parenting programs which have included prosocial discipline in their training have found increases in positive parenting techniques and decreases in coercive parenting behavior (Porter & Howe, 2008; Reid, Webster-Stratton, & Beauchaine, 2001). Children whose caregivers utilize punishment without positive discipline may learn inappropriate conflict resolution strategies (Uslucan & Fuhrer, 2009). Discipline, rather than punishment, teaches children self-control and problem-solving techniques. Punishment involves the use of punitive retaliation and is often accompanied by threatening reactions (DaSilva, Sterne, & Anderson, 2002). Parents may prevent the intergenerational transmission of aggression by utilizing positive discipline techniques, which include setting limits and using logical consequences rather than relying on spanking, yelling, or coercive and aggressive behaviors (Porter & Howe, 2008; Uslucan & Fuhrer, 2009).

In particular, parents who abuse their children are more likely than nonabusive parents to use spanking as a punishment technique (Whipple & Webster-Stratton, 1991). Most often, abuse

occurs during periods of physical discipline which unintentionally escalate to abuse (Whipple & Richey, 1997). Graziano (1994) described “subabusive” behavior as actions such as spanking, paddling, and slapping children for discipline purposes. National studies found that upwards of 65% of American parents use physical punishment to correct their children (Regalado, Sareen, Inkelas, Wissow, & Halfon, 2004; Socolar, Savage, & Evans, 2007). The risks of using physical punishment far exceed the benefits when used as a child rearing strategy (Gershoff & Bitensky, 2007). Indeed, the only significant positive outcome of corporal punishment is the immediate compliance of a child to his or her caregiver’s wishes (Gershoff, 2002). Physical punishment over the long term has been related to an increase in children’s aggressive behaviors, hostile attributions, criminal behaviors, psychopathology, such as depression, and feelings of helplessness (Gershoff & Bitensky, 2007). Additionally, studies have found children who were spanked are more likely to use physical punishment with their own children (Fry, 1993; Holden, Thompson, Zambarano, & Marshall, 1997; Simons, Whitbeck, Conger, & Wu, 1991). Despite the popularity of corporal punishment among American families, the American Academy of Pediatrics and the American Psychological Association both publicly condemn its use as a means of discipline. In pilot data, the PRSK program has been successful at completely extinguishing parental use of spanking (Knox, Burkhart, & Hunter, 2009; Porter & Howe, 2008).

**Media violence literacy.** Whereas the key focus of PRSK is parenting behavior, research shows that children are also influenced by aggression and violence outside the caregiving relationship. In particular, the media is a growing concern for educators and researchers. The correlation between viewing violent behavior and acting aggressively was first suggested by the pioneering studies of Bandura (1961; 1963) and later by Liebert & Baron (1972). Liebert & Baron’s study measured five and nine-year-old children who watched either a violent television program or a track race. After the viewing, children who were exposed to the violent television program evidenced

more coercive behaviors toward other children than those children who watched the neutral track race (Leibert & Baron, 1972). A more recent study found that children who viewed violent media were more likely to act aggressively, both in terms of relational and physical aggression (Coyne, Nelson, Lawton, Haslam, Rooney, Titterington, et al., 2008). One longitudinal study found that children who viewed violent media at young ages still exhibited aggressive tendencies 15 years later while controlling for baseline levels of aggressive and demographic factors such as children's academic competence and parental socioeconomic status (Huesmann, Moise-Titus, Podolski, & Eron, 2003).

Six leading professional societies including the American Psychological Association and the American Academy of Pediatrics have signed a statement affirming the causal relationship between violent media and elevated aggressive behavior, based on decades of research and over 1,000 studies (Joint Statement, 2000). A meta-analysis of 35 studies measuring the relationship between media violence and aggression found a significant positive relationship between the two variables, with effect sizes comparable to the relationship between reduced HIV risk and condom use (Anderson & Bushman, 2001). The 21 experimental studies analyzed in the meta-analysis demonstrated that short-term exposure to violent media causes increases in aggressive behavior, cognitions, and affect, and heightened physiological responses. Furthermore, nonexperimental data indicated a significant positive relationship between aggression and violent media and a significant negative relationship between violent media and prosocial behavior. This relationship is sustained while controlling for age, gender, and baseline levels of aggression. Thus, the fourth module of the PRSK program is *media violence literacy*. No other early violence prevention program focuses on media violence literacy (American Psychological Association, 2005).

In addition to watching violent television, children are increasingly engaging in violent videogame play. A study by Anderson and Bushman (2001) found that children prefer violent to

nonviolent videogames, with 59% of girls and 73% of boys in the fourth grade stating their favorite game was a violent one. Children may be even more likely to increase their aggressive behaviors through actively playing videogames rather than passively watching violent television (Carll, 1999). By rehearsing a role, identifying with a violent videogame character, and repeating violent actions within a game, children are practicing the behaviors necessary for learning aggressive tendencies (Anderson, 2002; Anderson, Carnagey, Flanagan, Benjamin, Eubanks, Valentine, et al., 2000).

PRSK strives to reduce the effects of media violence on children by teaching caregivers how to monitor media use and explain what their child observes in screen media. Caregivers are taught that young children may not understand the differences between fantasy and reality. They are educated about the differences between how adults and children process information from media. Finally, parents learn how to teach their own children to be critical consumers of media and how to reduce media's impact on their children (Porter & Howe, 2008). This module is especially important for caregivers with very young children, as these children often have difficulties distinguishing between fantasy and reality and do not realize the actual harm that can come from aggressive and violent acts they view and then imitate (Bushman & Anderson, 2001). Thus, the reduction of children's exposure to media violence is an important step in violence prevention. PRSK is currently the only violence prevention parent training program that includes media literacy in its curriculum.

### **Evaluation of Other Violence Prevention Curricula**

Like PRSK, other violence prevention and intervention programs aim to reduce future aggression and potential problematic behavior in children, as well as reduce coercive parenting techniques. For example, the Incredible Years BASIC Parent Program is an early intervention

curriculum that aims to reduce conduct problems in children by increasing positive parenting techniques. The program is taught through video-taped demonstrations of effective parent-child interactions. The curriculum includes information about effective discipline, such as praise, timeouts, and natural consequences for problematic behavior. Also like PRSK, Incredible Years utilizes homework assignments, role playing, and group discussion to teach information about parenting strategies. Moreover, both PRSK and Incredible Years offer free meals to both the parent participants and their children and offer free child care (Levac, McCay, Merka, and Reddon-D'Arcy, 2008).

The Incredible Years Program was evaluated with 42 participants who completed a 12-week curriculum (Levac et al., 2008). The majority of participants were highly educated (76 % had a college education), European American, middle aged (the median age was 41.5), and all had children with either conduct or attention problems presenting at either school or at home. Results suggested that all parents valued the nurturing environment of the parenting program and felt the supportive discussions aided in their experience of raising their children. The parents also reported decreases in coercive parenting techniques, increased ability to confidently parent their children, increased time spent playing with and praising their children, and increased prosocial behavior in their children.

The Incredible Years BASIC Parent Program is similar to PRSK in many aspects. Both programs target young children and their parents, with goals of decreasing coercive parenting behavior, increasing positive child behavior, and nurturing parent-child interactions. Incredible Years and PRSK also utilize homework assignments and group discussions to educate caregivers on the shared curriculum goals of improving parenting skills such as positive discipline and logical consequences for problematic child behavior. Both programs utilize trained facilitators to

lead the groups and consist of 2-hour sessions. However, while the Incredible Years BASIC Parent Program is effective at long-term follow-up (Jones, Daley, Hutchings, Bywater, & Eames, 2008) with parents at various levels of socioeconomic status (Webster-Stratton, 1998, 1990) and of diverse ethnicities (Kim, Cain, & Webster-Stratton, 2007), it is considerably more expensive than PRSK. The training program for Incredible Years costs \$3,600 per attendee (Foster, Olchowski, & Webster-Stratton, 2007). The Incredible Years BASIC Parent Program costs \$9,472 per session (Foster et al., 2007), a large expense that is often not practical for underfunded communities working with high risk parents at community agencies. In contrast, ACT's PRSK program is not for profit and each 8-week session (for between typically 8-12 participants) costs on average \$3,048, or between \$200-\$400 per participant (Portwood, 2009).

Facilitator training for the PRSK program requires participants pay only travel expenses to a training site or a small few for materials. Parents in the program attend at no cost and receive free meals and child care. APA provides materials utilized in the PRSK program to facilitators at cost ([www.actagainstviolence.com](http://www.actagainstviolence.com)). Additionally, Incredible Years requires 12-14 weeks. PRSK's curriculum of eight weeks may be more appropriate for high risk parents, such as adolescents and those in drug treatment, as these groups tend to have higher attrition rates or are only available for a short time (Letourneau, Stewart, & Barnfather, 2004). Lastly, Incredible Years does not include extra-parental risk factors such as violent media nor does it focus on the building of community collaborations among agencies. In contrast, PRSK is successful at increasing caregivers' knowledge about media violence and at improving community agencies' collaboration (Battelle Centers for Public Health Research and Evaluation, 2004; Miguel & Howe, 2006).

Similar to Incredible Years, The Triple P Positive Parenting Program targets parents with

children ages zero to 16 who have severe behavioral problems (Graaf, Speetjens, Smit, Wolff, & Tavecchio, 2008). Developed to prevent or decrease behavioral problems in children by increasing parenting skills, Triple P consists of five levels intended to intervene at various stages of childhood behavioral disturbance. Level 1 is a media-based prevention campaign which educates parents about appropriate ways to manage their children's behavioral problems. Levels 2 and 3 both focus on intervention for parents whose children exhibit mild to moderate behavioral problems. Both of the levels consist of group sessions and telephone or face-to-face consultations with clinicians. Level 4 is an intensive prevention program that educates caregivers about positive parenting behavior. This level focuses on parents with children displaying severe behavior problems, parents with preschool children who are at risk for developing emotional disturbances, and parents with children who do not yet meet the diagnostic criteria for a behavior disorder but exhibit problematic behavior. Level 5 is an enhanced behavioral family intervention for children with severe emotional disturbances and concurrent dysfunctional family problems.

Triple P successfully increases positive parenting behavior and decreases aggressive behavior in children (Sanders, Markie-Dadds, & Turner, 2003). In one study 150 Swiss couples were either randomly assigned to the Triple P Program (Level 4), a marital distress program, or a control group (Bodenmann, Cina, Ledermann, & Sanders, 2008). Most of the participants were married, reported having college educations, and all of the couples had one or more children. The parents in the Triple P group participated in a 15 hour, four session program with classes aimed at promoting positive parenting techniques independent of their child's behavioral problems. Through techniques such as modeling, feedback, and goal setting, participants were instructed on how to apply learned parenting skills in a variety of settings. Additionally, parents were educated on how to monitor behavioral changes in their children. Parents in the Triple P group also

participated in four telephone consultations after the completion of the group program. Parents in the marital stress group were taught techniques to manage stress and improve their marital relationships through a 15 hour weekend workshop. The marital group utilized role play, group discussion, and facilitator feedback to learn successful ways of improving their relationship.

Results of the study showed that the Triple P program reduced women's levels of perceived burdens in relation to parenting, increased satisfaction in parenting, and decreased overreaction tendencies. Women in the Triple P group also reported decreased levels of disruption in their children. Men in the Triple P program, however, reported few significant positive changes from the program, reporting only significantly decreased perceptions of the burden of parenthood. Despite the men's lack of perceived change, the Triple P program reported greater overall change in the perception of parenting and perceived child behavioral problems in comparison to the marital distress group and control group at a one-year follow-up (Bodenmann et al., 2008).

Similar to Incredible Years, Triple P demonstrates significant positive results in many cultures around the world (Graaf, et al., 2008). However, the study by Bodenmann et al. (2008) utilized only self-report measures and included only Swiss, middle-class parents, all of whom had children exhibiting behavioral conduct problems. The PRSK program has been evaluated with low-income caregivers, all reporting multiple risk factors such as homelessness, and who have very young children who are usually not yet exhibiting clinically-significant behavioral problems (Porter & Howe, 2008). Like PRSK, Triple P's level 4 program is concise, spanning 8 sessions, which limits the risk of attrition often associated with longer programs, such as Incredible Years. Similarly, PRSK, Triple P, and Incredible Years are based on social learning principles and all utilize group formats to disseminate parenting knowledge. While Triple P is

successful at improving parents' subjective knowledge of their own parenting behavior, the program doesn't teach parents important information about child development ages and stages. This information is crucial to understanding a child's appropriate behavior for his or her age as well as understanding age-appropriate discipline strategies. Parents' level of child development knowledge may act as either a risk or protective factor for child maltreatment.

A parent's level of child development knowledge relates to his or her utilization of coercive parenting strategies (Fulton & Murphy, 1991; Sommer, Whitman, Brokowski, Schellenbach, Maxwell, & Keogh, 1993). Parents with a greater understanding of child development knowledge use less coercive behavior when disciplining their children (Fulton & Murphy, 1991; Sommer et al., 1993). PRSK builds child development knowledge into every module of its program and measures parents' knowledge changes through both objective and self-report measures.

Similar to Incredible Years, Triple P, and PRSK, the STAR Parenting Program is a psychoeducational curriculum based on social learning theory. Additionally, the program also integrates developmental and cognitive-behavioral theories to educate parents of young children on positive parenting techniques (Fox & Fox, 1992). The program is targeted at parents with children aged 1-5 and similar to PRSK, is divided into four components. Parents are encouraged to *Stop* and *Think* about their actions, *Ask* themselves about the expectations of their children, and *Respond* using effective positive discipline. The curriculum is taught through a stop-and-go traffic light scenario where parents *Stop* at the red light, *Think* and *Ask* at the yellow light, and *Respond* at the green light. While engaged in the program parents are taught to develop more thoughtful parenting techniques by increasing the amount of time they consider their response. Child development is also taught to increase parents' knowledge of appropriate expectations and

effective discipline. The curriculum also emphasizes techniques such as implementing logical consequences to help caregivers reduce problematic behavior, increase self-esteem, and increase compliance in their children. The program is taught through ten weekly sessions, each 1.5 hours in length. Weekly homework assignments and audio cassettes are utilized to help solidify the concepts taught in class (Nicholson, Anderson, Fox, & Brenner, 2002).

Nicholson, et al. (2002) conducted a STAR Program with 26 parents of young children. The majority of parents were African-American (54%), were single (62%) and all were low-income, although 42% had received some college education. Additionally, all the parents included in the study reported utilizing either verbal or physical punishment as a discipline technique. Half of the parents received the STAR Parenting Program and half were put in a wait-list control. Results of the study suggest that parents who participated in the STAR Parent Program self-reported decreased use of physical and verbal punishment, unrealistic expectations of child behavior, and levels of anger, and increased their positive interactions with their children. Similar studies conducted with STAR also found significant decreases of coercive parenting behavior, such as utilization of corporal punishment, and increases in positive parenting (Fox, Anderson, Fox, & Rodriguez, 1991; Nicholson, Brenner, & Fox, 1999; Nicholson, Janz, & Fox, 1998). The authors attribute the low drop out rate (10%) to the small group formats, no more than 4 parents to a group, and the standardized manual and training facilitators receive prior to implementing the program.

STAR has been reported successful with a growing number of diverse parents (Solis-Camara, Fox, & Nicholson, 2000). The STAR Parent Program is similar to PRSK in many respects. Both programs can be completed in between 8 and 10 sessions, potentially reducing the attrition rate associated with longer programs such as Incredible Years. PRSK and STAR also

educate parents about child development knowledge, as research suggests there is a correlation between low levels of this knowledge and coercive parenting behavior (Fulton & Murphy, 1991). STAR, PRSK, and Triple P also educate parents about anger management and self-control (Fetsch, Yang, & Pettit, 2008). The STAR program is flexible in its implementation (Nicholson, et al., 2002) and like PRSK, can be tailored to meet the needs of the specific community it is serving (Miguel & Howe, 2006; Porter & Howe, 2008). However, the STAR program includes only parents with children who exhibit behavioral problems (similar to the Triple P program). PRSK is a program open to anyone, caregiver or not, and focuses much of its efforts on prevention in addition to intervention. Furthermore, the PRSK curriculum can be implemented and evaluated in either Spanish or English, making it more accessible to wider audiences. It also includes objective measures specifically written for its curriculum, while the STAR program includes only self-report measures.

STAR, Incredible Years, Triple P, and PRSK all are based in social learning theory, are manualized, and successfully educate parents about risk factors for child abuse. However, only PRSK teaches parents about media violence and the association between what their children observe through media and aggressive behavior. Incredible Years, Triple P, and STAR only focus on parental behavior as an influence on problematic child behavior without the focus on community-wide agency collaboration. While each program has been reported successful and adds to the literature regarding prevention and intervention methods for at-risk parents, PRSK incorporates a broader array of protective factors, is affordable, flexible, and available in Spanish. Additionally, PRSK is part of a larger effort to make violence prevention visible within the community. ACT's media campaign operates by influencing social norms, as media campaigns targeted at other health behaviors such as tobacco and seat belt use have been

reported to be successful at improving prosocial behavior (Klevens & Whitaker, 2007). As such, PRSK's curriculum is part of a more broadly encompassing violence prevention program, encouraging violence prevention within the community and the home, urging connections between all social service agencies and taking into account a wider array of risk factors for violence. While PRSK has many advantages over other extant violence prevention programs, it has up until now not been systematically evaluated with large diverse samples.

A preliminary evaluation of PRSK examined the effectiveness of the PRSK pilot program with 18 caregivers, all of whom were of low income and experiencing multiple stressors, such as joblessness and homelessness and eight of whom were court-mandated to attend (Porter & Howe, 2008). Three pre-test evaluations measuring child development knowledge, positive parenting skills, parents' internalization of PRSK messages, and parents' perceptions of their child's behavior were administered in the first and second sessions to create a baseline score for each parent. Following the completion of the study, parents completed the three measures again. The results of the study showed that participants' self-reported knowledge increased in all of PRSK's four modules. From pre-test to a 3 month follow-up, none of the caregivers reported continued use of physical punishment. Furthermore, caregivers reported increases in anger management, increases in monitoring violent media, and increases in the belief of the importance of teaching their children prosocial skills (Porter & Howe, 2008). Unfortunately, this study only used self-report measures and had a small sample size, limiting generalizability.

Another study conducted by Knox et al. (2009) included 72 participants, the majority of whom were European American and middle-class, and all of whom were parents. The parents received the manualized, eight-week PRSK program and ACT-PRSK survey as described above before starting the PRSK program and immediately following its completion. At post-test

participants' self-reported reducing their use of spanking and use of hostile parenting behaviors and improved their positive methods of non-violent parenting skills.

The current study continues to evaluate PRSK to build on these earlier studies, measuring the change in participants' knowledge and skills related to PRSK messages. The current study will also begin to examine the psychometric properties of a revised version of the PRSK survey. Recommendations for future implementation and evaluation of the program will be based on the results. The current evaluation includes data on a large, diverse sample and a key focus of the study is program improvement, instead of focusing solely on outcome data for parents. Therefore, the current study's second goal is to evaluate PRSK for program improvement recommendations for future evaluations.

### **Previous Evaluations Designed to Improve Program Implementation**

Program evaluations assess the proper implementation of a program, make recommendations for its improvement (Nan, 2003), and are necessary for any successful program. Moreover, if a program's goals are not met, the evaluation can guide facilitators on what facets of the curriculum need improvement. Researchers consistently call for appropriate evaluations to monitor, document, and confirm validity for significant results (Gollwitzer, Eisenbach, Atria, Strochmeier, & Banse, 2006). The current study utilizes data from multiple ACT-PRSK sites to maximize generalizability while also monitoring program implementation by different facilitators and assessing progress towards PRSK's violence prevention goals.

One public health program utilized changes made from a program evaluation and reported a 20% increase in program completion rates and increase in their target audience compared to a study completed before the program evaluation (Brown & Kiernan, 2001). By utilizing similar methods (exploring demographic data, facilitator reports of fidelity, pre-and

post-test surveys, and a post-program questionnaire) the current study can identify its audience, measure the participants' change in knowledge over time, and gain insight into the participants' reactions to the material taught in the curriculum.

In a community-based child abuse intervention program, researchers conducted a program evaluation in order to provide more efficient services for its population (Onyskiw, Harrison, Spady, & McConnan, 1999). The study utilized qualitative data to gain information from participants' and staff point of view. Based on the results, the program was able to extend its initial implementation timeline an additional two years, conserve resources by combining duplicate services, and implement additional services suggested by the participants of the study. While this method holds promise, the study was done on an extremely small sample and used only qualitative data based on self-reports. The current study employed some of the more appealing techniques used by Onyskiw et al. (1999) such as utilizing a large sample and both self-report and objective measures. By utilizing demographic information of the participants, the stakeholders at APA can be informed about whom the program is reaching. In the future, PRSK can be targeted to populations that are not currently being reached or improvements can be made with current populations (e.g., teenage parents). Furthermore, the current study can evaluate for whom the program is most successful. By analyzing post-program questionnaires of parents and facilitators, PRSK can be improved through participants' suggestions about its accessibility and content (main facets of the program). Moreover, this study will examine which demographic variables best predict program completion in order to enhance the probability that future participants will remain in the program. Large scale evaluations within the violence prevention field, with the intent of program improvement are virtually non-existent and to date, there has been no multi-site evaluation of the PRSK program.

In the United States per year, it is estimated that child abuse and neglect costs over 90 billion dollars (Fromm, 2001). Unlike the aforementioned parent training programs which require thousands of dollars for training and implementation, PRSK is a low-cost program suited for communities with modest access to financial resources. By assessing and improving PRSK, the program can become suitable for a more diverse population, thereby benefiting a greater number of people at low-cost implementation. Furthermore, while parenting program evaluation often focuses on high-intensity, multilevel implementation, such as Triple P and Incredible Years (Cicchetti, Rogosch, & Toth, 2006; Rodrigo et al., 2006) or directs its services at specific at-risk populations, such as parents whose children exhibit problematic behaviors (Triple P, Incredible Years, and STAR), there is a dearth in the research regarding evidence-based practices among diverse populations as the majority of programs that reach parents are not evidence-based (Sanders, 1999). Sanders and Turner (2002) call for research based parenting programs that reach diverse populations of parents. By evaluating various sites currently implementing PRSK, the current study's data can be used to further support the program in its strides to become evidence-based. It is also the first evaluation to compare the success of a program with English versus Spanish speaking participants and facilitators.

The current study is an evaluation of the PRSK violence prevention program. Although parenting programs are effective at eliminating problematic parenting behavior, they are rarely evaluated for the purpose of program improvement (Chaffin & Schmidt, 2006). Through analyzing data from nine sites conducting PRSK across the nation, this study will offer suggestions for improving the program's effectiveness and implementation. It will also examine the following hypotheses: Participants' levels of self-perceived knowledge of violence prevention (e.g., effective positive discipline, social problem solving, media literacy, and anger

management) will increase from pre- to post-test and participants' levels of objectively assessed (through responses to child-problem scenarios) child development knowledge will also increase.

A primary goal of this study is to determine which elements of the PRSK program are effective, what needs improvement, and for whom the program is most helpful. This study seeks to answer the following questions: (a) What components of the PRSK program are not effective? (b) What types of caregivers (e. g. incarcerated vs. teen vs. Spanish speakers vs. English speakers) are being reached most effectively by the PRSK program? (c) What program sites are most successful (e. g. Pittsburgh vs. Dartmouth)? (d) Do the participants of PRSK find the program educational and useful? We are particularly interested in examining which of the evaluation measures seem to capture program goals and which measures lack psychometric properties like internal reliability. The restructuring and redesign of evaluation tools will be informed by patterns in results.

## METHODS

### **Participants**

The 616 participants in the current study were obtained from 65 groups of parents participating in the ACT-PRSK program from nine sites in eight cities (Dartmouth, Massachusetts, Fairfax, Virginia (containing two sites), Rochester, New York, Washington, D.C., the Bronx, Pittsburgh, Chicago, and Marysville, Ohio). Sixty-four percent of the participants were female. The participants ranged in age from 15-65, with a median age of 31. The majority of participants had a high school education or less and almost half of the participants reported being of low-income. Of the 616 participants entering the program, 339 completed the program and were assessed at post-test (attrition rate= 45%). See Table 1 for complete demographic information.

Table 1

*Demographic Variables of the Participants*

Demographic Variables	Pre-test (n=616)		Post-test (n=339)	
	n	%	n	%
Gender				
Female	400	64.9	236	69.6
Male	212	34.5	102	30.1
Age				
15-25	153	21.9	74	21.8
26-35	238	34.0	129	38.1
36-45	147	21.0	91	26.8
46-55	43	6.1	22	6.5
56-65	24	3.4	20	5.9
Ethnicity				
African American	160	22.9	87	25.7
Latino/ Latina	140	22.6	93	27.4
White/ European American	386	55.1	129	38.1
Mixed ethnicity	64	9.1	29	8.6
Level of Education				
None/Elementary/Middle	116	18.9	56	16.5
High school/ GED	397	64.6	216	63.7
College degree/ Graduate degree	81	13.2	56	16.5
Income				

Table 1 (continued)

*Demographic Variables of the Participants*

Less than 20,000	308	44.0	176	51.9
Between 21,000-30,000	103	14.7	57	16.8
Between 31,000-40,000	43	6.1	19	5.6
Between 41,000-50,000	43	6.1	22	6.5
More than 51,000	40	5.7	20	5.9
Participants completing program	339	55.1		
Programs completed in English	267	78.76		
Programs completed in Spanish	72	21.24		

*Note.* Due to missing values, the total may not sum to 616 for pre-test or 339 for post-test.

The PRSK program was implemented in different settings, including community centers, prisons, churches, high schools, job training sites, and childcare/Head Start centers. All sessions were completed from May 2008 to December 2009.

## Procedure

Prior to beginning the first session, the participants were given the choice of participating in the research component of the program. Participants who provided consent completed the pre-test PRSK survey which measured their beliefs about parenting, discipline, media violence, and assessed their child development knowledge. This information comprises the pre-test measure.

Following the last session, caregivers completed the post-test PRSK evaluation survey and a post-program questionnaire. Participants' participation was completely voluntary and they were told it had no bearing on any court or child welfare cases in which they were involved, nor would participation impact any services or benefits they received. Facilitators told the participants the

evaluation was to assess the program and whether the program was doing its job and that it was not meant to assess or evaluate them. See attached informed consent form (see Appendix A).

Completed surveys from each group were sent to the Violence Prevention Office at the American Psychological Association headquarters in Washington, DC. Once organized, the evaluations were received in the violence prevention laboratory at Humboldt State University for data analysis.

## **Measure**

*APA's PRSK Evaluation Survey.* The American Psychological Association's PRSK Evaluation Survey (see Appendix B) measured caregivers' internalization of PRSK's messages through self-report and objective items. The survey was designed by the ACT-PRSK evaluation research team in Washington, D.C. It was administered in either an English or Spanish version, depending on the demographics of each site. The survey is written for ease of use by parents at literacy levels approximately 8<sup>th</sup> grade and higher and requires roughly 30 minutes to complete. The survey contains 56 items beginning with demographic questions. The items are rated on five-point scales and were coded such that "5" was the most appropriate answer and "1" was least desirable answer based on ACT's PRSK messages. The scale assessing media violence knowledge is a four-point scale with "4" being the most desirable answer and "1" being the least appropriate answer.

The survey includes four subscales and prompts participants to refer to the previous two months of their lives to reflect on their parenting experiences. The first subscale, *prosocial parenting practices* contains 11 items such as "When my child misbehaves..." with responses ranging from "I do something about it later" to "I do something right away" and "When I am upset or under stress..." with responses ranging from "I am picky and on my child's back" to "I

am no pickier than usual.” These questions were designed to assess variables related to ACT-PRSK’s positive discipline and anger management modules.

The second subscale named *media violence literacy* assesses monitoring children’s exposure to violent media. Nine items such as “How often do you talk to your child about what he or she is watching?,” “How often do you monitor what web sites your child visits?,” and “How often do you control which videogames your child plays?”. These were rated on four-point scales ranging from “never” to “always.”

The third subscale, *ages and stages knowledge*, assessed caregivers’ knowledge about child development, and the ACT-PRSK modules positive discipline and social problem solving. This section included four vignettes, each corresponding to a certain stage of child development and asked parents to endorse various discipline strategies. For example, the first vignette referred to infant development: “An 18-month-old boy sees his mother leaving the house to go shopping. Even though the mother has left the child with an adult he knows and likes, he won’t stop crying.” The vignettes were followed by four corresponding questions regarding appropriate parental responses. These scenarios were designed to move beyond self-reported behaviors and assess objectively whether parents would apply what they learned to common parenting situations.

The fourth subscale named *violence prevention skills* reflects parents’ internalization of the PRSK messages and includes 10 items such as “I pay attention to what I say and do in front of my child” and “I tell my child to fight or hit back if others insult or hit them” and contains responses ranging from “never” to “always.”

Each subscale was summed to create four composite dependent variables: *prosocial parenting practices, media violence literacy, ages and stages knowledge, and violence*

*prevention skills.* Analyses addressed participants' change in knowledge and application of PRSK messages from pre- to post-test on each composite variable.

In addition to the pre- and post-surveys measuring participants' internalization of PRSK's messages, participants completed a post-program questionnaire following program completion to assess their satisfaction with the curriculum. The questionnaire consists of seven items such as "The facilitators were friendly and helpful" with responses ranging from "strongly disagree" to "strongly agree," two multiple choice questions such as "What did you like most about the parent program?" with choices including "role plays," "group discussions," and "use of videos," and one open-ended question, which read "What would you change in the parent program you just completed?" Appendix C presents this measure.

## RESULTS

### Descriptive Results

Demographic variables such as age, ethnicity, gender, education level, whether the participant attended the program in English or Spanish (language), and site were used to determine whether there were any significant differences on pre-test scores for the four dependent variables assessing program content knowledge and skills. No significant differences existed. An attrition variable (1 = *completed program*, 0 = *dropped out*) was also used to predict pre-test scores and no significant differences existed between those who completed the program and those who did not.

**Program completion vs. drop out.** Demographic variables were also used to explore attrition rates using Chi Square tests. Significant differences were found for all the demographic variables predicting attrition. Participants who were aged 56 years or older had a lower attrition rate (20%) than those participants aged 36-45 years (38%), 26-35 years (45%), 46-55 years

(49%), and 25 or younger (52%). Latinos/Latinas had the lowest attrition rate (33%), followed by African Americans (46%), European Americans (48%), and “other” ethnicities (55%). Females (41%) had lower attrition rates than males (52%). Participants who completed college or graduate school had lower attrition rates (30%) than those who completed high school (46%) and those who completed middle school, elementary school, or those who completed no schooling (52%). Those participants who completed the PRSK program in Spanish had a significantly lower attrition rate (24%) than those participants who completed the program in English (49%). Finally, there was a significant difference in attrition rates by site ( $n = 9$ ) and attrition rates. The Bronx had the lowest attrition rate (23%), followed by Fairfax- Falls Church (23%), Marysville (25%), Pittsburgh (38%), Rochester (43%), Dartmouth (53%), Fairfax- Childhelp (56%), Parkville (67%), and Chicago (69%).

These trends suggest that participants above the age of 46, those caregivers with who completed college or graduate school, Latino/Latino participants, and those participants who completed the program in Spanish had higher levels of retention in the PRSK program. Thus, the PRSK program may need to incorporate new strategies to appropriately engage those participants who are young adults or teenagers, caregivers with a high school education or less, and those caregivers who complete the program in English. These results are further explored in the discussion section (See Table 2 for complete Chi-Square analyses).

Table 2

*Attrition of Participants*

Participant Characteristics	$\chi^2$	df	n	p	V
Age	13.53	4	595	.009	.150
Ethnicity	11.39	3	610	.010	.135
Gender	6.95	1	612	.008	.106
Education Level	9.14	2	595	.010	.121
Language	19.99	1	616	.001	.178
Site	69.98	8	616	.001	.243

**Reliability**

This is the first study utilizing the revised ACT-PRSK survey for the purposes of evaluation. Each of the four composite variables was investigated for internal consistency. The deletion of a specific item from a composite variable was determined based upon correlation matrices and item reliability analysis.

The first variable, *prosocial parenting practices* ( $\alpha = .81$ ), was summed using all of the items in the subscale except item one. Item number one “When my child misbehaves I do something right away or I do something about it later” did not correlate with the other items in the subscale so it was discarded (the reliability prior to item number one’s deletion was  $\alpha = .79$ ). The remaining ten items in the *prosocial parenting practices* subscale were more specific in terms of anger management techniques and discipline strategies, such as “When my child misbehaves I usually get into a long argument with my child or I don’t get into an argument” and

“When my child misbehaves I raise my voice or yell or I speak to my child calmly.” Thus the scale was improved by deleting this item.

The second variable, *media violence literacy* ( $\alpha = .86$ ), was summed using all of the items except item 3. Item number three, “How often do you watch TV or movies with your child” was not correlated with the other eight items in the scale and was not utilized in the variable (the reliability prior to item number three being thrown out was  $\alpha = .85$ ). This question was not as specific to violence prevention or media monitoring as other questions in the subscale such as “How often do you monitor what web sites your child visits?” and “How often do you limit the time TV is on in your house?” It is possible that due to the question’s lack of specificity, participants were confused about what the question was asking. Another pattern evident in participant responses was the large amount of missing data for item number six “How often do you limit the time your child spends on the Internet?” and item number seven “How often do you monitor what web sites your child visits?” Particularly, there was a large amount of missing data for these two items within the Spanish speaking participant population. These two items assume participants have access to the internet. A large majority of Spanish speakers (86%) in the current study reported making less than \$30,000 a year. While it is important to educate caregivers about the influence of violent internet media as a risk factor for aggression in children, future studies are encouraged to modify the current ACT-PRSK Survey to include choices for those who do not have internet or TV such as “I do not have access to the internet/computer” or “I do not own a TV.”

The third variable, *ages and stages knowledge* ( $\alpha = .72$ ), was summed using all of the items except question 1 in the 4-year-old scenario. This subscale consists of four scenarios depicting typical child behavior of four different ages of childhood (18-months, 2-years, 3-years,

and 4-years). The participants were asked to assign appropriate discipline strategies and correct child development knowledge to explain the child's difficult behavior. Item number one of the 4-year-old vignette "The boys should be reprimanded for making a scene in public" did not correlate highly with the other items in the subscale and was thrown out (the reliability prior to this item being deleted was  $\alpha = .70$ ). This item may have caused confusion due to its use of the word "reprimand." ACT-PRSK is encouraged to improve this item by replacing the word reprimand with more simple language, or deleting this item.

The fourth variable, *violence prevention skills* ( $\alpha = .84$ ), was summed using all of the items in the subscale except item 7. This item "I tell my children to fight or hit back if others insult or hit them" was not included because it did not correlate with the other nine items in the scale (the reliability prior to item number seven being thrown out was  $\alpha = .82$ ). The language of this item could have been too aggressive to elicit accurate responses. All of the other nine items in the subscale used positive language and included questions such as "I pay attention to what I say and do in front of my children" and "I help my children express their feelings and understand the feelings of others." Because the other items are positive in nature, respondents could have been confused as to the nature of item number 7, or could have read the scale backward since the other items had positive anchors and that item required them to reverse their thinking. Thus, it is recommended that this item be revised to reflect a positive question, reverse the direction of the anchors, or be deleted.

### **Missing data**

Due to the large amount of missing data in the current study and resultant decreased power, multiple imputation (MI) was used to estimate values where item nonresponse was present in a given case (Fitchman & Cummings, 2003). Before MI was implemented, cases were

deleted if the items were not missed by random (i.e. it was clear that the participant chose not to answer most of the questions in a given subscale). MI consists of re-establishing the error variance in a data set with lost variance due to missing data. Each imputation (there were five conducted) creates imputed values from a regression equation. By imputing a data set multiple times, the means, correlations, and variances within the data set can be preserved (Graham, 2009). After the multiple imputation, the PRSK data contained 339 participants to compare from pre- to post-test. However, the imputed data set could only be used with paired *t*-tests. Therefore, any analysis using ANOVA was completed using the original, non-imputed data set and resulted in a smaller sample size of pre and post test matched data.

### **Program Effectiveness**

**Changes from pre- to post-test.** The analyses for the pre- and post-test comparisons were adjusted using the Bonferroni procedure, to correct for multiple analyses and to reduce Type I errors. Thus, the *p* value was set at .0125. The *prosocial parenting practices* composite variable showed significant changes from pre- to post-test,  $t(331) = 5.08, p < .001, d = 0.24$ . This effect size is demonstrates that PRSK effectively increased participants' knowledge of effective anger management and social problem solving, as well an increased familiarity with positive discipline.

The *media violence literacy* composite variable showed significant changes from pre- to post-test,  $t(331) = 7.10, p < .001, d = 0.30$ . This finding demonstrates a small effect size for participants' increased knowledge of monitoring their children's media usage and explaining to their children what they see in screen media and difference between reality and fantasy.

The *ages and stages knowledge* composite variable showed significant changes from pre- to post-test,  $t(331) = 10.05, p < .001, d = 0.41$ . This medium effect size indicates participants

increased their knowledge of child development, effective problem solving, and logical, prosocial discipline strategies.

The *violence prevention skills* composite variable showed significant improvement from pre- to post-test,  $t(275) = 3.62, p < .001, d = 0.21$ . This small effect size indicates participants internalized PRSK messages regarding anger management, prosocial problems solving, and positive discipline and improved their violence prevention skills overall. (See Table 3 for a complete results.)

Table 3

*Means and Standard Deviations for the ACT-PRSK Survey Composite Variables and Comparisons Between Spanish and English Speakers*

Scales	<u>Pre (n=339)</u>		<u>Post (n=339)</u>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>d</i>
Prosocial Parenting Practices	39.18	6.83	41.20**	5.86	0.24
Spanish	38.05	7.03	42.08*	6.24	0.55
English	39.49	6.74	41.02*	5.73	0.41
Media Violence Literacy	21.41	6.37	23.61**	6.17	0.30
Spanish	21.33	7.28	26.18*	6.11	0.63
English	21.39	6.23	23.20*	6.11	0.59
Ages and Stages Knowledge	59.98	6.80	63.70**	7.32	0.41
Spanish	58.54	6.49	62.17	7.11	0.46
English	60.34	6.75	63.96	7.34	1.01
Violence Prevention Skills	33.19	6.97	34.56**	6.91	0.21
Spanish	33.03	6.59	39.25*	6.21	0.46
English	33.19	7.00	34.28*	6.86	0.28

*Note.* \*\*  $p < .0125$ . \*  $p < .05$ .

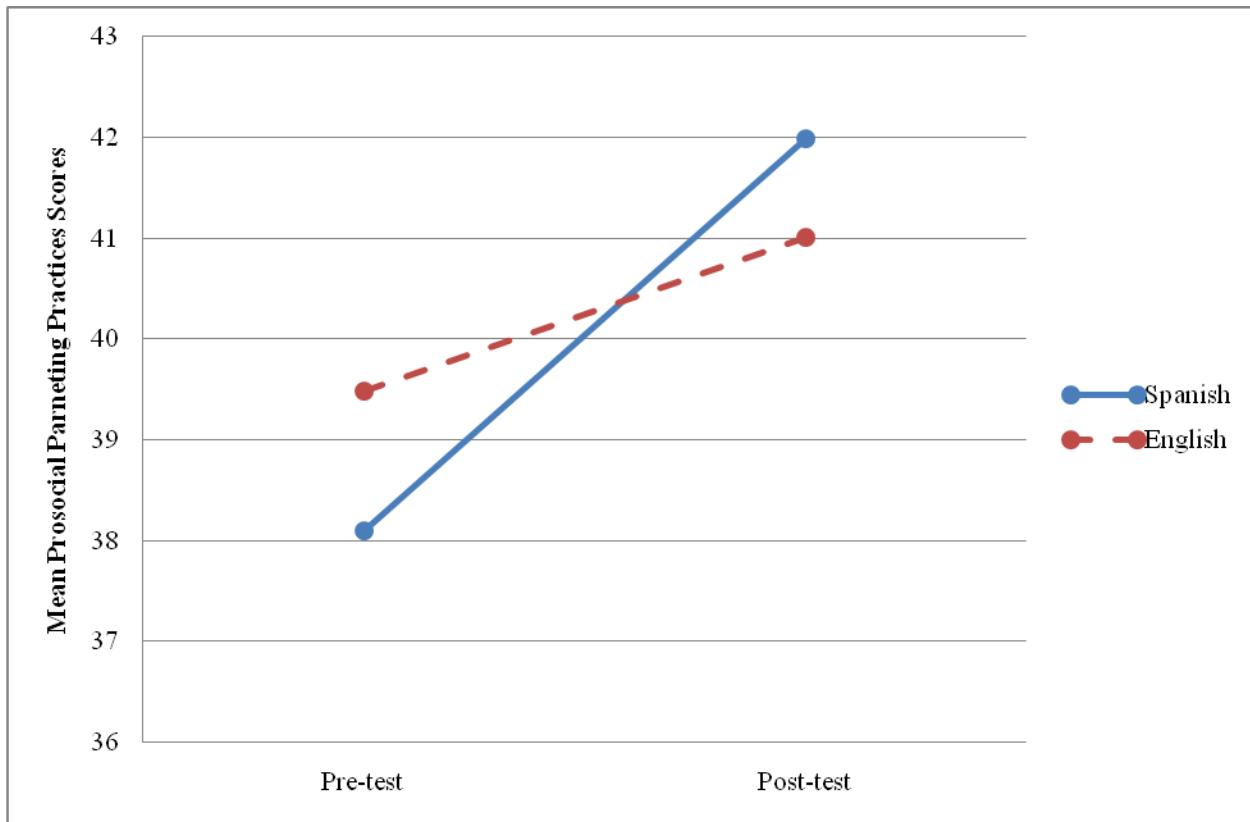
### **Demographic Influences**

Demographic variables were examined in relation to program performance from pre- to post-test using mixed model ANOVAs, with the dependent variables (*prosocial parenting practices, media violence literacy, ages and stages knowledge, and violence prevention skills*) as the repeated measures (from pre- to post-test) variables and demographic variables (language, ethnicity, gender, age, education level, site) as the between-subject variables. Individual tests were run for each demographic variable. The simple effects described next were explored to clarify any interactions from the mixed model ANOVAs.

**Language.** English and Spanish speakers showed differences in improvement over time (as evidenced by an interaction effect) for the *prosocial parenting practices* variable,  $F(1, 300) = 6.54, p = .01, \eta^2 = .02$ . Spanish speakers improved four points from pre- to post-test,  $F(1, 300) = 21.36, p < .001, \eta^2 = .07$ . English speakers improved two points from pre- to post-test,  $F(1, 300) = 12.23, p = .001, \eta^2 = .04$ . This indicates that Spanish speakers internalized information about positive discipline and anger management to a greater extent than English speakers (See Figure 1).

Figure 1

*Change in Prosocial Parenting Practices from Pre- to Post-Test by Language of Program Implementation*

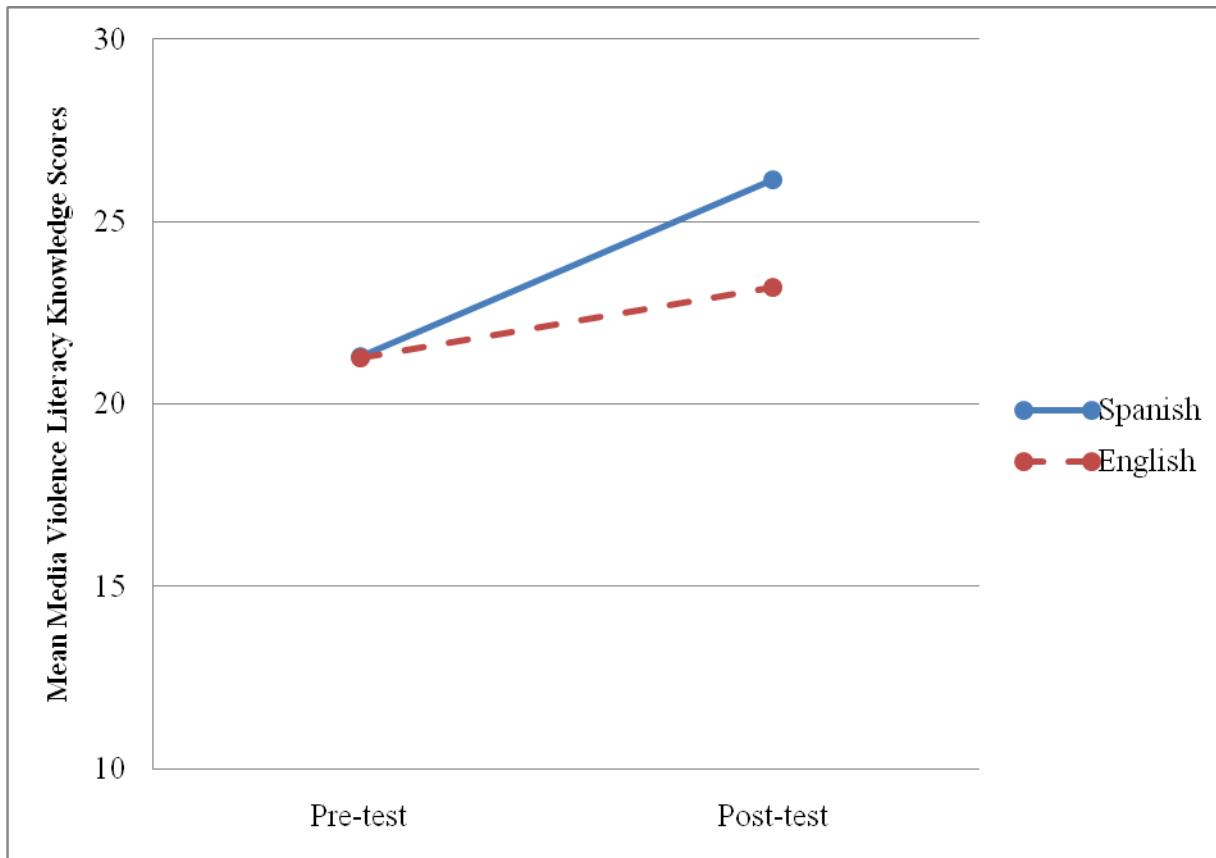


*Note.* Higher scores represent better anger management and positive discipline strategies.

English and Spanish speakers showed differences in improvement over time (as evidenced by an interaction effect) for *media violence literacy*,  $F(1, 273) = 9.45, p = .002, \eta^2 = .03$ . Spanish speakers improved five points from pre- to post-test,  $F(1, 273) = 28.33, p < .001, \eta^2 = .09$ . English speakers improved two points from pre- to post-test,  $F(1, 273) = 23.41, p < .001, \eta^2 = .08$ . This indicates that Spanish speakers learned more about monitoring their children's media intake and explaining to their children the difference between reality and fantasy (See Figure 2).

Figure 2

*Change in Media Violence Literacy from Pre- to Post-Test by Language of Program Implementation*

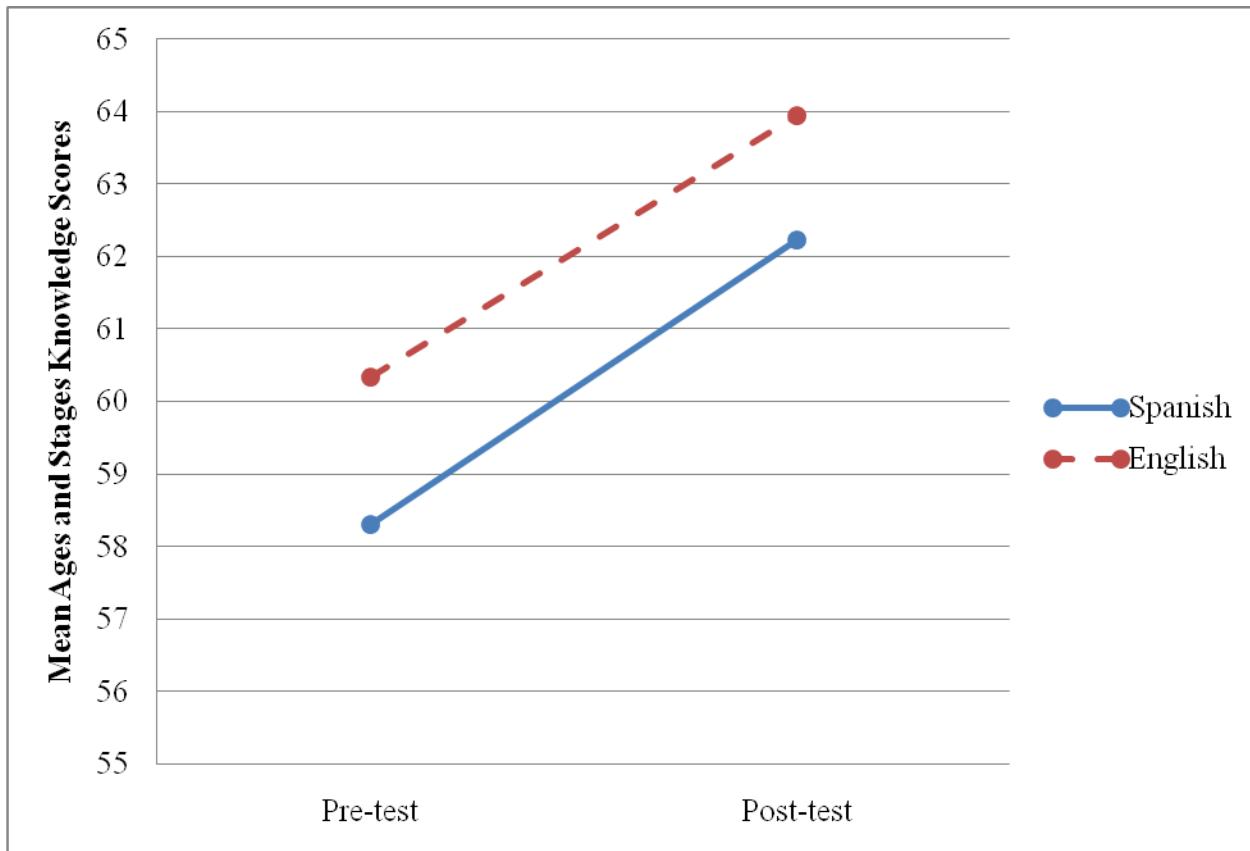


*Note.* Higher scores represent better media monitoring and explaining media to children.

While there was not a significant interaction for language group for the variable *ages and stages knowledge*, Spanish speakers improved four points while English speakers improved three points. Spanish speakers also started out with significantly lower scores at pre-test and internalized greater child development knowledge than English speakers at post-test (See Figure 3).

Figure 3

*Change in Ages and Stages Knowledge from Pre- to Post-Test by Language of Program Implementation*

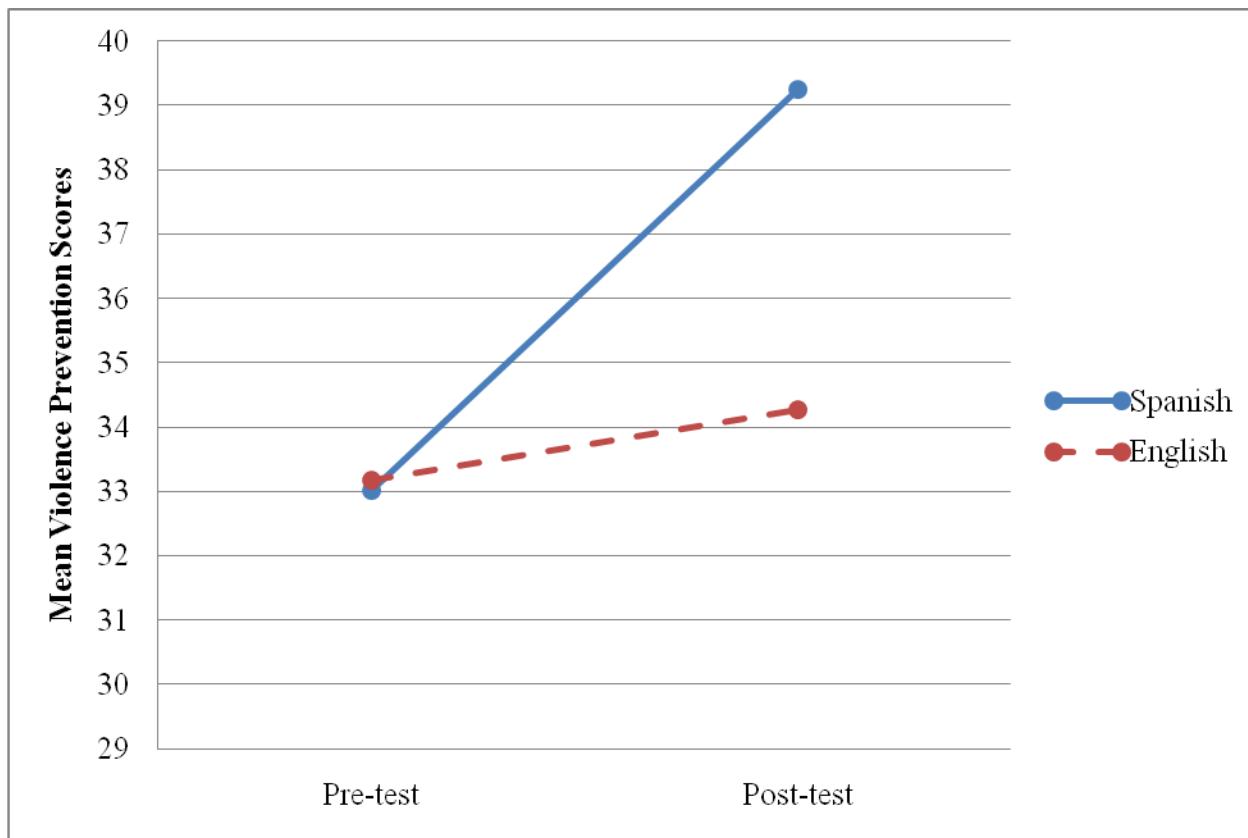


*Note.* Higher scores represent increased knowledge of child development and better internalization of positive discipline and prosocial problem solving strategies.

English and Spanish speakers showed differences in improvement over time (as evidenced by an interaction effect) for *violence prevention skills*,  $F(1, 253) = 8.82, p = .003, \eta^2 = .03$ . Spanish speakers improved six points from pre- to post-test,  $F(1, 253) = 13.83, p < .001, \eta^2 = .05$ . English speakers only improved one point from pre- to post-test,  $F(1, 253) = 6.35, p = .01, \eta^2 = .02$ . This finding indicates Spanish speakers internalized overall PRSK messages to a greater degree than did English speakers (See Figure 4). See Table 2 for complete comparison of means for all four dependent variables).

Figure 4

*Change in Violence Prevention Skills from Pre- to Post-Test by Language of Program Implementation*



*Note.* Higher scores represent greater internalization of cumulative violence prevention skills.

**Ethnicity.** There were no significant differences over time between the participants' ethnicity and their performance in the PRSK program for the *prosocial parenting practices* variable,  $F(1, 297) = 2.16, p = .09$ , the *media violence literacy* variable,  $F(1, 270) = 1.13, p = .34$ , the *ages and stages knowledge* variable,  $F(1, 288) = 0.86, p = .46$ , or the *violence prevention skills* variable,  $F(1, 250) = 0.27, p = .85$ .

**Gender.** Female and male participants showed differences in improvement over time (as evidenced by an interaction effect) for *prosocial parenting practices*,  $F(1, 299) = 9.77, p = .002$ ,

$\eta^2 = .03$ . Females significantly improved three points from pre- to post-test,  $F(1, 299) = 36.70, p < .001, \eta^2 = .11$ . Men did not significantly improve,  $F(1, 299) = 0.15, p = .70, \eta^2 = .00$ . This finding indicates females internalized knowledge about anger management and positive discipline practices to a greater extent than men.

Female and male participants showed differences in improvement over time (as evidenced by an interaction effect) for *media violence literacy*,  $F(1, 273) = 6.59, p = .01, \eta^2 = .02$ . Women improved three points from pre- to post-test,  $F(1, 273) = 45.65, p < .001, \eta^2 = .14$ . Men did not improve,  $F(1, 273) = 2.80, p = .10, \eta^2 = .01$ . This finding indicates females successfully learned more information about violent media and its effects on their children than male caregivers.

While there was not a significant difference in improvement over time for females or males for the variable *ages and stages knowledge*, females improved their scores by three points while men improved their scores by four points. Male participants started out with significantly lower scores at pre-test and improved more over time in terms of internalizing child development knowledge than female participants at post-test.

Female and male participants showed differences in improvement over time (as evidenced by an interaction effect) for *violence prevention skills*,  $F(1, 252) = 12.17, p = .001, \eta^2 = .05$ . Women improved two points from pre- to post-test,  $F(1, 252) = 23.07, p < .001, \eta^2 = .08$ . Men did not improve,  $F(1, 252) = 0.61, p = .43, \eta^2 = .00$ . This finding indicates females improved on cumulative violence prevention messages while men's knowledge of violence prevention remained approximately the same from pre- to post-test (See Table 4 for a complete comparison of means of all four dependent variables).

Table 4

*Means and Standard Deviations for the ACT-PRSK Survey Comparing Males and Females*

Dependent Variables	Women			Men		
	Pre	Post	d	Pre	Post	d
	M(SD)	M(SD)		M(SD)	M(SD)	
Prosocial Parenting Practices	38.55(7.08)	41.43(5.90)*	0.88	40.58(6.08)	40.85(5.77)	0.00
Media Violence Literacy Knowledge	21.96(6.59)	24.86(6.04)*	0.28	20.24(5.82)	21.25(5.79)	0.20
Ages and Stages Knowledge	60.55(7.10)	63.80(7.43)	0.81	59.06(5.88)	63.49(7.16)	0.77
Violence Prevention Skills	33.35(7.01)	35.85(6.26)*	0.46	32.80(6.91)	32.25(7.49)	0.00

Note. \*  $p < .05$ .

**Age.** There were no significant differences over time between the participants' age and their performance in the PRSK program for the *prosocial parenting practices* variable,  $F(1, 295) = 1.83, p = .12$ , the *media violence literacy* variable,  $F(1, 267) = 1.14, p = .34$ , the *ages and stages knowledge* variable,  $F(1, 286) = 0.90, p = .47$ , or the *violence prevention skills* variable,  $F(1, 249) = 1.75, p = .15$ .

**Level of education.** There were no significant differences over time between the participants' education levels (no education, elementary or middle school education, high school, or college or graduate degree education) and their performance in the PRSK program on the *prosocial parenting practices* variable,  $F(1, 291) = 1.69, p = .19$ , the *media violence literacy* variable,  $F(1, 266) = 0.27, p = .77$ , the *ages and stages knowledge* variable,  $F(1, 280) = 0.64, p = .53$ , or the *violence prevention skills* variable,  $F(1, 248) = 0.35, p = .71$ .

**Site.** Certain sites showed differences in improvement over time (as evidenced by an interaction effect) for the variable *prosocial parenting practices*,  $F(8, 293) = 4.57, p < .001$ ,  $\eta^2 = .11$ . Participants at Fairfax-Falls Church significantly improved five points from pre- to post-test,  $F(1, 293) = 29.61, p < .001$ ,  $\eta^2 = .09$ . Participants at Pittsburgh significantly improved four points from pre- to post-test,  $F(1, 293) = 28.65, p < .001$ ,  $\eta^2 = .09$ . There was no significant improvement for the other sites over time on the *prosocial parenting practices* variable. These results suggest the participants at Fairfax-Falls Church and Pittsburgh internalized knowledge about anger management and positive discipline to a greater extent than those participants at the other six sites.

None of the sites showed a significant improvement over time for the variable *media violence literacy* however, there was a trend with a medium effect,  $F(8, 266) = 1.92, p = .06, \eta^2 = .05$ . Participants educated at Fairfax-Falls Church increased their scores an average of six points from pre- to post-test,  $F(1, 266) = 28.44, p < .001, \eta^2 = .10$ . Participants who were educated in Pittsburgh increased their scores two points from pre- to post-test,  $F(1, 266) = 12.59, p < .001, \eta^2 = .05$ . Participants educated at Dartmouth increased their scores an average of 1.5 points from pre- to post-test,  $F(1, 266) = 6.74, p = .01, \eta^2 = .03$ . These results suggest participants educated in Fairfax-Falls Church, Pittsburgh, and Dartmouth increased their knowledge of media violence and its effects on children to a greater degree than the participants at the other six sites.

Certain sites showed differences in improvement over time (as evidenced by an interaction effect) for the variable *ages and stages knowledge*,  $F(8, 284) = 2.42, p = .02, \eta^2 = .06$ . Participants in Site 17 (Parkville) improved 12 points from pre- to post-test,  $F(1, 284) = 6.41, p = .01, \eta^2 = .02$ . Participants at Fairfax-Falls Church improved six points from pre- to post-test,  $F(1, 284) = 12.05, p = .001, \eta^2 = .04$ . Participants at Pittsburgh improved five points from pre- to

post-test,  $F(1, 284) = 46.98, p < .001, \eta^2 = .14$ . Participants at Dartmouth improved their scores four points from pre- to post-test,  $F(1, 284) = 42.52, p < .001, \eta^2 = .13$ . These results suggest the participants at these sites significantly improved their knowledge of child development during the course of the PRSK program while the other sites did not.

Certain sites showed differences in improvement over time (as evidenced by an interaction effect) for the variable *violence prevention skills*,  $F(8, 246) = 6.29, p < .001, \eta^2 = .17$ . Participants in Fairfax-Falls Church improved ten points from pre- to post-test,  $F(1, 246) = 25.11, p < .001, \eta^2 = .09$ . Participants at Parkville improved nine points from pre- to post-test,  $F(1, 246) = 6.61, p = .01, \eta^2 = .03$ . Participants at Pittsburgh improved two points from pre- to post-test  $F(1, 246) = 13.76, p < .001, \eta^2 = .05$ . These results suggest the participants at Fairfax-Falls Church, Parkville, and Pittsburgh significantly improved their knowledge about violence prevention to a greater degree than those participants at the other sites. While the other five sites did increase their knowledge of PRSK messages, the change was not significant. These results are explained further in the discussion section. See Table 5 for complete comparisons of means of all four dependent variables).

**Incarceration.** Incarcerated parents and non-incarcerated parents showed differences in improvement over time (as evidenced by an interaction effect) for the *prosocial parenting practices* variable,  $F(1, 300) = 18.64, p < .001, \eta^2 = .06$ . Non-incarcerated participants improved three points from pre- to post-test,  $F(1, 300) = 46.76, p < .001, \eta^2 = .14$ . Incarcerated participants did not improve,  $F(1, 300) = 0.00, p = .956, \eta^2 = .00$ .

Incarcerated parents and non-incarcerated parents showed differences in improvement over time (as evidenced by an interaction effect) for *media violence literacy*,  $F(1, 273) = 4.88, p = .028, \eta^2 = .02$ . Non-incarcerated participants improved three points from pre- to post-test,  $F(1,$

$273) = 39.82, p < .001, \eta^2 = .13$ . Incarcerated participants improved one point from pre- to post-test,  $F(1, 273) = 6.65, p = .01, \eta^2 = .02$ .

There were no significant differences over time between the participants' incarceration status and their performance in the PRSK program for the *ages and stages knowledge*,  $F(1, 291) = 0.24, p = .63, \eta^2 = .00$ .

Incarcerated parents and non-incarcerated parents showed differences in improvement over time (as evidenced by an interaction effect) for *violence prevention skills*,  $F(1, 253) = 12.61, p < .001, \eta^2 = .05$ . Non-incarcerated participants improved three points from pre- to post-test,  $F(1, 253) = 23.98, p < .001, \eta^2 = .09$ . Incarcerated participants did not improve,  $F(1, 253) = 0.15, p = .70, \eta^2 = .00$ . (See Table 6 for complete comparison of the means).

Table 5

*Means and Standard Deviations for the ACT-PRSK Survey Comparing Sites*

Site	Prosocial Parenting Practices		Media Violence Literacy		Ages and Stages Knowledge		Violence Prevention Skills	
	Pre <i>M(SD)</i>	Post <i>M(SD)</i>	Pre <i>M(SD)</i>	Post <i>M(SD)</i>	Pre <i>M(SD)</i>	Post <i>M(SD)</i>	Pre <i>M(SD)</i>	Post <i>M(SD)</i>
1	40.56(6.22)	40.53(5.53)	20.33(5.59)	21.71(6.03)	60.23(6.22)	64.08(6.53)*	32.84(7.04)	32.60(7.42)
5	38.10(7.46)	43.68(5.56)*	22.00(7.39)	28.04(5.36)	57.56(5.93)	61.38(6.28)*	32.06(7.41)	42.56(2.92)*
6	40.11(7.08)	43.11(4.26)	22.25(7.87)	23.88(7.12)	59.36(5.24)	62.64(5.46)	35.27(7.17)	36.82(6.60)
10	39.11(6.18)	35.89(7.24)	20.44(5.92)	22.67(6.34)	57.44(4.64)	55.22(7.14)	37.11(4.70)	31.67(7.72)
11	40.71(6.97)	40.43(5.62)	22.00(7.62)	24.60(6.94)	54.83(11.74)	53.92(13.59)	44.00(-)	44.00(-)
14	37.88(6.87)	41.63(5.70)*	22.20(6.89)	24.41(5.76)	60.48(7.28)	65.10(7.45)*	33.16(6.97)	35.56(5.83)*
15	39.00(8.14)	41.07(6.19)	24.00(6.44)	25.44(5.34)	63.19(5.79)	64.59(7.09)	32.93(7.43)	35.29(4.55)
17	43.50(0.71)	44.50(3.53)	21.00(9.64)	24.67(10.12)	58.50(0.71)	70.00(5.56)*	31.33(10.79)	40.67(4.04)*
24	37.46(7.60)	39.92(7.52)	22.70(5.95)	26.80(5.29)	66.83(6.85)	67.17(5.91)	32.50(4.09)	39.83(4.49)

Note.\*  $p < .05$ . Site 1: Dartmouth, Site 5: Fairfax- Falls Church, Site 6: Fairfax- Childhelp, Site 10: Chicago, Site 11: The Bronx, Site

14: Pittsburgh, Site 15: Rochester, Site 17: Parkville, Site 24: Marysville.

Table 6

*Means and Standard Deviations for the ACT-PRSK Survey Comparing Incarcerated and Non-Incarcerated Participants*

Dependent Variables	Non-incarcerated		Incarcerated		
	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<i>d</i>
	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>d</i>
Prosocial Parenting Practices	38.33(7.06)	41.70(6.00)*	0.81	40.56(6.22)	40.53(5.53) 0.00
Media Violence Literacy Knowledge	22.17(6.83)	25.11(5.91)*	0.77	20.33(5.59)	21.71(6.03)* 0.28
Ages and Stages Knowledge	59.94(7.07)	63.41(7.81)	0.84	60.23(6.22)	64.08(6.54) 0.74
Violence Prevention Skills	33.45(6.92)	36.18(6.06)*	0.62	32.84(7.04)	32.60(7.42) 0.00

Note. \*  $p < .05$ .

### **Post Program Questionnaire**

Descriptive statistics were used to examine the post-program questionnaire. For the questions regarding the PRSK program, 74.5% of parents strongly agreed that the facilitators knew the content covered in the classes very well, 82% strongly agreed the facilitators were friendly and helpful, 72.2% strongly agreed they liked the program because it gave them many options for how to be a good parent, 65.5% strongly agreed they would use the techniques they learned in the program, 64.6% agreed they were confident that they will be a better parents with what they learned in the program, 74.8% would recommend the PRSK program to others, and 59.7% reported they would like to continue meeting as a group. These results suggest the participants found the program useful and that they thought the PRSK curriculum increased their parenting skills. For the question “What did you use in the parent program that was most helpful

to you?" the participants ranked the top three things they liked best as: 71.6% group discussions, 65.8% the facilitator's explanations, and 48.4% handouts. (See Table 7 for the complete results).

Table 7

*Post-Program Questionnaire Results (n = 344)*

<i>What was most helpful to you in the parent program?</i>	<i>n</i>	<i>%</i>
Group Discussions	247	71.6
Facilitator's Explanations	227	65.8
Handouts	167	48.4
Use of Videos	104	30.1
Role Plays	80	23.2
Homework Sheets	73	21.2
Activities (Wheel of Feeling, Airplane, Collage, etc.)	66	19.1
PowerPoint Slides	27	7.8
<i>What did you like most about the parent program?</i>		
Learning new things	312	90.4
Facilitator's friendly attitude	280	81.2
Materials are good and easy to read	205	59.4
Making new friends	105	30.4
Foods and snacks	32	9.3
Prizes and treats	28	8.1
<i>What would you change in the parent program you just completed?</i>		

Table 7 (Continued)

*Post-Program Questionnaire Results (n = 344)*

Nothing the program was adequate	142	41.2
Longer program/More frequent meetings	27	7.8
More information about teenagers/older children	14	4.1
More group discussion	4	1.2
Additional guest speakers/ more outside sources of information	4	1.2
More information about safety	3	.9

*Note.* Participants were allowed to choose the top three answers the participants deemed as important. Therefore, percentages exceed 100.

For the question “What did you like most about the parent program?” the participants ranked the top three things they liked best and the following results were reported: 90.4% chose learning new things, 81.2% chose the facilitator’s friendly attitude , and 59.4% chose that the materials were good and easy to read. (See Table 7 for the complete results).

Thematic analysis was used to analyze the qualitative question “What would you change in the parent program you just completed?” located at the end of the questionnaire. Spanish surveys were translated into English and themes assessed. The theme “Nothing, the program was adequate” was coded in 41.2% of the responses. The theme “Longer program and more meetings” was coded in 7.8% of the responses. The theme “More information about teenagers and older children” was reported by 4.1% of the participants. (See Table 7 for the complete results).

## DISCUSSION

### **Changes in Coercive Parenting Behavior**

The results of this study suggest PRSK is an effective parenting program that reduces coercive parenting behavior. Based on the patterns of participant responses and internal validity, the ACT-PRSK Survey served as an appropriate measure for assessing the internalization of PRSK messages in participants, with a few caveats. All four of the subscales had adequate internal consistency ( $\alpha$  ranged from .72 to .86). This indicates that the items in each of the four subscales reflected similar constructs; however, it could be improved. Some individual items from each subscale were deleted to increase Cronbach's alpha, as discussed in the results section. For a complete list of deleted items, see Appendix B.

The primary goal of the program was to evaluate whether participants' self-perceived and objectively measured violence prevention knowledge and skills would increase from pre- to post-test. The results of this study support this hypothesis, with effects comparable to Triple P and Incredible Years, programs that are more complex and expensive to implement. Participants in the current study increased in *prosocial parenting practices*, effectively learning how to manage their anger through using logical discipline, speaking calmly to their children, minimizing arguments, and ceasing to use physical punishment. This finding is consistent with the results found in Fetsch and Schultz (2008) and Fetsch, Yang, and Pettit (2008) who evaluated the RETHINK anger management program, upon which the PRSK curriculum is based. Parents utilizing RETHINK in Fetsch et al. (2008) managed to significantly decrease their use of physical punishment and internalize the program's violence prevention messages. This result is consistent with Porter and Howe (2008) and Knox et al. (2009) wherein participants in other ACT-PRSK evaluations improved their anger management skills over time and decreased

physical punishment. This finding supports the effectiveness of PRSK program's first module, anger management. This result held true for both English and Spanish speaking participants, suggesting that ACT-PRSK is an effective and cost efficient parenting program that works well with Hispanic/Latino populations.

PRSK's second module, social problem solving, was also supported by the participants' objectively measured improvement in the *ages and stages knowledge* composite variable. Participants were able to increase their knowledge of how to effectively manage a stressful situation with their child, endorsing more prosocial strategies that teach children instead of punishing them. This significant change in knowledge suggests participants were able to effectively problem solve without the use of physical punishment or abusive language. This finding is consistent with the results from Porter and Howe (2008) who reported parents significantly endorsed teaching social skills to their children. This finding is important, as previous studies have reported parents can decrease their coercive parenting behavior by learning prosocial problem solving skills (Reid, Webster-Stratton, & Beauchaine, 2001).

The significant change over time in the *ages and stages knowledge* composite variable supports PRSK's third module, positive discipline/child development. The participants were able to assess stressful situations and adequately assign appropriate discipline strategies to difficult child behavior, indicating that they increased their knowledge of healthy child development. This finding is important because parents who utilize punishment rather than positive, logical consequences for discipline teach their children to ineffectively and coercively resolve conflicts (Sommer et al., 1993; Uslucan & Fuhrer, 2009).

Future researchers using PRSK are encouraged to add observations of parent and child interactions to clarify whether these advancements in understanding translate to better

interactions with children. Having caregivers practice the skills they are learning during parenting programs has been associated with decreases in coercive parenting behavior (Kaminski, Valle, Filene, & Boyle, 2008). The observation of the parent and child could also lend itself to new objective measures for assessing the internalization of child development knowledge and positive discipline. Future incarnations of the ACT-PRSK program could also include *in vivo* instruction during parent-child interactions.

Participants also significantly improved on *media violence literacy* from pre- to post-test. This finding suggests participants reported monitoring their children's media intake, such as limiting the amount of time the TV is on and the amount of time their child uses the internet. This finding also suggests the participants learned how to explain to their child what he or she is watching and to differentiate between reality and fantasy. This result is important as PRSK is the only violence prevention program to include media violence. This suggests that not only are parents learning about the risks of violent media exposure but that they felt this information was important for raising their children in nonviolent homes.

The effect sizes for the four composite variables for the complete sample of participants ranged from small to medium. This is consistent within the literature regarding other parenting programs, with unbiased weighted effect sizes averaging .35 (Kaminski et al., 2008; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009). When exploring effect sizes for the non-incarcerated population, this study found significantly larger effect sizes than reported by many Incredible Years and Triple P evaluations. This is a particularly important finding as most of the parents trained by Triple P and Incredible Years are not incarcerated and are European American, middle class adults. In fact, the Triple P program reviewed above (Bodenmann et al., 2008) reported similar and smaller effect sizes than the current study, including the incarcerated

sample. In addition, Triple P is more expensive to implement than ACT, with facilitator fees running upwards of \$2,000 and participant fees averaging \$30 per participant (<http://www.nrepp.samhsa.gov>). Likewise, the Incredible Years program has evidenced effect sizes between .04 and .47, suggesting similar program efficacy as PRSK (Fergusson, Stanley, & Horwood, 2009; Reid, Webster-Stratton, & Hammond, 2007; Webster-Stratton, 1990; Webster-Stratton, 1992; Webster-Stratton & Hammon, 1997; Webster-Stratton, Reid, & Hammond, 2001). Yet, the Incredible Years BASIC program runs upwards of \$10,000 to implement, while the PRSK program runs between \$1,000-2,000 for the entire program. Additionally, ACT-PRSK facilitator training is free and participants in the program pay no fees while receiving free materials and child care.

The effect sizes found in the current study represent an interesting contrast between statistical significance and clinical significance. While most results were statistically significant, program developers and facilitators want to know what the results signify for real parents. Within the current study, the participants significantly improved their scores for the overall *violence prevention skills* variable, with a two point change in scores from pre- to post-test. The highest score possible for this composite variable was 45, therein revealing a 10 point difference between the mean post-test score and an ideally perfect score. However, if a participant scored a 36 on *violence prevention skills* at post-test, this would indicate that he or she answered each question almost perfectly, correctly endorsing positive discipline, prosocial problem solving, and effective anger management techniques. Therefore, from an applied clinical prevention and intervention standpoint, the mean post-test score of 34.6 was impressive in terms of parents adequately internalizing violence prevention information at program completion.

This type of improvement across all variables seems well worth an average \$300 investment per participant, especially considering other programs can cost up to \$10,000 to implement and considering most programs have similar effect size outcomes. Indeed, each of the other three composite variables, *media violence literacy*, *prosocial parenting practices*, and *ages and stages knowledge*, also showed clinically significant trends in this direction. This means that although there was not a large statistical effect size, each change in the dependent variables showed real improvement in parenting knowledge and skills. Nevertheless, follow-up measures were not utilized in the current study. Porter and Howe (2008) found significant increases at a three-month follow-up in anger management, media violence knowledge, and a complete cessation of spanking. This indicates that violence prevention knowledge may need to be solidified over time. Parents may also learn the information better after applying their knowledge of positive parenting over time to actual situations within their home. Future studies are encouraged to utilize 3-, 6-, and 12-month follow-ups to better assess the internalization and implementation of PRSK messages.

### **Caregivers in the Program**

**Spanish speaking participants.** Diverse populations of caregivers are currently being educated through the PRSK program. One of the most important findings of this study was that participants who completed the program in Spanish rather than English evidenced significantly greater change from pre- to post-test in three out of the four the composite variables and also had significantly lower attrition rates. The only variable on which Spanish speaking participants had lower post-test scores was the *ages and stages knowledge* variable. However, for this variable, Spanish speaking participants had significantly lower pre-test scores than English speaking participants and experienced a greater overall positive change in child development knowledge.

Participants completing the PRSK program in Spanish and those with Latina/Latino ethnicity both had significantly lower attrition rates than English speaking participants and all other ethnicities. These are important findings for many reasons. Hispanic/Latino populations that have immigrated to the United States are at a greater risk than non-immigrant families for maladaptive behavior, increased risk of substance use, academic difficulties, and incarceration due to the stress of acculturation, poverty, and other challenges (Martinez, Eddy, & DeGarmo, 2003; Martinez, McClure, & Eddy, 2008). Likewise, caregivers have reported feeling less influential in their children's lives if they are living in communities where English is the predominant language if English is not their first language (Martinez, 2006).

The Spanish speaking participants in the current study may have felt empowered by their participation in the PRSK program and thus internalized the information at higher rates. Likewise, the Spanish speaking participants may have needed the extra support from a community of Spanish speaking parents, which the PRSK program provided. Similarly, the PRSK program may have helped Spanish speaking people and immigrants further understand parenting norms within the United States, which may include a less authoritarian approach and a cessation of harsh discipline and spanking. This is important as studies have found Latino caregivers to be more authoritarian, less nurturing, and more likely to use discipline than European Americans (Cardona, Nicholson, & Fox, 2000).

These results suggest that the PRSK program is an appropriate, culturally sensitive violence prevention curriculum due its utilization of Spanish speaking facilitator, appropriately translated course materials, and its flexible content. This is significant as the majority of parenting program evaluations have been conducted using largely middle-class European Americans (Forehand & Kotchick, 2006; Gorman & Balter, 1997). Research calls for more

prevention and intervention efforts for people of color (Kazdin, 2008). Future studies are encouraged to extend the PRSK program to new populations, such as other immigrant communities within the United States, and continue to explore the benefits of the PRSK program in Spanish speaking and other communities where parents face multiple stressors that may challenge their parenting success. Currently, besides the United States, the ACT-PRSK program is active in Cyprus, Greece, Colombia, and Puerto Rico. A future direction for the PRSK program could be to expand the languages in which the program is implemented, effectively reaching a larger demographic of caregivers.

**Incarcerated participants.** In furthering ACT-PRSK's focus on diversity, incarcerated parents made up a significant proportion of the sample (44%). These parents tended to score the lowest on all outcome measures at post-test and had high attrition rates (52.4%) compared to the other caregivers in the program. However, although the increase in knowledge and skills was overall small in magnitude (1 point), the incarcerated caregivers included in this study did significantly improve from pre- to post-test regarding *media violence literacy*, indicating some small increase in knowledge of monitoring media.

Clearly, incarcerated parents are an at-risk population and experience many stressors, one of which is failing to maintain a connection with their children while in prison. Additionally, inmates are seven times more likely have been abused as children than the general public (Beatty, 1997). Inmates also face lack of family communication and support, which may lead to social isolation and poorer relationships with their children (Palusci, Crum, Bliss, & Bavolek, 2008). The children of inmates also face risk factors for violent behavior and are at a greater risk for committing child abuse and neglect (Eddy, Powell, Szubka, McCool, & Kuntz, 2001). In addition to the lack of parenting programs for incarcerated parents, Coyer (2003) reported that

mothers who are incarcerated are more likely to lack positive parenting knowledge than those who are not imprisoned. Moreover, incarcerated parents have high attrition rates from parenting programs (CDC, 2004). However, Palusci et al. (2008) reported that parent education programs can be effective and lead to more positive views of parenting in imprisoned populations.

As the number of incarcerated parents grows within the United States (69% of men in prison are fathers), programs are needed that can be implemented within the prison system and that cater to the transient nature of jail and prison populations (Couturier, 1995; Gillard, 1999). Although the incarcerated parents in the current study did not improve as much as others, they did show small improvements. Factors that serve as barriers to improvement in parenting programs include low literacy levels, lack of institutional support for parenting programs, the transient nature of prison life, high rates of mental illness, and post-release instability (Eddy et al., 2001).

The PRSK program is currently implemented at an 8<sup>th</sup> grade reading level; however, to address the lower literacy levels of inmate populations, future programs could incorporate illustrations and cartoons regarding the main messages of violence prevention. To combat the negative stigma violence prevention programs can have in institutional settings, PRSK could be incorporated into other existing agendas such as substance abuse programs or mental health treatment plans and incorporate prison staff into the program to foster support for the inmates. Finally, longitudinal studies that measure the effects of parenting programs after prison release are needed. Programs that can extend services, such as a brief 1- or 2-week refresher of the main violence prevention techniques for noncoercive parenting, may serve to combat additional stressors parents face when being released from institutional settings, such as unemployment and lack of familial cohesiveness. Future programs are encouraged to explore methods for improving

the attrition rates of inmates and for encouraging greater preservation of violence prevention knowledge.

**Gender.** The majority of the fathers in this study were incarcerated (73.6%). A significant finding in the current study was that women improved in three out of the four dependent variables (*prosocial parenting practices, media violence literacy, and violence prevention skills*) and male participants increased their scores in three out of the four dependent variables (as well *prosocial parenting practices, media violence literacy, and ages and stages knowledge*) but the changes were not statistically significant.

Mothers spend significantly more time with their children than do fathers (Pleck, 1997). Likewise, mothers are more likely to abuse their children (Rosenberg & Wilcox, 2006), have greater doubts about their competence as parents (Sheeber & Johnson, 1992), and have higher levels of stress regarding parenting (Gelfand, Teti, & Radin Fox, 1992). One of the reasons that mothers rather than fathers significantly increased their knowledge of nonviolent parenting knowledge in the current study could be that the information was more relevant to their current situation than for fathers. Likewise, because female caregivers spend a significantly greater period of time with their children, fathers could have felt the information in PRSK was more applicable to their female partners than to themselves. Our finding that mothers' knowledge of violence prevention skills increased significantly while fathers' knowledge did not is consistent with previous literature (Locke & Newcomb, 2004).

Locke and Newcomb (2004) reported that because of gender role socialization patterns, men but not women are more likely to rule out psychological factors as influencing positive parenting. Therefore, parenting programs such as PRSK, that rely on parents internalizing psychological messages about the effects of violence may be more effective for females than

males. For example, fathers in treatment for alcohol use disorders that also included parent training were more likely to decrease their negative behavior (Lam, Fals-Stewart, & Kelley, 2009), indicating that when men focus on positive behavioral change, parent training may work as a positive adjunct to other programs. Future studies interested in father involvement and gender effects within social welfare programs could explore risk and protective factors that lead to more successful outcomes for male caregivers such as increased changes in positive parenting knowledge (Locke & Newcomb, 2004).

### **Program Sites**

Based on the results of the current study, those trained at Fairfax- Falls Church and Pittsburgh had the greatest change in behavior from pre- to post-test and the lowest attrition rates. Both of these sites showed significant improvement in three of the four dependent variables (*prosocial parenting practices, ages and stages knowledge, and violence prevention skills*). In fact, participants at Fairfax-Falls Church significantly increased their scores an average of 10 points from pre- to post-test in the *violence prevention skills* variable, which measured overall internalization of PRSK messages. Fairfax-Falls Church is a Spanish speaking site and thus the large changes in attitudes over the course of the PRSK program may be attributable to the factors discussed above regarding Spanish speaking parents.

The significant changes in the Pittsburgh site may be attributable to a number of factors. Firstly, this site was sponsored by the United Way and received \$3,000 per group for incentives. Therefore the site was able to give gift cards for groceries and other stores, give small items for every participant who completed a homework assignment, and give gifts for those participants with perfect attendance in addition to tuition credit for child care. Secondly, this specific site held “refresher days” for facilitators to learn each other’s successful techniques at implementing

information. Because this site has trained 64 facilitators, groups were often implemented with two facilitators because there were not enough sites for all of the facilitators to be active. Finally, the participants in Pittsburgh were either in the criminal justice system or in halfway houses. The facilitators had good relations and were familiar with many of the participants before they were referred to the program. Therefore the significant changes in attitudes by these participants may be attributed to the trusted report with these facilitators.

Future studies may help to clarify the interaction between gains in knowledge of violence prevention and facilitator qualities, such as interest in the material and language of the facilitator. It may also be advantageous for those facilitators who are associated with the change to become national facilitator trainers. Additionally, videotaped trainings may increase the fidelity of each program implementation at each site. Future programs are also encouraged to utilize fidelity checks such as site visitations by master trainers. This would ensure each program was being properly implemented in vivo and increase program effectiveness, as well as parsing out which variables are related to site success.

## **Participant Feedback**

It is clear that the participants in the current study found the PRSK program useful and appropriate for their needs. One theme emerging from the post-program questionnaire was affirmation of the importance of competent and friendly facilitators. The participants validated that the facilitators were adequately educated in the subject of violence prevention and accommodating in helping them learn positive parenting techniques. Because the post-program questionnaire and the pre- and post-test surveys were not matched at each site, specific compliments about a given facilitator could not be assessed. Facilitators should be identified on these measures in the future, to enhance training and program effectiveness. Future studies are

encouraged to explore the relationship between facilitators or groups leaders and the factors leading to successful internalization of violence prevention knowledge in participants.

Given these results, this study further supports ACT-PRSK as an preventative alternative to more expensive and longer programs such as Incredible Years, which focus on children who already have behavioral problems. Finally, the current study served to support PRSK in its quest to become evidence-based. By continuing to evaluate PRSK, this early violence prevention program may reduce the risk factors for violence in homes across the nation.

### **Limitations**

The attrition rate for the current study was 45%, which it is consistent with other parenting programs (Letourneau, 2001; O'Sullivan & Jacobsen, 1992). For example, one study evaluating the Incredible Years Program reported an attrition rate of 40%. High attrition rates are a noted problem within the parenting program literature (Censullo, 1994; Koniak-Griffin, Vermemnieks, & Cahill, 1992). High attrition rates can be problematic because they increase the risk of making a Type II error, as well as decreasing generalizability. Because the participants of the current study were not required to give an explanation for discontinuing their participation, the causes of attrition are unclear. From brief correspondence with a few facilitators in the field, it appears that in at least one group containing court mandated caregivers, parents was asked to leave due to misconduct either at their job or within the PRSK program. All attempts should be made to contact parents and assess reasons for drop out.

Future studies should explore different incentives for encouraging continuation of the program. One study suggested that monetary incentives influenced whether or not participants joined a child behavior prevention program and the rate at which they completed the program (Heinrichs, 2006). For PRSK programs that include court mandated parents or incarcerated

participants, however, the use of monetary incentives may be unavailable. Currently, the PRSK program utilizes gift cards, movie and grocery vouchers, and small prizes for incentive to continue in the program.

In a study exploring barriers to parenting program completion, Peters, Calam, and Harrington (2005) found lower socioeconomic status (SES) to be predictive of program drop out rather than difficult child behavior or parental psychological factors, such as a clinical diagnosis of mental illness. Similarly, numerous studies have also found the caregiver's SES to be the best predictor of attrition, with those parents from disadvantaged backgrounds leaving parenting programs before completion at higher rates than those caregivers who report they are middle-class (Fernandez & Eyberg, 2009; Kazdin & Mazurick, 1994; McCabe, 2002; Nock & Kazdin, 2001). The current study found education to be a significant factor in attrition with those highly educated parents (college or graduate school) completing the program at higher rates than those participants who completed high school, elementary school, or those who received no formal education. Additionally, parenting training programs have been reported to be less effective for families who have low SES (Lundahl, Risser, & Lovejoy, 2006). However, the current study found no significant differences for ethnicity or education level. Therefore, the program seems appropriate for caregivers from diverse economic and ethnic backgrounds. The PRSK program specifically targets at-risk caregivers, such as those parents with few financial resources, as these parents are less likely to know that such programs are free and available.

Females comprised the majority of the participants in this study (30% were male) and completed the program at a higher rate than male participants. Of the males who did participate in the program, 50% were European American and 73.1% had completed high school. Fathers who choose to participate in family research may engage in a self-selecting bias (Costigan &

Cox, 2001). Male caregivers who participate in family programs are more likely to be European American and have high educational attainment. Likewise, McCabe (2002) found that a caregiver's ethnic minority status impacted attrition rates negatively. Future studies should explore techniques to reach male caregivers, particularly lower educated male parents and those men who are ethnic minorities. Fortunately, Latino males in the current study had the lowest attrition rate (46.4%) when compared with African American men (48.9%), European American men (54.3%), and "other" ethnicity men (54.8%). This is promising as the current violence prevention literature calls for more programs that are effective not only for people of color, but that reach out specifically to fathers, as they are often an underrepresented group in parenting programs (Costigan & Cox, 2001).

Another underrepresented group in the current study was teen parents ( $n = 31$ ). The adolescent parents who were involved in the study had low completion rates (42%). There is currently a dearth of parenting programs targeted at teen parents. Adolescent caregivers are more likely to live in poverty (approximately 80% of all adolescent parents in the United States live below the poverty line), have little social support, and are more likely to abuse and neglect their children (Coley & Chase-Lansdale, 1998; Lee and George, 1999; Maynard, 1996; Moore, Hofferth, Wertheimer, Waite, & Caldwell, 1981; Whitman, Borkowski, Schellenbach, & Nath, 1987). The finding that adolescents were likely to drop out of the PRSK program is consistent within the literature. Letourneau (2001) explored attrition rates for adolescents in parenting interventions as being up to 82%. Given the multiple risk factors adolescent parents face, future studies are needed to explore parenting programs and their effectiveness within this population. Facilitators are encouraged to recruit adolescent caregivers and monitor their improvement within the PRSK program. Likewise, the curriculum of the PRSK program should include

information about the particular stressors of adolescent parenting, such as maintaining positive parenting while finishing educational commitments and managing stress while struggling with poverty and the new role of caregiver.

Another limitation of the current study is that the ACT-PRSK Survey uses mainly self-report measures to evaluate changes in caregiver attitudes and behaviors. Although the *ages and stages knowledge* variable was an objective measure of parenting knowledge, future studies are encouraged to utilize more objective measures to better assess change in caregiver attitudes and behaviors. Such measures could be objective parenting behavior instruments, teacher evaluations of the caregiver's children, or direct observation of the caregiver with his or her children. Furthermore, other risk (such as lack of appropriate housing) and protective (such as affordable daycare) factors could be assessed in future studies to allow for a more multidimensional evaluation factors affecting the caregivers' change in behavior.

Another limitation of the current study was the lack of follow-up measures. Although each dependent variable here significantly improved from pre- to post-test, follow-up measures may have shown significantly greater improvement for the internalization of violence prevention knowledge. Additionally, follow-up measures may reveal which facets of the program need more attention to allow for greater internalization of its messages. Therefore, future studies are encouraged to utilize longitudinal designs that include follow-up measures, such as three-month and 12-month follow-ups, and as well as utilizing control groups.

None of the sites included control groups for comparison. Additionally, none of the participants were randomly selected for participation in the PRSK program. Program evaluations that lack control groups cannot state definitively that the program itself caused the changes seen in participants. However, the use of control groups for comparison to the treatment group in

parenting program is often controversial and unethical due to the necessity of withholding helpful treatments for at-risk populations. Future studies might include waitlist control groups that would receive the parenting program after the first program has ended. Ideally, evaluations would compare PRSK directly to other parenting curricula as well as to waitlist controls.

## Conclusion

The current evaluation of Parents Raising Safe Kids validates it as an effective early parenting program related to positive change in diverse caregivers. The ACT-PRSK program was developed based on decades of research to ensure the most effective techniques of parenting were available to decrease coercive parenting behavior, increase positive parenting, and increase child development knowledge. Along with Porter and Howe (2008) and Knox et al. (2009), this study continues to build the evidence base for ACT-PRSK. Furthermore, the results of this study suggest that the program is effective with Spanish speaking populations in terms of both caregiver retention and overall change in knowledge and skills. This study is also important because it has adequate statistical power and the largest sample size ever examined in an ACT evaluation, both of which are rare within community-based violence prevention research.

Research is needed to continue evaluating parenting programs to ensure caregivers are receiving empirically validated education that keeps their children safe from violent behavior. For more information regarding the ACT-PRSK program, visit [www.actagainstviolence.org](http://www.actagainstviolence.org).

## REFERENCES

- Adamson, J. L., & Thompson, R. A. (1998). Coping with interpersonal verbal conflict by children exposed to abuse and children from nonviolent homes. *Journal of Family Violence, 13*, 213-232. doi: 10.1023/A:1022896804777
- American Academy of Pediatrics. (1998). Guidance for effective discipline. *Pediatrics, 101*, 723-728.
- Anderson, C. A. (2002). Violent video games and aggressive thoughts, feelings, and behaviors. In S. L. Calvert, A. B. Jordan, R. Rodney, *Children in the digital age: Influences of electronic media on development* (pp. 101-119). Westport, CT: Praeger Publishers.
- Anderson, C .A., & Bushman, B .J. (2001). Effects of violent video games on aggressive behavior, aggressive cognition, aggressive affect, physiological arousal, and prosocial behavior: A meta-analytic review of the scientific literature. *Psychological Science, 12*, 353-359. doi: 10.1111/1467-9280.00366
- Anderson, C. A., Carnagey, N. L., Flanagan, M., Benjamin, A. J., Eubanks, J., & Valentine, J. C. (2004). Violent video games: specific effects of violent content on aggressive thoughts and behavior. In M. P. Zanna, *Advances in Experimental Social Psychology* (pp. 199-249). San Diego, CA: Elsevier Academic Press.
- Anderson, C. A., & Dill, K. E. (2000). Video games and aggressive thoughts, feelings, and behavior in the laboratory and in life. *Journal of Personality and Social Psychology, 78*, 772-790. doi: 10.1037/0022-3514.78.4.772

- Azar, S. T. (1989). Training parents of abused children. In C. E. Schaefer & J. M. Briesmeister (Eds.), *Handbook of parenting training: Parents as co-therapists for children's behavior problems* (pp. 414-441). New York: Wiley.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication*, 28, 12-29. doi: 10.1111/j.1460-2466.1978.tb01621.x
- Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal Social Psychology*, 63, 75-82. doi: 10.1037/h0045925
- Bandura, A., Ross, D., & Ross, S. A. (1963). Imitation of film-mediated aggressive models. *Journal of Abnormal and Social Psychology*, 63, 572-582. doi: 10.1037/h0048687
- Battelle Centers for Public Health Research and Evaluation (2004). *Evaluation of the ACT Against Violence Training Program: Report*. (Available from Battelle Centers for Public Health Research and Evaluation 2101 Wilson Boulevard, Suite 800, Arlington, VA 22201)
- Beatty, C. (1997). *Parents in prison: Children in crisis*. Child Welfare League of America Press: Washington, DC.
- Berkowitz, L. (1993). *Aggression: Its causes, consequences, and control*. Philadelphia: Temple University Press.
- Bodenmann, G., Annette, C., Ledermann, T., & Sanders, M. R. (2008). The efficacy of the triple P positive parenting program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behaviour Research and Therapy*, 46, 411-427. doi: 10.1016/j.brat.2008.01.001

- Brestan, E. V., & Eyberg, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Child Psychology*, 27, 180-189.. ,
- Brown, J. L., & Kiernan, N. E. (2001). Assessing the subsequent effect of a formative evaluation on a program. *Evaluation and Program Planning*, 24, 129-143. doi: 10.1016/S0149-7189(01)00004-0
- Bugental, D. B., Blue, J., & Cruzcosa, M. (1989). Perceived control over caregiving outcomes: Implications for child abuse. *Developmental Psychology*, 25, 532-539. doi: 10.1037/0012-1649.25.4.532
- Bushman, B. J., & Anderson, C. A. (2001). Media violence and the American public: Scientific facts versus media misinformation. *American Psychologist*, 56, 477-489. doi: 10.1037/0003-066X.56.6-7.477
- Bushman, B. J., & Anderson, C. A. (2009). Comfortably numb: Desensitizing effects of violent media on helping others. *Psychological Science*, 20, 273-277. doi: 10.1111/j.1467-9280.2009.02287.x
- Cardona, P. G., Nicholson, B. C., & Fox, R. A. (2000). Parenting among Hispanic and Anglo-American mothers with young children. *The Journal of Social Psychology*, 140, 357-365.
- Carll, E. K. (1999). *Violence in our lives: Impact on workplace, home, and community*. Needham Heights, MA: Allyn & Bacon.
- Carnagey, N. L., Anderson, C. A., & Bushman, B. J. (2007). The effect of video game violence on physiological desensitization to real-life violence. *Journal of Experimental Social Psychology*, 43, 489-496. doi: 10.1016/j.jesp.2006.05.003

- Carter, L. S., Weithorn, L. A., & Behrman, R. E. (1999). Domestic violence and children: Analysis and recommendations. *The Future of Children*, 9, 4-20. doi: 10.2307/1602778
- Censullo, M. (1994). Strategy for promoting greater responsiveness in adolescent partner/infant relationships: Report of a pilot study. *Journal of Pediatric Nursing*, 9, 326-332. doi: 10.1097/00004703-199404000-00006
- Center for Disease Control and Prevention (CDC). (2004). *Using evidence-based parenting programs to advance CDC efforts in child maltreatment prevention research activities*. Author: Atlanta, GA.
- Chaffin, M., & Schmidt, S. (2006). An evidence-based perspective on interventions to stop or prevent child abuse. In J. R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies* (pp. 49-68). Washington, DC: American Psychological Association.
- Cicchetti, D., & Cannon, T. D. (1999). Neurodevelopmental processes in the ontogenesis and epigenesis of psychopathology. *Development and Psychopathology*, 11, 375-393.
- Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventative interventions. *Development and Psychopathology*, 18, 623-649.
- Cicchetti, D., & Toth, S. L. (1997). Transactional ecological systems in developmental psychopathology. In S. S. Luthar, J. A. Burack, D. Cicchetti, & J. R. Weisz (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder* (pp. 317-349). New York: Cambridge University Press.

- Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology*, 1, 409-438. doi: 10.1146/annurev.clinpsy.1.102803.144029
- Coley, R. L., & Chase-Lansdale, L. P. (1998). Adolescent pregnancy and parenthood. *American Psychologist*, 53, 152-166. doi: 10.1037/0003-066X.53.2.152
- Costigan, C. K., & Cox, M. J. (2001). Fathers' participation in family research: Is there a self-selection bias? *Journal of Family Psychology*, 15, 706-720. doi: 10.1037/0893-3200.15.4.706
- Couturier, L. C. (1995). Inmates benefit from family service programs. *Corrections Today*, 57, 100-107.
- Coyer, S. M. (2003). Women in recovery discuss parenting while addicted to cocaine. *American Journal of Maternal Child Nursing*, 28, 45-49.
- Coyne, S. M., Nelson, D. A., Lawton, F., Haslam, S., Rooney, L., Titterington, L., Trainor, H., Remnant, J., & Ogunlaja, L. (2008). The effects of viewing physical and relational aggression in the media: Evidence for a cross-over effect. *Journal of Experimental Social Psychology*, 44, 1551-1554. doi: 10.1016/j.jesp.2008.06.006
- Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychology Bulletin*, 115, 74-101. doi: 10.1037/0033-2909.115.1.74
- Crouch, J. L., Milner, J. S., & Thompson, C. (2001). Childhood physical abuse, early social support, and risk for maltreatment: Current social support as a mediator of risk for child physical abuse. *Child Abuse & Neglect*, 25, 93-107. doi: 10.1016/S0145-2134(00)00230-1

- DaSilva, J. M., Sterne, M. L., & Anderson, M. P. (2002). *ACT against violence training program: Training manual*. Washington, DC: American Psychological Association and National Association for the Education of Young Children.
- Denham, S. A., Blair, K., Schmidt, M., & DeMulder, E. (2002). Compromised emotional competence: Seeds of violence sown early? *American Journal of Orthopsychiatry*, 72, 70-82. doi: 10.1037/0002-9432.72.1.70
- Drell, M. J., Siegel, C. H., & Gaensbauer, T. J. (1993). *Post-traumatic stress disorder*. Handbook of Infant Mental Health. New York, NY: Guilford Press.
- Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 25, 1627-1640. doi: 10.1016/S0145-2134(01)00293-9
- Eddy, B. A., Powell, M. J., Szubka, M. H., McCool, M. L., & Kuntz, S. (2001). Challenges in research with incarcerated parents and importance in violence prevention. *American Journal of Preventive Medicine*, 20, 56-62. doi: 10.1016/S0749-3797(00)00273-7
- Ethier, L. S., Couture, G., & Lacharite, C. (2004). Risk factors associated with the chronicity of high potential for child abuse and neglect. *Journal of Family Violence*, 19, 13-24. doi: 10.1023/B:JOFV.0000011579.18333.c9
- Farrell, A. D., & Meyer, A. L. (1997). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grade students. *American Journal of Public Health*, 87, 979-984. doi: 10.2105/AJPH.87.6.979

Fergusson, D., Stangley, L., & Horwood, L. J. (2009). Preliminary data on the efficacy of the incredible years basic parenting programme in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 43, 76-79.

Fernandez, M. A., & Eyberg, S. M. (2009). Predicting treatment and follow-up attrition in parent-child interaction therapy. *Journal of Abnormal Child Psychology*, 37, 431-441.  
doi: 10.1007/s10802-008-9281-1

Fetsch, R. J., & Schultz, C. J. (2008). *How much change do RETHINK parenting and anger management program participants make?* Manuscript submitted for publication.

Fetsch, R. J., Schultz, C. J., & Wahler, J. J. (1999). A preliminary evaluation of the Colorado rethink parenting and anger management program. *Child Abuse & Neglect*, 23, 353-360. doi: 10.1016/S0145-2134(99)00005-8

Fetsch, R. J., Yang, R. K., & Pettit, M. J. (2008), The RETHINK parenting and anger management program: A follow-up validation study. *Family Relations*, 57, 543-552.  
doi: 10.1111/j.1741-3729.2008.00521.x

Fichman, M., & Cummings, J. N. (2003). Multiple imputation for missing data: Making the most of what you know. *Organizational Research Methods*, 6, 282-308. doi: 10.1177/1094428103255532

Forehand, R., & Kotchick, B. (1996). Cultural diversity: A wake-up call for parent training. *Behavior Therapy*, 27, 187-206. doi: 10.1016/S0005-7894(96)80014-1

Foster, E. M., Olchowski, A. E., & Webster-Stratton, C. H. (2007). Is stacking intervention components cost-effective? An analysis of the incredible years program. *Journal of American Academy of Child & Adolescent Psychiatry*, 46, 1414-1424. doi: 10.1097/chi.0b013e3181514c8a

- Fox, R. A., Anderson, R. C., Fox, T. A., & Rodriguez, M. A. (1991). STAR parenting: A program for helping parents effectively deal with behavioral difficulties. *Young Children*, 46, 54-60. doi: 10.2466/PR0.68.1.35-40
- Fox, R. A., & Fox, T. A. (1992). *Leader's guide: STAR parenting program*. Bellevue, WA: STAR Parenting.
- Fromm, S. (2001). *Total estimated cost of child abuse and neglect in the United States: Statistical evidence*. Report submitted by Prevent Child Abuse America to the Edna McConnell Clark Foundation.
- Fulton, A., & Murphy, K. (1991). Increasing adolescent mothers' knowledge of child development: An intervention program. *Adolescence*, 26, 73.
- Funk, J. B., & Buchman, D. D. (1996). Playing violent video and computer games and adolescent self-concept. *Journal of Communication*, 46, 19-32. doi: 10.1111/j.1460-2466.1996.tb01472.x
- Fry, D. P. (1993). The intergenerational transmission of disciplinary practices and approaches to conflict. *Human Organization*, 52, 176-185.
- Gelfand, D. M., Teti, D. M., & Fox, C. R. (1992). Sources of parenting stress for depressed and nondepressed mothers. *Journal of Clinical Child Psychology*, 21, 262-272.
- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539-579. doi: 10.1037/0033-2909.128.4.539
- Gershoff, E., T. & Bitensky, S. H. (2007). The case against corporal punishment of children: Converging evidence from social science research and international human rights law and

- implications for U.S. public policy. *Psychology, Public Policy, and Law*, 13, 231-272.  
doi: 10.1037/1076-8971.13.4.231
- Gilliard, D. K. (1998) *Prison and jail inmates at mid-year 1998*. Bureau of Justice Statistics Bulletin. Department of Justice, Bureau of Justice Statistics: Washington, DC.
- Gollwitzer, M., Eisenbach, K., Atria, M., Strohmeier, D., & Banse, R. (2006). Evaluation of aggression-reducing effects of the “Viennese social competence training.” *Swiss Journal of Psychology*, 65, 125-135. doi: 10.1024/1421-0185.65.2.125
- Gorman, J. C., & Balter, L. (1997). Culturally sensitive parent education: A critical review of quantitative research. *Review of Educational Research*, 67, 339-369. doi: 10.2307/1170568
- Graaf, I., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008). Effectiveness of the triple P positive parenting program: A meta-analysis. *Family Relations*, 57, 553-566. doi: 10.1111/j.1741-3729.2008.00522.x
- Graham, J. W. (2009). Missing data analysis: Making it work in the real world. *Annual Review of Psychology*, 60, 549-576. doi: 10.1146/annurev.psych.58.110405.085530
- Graziano, A. M. (1994). Why we should study subabusive violence against children. *Journal of Interpersonal Violence*, 9, 412-419. doi: 10.1177/088626094009003009
- Guterman, N. B., & Yee, Y. (2005). The role of fathers in risk for physical child abuse and neglect: Possible pathways and unanswered questions. *Child Maltreatment*, 10, 136-149. doi: 10.1177/1077559505274623
- Guttman, M., Mowder, B. A., & Yasik, A. E. (2006). The ACT against violence training program: A preliminary investigation of knowledge gained by early childhood

- professionals. *Professional Psychology: Research and Practice*, 37, 717-723. doi: 10.1037/0735-7028.37.6.717
- Haninger, K., & Thompson, K. M. (2004). Content and ratings of teen-rated video games. *Journal of the American Medical Association*, 291, 856-865. doi: 10.1001/jama.291.7.856
- Hanish, L. D., & Guerra, N. G. (2002). A longitudinal analysis of patterns of adjustment following peer victimization. *Development and Psychopathology*, 14, 69-89. doi: 10.1017/S0954579402001049
- Hansen, D. J., & MacMillan, V. M. (1990). Behavioral assessment of child-abusive and neglectful families. *Behavior Modification*, 14, 255-278. doi: 10.1177/01454455900143003
- Heinrichs, N. (2006). The effects of two different incentives on recruitment rates of families into a prevention program. *The Journal of Primary Prevention*, 27, 345-265. doi: 10.1007/s10935-006-0038-8
- Hektner, J. M., August, G. J., & Realmuto, G. M. (2000). Patterns and temporal changes in peer affiliation among aggressive and nonaggressive children participating in a summer school program. *Journal of Clinical Child Psychology*, 29, 603-614.
- Holden, G. W., Thompson, E. E., Zambarano, R. J., & Marshall, L. A. (1997). Child effects as a source of change in maternal attitudes toward corporal punishment. *Journal of Social and Personal Relationships*, 14, 481-490. doi: 10.1177/0265407597144004
- Huesmann, L. R. (1998). The role of social information processing and cognitive schema in the acquisition and maintenance of habitual aggressive behavior. In R. G. Green & E.

- Donnerstein (Eds.), *Human aggression: Theories, research, and implications for social policy* (pp. 73-109). New York: Academic Press.
- Huesmann, J. R., Moise-Titus, J., Podolski, C., & Eron, L. D. (2003). Longitudinal relations between children's exposure to TV violence and their aggressive and violent behavior in young adulthood: 1977-1992. *Developmental Psychology, 39*, 201-221. doi: 10.1037/0012-1649.39.2.201
- Joint statement on the impact of entertainment violence on children: Congressional Public Health Summit.* (2000, July 26). Retrieved from <http://www.senate.gov/brownback.violence1.pdf>
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2008). Efficacy of the Incredible Years programme as an early intervention for children with conduct problems and ADHD: Long-term follow-up. *Child: Care, Health and Development, 34*, 380-390. doi: 10.1111/j.1365-2214.2008.00817.x
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology, 36*, 567-589. doi: 10.1007/s10802-007-9201-9
- Kazdin, A. E. (2008). Evidence-based treatments and delivery of psychological services: Shifting our emphases to increase impact. *Psychological Services, 5*, 201-215. doi: 10.1037/a0012573
- Kazdin, A. E., & Mazurick, J. L. (1994). Dropping out of child psychotherapy: Distinguishing early and late dropouts over the course of treatment. *Journal of Consulting and Clinical Psychology, 62*, 1069-1074. doi: 10.1037/0022-006X.62.5.1069

- Kim, E., Cain, K. C., & Webster-Stratton, C. (2007). The preliminary effect of a parenting program for Korean American mothers: A randomized controlled experimental study. *International Journal of Nursing Studies, 45*, 1261-1273.
- Klevens, J., & Whitaker, D. J. (2007). Primary prevention of child physical abuse and neglect: Gaps and promising directions. *Child Maltreatment, 12*, 364-378. doi: 10.1177/1077559507305995
- Knox, M. S., Burkhart, K., & Hunter, K. E. (in press). ACT against violence parents raising safe kids program: Effects on maltreatment-related parenting behaviors and beliefs. *Journal of Family Issues*.
- Kokkinos, C. M., & Panayiotou, G. (2007). Parental discipline practices and locus of control: Relationship to bullying and victimization experiences of elementary school students. *Social Psychology of Education, 10*, 281-301. doi: 10.1007/s11218-007-9021-3
- Koniak-Griffin, D., Verzemnieks, I., & Cahill, D. (1992). Using videotape instruction and feedback to improve adolescents' mothering behaviors. *Journal of Adolescent Health, 13*, 570-575. doi: 10.1016/1054-139X(92)90370-Q
- Kronenberger, W. G, Mathews, V. P, Dunn, D.W., Wang, Y., Wood, E. A., Giauque, A. L., Larsen, J. J., Rembusch, M. E., Lowe, M. J., & Li, Tie-Qiang. (2005). Media Violence Exposure and Executive Functioning in Aggressive and Control Adolescents. *Journal of Clinical Psychology, 61*, 725-737. doi: 10.1002/jclp.20022
- Lam, W., Fals-Stewart, W., & Kelley, M. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse: Effects on substance use, parental relationship, parenting, and CPS involvement. *Child Maltreatment, 14*, 243-254.

- Lee, B. J., & Goerge, R. M. (1999). Poverty, early childbearing and child maltreatment: A multinomial analysis. *Children and Youth Services Review*, 21, 755-780. doi: 10.1016/S0190-7409(99)00053-5
- Lee, V., & Hoaken, P. N. S. (2007). Cognition, emotion, and neurobiological development: Mediating the relation between maltreatment and aggression. *Child Maltreatment*, 12, 281-298. doi: 10.1177/1077559507303778
- Letourneau, N. (2001). Attrition among adolescents and infants involved in a parenting intervention. *Child: Care, Health, and Development*, 27, 183-186. doi: 10.1046/j.1365-2214.2001.00166.x
- Letourneau, N. L., Stewart, M. J., & Barnfather, A. K. (2004). Adolescent mothers: Support needs, resources, and support-education interventions. *Journal of Adolescent Health*, 35, 509-525. doi: 10.1016/j.jadohealth.2004.01.007
- Levac, A. M., McCay, E., Merka, P., Reddon-D'Arcy, M. L. (2008). Exploring parent participation in a parent training program for children's aggression: Understanding and illuminating mechanisms of change. *Journal of Child and Adolescent Psychiatric Nursing*, 21, 78-88. doi: 10.1111/j.1744-6171.2008.00135.x
- Liebert, R. M., & Baron, R. A. (1972). Some immediate effects of televised violence on children's behavior. *Developmental Psychology*, 6, 469-475. doi: 10.1037/h0032584
- Linder, J. R., & Gentile, D. A. (2009). Is the television rating system valid? Indirect, verbal, and physical aggression in programs viewed by fifth grade girls and associations with behavior. *Journal of Applied Developmental Psychology*, 30, 286-297. doi: 10.1016/j.appdev.2008.12.013

- Loeber, R., Wung, P., Keenan, K., Giroux, B., Stouthamer-Loeber, M., Van Kammen, W. B., & Maugham, B. (1993). Developmental pathways in disruptive child behavior. *Development and Psychopathology, 5*, 103-133. doi: 10.1017/S0954579400004296
- Locke, T. F., & Newcomb, M. D. (2004). Child maltreatment, parent alcohol- and drug-related problems, polydrug problems, and parenting practices: A test of gender differences and four theoretical perspectives. *Journal of Family Psychology, 18*, 120-134. doi: 10.1037/0893-3200.18.1.120
- Lundahl, B., Risser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review, 26*, 86-104. doi: 10.1016/j.cpr.2005.07.004
- Margolin, G., & Vickerman, K. A. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Over and issues. *Professional Psychology: Research and Practice, 38*, 613-619. doi: 10.1037/0735-7028.38.6.613
- Martinez, C. R., Jr. (2006). Effects of differential family acculturation on Latino adolescent substance use. *Family Relations, 55*, 306-317. doi: 10.1111/j.1741-3729.2006.00404.x
- Martinez, C. R., Eddy, J. M., & DeGarmo, D. S. (2003). Preventing substance use among Latino youth. In W. J. Buksoki & Z. Slobodan (Eds.), *Handbook of drug abuse prevention: Theory, science, and practice* (pp. 365-380). New York: Kluwer Academic/Plenum.
- Martinez, C. R., McClure, H. H., & Eddy, J. M. (2008). Language brokering contexts and behavioral and emotional adjustment among Latino parents and adolescents. *The Journal of Early Adolescence, 21*, 71-98. doi: 10.1177/0272431608324477

- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53, 205-220. doi: 10.1037/0003-066X.53.2.205
- Maynard, R. A. (1996). *Kids having kids. A Robin Hood Foundation special report on the costs of adolescent childbearing*. New York, NY: Robin Hood Foundation.
- McCabe, K. M. (2002). Factors that predict premature termination among Mexican-American children in outpatient psychotherapy. *Journal of Child and Family Studies*, 11, 347-359. doi: 10.1023/A:1016876224388
- Miguel, J. J., & Howe, T. R. (2006). Implementing and evaluating a national early violence prevention program at the local level: Lessons from ACT (adults and children together) against violence. *Journal of Early Childhood and Infant Psychology*, 2, 17-38.
- Miller-Johnson, S., Coie, J. D., Maumary-Gremaud, A., & Bierman, K. (2002). Peer rejection and aggression and early starter models of conduct disorder. *Journal of Abnormal Child Psychology*, 30, 217-230. doi: 10.1023/A:1015198612049
- Moore, K. A., Hofferth, S. L., Wertheimer, M., Waite, L. J., & Caldwell, S. B. (1981). Teenage childbearing: Consequences for women, families, and government welfare expenditures. In K. G. Scott, T. Field, & E. Robertson (Eds.), *Teenage parents and their offspring* (pp. 35-54). New York: Grune & Stratton.
- Mowder, M. H., & Orland, S. L. (2006). The ACT against violence training program: Targeting pre-service elementary school teachers. *Journal of Early Childhood and Infant Psychology*, 2, 39-50.
- Nan, S. A. (2003). *Formative evaluation*. Retrieved from [www.beyondintractability.org/m/formative\\_evaluation.jsp](http://www.beyondintractability.org/m/formative_evaluation.jsp).

- Nelson, C. A., & Bloom, F. E. (1997). Child development and neuroscience. *Child Development*, 68, 970-987. doi: 10.2307/1132045
- Nicholson, B., Anderson, M., Fox, R., & Brenner, V. (2002). One family at a time: A prevention program for at-risk parents. *Journal of Counseling and Development*, 80, 362-372.
- Nicholson, B. C., Brenner, V., & Fox, R. A. (1999). A community-based parenting program with low-income parents of young children. *Families in Society: The Journal of Contemporary Human Services*, 80, 247-253.
- Nicholson, B. C., Janz, P. A., & Fox, R. A. (1998). Evaluating a brief parental-education program for parents of young children. *Psychological Reports*, 82, 1107-1113. doi: 10.1080/0300443991480101
- Nock, M. K., & Kazdin, A. E. (2001). Parent expectations for child therapy: Assessment and relation to participation in treatment. *Journal of Child and Family Studies*, 10, 155-180. doi: 10.1023/A:1016699424731
- Onyskiw, J. E., Harrison, M. J., Spady, D., & McConnan, L. (1999). Formative evaluation of a collaborative community-based child abuse prevention project. *Child Abuse & Neglect*, 23, 1069-1081. doi: 10.1016/S0145-2134(99)00080-0
- Orpinas, P., Parcel, G. S., McAlister, A., & Frankowski, R. (1995). Violence prevention in middle schools: A pilot evaluation. *Journal of Adolescent Health*, 17, 360-371. doi: 10.1016/1054-139X(95)00194-W
- Osofsky, J. D. (1995). The effect of exposure to violence on young children. *American Psychologist*, 50, 782-788. doi: 10.1037/0003-066X.50.9.782
- O'Sullivan, A., & Jacobsen, B. (1992). A randomized trial of a health care program for first-time adolescent mothers and their infants. *Nursing Research*, 41, 210-215.

- Palusci, V. J., Crum, P., Bliss, R., & Bavolek, S. J. (2008). Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program. *Children and Youth Services Review*, 30, 79-89. doi: 10.1016/j.childyouth.2007.06.006
- Patterson, G. R. (2002). The early development of coercive family processes. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 25-44). Washington, DC: American Psychological Association.
- Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. Eugene, OR: Castalia.
- Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the “cycle of violence”. In J. D. Osofsky (Ed.), *Child in a violence society* (pp. 124-149). New York, NY: Guilford Press.
- Perry, B. D. (2000). Traumatized children: How childhood trauma influences brain development. *The Journal of the California Alliance for the Mentally*, 11, 48-51.
- Peters, S., Calam, R., & Harrington, R. (2005). Maternal attributions and expressed emotion as predictors of attendance at parent management training. *Journal of Child Psychology and Psychiatry*, 46, 436-448. DOI: 10.1111/j.1469-7610.2004.00365.x
- Piquero, A. R., Farrington, D. P., Welsh, B. C., Tremblay, R., & Jennings, W. G. (2009). Effects of early family/parent training programs on antisocial behavior and delinquency. *Journal of Experimental Criminology*, 5, 83-120. doi: 10.1007/s11292-009-9072-x
- Pleck, J. H. (1997). Father involvement: Levels, sources, and consequences. In M. E. Lamb (Ed.), *The role of the father in child development* (3<sup>rd</sup> ed., pp. 66-103). New York: Wiley.

- Porter, B., & Howe, T. R. (2008). Pilot evaluation of the “ACT parents raising safe kids” violence prevention program. *Journal of Child & Adolescent Trauma, 1*, 193-206.
- Portwood, S. G. (2009). *An outcome evaluation of the ACT parents raising safe kids program*. Charlotte, North Carolina: University of North Carolina, Department of Public Health Sciences.
- Reid, M. J., Webster-Stratton, C., & Beauchaine, T. P. (2001). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science, 2*, 209-227. doi: 10.1023/A:1013618309070
- Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate- to high-risk elementary school children. *Journal of Clinical Child & Adolescent Psychology, 36*, 605-620.
- Regalado, M., Sareen, H., Inkelaas, M., Wissow, S., & Halfon, N. (2004). Parents' discipline of young children: Results from the National Survey of Early Childhood Health. *Pediatrics, 113*, 1952-1958.
- Roberts, D. F., & Foehr, U. G. (2008). Trends in media use. *The Future of Children, 18*, 11-37. doi: 10.1353/foc.0.0000
- Roberts, D. F., Foehr, U. G., & Rideout, V. G. (2005). *Generation M: Media in the Lives of 8-18 Year Olds*. Menlo Park, CA: Kaiser Family Foundation.
- Rodrigo, M. J., Maiquez, M. L., Correa, A. D., Martin, J. C., & Rodriguez, G. (2006). Outcome evaluation of a community center-based program for mothers at high psychosocial risk. *Child Abuse & Neglect, 30*, 1049-1064. doi: 10.1016/j.chabu.2006.03.004

- Rosenberg, J., & Wilcox, W. B. (2006). The importance of fathers in the healthy development of children. Office on Child Abuse and Neglect, U. S. Children's Bureau.
- Salzinger, S., Feldman, R. S., Hammer, M., & Rosario, M. (1993). The effects of physical abuse on children's social relationships. *Child Development, 64*, 169-187. doi: 10.2307/1131444
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review, 2*, 71-90. doi: 10.1023/A:1021843613840
- Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph, 1*, 1-12.
- Sanders, M. R., & Turner, K. M. T. (2002). The role of the media and primary care in the dissemination of evidence-based parenting and family support interventions. *The Behavior Therapist, 25*, 156-166.
- Sheeber, L. B., & Johnson, J. H. (1992). Child temperament, maternal adjustment, and changes in family life style. *American Journal of Orthopsychiatry, 62*, 178-185. doi: 10.1037/h0079329
- Silva, J. M., & Randall, A. (2005). Giving psychology away: Educating adults to ACT against early childhood violence. *Journal of Early Childhood and Infant Psychology, 1*, 37-43.

- Simons, R. L., Whitbeck, L. B., Conger, R. D., & Wu, C. (1991). Intergenerational transmission of harsh parenting. *Developmental Psychology, 27*, 159-171. doi: 10.1037/0012-1649.27.1.159
- Snyder, J., & Patterson, G. (1987). Family interaction and delinquent behavior. In H. Quay (Ed.), *Handbook of Juvenile Delinquency* (pp. 216-243). John Wiley and Sons: New York.
- Socolar, R., Savage, E., & Evans, H. (2007). A longitudinal study of parental discipline of young children. *Southern Medical Journal, 100*, 472-477.
- Solis-Camara, R. P., Fox, R. A., & Nicholson, B. C. (2000). Parenting young children: Comparison of a psychoeducational program in Mexico and the United States. *Early Child Development and Care, 163*, 115-124. doi: 10.1080/0300443001630108
- Sommer, K., Whitman, T. L., Borkowski, J. G., Schellenbach, C., Maxwell, S., & Keogh, D. (1993). Cognitive readiness and adolescent parenting. *Developmental Psychology, 29*, 389-398. doi: 10.1037/0012-1649.29.2.389
- Stacy, W., & Shupe, A. (1983). *The family secret*. Boston, MA: Beacon Press.
- Thatcher, R. W. (1994). Psychopathology of early frontal lobe damage: Dependence on cycles of development. *Development and Psychopathology, 6*, 565-596. doi: 10.1017/S0954579400004697
- U.S. Department of Justice, Federal Bureau of Investigation. (2000). *Crime reports in the United States, 1999: Uniform crime reports*. Washington DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2007). *Child maltreatment 2007*. Washington DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *National registry of evidence-based programs and practices (NREPP)*.

Retrieved from

[http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=218](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=218)

Uslucan, H., & Fuhrer, U. (2009). Intergenerational transmission of violence. In U. Schonpflug (Ed.), *Cultural transmission: Psychological, developmental, social, and methodological aspects. Culture and psychology* (pp. 391-418). New York, NY: Cambridge University Press.

Villani, S. (2001). Impact of media on children and adolescents: A 10-year review of the research. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 392-401. doi: 10.1097/00004583-200104000-00007

Webster-Stratton, C. (1990). Enhancing the effectiveness of self-administered videotape parent training for families with conduct-problem children. *Journal of Abnormal Child Psychology, 18*, 479-492. doi: 10.1007/BF00911103

Webster-Stratton, C. (1992). Individually administered videotape parent training: Who benefits? *Cognitive Therapy and Research, 16*, 31-35. doi: 10.1007/BF01172955

Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parenting training interventions. *Journal of Consulting and Clinical Psychology, 65*, 93-100. doi: 10.1037/0022-006X.65.1.93

Webster-Stratton, C. (1998). Preventing conduct problems in Head Start children: Strengthening parent competencies. *Journal of Consulting and Clinical Psychology, 66*, 715-730. DOI: 10.1037/0022-006X.66.5.715

- Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*, 105-124. doi: 10.1207/S15374424JCCP3301\_11
- Whipple, E. E., & Richey, C. A. (1997). Crossing the line from physical discipline to child abuse: How much is too much? *Child Abuse & Neglect, 21*, 431-444. doi: 10.1016/S0145-2134(97)00004-5
- Whipple, E. E., & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. *Child Abuse & Neglect, 15*, 279-291. doi: 10.1016/0145-2134(91)90072-L
- Whitman, T. L., Borkowski, J. G., Schellenbach, C. J., & Nath, P. S. (1987). Predicting and understanding developmental delay of children of adolescent mothers: A multidimensional approach. *American Journal of Mental Deficiency, 92*, 40-56.
- Wilson, B. J., Smith, S. K., Potter, W. J., Kunkel, D., Linz, D., Colvin, C. M., & Donnerstein, E. (2002). Violence in children's television programming: Assessing the risks. *Journal of Communication, 52*, 5-36. doi: 10.1111/j.1460-2466.2002.tb02531.x
- Wolfe, D. A., Wekerle, C., Reitzel-Jaffe, D., & Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Development and Psychology, 10*, 61-85. doi: 10.1017/S0954579498001345

## APPENDIX A

## Informed Consent

**PARENTS RAISING SAFE KIDS PROGRAM  
INFORMED CONSENT FORM TO PARTICIPATE IN RESEARCH STUDY**

This form indicates that you agree to participate in the evaluation of the **Parents Raising Safe Kids** program. Your participation in this research study is completely voluntary. You may stop participating at any time, without penalty.

The study is about how well our program works in giving parents important information about their children. To help us do this, we need to know your thoughts about raising children and other information learned in the class. We will ask you some questions before the class starts and after the classes are over. Remember that these questions are not going to tell us about YOU, but only about how our program is working in helping parents. You do not have to answer the questions if you don't want to.

All surveys will be analyzed using code numbers only. Your individual responses will not be analyzed or reported. **Your responses will never affect the services you receive or the status of any possible court or child welfare cases in which you might be involved. These surveys will be used for research purposes only.**

**By signing this form, you are agreeing with these statements:**

- I am aware that I will be completing surveys about problems and challenges I face while raising my child/children. I will respond to questions about parenting, how I usually solve family problems, and what I know about child development. I will be contacted eight weeks from now, when the class is finished, to respond to the same questions in order to see if any of my responses have changed over time. Each survey period should take about 30 minutes. If any of the questions make me feel frustrated or uncomfortable, I may skip the questions I don't want to answer and may stop participating at any time. I can also contact the \_\_\_\_\_ [varies by locality] or \_\_\_\_\_ for counseling or other services I may need.
- I understand that these surveys will be combined with hundreds of other parents' surveys from around the country so that researchers can see whether the ACT program is effective in meeting its goals. The research is not meant to assess anything about me or my family, only whether the ACT program is working or not.
- My participation in the program and answers to questions will be kept confidential. My name will not be anywhere on the papers.
- My papers will only be seen by the program staff and the researchers, who will examine the ACT program to see if it helps parents. These people will only see my code number and never my name. When the research is finished, the papers will be kept in a locked filing cabinet and will never been shared with anyone other than researchers.

If you have questions about the ACT program, contact the program coordinator in your area:

Coordinator's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
If you have questions about the study, please contact the lead researcher: Tasha R. Howe, PhD, Humboldt State University, California (707) 826-3759, th28@humboldt.edu.

Please keep this sheet for your information.

\*Keep in mind that if someone reports abuse or thoughts of seriously hurting themselves or others, the group leader may contact the appropriate people who can help, such as a child protective services worker.

*Your signature below indicates that you have read and understood this form and have had an opportunity to ask questions.*

*Your signature on this form indicates that you have read and understood the risks and benefits of the research project being completed and do hereby consent to participate in the evaluation of the ACT Parents Raising Safe Kids Program. Even after agreeing to participate, you have the right to stop participating in the research at any time.*

*Your signature also affirms that you have not received any payment for participating in this research.*

**Participant name (printed)**

**Participant signature**

**Date**

**ACT Facilitator name (printed)**

**ACT Facilitator signature**

**Date**

## APPENDIX B

## APA's ACT-PRSK Survey

**PRE-PROGRAM MEASURE  
I. ABOUT PARENTING****DIRECTIONS:**

For each item, circle the number that best describes your style of parenting during the past 2 months with the child you indicated on the cover sheet.

Numbers 1 and 2 indicate your behavior is closer to the statement on the left, number 3 indicates the middle, and numbers 4 and 5 indicate your behavior is closer to the statement on the right.

**\* 1. When my child misbehaves...**

I do something right away.      1      2      3      4      5      I do something about it later.

**2. When I am upset or under stress...**

I am picky and on my child's back.      1      2      3      4      5      I am no pickier than usual.

**3. When my child misbehaves...**

I usually get into a long argument with my child.      1      2      3      4      5      I don't get into an argument.

**4. When my child misbehaves...**

I give my child a long lecture.      1      2      3      4      5      I keep my talks short and to the point.

**5. When my child misbehaves...**

I raise my voice or yell.      1      2      3      4      5      I speak to my child calmly.

(CONTINUES ON NEXT PAGE)

**6. After there's been a problem with my child...**

I often hold a grudge.      1      2      3      4      5      Things get back to normal quickly.

**7. When there's a problem with my child...**

Things build up and I do things I don't mean to do.      1      2      3      4      5      Things don't get out of hand.

**8. When my child misbehaves, I spank, slap, grab, or hit my child...**

Never or rarely.      1      2      3      4      5      Most of the time.

**9. When my child misbehaves...**

I handle it without getting upset.      1      2      3      4      5      I get so frustrated or angry that my child can see I am upset.

**10. When my child misbehaves...**

I rarely use bad language or curse.      1      2      3      4      5      I almost always use bad language.

**11. When my child does something I don't like, I insult my child, say mean things, or call my child names...**

Never or rarely.      1      2      3      4      5      Most of the time.

**PRE-PROGRAM MEASURE  
II. ABOUT MEDIA****Directions:**

For each statement below, circle one number to the right of each statement to indicate how often you do this.

<b>How often do you...?</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
1. Limit the time TV is on in your house	1	2	3	4
2. Switch channels from inappropriate programs	1	2	3	4
3. Watch TV or movies with your child	1	2	3	4
4. Talk to your child about what he or she is watching	1	2	3	4
5. Explain to your child the reality behind TV programs, commercials, or movies	1	2	3	4
6. Limit the time your child spends on the Internet	1	2	3	4
7. Monitor what Web sites your child visits	1	2	3	4
8. Limit the time your child plays video games	1	2	3	4
9. Control which video games your child plays	1	2	3	4

## PRE-PROGRAM MEASURE

### III. ABOUT CHILD DEVELOPMENT

**DIRECTIONS:**

Below are four stories about behaviors that are common to children. For each story, there are four statements about why the behavior occurred or what the parent should do.

Please circle one of the numbers to the right of each statement that indicates how much you agree or disagree with the statement.

**Story 1**

**An 18-month-old boy sees his mother leaving the house to go shopping. Even though the mother has left the child with an adult he knows and likes, he won't stop crying.**

1. The child doesn't understand that the mother will return.
2. The child is trying to stop the mother from doing something she likes.
3. The child has a strong attachment to the mother and doesn't like to be away from her.
4. The mother should give the boy a warm hug, tell him she will be back, and leave.

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**Story 2**

**A father is with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a tantrum.**

1. The child is upset and doesn't know how to use his words well yet, so he throws a tantrum.
2. The child is trying to manipulate his father by embarrassing him.
3. The father should hit the boy back to teach him a lesson.
4. The father should try to ignore the tantrum if the child is not in danger.

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

(CONTINUES ON NEXT PAGE)

**Story 3**

**A 3-year-old girl is struggling to put on her rain boots. When her mother tries to help, the girl screams, "No, me do it!" and continues to force the foot into the wrong boot. The child throws the boot and breaks a photo frame that was on the table.**

1. The child is trying to show her independence.

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
----------------	-------	----------	----------	-------------------

1	2	3	4	5
---	---	---	---	---

2. The child is being difficult and stubborn.

1	2	3	4	5
---	---	---	---	---

3. The mother should swat the child's bottom for breaking the photo frame.

1	2	3	4	5
---	---	---	---	---

4. The mother should say, "I know you are frustrated. I know you can do it yourself. Why don't you try the boot on the other foot?"

1	2	3	4	5
---	---	---	---	---

**Story 4**

**Two 4-year-old boys, Justin and Brandon, are waiting in a long line with their parents to get movie tickets. They are fighting. Brandon is pulling Justin's arm; Justin is crying and holding a toy out so Brandon can't reach it.**

1. The boys should be reprimanded for making a scene in public.

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
----------------	-------	----------	----------	-------------------

1	2	3	4	5
---	---	---	---	---

2. Children this age still need help using words to resolve their conflicts with others.

1	2	3	4	5
---	---	---	---	---

3. The parents should talk to the boys and keep them from getting bored or restless while waiting.

1	2	3	4	5
---	---	---	---	---

4. A parent should swat Brandon's arm to teach him a lesson.

1	2	3	4	5
---	---	---	---	---

**PRE-PROGRAM MEASURE**  
**IV. ABOUT PARENTS' BEHAVIORS**

**DIRECTIONS:**

For each statement below, please circle one number to the right of each statement to indicate how much you agree or disagree.

	Never	Sometimes	Often	Very often	Always
1. I pay attention to what I say and do in front of my children.	1	2	3	4	5
2. I control my anger when I have difficulties with my children.	1	2	3	4	5
3. I teach my children how to resolve conflicts with other people using words, not violence.	1	2	3	4	5
4. I limit how much violence my children can see on TV, in movies, and in games.	1	2	3	4	5
5. I help my children express their feelings and understand the feelings of others.	1	2	3	4	5
6. I calm myself down when I am angry so my children can learn how to do the same.	1	2	3	4	5
7. I tell my children to fight or hit back if others insult or hit them.	1	2	3	4	5
8. I praise my children when they behave well and do good things.	1	2	3	4	5
9. I spank, hit, or yell at my children when they misbehave or do something bad.	1	2	3	4	5
10. I participate in community or school efforts to prevent or reduce violence in my community.	1	2	3	4	5

*Note.* \* Indicates item was removed from composite variable.

## APPENDIX C

## APA's ACT-PRSK Post-Program Questionnaire



ID#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## PARENTS RAISING SAFE KIDS PROGRAM PROGRAM EVALUATION QUESTIONNAIRE

This questionnaire is part of our evaluation of the parent program. The information you provide here will help us improve the program.

Date _____ / _____ / _____ Month Day Year	City _____	State: _____																																																
<p>I. Please put a checkmark in a box to the right of each statement to let us know if you agree or disagree with the following statements.</p> <table border="0"> <thead> <tr> <th>Regarding the program</th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Don't Know</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>a. The facilitators knew the content covered in the classes very well.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. The facilitators were friendly and helpful.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. I like the program because it gave me many options for how to be a good parent.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. I will use the techniques I learned in the program.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. I am confident that I will be a better parent with what I learned in the program.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. I would recommend this program to others.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. I would like to continue meeting as a group.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Regarding the program	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	a. The facilitators knew the content covered in the classes very well.	<input type="checkbox"/>	b. The facilitators were friendly and helpful.	<input type="checkbox"/>	c. I like the program because it gave me many options for how to be a good parent.	<input type="checkbox"/>	d. I will use the techniques I learned in the program.	<input type="checkbox"/>	e. I am confident that I will be a better parent with what I learned in the program.	<input type="checkbox"/>	f. I would recommend this program to others.	<input type="checkbox"/>	g. I would like to continue meeting as a group.	<input type="checkbox"/>																												
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g. I would like to continue meeting as a group.	<input type="checkbox"/>																																																	

(CONTINUES ON NEXT PAGE)

2. What did you learn in the parent program that was most helpful to you?  
Check only 3 boxes.

- Group discussions
- Role plays
- Homework sheets
- Handouts
- Facilitator's explanations
- PowerPoint slides
- Activities (Wheel of Feelings, airplane, collage, etc.)
- Use of videos
- Other. Write your answer here: \_\_\_\_\_

3. What did you like most about the parent program?  
Check only 3 boxes.

- Making new friends
- Learning new things
- Materials are good and easy to read
- Food and snacks
- Prizes and treats
- Facilitator's friendly attitude
- Other. Write your answer here: \_\_\_\_\_

4. What would you change in the parent program you just completed?

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Thank you!