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ABSTRACT

                Preventive programs designed to support and
strengthen families with adolescents are being implemented in
response to changes in American society and the nature of
adolescence. This paper examines such programs by addressing these
questions: (1) What are the primary functions of families in the
raising of adolescents? (2) What factors support and undermine these
functions? (3) What types of programs do families with adolescents
need? (4) What kinds of programs support and strengthen families
during their children's adolescent years? (5) What programming gaps
exist and what types of programs are most needed? (6) What are some
characteristics of effective prevention programs? (7) What research
and evaluation questions need to be answered if programs of increased
effectiveness are to be developed? Major sections of the paper
concern a framework for understanding the needs of families with
adolescents, implications of the framework for preventive programs,
factors that support or undermine parental competence, programs for
families with adolescents and programming gaps, and recommendations.
Concluding remarks emphasize several broader themes and issues that
should be kept at the forefront when the state of the field is
considered and future directions are contemplated. A total of 108
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ADOLESCENT DEVELOPMENT
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PREVENTIVE PROGRAMS THAT SUPPORT
FAMILIES WITH ADOLESCENTS

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Changes in American society and the nature of adolescence have made raising adolescent children today a challenge. In response to these challenges, preventive programs designed to support and strengthen families with adolescents are beginning to emerge. The present paper is an initial examination of such programs. It addresses the following questions:

- What are the primary functions of families in raising adolescents?

- What factors support and undermine these functions?

- What types of programs do families with adolescents need?

- What kinds of programs exist to support and strengthen families during their children's adolescent years?

- What programming gaps currently exist and what types of programs are most needed?

- What are some characteristics of effective prevention programs?

- What research and evaluation questions need to be answered in order to develop more effective programs?

A Framework for Understanding the Needs of Families with Adolescents

To better understand the role of programs for families with adolescents, the functions and responsibilities of families as well as some of the factors that can promote or undermine parenting roles are described. Based on current theory and research, a number of interrelated parental functions appear to be important for the socialization, development, and well-being

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of adolescents. These include providing basic resources, protecting children, guiding children's physical and psycho-social development, and advocating with the wider community on behalf of children.

The first parental function, providing basic needs, includes acquiring the array of resources that are necessary to meet the basic needs of survival. A parent's ability to provide these resources is closely related to his or her occupation, education, and income. Parents who have fewer resources may be hindered in their ability to carry out some of their other parental responsibilities.

The protective function refers to the fact that it is parents who are usually responsible for protecting the physical, psychological, spiritual, and cultural integrity of their children from threats from the natural and social environments. The protective function of parents during adolescence is generally met through parental monitoring and the teaching of self-protection skills.

The guidance function involves the promotion and guidance of all aspects of the child's development. Parents usually carry out this function by sharing information and setting limits, providing reinforcements and sanctions, communicating and modeling the behaviors and values that are important to them.

The advocacy function refers to the parents' role as an advocate and supporter of their children and as a coordinator and link to experts, individuals, groups, and institutions who help

them raise their children.

All parental functions and competencies are not of equal importance. It is likely that these functions follow a hierarchical sequence. The meeting of basic needs probably precedes the protective function which precedes the guidance and advocacy functions. Their degree of importance is likely to vary as a function of the youth's particular needs and the family's specific life circumstances. Parents preoccupied with basic survival needs may have less time and energy to devote to other parental functions such as providing their child with appropriate limits or adequate support.

A number of factors can support or undermine an individual's ability to be an effective parent: (a) the parent's personal and psychological resources, (b) the characteristics of the child, and (c) contextual sources of stress and support.

From this framework several implications can be drawn for preventive programs for families of adolescents. First, programs should be directed at supporting or promoting these four parenting functions. Second, programs should not only provide education on the competencies related to effective parenting, but should also focus on providing the resources that can enhance an individual's ability to perform these competencies. Finally, preventive programs for families with adolescents should be concerned with the reduction or removal of stressors and conditions that can undermine the functions of parents.

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Review of Programs

A search was undertaken to identify preventive programs designed to support families with adolescents. This search was considered to be a first pass at what exists rather than an exhaustive compilation. Forty-one programs were identified. Most were curricula that were developed and made available for use by local groups or organizations. Programs were grouped into one of five categories according to their primary self-defined goal: General parenting, sexuality, drug and alcohol prevention, achievement, and multiservice family resource centers.

No programs addressed the basic resource provision function of parents. Drug prevention programs were more likely than other types of programs to emphasize the protective function of parents by teaching parents to detect alcohol and drug use, how to help children resist the pressures to use such substances, and by attempting to develop parent networks that serve as both parent support systems and ways to monitor teen behavior.

Nearly every program, regardless of its goals, addressed competencies that serve the parental guidance function. The general parenting programs most commonly addressed communication, family decision-making skills, conveying parental support or warmth, and disciplining children. Most drug and alcohol prevention programs emphasized the guidance function of parenting. Enforcing rules and limits and improving parent-child communication were the competencies most often emphasized. Sexuality programs usually included a smaller range of guidance

competencies; the most frequent ones were communication, sharing values and decision-making.

Only a few programs, primarily those concerned with drug and alcohol abuse prevention or achievement, addressed the advocacy function by attempting to help parents become more knowledgeable about the availability and use of community resources.

Few programs take into account or address the diverse needs and learning styles of non-white middle class audiences of non-traditional family structures. Programs generally ignore the fact that families may have an ethnic or cultural heritage which may influence family arrangements, values and childrearing practices. There is usually no special emphasis placed on the unique issues and challenges faced by single- or step-parent families. In general, programs assume that participants are fairly well educated, have the ability to read and articulate their thoughts and feelings, and can learn and apply fairly abstract principles about human relationships and children.

Only a handful of programs were identified that addressed the personal or developmental needs of adults who are raising adolescent children. Although many of the general parenting programs informally provide parents with opportunities to receive social support from other parents, few programs formally build-in such opportunities.

General parenting programs were the most broad in regard to the age range of children at whom they were targeted; over half were considered appropriate for families with adolescents of all

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ages. Sexuality programs were usually aimed at families with pre- or early adolescents; many drug and alcohol abuse prevention programs were also directed at families with early adolescents. Drug abuse prevention programs sometimes targeted high-risk families while general parenting and sexuality programs rarely did.

A majority of the programs reviewed were relatively short-term and didactic with an emphasis more on parent education than on family support. Most of the programs appeared to be curricula designed to be taught in a class-like setting to parents. This approach appears to be quite different from preventive programs aimed at parents of young children where the trend has been toward less formal parent education, more opportunities for families to receive support, and programs that are more comprehensive and of longer duration.

Nearly all the drug and alcohol abuse prevention programs claim an empirical base and appear to do a good job translating research findings into practice. Some of the sexuality programs claim an empirical base as well, although they do not appear to be as closely tied to the empirical literature. In contrast, many of the general parenting programs do not make such a claim. However, most of the developmental information presented in these general parenting programs appears to be consistent with the current scholarly literature. In general, the parenting styles advocated in most programs appear consistent with authoritative childrearing practices. Most of the skills taught are

derivatives of particular theoretical models of human behavior and interpersonal relations.

Sound evaluation data on program effectiveness tend to be scarce. Many programs have not conducted an evaluation of any type. Only a handful of programs have conducted formal, summative evaluations of program impacts and effectiveness.

General Recommendations

The review of programs for families with adolescents suggests a number of major programming gaps. These gaps become particularly evident when examined in light of the framework of parental functions discussed earlier. They may have different implications for families with different levels of resources.

Programs need to consider whether the families they wish to reach are able to provide basic needs for their children. Programs could provide referrals to needed social services and adapt their program delivery to better accommodate the needs of such families.

Programs could do much more to enhance parents' ability to protect their children from the risks of contemporary society. For example, there is a need to facilitate the development of parental networks and teach parents about mental an physical disorders that commonly occur during adolescence. Programs need to do more to enhance parents' ability to advocate for their children by making parents aware that they have a right to advocate, and by teaching the skills and knowledge bases

necessary for advocacy.

It is strongly recommended that a greater effort be made to provide opportunities where parents can obtain social support from other parents. Program facilitators should be more planful about providing opportunities for parents to share concerns, ideas and experiences, and to maintain contact with one another after the formal program has ended.

Because it is difficult for parents to attend to the needs of their children when their own needs are not being met, general parenting curricula should cover the developmental changes of mid-life adults and the effects of these changes on relationships with adolescent children. They should also consider including information on the marital relationship and on personal coping, especially as it relates to the stressors and strains unique to parenting teenagers.

Programs need to be more sensitive to the varying abilities and needs of their participants and to reach a wider variety of audiences. There is a need for programs to reach less educated and affluent audiences, especially those at greatest risk for many of the problems programs purport to prevent. In addition, program implementors should attempt to accommodate to variations in participants' educational backgrounds, ethnic and cultural heritage, and learning styles as they develop, market and deliver their programs.

Programs need to do a better job addressing the concerns of various family types and be more sensitive to the fact that

adolescents grow up in a vast variety of household arrangements.

The work status or work arrangements of parents should be taken into account when scheduling programs and determining methods. Alternate program delivery methods need to be explored to meet the schedules of working parents.

It is important to recognize that optimal adolescent development is the result of a complex array of factors, spanning multiple levels of influence. Consequently, if we hope to reduce the risk factors associated with adolescent problem behavior and increase the developmental factors that can support optimal development, programs will need to recognize that parents are only a small part of a larger and more complex array of influences.

Closely related is the need to develop strategies that cut across organizational and agency boundaries and that encourage comprehensive community-wide efforts. Not only can such coordinating efforts serve to unite programs with common goals, but it can eliminate the duplication of services.

A number of general characteristics of effective prevention and family support programs have been identified in recent years. This literature suggests that programs need to have well-defined goals and objective, plan program activities that are appropriately timed and closely tied to these goals, be sensitive to the unique strengths and characteristics of participants, include learning techniques that actively involve program participants, have a well-trained and highly skilled staff,

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increase efforts to cooperate and coordinate with other community organizations and programs, and sufficiently document program methods and procedures.

Thus far, we lack even basic information on the scope of existing programming efforts. Future efforts should assess issues such as the types of programs provided and the number and characteristics of participants, as well as data on which families are most attracted to particular programs and the factors that serve to motivate participants to remain or drop out.

Evaluation data on program effectiveness are scarce. Reasons for this include a lack of funding, little interest from program implementors and a lack of evaluation expertise. There are two major needs that are particularly pressing: providing adequate funding for program evaluation and providing technical assistance to those programs that want to conduct evaluations.

There are a number of reasons to believe that preventive programs offer a promising and cost effective way to meet some of the needs of adolescents and their families. First, a majority of the programs reviewed can be purchased, locally adapted and implemented at a relatively low-cost. Second, most of the programs can be implemented easily in local communities. Third, because nearly all of the programs focus on groups of people rather than individuals, they can reach a large number of people rather efficiently. Fourth, the preventive orientation of these programs can help people develop attitudes and skills and gain

knowledge that can be useful across a variety of situations.
Fifth, preventive programs tend to target environmental
conditions that have contributed to the formation of problems.
As a result such programs have the potential to change conditions
so that fewer problems will occur not only for the participating
child, but also for subsequent children in the family and for the
wider community. Finally, for problems where there exists no
known treatment or existing treatment is not very effective,
preventive programs provide the most, and sometimes the only,
viable solution.

There are a number of obvious barriers to further program
development in this area. First, the time commitment required by
programs can be a major obstacle for the majority of today's
parents who are working. A second obstacle is that parents are
often unmotivated to attend a program unless they are currently
experiencing some difficulty or anticipate experiencing one in
the near future. A third obstacle is that there is a dearth of
data on what makes programs effective and for which audiences.
Another barrier is the poor level of funding currently available
for preventive programs in general, a condition that is further
exacerbated by the lack of evaluation data demonstrating positive
effects for programs for families with adolescents. A fifth
obstacle is the inability of programs to attract the
participation of high-risk, hard to reach families, especially at
a time when policy makers and funders want assurances that
programs are reaching families in greatest need. A sixth hurdle

is the lack of communication between practitioners who design and implement programs and researchers who provide the empirical data base on which programs should be based. Finally, there is the question of who will take responsibility for overseeing and providing programs in this area.

Conclusions

Several broader themes and issues emerge from the present paper. First, it is apparent that program development activity has far surpassed the level of research and evaluation effort demonstrating program effectiveness. Second, most existing programs are relatively brief and didactic in their approach, putting more emphasis on parent education than family support. Preventive programs for families with adolescents need to be more comprehensive in the services and information they provide, create more opportunities for parents to receive support from other parents, and be of longer duration. Third, the vast majority of preventive programs for families with adolescents are aimed at white, middle-class families who have two parents who are married for the first time. In light of the great diversity of families in which today's adolescents and their parents live, there is an immediate need for programs to make a more concerted effort to accommodate to or address this diversity. Fourth, current programs probably work best for families who face few hardships, are under little or no stress, and whose main need is simply more information on adolescent development and general

parenting skills.   For families under stress, experiencing
economic hardship, or whose children are exposed to a multitude
of risk factors, such preventive programs alone will probably
have little effect on the development of children.   For such
families,   successful   prevention   efforts   must   be   more
comprehensive   and   address   multiple   risk   and   developmental
factors.   Thus, we must put preventive family programs and the
hopes we place on them into a broader perspective.   Finally,
preventive programs for families with adolescents have the
potential to be a low-cost and efficient way to support some of
the   needs   of   families   and   contribute   to   the   prevention   of
adolescent problems.   However, as this review has made clear, the
field   is   still   in   its   early   stages   and   is   in   need   of   more
comprehensive programming approaches, closer links to state-of-
the-art   research   and   practice,   and   better   documentation   of
program processes and effects.

I: INTRODUCTION

Adolescence is a time of major developmental changes in children and parents and of significant transformations and realignment in family relations. Raising adolescents, especially early adolescents, can be stressful and difficult for parents, and during this period parents are likely to feel less adequate and more anxious than when their children were younger (Ballenski & Cook, 1982; Hoffman & Manis, 1978; Montemayor, 1986; Veroff & Feld, 1970). Although this period may not be as antagonistic and tense as popular and clinical literature have suggested (Steinberg, in press), adolescence can nonetheless be a challenging time for families. Parents often struggle to adjust to their adolescent's development as well as to their own mid-life developmental changes. These changes are affected by variations in intrafamilial and extrafamilial factors, such as the marital relationship, economic and social resources and family structure.

Changes in American society and in the nature of adolescence have also contributed to the challenge of raising adolescents today. Extrapolating from the conditions identified by Hamburg (1986) as creating difficulties for adolescents in contemporary society, it is obvious that the same conditions affect the parenting of teenagers:

- The lengthening of the period of adolescence has led to a protracted period of responsibility for parents and a greater uncertainty regarding how to raise adolescents.

- Parents have become confused about how best to prepare adolescents for future adult roles as a result of rapid

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socio-cultural change and the multiple and often competing sources of information and values that our multicultural society presents.

● Parents may be more worried as a result of the greater number of potentially dangerous activities, substances and influences to which contemporary adolescents are exposed.

● The erosion of family and social support networks has led to greater isolation of parents from one another and to fewer friends and relatives who can be sought as sources of support and information on parenting.

In addition, the proliferation of media reports on adolescent behavior and parenting and the emergence of parenting "experts" has led to confusion regarding what is normal or best for raising children and what information and sources are valid and reliable (Hamner & Turner, 1985).

Clearly, parenting adolescents in American society today is a unique and sometimes difficult task. In response to these challenges, preventive programs designed to support and strengthen families with adolescents have been developed. The present paper is an examination of such programs. It addresses the following questions:

● What are the primary functions of parents in raising adolescents?

● What factors support and undermine these functions?

● What types of programs do families with adolescents need?

● What kinds of programs exist to support and strengthen families during the years when children are adolescents?

● What programming gaps currently exist and what types of programs are most needed?

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● What research and evaluation questions need to be answered in order to develop more effective programs?

II: A FRAMEWORK FOR UNDERSTANDING THE NEEDS OF FAMILIES WITH ADOLESCENTS

Functions of Families with Adolescents

To understand better the potential role of programs for families with adolescents, it is advantageous to outline the functions of families with adolescents as well as some of the factors that can support or compromise these functions. An examination of current theory and research on parenting, adolescent development, and parent-adolescent relations suggests a number of parental functions that are important for the socialization, development, and well-being of adolescents and their families.

Alvy (1987a, 1987b, 1989) has proposed five interrelated functions and responsibilities of parenting: (a) providing basic resources, (b) caring for the home, (c) protecting children, (d) guiding and supporting children's physical and psychological development, and (e) advocating with the wider community on the behalf of children. I use Alvy's categories as a basis for discussion; however, for the present paper, two categories (providing basic resources and caring for the home) have been combined because they are viewed as essentially addressing different aspects of the same parental function, that of meeting children's basic needs.

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Because families are organized differently, the ways that these parenting functions are executed also differ. The functions may be shared equally by two parents or each parent may have primary responsibility for a particular set of functions. In some families (e.g., single parent families), one parent may carry out all the functions; in others (e.g., stepfamilies), the functions may be shared by multiple sets of parents. Individuals other than parents (e.g., relatives such as grandparents or older children, friends, or people hired by parents) may fulfill some of these functions. However, whether or not parents or guardians actually perform these functions, in most cases it is still their responsibility to see that they are adequately provided for children.

Meeting Basic Needs

This parental function includes acquiring and caring for the array of resources that are necessary to meet the basic needs of survival such as a safe and secure place to live, adequate food and nutrition, clothing, and the ability to access medical, dental and mental health services (Alvy, 1987a). A parent's ability to provide these resources is closely related to his or her education, occupation, and income. An important aspect of resource provision is the consumption priorities of parents; for example, whether parents choose to use available financial resources to purchase alcohol and cigarettes or to feed their family adequately.

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The survival of most infants and young children depends on a parent's ability to provide basic resources. The greater physical maturity of adolescents and their growing ability to fend for themselves mean that the absence of these resources may not be life-threatening to them. However, this function remains a crucial one for parents of adolescents. Parents who have fewer resources may be hindered in their ability to carry out their other parental functions.

Protecting Adolescents

Parents are usually responsible for protecting the physical, psychological, spiritual, ethnic, and cultural integrity of their children from threats from the natural environment and other persons, groups and institutions (Alvy, 1987a). By adolescence, because of children's greater general capabilities and their acquisition of many of the skills necessary for survival and self-protection, a number of the basic protection functions once handled by parents are now assumed by the adolescent. For example, parents no longer have to supervise children as they walk to school. However, parents may still need to oversee some basic areas of adolescent behavior such as nutrition and health care. In addition, parents endeavor to protect adolescents as they assume new responsibilities (e.g., driving, working at a job) and are exposed to an expanding range of influences and dangers (e.g., drinking, drugs, peer pressure, sexual activity). The protective function of parents in adolescence is generally

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met through monitoring by parents and by the teaching of self-protection skills.

Parental monitoring. Parental monitoring involves a parent's supervision and awareness of a child's behavior and whereabouts. Although not as well documented in the research literature as other parental responsibilities, parental monitoring has recently been found an important factor in preventing adolescent problem behavior (Patterson & Stouthamer-Loeber, 1984; Steinberg, 1986). Higher levels of parental monitoring have been found to be related to lower rates of sexual activity, drug and alcohol use (Small, 1989) truancy, running away, and delinquency (Dornbusch, et al., 1985).

Effective parental monitoring of adolescents does not mean that parents must always be present or that parents should be overly intrusive in their children's lives. Rather, it implies that parents show an active interest in the lives of their children and a willingness to enforce family rules and raise issues that concern them.

Parental monitoring has become a more difficult task in contemporary society. The increased number of mothers in the work force and the large number of single parents means there are fewer parents at home before and after school leading to a greater number of unsupervised children (Lipsitz, 1983). It also means that there may be fewer adult neighbors at home to supervise children in general, as well as less time for parents to establish and maintain networks with other parents. Coupled

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with the fact that twenty percent of the American population moves every year (Pooley & Littell, 1986), there is a greater likelihood that parental networks in the neighborhood or community will be less cohesive, leading to a lower rate of monitoring by other parents and adults in the community. Finally, the fact that adults and adolescents are more segregated from one another than they were in the past means there are fewer situations where adolescents and adults interact (Coleman, 1961; Garbarino, Burston, Raber, Russel, & Crouter, 1978).

Teaching self-protection skills. A second way that parents of adolescents attempt to protect their children is by teaching them the skills that will increase their physical safety and psychological well-being. For example, for adolescent children such skills might include knowing what to do in an emergency if home alone, and how to deal with peer pressure to have sexual intercourse or use drugs. The self-protection skills that are most adaptive may vary from culture to culture and neighborhood to neighborhood. For example, low income urban families may find it important to teach their children to deal with limited vocational and educational opportunities as well as certain "streetwise" skills such as how to deal with pressures to join a gang.

Guiding and Supporting Development

This function involves the guidance and promotion of all aspects of the child's development including cognitive, social,

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physical, emotional, moral, sexual, spiritual, cultural and
educational facets (Alvy, 1987a). Parents usually carry out this
function by sharing information and setting limits, providing
reinforcements and sanctions, communicating (both verbally and
nonverbally) and modeling the behaviors and values that are
important to them. Guiding and supporting children's development
remains an important parental function during adolescence even
though other people, such as peers, teachers and other
non-familial adults, gain in influence.

Research has identified certain parental competencies
necessary for executing the function of guiding children during
the period of adolescence. Although these competencies are
interrelated and thus tend to overlap somewhat, for purposes of
discussion they will be delineated as skills that provide or
facilitate (a) warmth, (b) demandingness, (c) democracy, (d)
communication, (e) positive role modeling, and (f) conflict
resolution.

Recognizing the relativistic assumptions built into the
definitions of parental competence, it must be noted that the
parental tasks identified are primarily derived from studies of
white middle-class parents. This is not to say that much of what
is known about white middle-class parenting is not relevant to
families from other socioeconomic classes and cultural-ethnic
groups in American society. However, parents in some
cultural-ethnic and socioeconomic groups may require different
parenting competencies as a result of rearing their children

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under different physical and social conditions.

There is some research that suggests that a childrearing style known as authoritative parenting is highly correlated with such factors as high self esteem, lowered susceptibility to negative peer pressure, and higher school achievement (see Dornbusch, Ritter, Lederman, Roberts, & Fraleigh, 1987; Maccoby & Martin, 1983; Steinberg, in press). Authoritative parenting is characterized by three primary dimensions of parent behavior (Baumrind, 1978): warmth, democracy, and demandingness. Although it is recognized that it is the constellation of these behaviors that typifies the authoritative parenting style, for the purposes of clarification and application, I will discuss each of the constituent parts separately.

Warmth. Also known as cohesion, closeness, attachment and connectedness, warmth represents the emotional closeness of the parent-child relationship. From the parent's perspective, it implies the need to provide the adolescent child with emotional support, communicate love and affection, and foster a mutual sense of intimacy and trust. A growing number of studies point to the importance for the adolescent's development of a warm and trusting relationship between parent and child (Baumrind, 1978; Greenberg, Siegel, & Leitch, 1983; Maccoby & Martin, 1983). It is worth noting that this runs counter to the traditional psychoanalytic position (A. Freud, 1958) that posits that adolescents need to sever their emotional bond to parents in order to successfully become independent from the family and grow

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into responsible and autonomous adults.

Demandingness. This second dimension of authoritative parenting refers to the need for parents to have reasonable standards of expectations that are clearly communicated and consistently enforced. These standards and their enforcement should be developmentally appropriate to the abilities of the child. As Steinberg notes, "Parents who are demanding expect mature behavior from their adolescent, set and consistently enforce reasonable rules and standards for the adolescent's behavior, and, when necessary, discipline their youngster firmly yet fairly" (In press, p. 27).

Democracy. This denotes the degree to which children are allowed to express their opinions, be involved in family decision making, and assert their individuality. Democratic parents involve their children in family decision making, respect their children's opinions and their right to hold them and explain the reasons behind family rules and discipline. Because democratic parents explain their rules and reasons for discipline, children are more likely to see their legitimacy and abide by parental actions. Knowing how much freedom to give a child is one of the greatest challenges parents of adolescents face; there is a tendency for adolescents to overestimate their abilities whereas parents may underestimate them (Small, 1985). The challenge for parents is to help their child take on increasingly greater responsibility in a way that takes into account the adolescent's growing abilities.

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In addition to the competencies related to authoritative parenting, disparate research-based sources cite communication, conflict management, and providing positive role modeling as necessary skills for competent parenting.

Communication. Olson has postulated communication as the central factor in healthy family functioning. According to Olson's circumplex model (Olson, Russell, & Sprenkle, 1983), communication is the primary vehicle through which family members express warmth and affection, indicate their respect for one another, set limits and make decisions.

Effective communication skills also enable parents to convey their values and beliefs about the issues that are important to them, such as issues of health and safety (e.g., Fox, 1980), and learn more about their adolescent's interests, values and worries. In addition, open communication can serve as an important mechanism for monitoring children.

Although good communication between parents and adolescents is important, it may be more difficult than communicating with younger children. Because of changes in their cognitive ability and their tendency toward egocentrism (Elkind, 1967), early adolescents in particular may be overly sensitive to parental criticism and may misinterpret what parents say. Teens may also be more reserved, reclusive, and generally less communicative than when they were younger. For parents who want to maintain open channels of communication, these changes may require becoming especially adept at communicating.

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Conflict resolution. Even though most research has found that conflict between parents and adolescents is not nearly as frequent and turbulent as popular myth has suggested, it still is a fairly common occurrence in most families (Montemayor, 1983; Montemayor & Hanson, 1985). Disagreements between parents and adolescents are not necessarily detrimental, as long as they take place in the context of close parent-child relations (Cooper, 1988; Hill & Holmbeck, 1986). Conflict, if dealt with in an effective manner, can even be beneficial. For instance, conflict can serve to bring important issues of disagreement out in the open, provide an opportunity for discussion and resolution of differences, as well as contribute to the adolescent's psychosocial development and interpersonal skills (Cooper, Grotevant, & Condon, 1983; Cooper, 1988).

Positive role modeling. Scores of studies have demonstrated the power of influential models on the behavior of children. Even during adolescence, when children are more susceptible to the influence of peers, parents still remain an important source of influence (Berndt, 1979; Young & Ferguson, 1979). Recent studies have shown that parents own drug use behavior can be an important influence on their child's use of alcohol and other drugs (McDermott, 1984; Newcomb, Huba, & Bentler, 1983). These findings highlight how influential the behavior of parents can be on their adolescent children.

Closely tied to the concept of parental modeling is that of conveying values. Parents are frequently concerned that their

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children do not hold the same values they do, especially about such issues as drug and alcohol use and sexuality. What parents often overlook is that a good deal of value transmission is accomplished through the everyday behavior that they model. Adolescents are more likely than younger children to be aware of inconsistencies between parental words and actions. Because of their greater reasoning abilities and growing interest in examining social conventions (Smetana, 1988) and challenging adult authority, adolescents are quick to notice hypocrisy on the part of their parents or other adults.

Advocacy

This function refers to parents' roles as advocates and supporters of their children and as coordinators and links to experts, individuals, groups, and institutions who help them raise their children (Alvy, 1987a). Such a role is similar to the "weakened executive" role discussed in the 1977 Carnegie-supported report, All Our Children (Kenniston & the Carnegie Council on Children). These functions are probably most necessary for younger children who do not possess the capabilities and status to represent themselves. However, they remain important when children become adolescents because of the greater involvement of teens in institutions in the larger community, the multitude of choices contemporary teens need to make about academic issues and future vocations, and their precarious legal status.

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There are a number of attitudes and skills that parents need in order to carry out this function effectively. Parents may not even try to advocate or communicate on behalf of themselves or their children if they do not first possess a positive attitude about themselves and their ability to bring about change. Effectively communicating and relating to others are crucial to advocacy, as are conflict resolution skills. Finally, in order for parents to be effective advocates, they need to understand how political, educational, legal and medical systems operate.

Relative Importance of Parental Functions and Competencies

The parental functions and competencies just discussed are probably not of equal importance. Unfortunately, the current state of research on parenting cannot answer questions such as which of the parental functions discussed are most important for optimal parenting or which combination of competencies in which amounts produce the best developed children.

The specific goals of parenting are dependent on the ecological niches that parents and children occupy and the capacities required to adapt to these niches (Belsky, 1984). However, there probably are a number of parenting goals that are universally shared by all parents. LeVine (1974, 1988) has proposed three such goals: (a) promoting the child's physical survival and health, including the normal development of his or her reproductive capacity during puberty, (b) promoting the child's behavioral capacities for economic self-sufficiency in

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maturity, and (c) the development of the child's behavioral capacities for maximizing other cultural values (e.g., morality, self-realization, personal happiness, wealth, religious salvation, and so on). According to LeVine, these goals form a hierarchical sequence "since parents might reasonably want to be assured of infant survival before attending seriously to the child's capacities for socioeconomic participation, and they might well give priority to the child's future economic security over the development of culturally defined virtues" (1988, p.4).

Such a hierarchy of parental goals highlights the importance of meeting basic needs of parents and their families before other needs are met. It suggests that the functions delineated by Alvy could also be listed hierarchically: the function of providing basic needs precedes the protective function which precedes the guidance and advocacy functions. It further suggests that parents who are preoccupied with basic survival needs may have less time and energy to devote to higher level parental functions such as providing their children with appropriate limits or adequate support.

III: FACTORS THAT SUPPORT OR UNDERMINE PARENTAL COMPETENCE

Belsky (1984; Belsky, Robins, & Gamble, 1984) has provided a framework that identifies three classes of factors that can positively or negatively influence parental functioning: (a) the personal and psychological resources of parents, (b) the characteristics of the child, and (c) contextual sources of

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stress and support. Using Belsky's model as a guide, some of the factors that can influence parental competence during the years when children are adolescents are described below.

Personal and Psychological Resources of Parents

According to Belsky, one of the most influential factors for competent parenting is the personal characteristics of the parent. The parent's personality and psychological well-being are among the most important of these characteristics; individuals who are sensitive, patient, psychologically mature and healthy are more apt to meet the needs of their children. As regards parenting adolescents, Small (1988b), for example, found that mothers who had lower self-esteem were more controlling of their adolescent offspring, saw them as less independent, and were less likely to provide them with opportunities to take responsibility.

Although Belsky points out that personality and psychological well-being are in part shaped by one's developmental history, current developmental changes and circumstances can also play a role. There are some data to indicate that raising adolescents may be more difficult for parents who are struggling with their own mid-life developmental concerns (Silverberg, 1989). Chilman (1968) points out that mid-life parents are apt to be starting a slow descent from the peak of their physical and sexual capacities, and for mid-life men, reaching a plateau in terms of their occupational career.

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They may also be experiencing a crisis as they look back over their life thus far and reflect on unmet goals and expectations (Rapoport, Rapoport, & Strelitz, 1977). These developmental changes may become pronounced and perhaps more difficult to deal with when they are contrasted with the developmental changes of adolescents, who are undergoing marked increases in physical and sexual ability and are beginning to anticipate the many possibilities and opportunities for career.

There are additional types of personal resources that Belsky does not discuss that would also seem to be particularly important to parents of adolescents. The first is financial or material resources, which, as discussed earlier, would be expected to have a significant impact on a number of primary parenting functions. Even for families with adequate incomes, there is often a need to make financial adjustments during the period when children are adolescents. This period of the family lifecycle is one of the most financially demanding (Oppenheimer, 1982). Because adolescents are physically bigger and often growing rapidly, they require greater quantities of food and more expensive clothing. Their expanding interests can lead to increased costs for educational, recreational and social activities.

Another personal resource that could affect parental competence is the level of experience the parent has had as a parent of adolescents. There is some evidence that parents of firstborn children, who presumably lack experience and

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expectations about the challenges of raising an adolescent, are more likely than parents of later-born children to experience stress related to raising an adolescent (Small, Eastman, & Cornelius, 1988).

Characteristics of the Adolescent

Belsky (1984) proposes that the characteristics of children themselves can influence the way parents treat them. He suggests four primary child characteristics that influence child rearing: (a) temperament, (b) physical health, (c) age, and (d) gender.

During adolescence, temperament, physical health and gender would presumably remain relatively stable, but age, with its accompanying developmental changes, could be stressful for parents. Adolescents are experiencing a range of physical, emotional, social, and cognitive changes that can lead to periods of personal stress and turmoil (Elkind, 1984). Two aspects of the adolescent's development that have been found to have an effect on the parents' well-being are the adolescent's desire for greater autonomy and the physical changes of puberty. For example, Small, Eastman, and Cornelius (1988) found a relationship between adolescent's desire for autonomy and the levels of stress their parents experienced. A number of studies have documented the relationship between parental well-being and physical changes of puberty (e.g., Silverberg & Steinberg, in press; Steinberg, 1987).

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Other characteristics of children, while enduring, may take on new significance and require new types of parenting during adolescence. For example, if children have mental or physical handicaps, the changes in their physical size during adolescence may require changes in their care and education. Children who have been adopted are often at greater risk for emotional disturbance during adolescence than nonadopted children (McRoy, Grotevant, & Zurcher, 1988) partly because adopted adolescents must deal with such tasks as identity formation, which often involves questions about their birth parents, at the same time as they are attempting to become more independent from their adoptive parents.

Lerner and Lerner (1983) have suggested that when considering the effects of child characteristics on parents it is important to look at these factors in the context of parent characteristics. In other words, it may not be the child characteristics per se that are important, but rather the "goodness of fit" between parent and child characteristics. For example, some parents who enjoyed rearing a fairly dependent younger child may find it difficult to cope with the same child when he or she becomes more autonomous during adolescence. Similarly, some parents may have more difficulty dealing with the development at adolescence of a same-sexed child than with that of an opposite-sexed one (Silverberg & Steinberg, 1987).

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Contextual Sources of Stress and Support

The third and final level of influence in Belsky's (1984) model of parental competence is the larger context in which parent-child relations take place. Belsky posits four contextual sources of stress and support that can promote or undermine parental competence: (a) the parents' marital relationship, (b) informal social networks, (c) work, and (d) formal social resources.

The Marital Relationship. For many parents the marital relationship may serve as a principal support system. However, this relationship can also serve as a major source of stress. For reasons not yet fully understood, marital satisfaction has been found to reach its lowest point during the years when children are in adolescence (Anderson, Russell, & Schumm, 1983; Rollins & Feldman, 1970). Some have suggested that this is in part a result of the psychological and financial difficulties of raising teenagers (Kidwell, Fischer, Dunham, & Baranowski, 1983). One might speculate that if marital satisfaction is lower during this period, so might the level of support a person receives from one's spouse. Ironically, at a period in the family lifecycle when support from a spouse is most needed, it may be less available.

The lack of a traditional two-parent marriage may also increase stress among parents of teens. Both single parent families, in which there is no partner to share the responsibilities of parenting and a greater likelihood that the

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family will be living in poverty, and reconstituted families, in which one's spouse may not be the parent of one's child, could conceivably increase the stress felt by the parent of an adolescent.

Although Belsky doesn't include family relationships other than the marital relationship in his model, another factor that might have a direct effect on a middle-aged parent's life and indirectly on his or her childrearing ability is the financial and personal responsibility of caring for aging parents. The fact that many mid-life parents have a growing responsibility for their aging parents while still primarily responsible for raising teenagers has led some to label them the "sandwiched" generation (Dobson & Dobson, 1985; Miller, 1981).

Informal Social Support. Research on the value of social support networks for parents has been limited primarily to parents with young children, but there is reason to believe that the benefits are equally important for parents of adolescents. Belsky (1984) posits that social support probably exerts its influence on parenting in three general ways: (a) by providing emotional support to parents, (b) by providing instrumental assistance, and (c) by providing shared expectations (cf. Caplan, 1974; Cassell, 1974; Cochran & Brassard, 1979). Although social support from adults in general can be beneficial, support from other parents of adolescents would seem to be particularly valuable. It is from others who are going through similar experiences that parents can best learn new strategies for

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communicating and dealing with their children, compare notes on how different or similar their own parenting experiences are, and learn about community standards regarding adolescent behavior and expectations. In addition, parents who have ongoing contact with the parents of their children's friends are better able to monitor their children's whereabouts and behavior and to assess whether the value systems of their children's friends and their families are consistent with their own.

Unfortunately, in contrast to parents of young children, there appear to be fewer opportunities for parents of adolescents to develop supportive networks with other parents. When children are young and parents are involved in their day to day activities, there are more opportunities for parents to meet other parents and to provide and receive the types of support that would be most beneficial to their parenting role. During the period when one's children are adolescents, there are often fewer opportunities for parents to meet other parents. Many parents hardly know their children's friends, much less their children's friends' parents. Consequently, while social support can be a valuable asset in parenting, it is probably less available to parents in the forms it is needed during the years when one's children are adolescents.

Work. A third contextual factor that can affect the parenting of adolescent children is the parent's work or work status. It can influence the parenting function in several ways. First, if a parent works outside the home, he or she is less

available to monitor the child's whereabouts and activities. Second, parents who are not employed outside the home and who define themselves primarily in terms of their role as parent may find it particularly difficult to let go of their child as he or she moves into the adolescent years (Rapoport, Rapoport, & Strelitz, 1977). Third, parents who experience high levels of stress at work may bring that stress home with them, making them less psychologically available to their children and consequently affecting their ability to parent (Small & Riley, 1990). Finally, being involuntarily unemployed or enduring economic hardship may not only affect a parent's mental and physical health, ultimately undermining the performance of parental responsibilities, but also resulting in a loss of family income which can have a devastating effect on all aspects of family life (Lempers, Clark-Lempers, & Simmons, 1989).

Formal social supports. The final level of contextual stresses and supports outlined in Belsky's model is that of formal social resources such as church, educational programs and social services. Sometimes these resources indirectly affect a family's ability to perform child rearing functions, such as when parents receive guidance and information from a parenting program, which in turn leads to more effective parenting practices. Formal services can also have a more direct effect on a family's child rearing role, sometimes serving as a surrogate parents (e.g., when childcare services are used or when an adult mentor is paired with a child through a formal program).

IV: IMPLICATIONS OF THE FRAMEWORK

The framework presented can serve as a filter for examining existing programs as well as a guide for developing new ones. By extrapolating from the framework some suggestions can be made about which issues, functions and content areas preventive programs for families with adolescents should address.

First, there is a need to recognize that the role of parents in families with adolescents is multifunctional and generally requires meeting the needs and promoting the well-being of children and adolescents at a variety of levels. I: is important that programs for families with adolescents recognize and address the multiple functions of parents and recognize that far lies who are preoccupied with basic survival needs may have less time and energy to devote to higher level parental functions such as providing their children with appropriate limits or adequate support.

A primary function of parents includes providing the array of resources that are necessary to meet their childrens' basic needs. Meeting the basic needs of families is the obvious first step in enhancing a family's ability to raise and support its adolescent children. Although it would rarely be expected that traditional parent education and support programs would directly address these needs, such programs should take them into account in their planning and design.   For example, it would be beneficial for support programs targeted at low-income families

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to provide information and referrals to social services and other community agencies.

Families with adolescents could also benefit from programs that enhance their ability to protect their children from the risks of contemporary society. Parents today are often more worried about the greater number of potential dangerous activities, substances and influences to which their adolescents are exposed. Although these risks may vary from neighborhood to neighborhood, there are a number of strategies that can be taught to parents that can help minimize these dangers. Some examples include teaching parents how to monitor their adolescent's behavior, teaching parents self-protection skills that they in turn can teach their adolescent, and helping parents recognize the symptoms of various psychological and physical disorders and what they can do if they suspect a problem exists.

Providing information and training to parents on how to guide and promote their adolescent's social and emotional development is another area where programs for families with adolescents can meet an important need. Parents today are often confused about how to best prepare their adolescents for future adult roles as a result of rapid socio-cultural change and the multiple and often competing sources of information and values that our multicultural society presents. Research has identified a number of parental competencies that are related to the healthy development of adolescents and that appear to be teachable to parents. Programs may want to provide opportunities for parents

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to learn and practice skills in such areas as conflict resolution, communication, decision making, expressing warmth and support, discipline and rule setting, and modeling behavior and values.

Another domain where programs could support and strengthen a parent's role is in the area of advocacy. Many parents could benefit from learning the skills and knowledge bases necessary for advocating on behalf of their adolescents. Even when their children are adolescents parents remain important links to the experts, agencies, and individuals who help them raise their children. Programs could enhance parents' advocacy skil; by providing opportunities to learn and practice these skills as well as providing information on how to access and navigate the various educational, organizational and political systems which affect their adolescents and their families.

In addition to teaching the personal skills that can contribute to an individual's ability to advocate, programs for families with adolescents may want to consider whether it is appropriate to include program goals that involve helping parents organize for community action and change. It is becoming increasingly clear that often a major hindrance to the development of youth and their families is the institutional and political barriers that confront them. Put a little differently, the most insurmountable hurdles to effectively raising children are not necessarily parental inadequacies, but rather the absence of programs or institutions that support families or youth and

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the failure of existing institutions to be sensitive to or supportive of their needs.

Because of the erosion of family and social networks, contemporary parents are more isolated from one another and often have fewer opportunities to develop supportive relationships with other parents. Programs for families with adolescents can serve an important function by providing parents with opportunities to talk with one another, share concerns, ideas and experiences, and develop meaningful ties.

Not only are adolescents developing, but so are their parents. To the degree that parents are preoccupied with their own personal problems and concerns, the more difficult it will be for them to effectively attend to the needs of their children. Consequently, programs would benefit the development of youth by addressing the personal and developmental needs of parents. Some examples of how programs might address the personal needs of parents include helping parents better understand how their own development can color their relationship with their adolescent, teaching parents personal coping strategies that are particularly relevant to the stressors and strains related to the adolescent years, and providing opportunities to enrich and support the marital relationship in families with married parents.

Given the diversity of families today, it is important that programs be sensitive to this variation in their design and implementation. Most families with adolescents share a range of common concerns, but there are additional challenges that are

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unique to particular family types. The success of a program largely depends on the goodness of fit between the needs of the participants and what the program provides. While there is efficiency in developing generic programs that can reach the widest possible audience, such approaches can be problematic if they fail to recognize and address the high priority needs of particular subgroups of families. We need to be particularly vigilant that our programs not impose the values, beliefs and practices of white, middle-class families on those families who do not fit that profile.

Finally, it should be noted that because there is great variability in families, their needs, and the programs that serve them, it should not be assumed that any one program would provide all of the resources, training, opportunities and information just discussed. Rather, the exact nature of the program and the issues it addresses should depend on the needs of the audience it intends to serve and the resources and expertise available.

V: PROGRAMS FOR FAMILIES WITH ADOLESCENTS

Identification and Selection of Programs

This section reviews programs to support families with adolescents that were identified in a nationwide search. In general, only programs concerned with primary prevention were included: Programs that prevent the incidence of disorder, stress, problem behavior or undesirable events. Programs that were primarily concerned with the reduction or treatment of an

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existing problem or disorder (often referred to as secondary prevention) or rehabilitation (often referred to as tertiary prevention) were not included. Although the primary focus of this review was on programs that support families with adolescents, programs that serve families with preadolescents were included if they were truly aimed at preparing for the adolescent years.

This review is intended to be a first pass at what exists rather than an exhaustive and systematic compilation. Consequently, few limits were placed on the programs that were included. For instance, unlike the American Psychological Association's recent report on exemplary prevention programs, 14 Ounces of Prevention (Price, Cowen, Lorion, & Ramos-McKay, 1988), the present search was not restricted to programs that were well documented or that had high quality evaluation data. Such a limitation would have severely limited the number of programs identified, since few programs for families of adolescents have conducted systematic evaluations.

"Family" was broadly defined in this project to refer to a large variety of family structures (e.g., single-parent, step or blended, adoptive, foster, two-parent). For programs to be considered, however, they had to at minimum serve parents or guardians of adolescents or preadolescents. They could (but did not need to) also involve adolescents.

How representative the programs identified for this paper are of those that exist across the nation, is unknown. The

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process by which these programs were identified was not systematic in a scientific sense, although an effort was made to use a variety of different strategies to locate programs.

First, notices were included in the newsletters of several national organizations and networks that serve family program practitioners. The notice asked program managers or others who knew of programs to identify them. Second, a similar notice was sent to all state family life specialists associated with the Cooperative Extension System. Most of the programs identified by these two methods were relatively small in scope, newly developed, and not widely disseminated.

Third, most major national educational, prevention and religious organizations were contacted to determine whether their organization had developed, used, or was aware of any programs that served families with adolescents. These groups tended to identify programs that were fairly well established and broadly disseminated, often through the organization's own national network.

Fourth, a "snowball" method was used, taking advantage of the informal networks of organizations that work with parents and adolescents. Many of the contacts noted above were able to identify relevant programs or individ⌐₋ls who knew of such programs.

A small subset of programs were identified through evaluation studies or descriptive articles published in scholarly journals. A few were located through resor⌐ce directories of

programs for families such as the Family Resource Coalition's recent guide, Programs to Strengthen Families (Levine, 1988) and the Office for Substance Abuse Prevention's Twenty Exemplary Prevention Programs (1989).

Finally, an in-depth canvas of several midwestern cities, including Madison, Milwaukee, and Chicago was conducted. This turned up a few, small, grassroot programs that were unassociated with any large-scale efforts. Many of these programs used a curriculum or program model developed elsewhere that had been previously identified through contacts with national organizations.

The definition of what constitutes a "program" for the present paper is fairly informal. Most of the programs identified do not have a formal home or location (i.e., a place where people go to attend or participate in the program), but are simply curricula that were developed and made available for use by local groups or organizations.

As programs were identified, I attempted to obtain as much information about them as possible. This usually included a description of the program, a copy of the program's curriculum, agenda or implementation plan; samples of the materials used in the program, such as videotapes, handouts and exercises; and any evaluation documentation that might exist. For programs that were relatively new or small, there was not much written documentation. In such cases a brief survey was sent to the program manager. The survey included questions about the

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program's goals and objectives, the audiences served, the methods used to implement the program, and evaluation data on the program.

Program Descriptions

Forty-one preventive programs for parents of adolescents were identified. In order to describe the programs, they were grouped according to their primary self-defined goal: general parenting (16 programs identified), sexuality (10), drug and alcohol prevention (8), achievement (4), and multiservice family resource centers (3).

The descriptions of each of the types of programs begin by outlining which parental functions and competencies presented in the first part of this paper are addressed. Next is a discussion of how each program type provides support to parents which can enhance their functioning. The description of each program type ends with a comparison of target audiences, methods, and evaluations.

In classifying and describing programs, I relied on materials provided by the programs themselves. In some cases the information that was supplied was incomplete, making an accurate description difficult. (Abstracts of the programs reviewed are available from the Carnegie Council on Adolescent Development.)

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General Parenting Programs

Functions and competencies. The largest number of programs can be termed general parenting programs. These are programs that attempt to provide parents with information and skills that are known to promote children's social and emotional development and increase the quality of parent-child relations. As Table 1 shows, these programs deal almost exclusively with the guidance functions of parenting. None of the programs includes any mention of helping parents provide basic needs and only a few programs address the protection or advocacy functions.

In instructing parents in carrying out their role of guiding children's development, the most common parental competencies addressed are communication and involving children in decision-making. Almost all general parenting programs try to help parents gain these skills. The curricula of about two-thirds of the general parenting programs include the competencies of conveying parental support or warmth and disciplining children, while about one third of them address conflict resolution skills and the importance of discussing and modeling values.

The general parenting programs tend to adapt principles from three theoretical orientations. Although a few programs follow one particular orientation quite closely, most are more eclectic, incorporating principles from two or more orientations. Those following a behavioral orientation (e.g., The Nurturing Program) focus on the use of social learning techniques such as reward and

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TABLE 1
PARENTAL FUNCTIONS AND COMPETENCIES

GENERAL PARENTING PROGRAMS	BASIC NEEDS	PROTECTION		GUIDANCE						ADVOCACY
		Monitoring	Survival Skills	Warmth	Demandingness (Discipline)	Democracy (Shared Decision Making)	Communication	Conflict Resolution	Modelling/Values	
Active Parenting				X	X	X	X	X		
Body Awareness Resource Network (BARN)						X	X			
Developing Capable Young People				X	X	X	X	X	X	
Effective Black Parenting			X	X	X	X	X		X	
Degrassi Junior High							X			
Family Lifeskills Program				X		X	X	X		
Help Me, I'm Growing Up			X				X			
How to Survive Being the Parent of a Teen					X	X	X			
Living with 10 to 15-Year-Olds					X	X	X			
The Nurturing Program				X	X	X	X			
Parent Effectiveness Training (PET)				X	X	X	X	X		
Parenting: The Underdeveloped Skill			X			X				
Systematic Training for Effective Parenting of Teens (STEP TEEN)				X	X	X	X	X		
Teen-Aging		X		X	X	X	X	X	X	X
Teen Assessment Project (TAP)		X		X	X	X	X		X	X
Teens: A Parent's Point of View						X	X			

punishment.   Humanistic-oriented programs such as Parent Effectiveness Training are grounded in the philosophy and psychology of Carl Rogers (1951).   Such programs attempt to foster a family environment that is supportive and respectful of all family members. The third major orientation is based on the work of Alfred Adler (1938, 1957) and Rudolf Dreikurs (1964). These programs (e.g., Active Parenting and STEP Teen) are based on the assumptions that all behavior has a social purpose and that the goal of all behavior is to belong. Another principle is that families, like American society, should promote democracy, individual rights, responsibilities and choices.

Parental support.   As described earlier in this paper, factors that can support the individual's ability to parent effectively during adolescence include (a) personal and psychological resources of parents, (b) characteristics of the child, and (c) contextual sources of stress and support.

Most general parenting curricula do not concern themselves with the parent's personal needs and concerns.   Only three programs (Teens: A Parent's Point of View, Living with 10 to 15 Year Olds, and Teen-Aging) include information on the normative changes of mid-life parents.

As to helping parents understand developmental characteristics of children, several general parenting programs attempt to meet the needs of parents with a broad age range of children (e.g., Active Parenting, Parent Effectiveness Training) and thus tend to be adevelopmental. In other words, they promote

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general guidance skills rather than different parenting methods for children at various developmental stages. About a third of the general parenting programs identified in this survey do provide some information about the unique developmental characteristics of adolescents.

As to contextual sources of stress and support, only a few of the programs (e.g., How to Survive Being a Parent of a Teen, Teen-Aging) specifically list among their goals the provision of social support for parents. However, because most general parenting programs use an ongoing, interactive workshop format where parents get to know one another and share and discuss common concerns, most of these programs probably do contribute to this vital need.

Audience. As can be seen in Table 2, the majority of the general parenting programs identified in this survey involve only parents. About one quarter of the programs use media (computers, newsletters and television) that can, but do not necessarily have to, be used by parents and adolescents together. Only two of the 13 identified programs include components where parents and teens interact. Slightly over half of the programs are targeted at families of adolescents of all ages. Two of the programs are even broader, indicating their relevance to families of children of all ages. About of a quarter of the programs target families with pre- or early-adolescents. Although most of the general parenting programs do not explicitly state the fact, nearly all of them appear to be aimed at educated, white, middle-class

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TABLE 2
GENERAL PARENTING PROGRAMS

	PRIMARY AUDIENCE	METHODS AND FORMAT	EVALUATION
Active Parenting	Parents of children of all ages	Video presentations, small group discussions; 6 workshop sessions	None
Body Awareness Resource Network (BARN)	Adolescents and parents.	Computer-based system for parents and teens to interact with at home.	Evaluation of school-based components, no data on family component.
Developing Capable Young People	Parents of youth.	Nine session workshop series	None
Effective Black Parenting	Black parents of 2-12 year-olds; focuses on unique issues of single parent families	Fifteen session workshop series	Process/Summative?
Degrassi Junior High	Adolescents, parents, educators	Weekly television program aired on PBS stations	None
Family Lifeskills Program	Parents and high school students	Newsletter series	None
Help Me, I'm Growing Up	Adults/parents who work or live with early adolescents (10-14 year-olds)	Multiple session or day-long workshop	None
How to Survive Being The Parent of a Teen	Parents and adolescents	Four workshop sessions, first 3 for parents; last for parents and teens together	None
Living with 10 to 15-Year Olds	Parents of 10 to 15-year olds	Multiple sessions or day-long workshop.	None
The Nurturing Program	Abusive parents and their 13 to 19-year olds	Twelve workshop sessions. Parents and adolescents meet apart for 1st half of each session, meet together for second half of session	Summative with no control group.
Parent Effectiveness Training (PET)	Parents of children of all ages	Multiple session workshops	Summative
Parenting: The Under-developed Skill	Parents of pre-adolescents and adolescents	Flexible format, usually a meeting; may be multiple sessions	None
Systematic Training for Effective Parenting of Teens (STEP TEEN)	Parents of adolescents	Multiple session workshop	None on STEP TEEN; several summative of general Step Program
Teen-Aging	Parents of early adolescents	Three workshop sessions with continuing parent support groups; a special telecommunications hook-up links faculty at University with sites throughout state; each session followed up with statewide quesiton and answer program on public radio	Process
Teen Assessment Project (TAP)	Parents, educators and local leaders who live or work with 7th-12th graders.	Teen survey, community development and localized newsletter.	Under Development
Teens: A Parents's Point of View	Parents of adolescents.	Two sessions using videotape and discussion.	None

parents. This is not to say the content and objectives of the programs are not relevant to minorities, the poor or those with little education. Rather, the look and style of the materials assume a fairly educated audience and are not culturally sensitive to any but white families.

A notable exception is Alvy's Effective Black Parenting program. In designing this program, Alvy adapted principles from many standard parenting programs, but he made an effort to teach these concepts in ways that were more culturally sensitive and relevant to Black parents. This included sessions on racial-ethnic pride and identity and the history of traditional Black discipline practices. The program also employs a teaching technique involving dialogue between instructor and parents that is similar to the minister-congregation exchanges that characterize many Black church meetings.

Methods. As can be seen in Table 2, most of the general parenting programs employ a multi-session workshop format. Several can also be conducted as intensive day-long sessions. A few programs use other methods that are worthy of mention.

Two programs use newsletters as a primary delivery method. The Family Life Skills Program uses newsletters in a traditional manner, sending out a series of eight information sheets to high school students and their parents. The Teen Assessment Program uses newsletters that are individualized with data from each participating community. A questionnaire is administered to local youth that assesses their mental health, personal concerns,

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perceptions of the community, school and family, and self-reports of various positive and problematic behaviors. The findings from the survey are made available to parents and other community members through localized newsletters and press releases.

The BARN program uses computer programs to address issues of health, communication and decision-making. Adolescents alone, or with their parents, can interact with a computer, asking questions and obtaining information. The most highly publicized and successful component of BARN has been the one used in schools. As a home-based program involving both parents and teens, the program has been less successful (Personal communication with project staff member).

The Teen-Aging program also uses electronic technology and media. Multi-session parenting workshops are held simultaneously at dozens of sites which are linked to one another and to a state university by a two-way telecommunications system. This enables university faculty and other experts to provide information to participants and answer questions while an intimate, small group atmosphere is maintained at local sites. On the day following each workshop session, the program is continued with a call-in program on statewide public radio.

Active Parenting is a program that uses videos to present information. Group discussions and activities are still an important part of the program, although one version of the program is designed to be viewed by families alone at home. A version of the program specifically aimed at parents of

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adolescents is scheduled for release in the Fall of 1989.

DeGrassi Junior High is primarily a television program aimed at adolescents. However, one of its suggested uses is as a springboard for discussions between parents and children.

Evaluation. Most of the general programs identified have not undergone a summative or impact evaluation. In other words, they have not conducted a scientifically rigorous evaluation study to examine whether the program has been effective in achieving the changes in participants it was designed to bring about. A couple of programs reported that they had conducted a formative or process evaluation (i.e., obtained information on the internal running of the program) and several indicated plans to conduct a more formal evaluation sometime in the future.

From the information provided by the programs, it was sometimes difficult to decipher what type of evaluation, if any, had been conducted. For example, in response to the survey question asking about program evaluation, a number of program contacts responded with generalities such as "participants have consistently been satisfied with the program" or "our evaluation has shown that the program is effective."

There is an exception to the absence of summative evaluation data on general parenting programs. Parent Effectiveness Training (PET), which has been widely disseminated for nearly twenty years, has been evaluated a number of times over the years. Unfortunately, many of these evaluations were poorly designed, making interpretation of the findings difficult. Cedar (1986)

concludes his review of PET evaluation studies by remarking:

> Based on the reviews of this domain to date, the most conclusive statement that can be made about the P.E.T. outcome research is that the majority of the studies have been poorly conceived and carried out. Of the studies reviewed in the Rinn and Markle (1977) study, one third did not employ a control group, and more than half did not employ random assignment to groups. Many of the studies reviewed by both Rinn and Markle (1977) and Levant (1983) used inappropriate statistical procedures or made incorrect interpretations of the study findings. Gordon (1980) appears to have ignored completely the issues of research methodology and its impact on outcomes. In his writings he has reported the finding of these numerous studies with little regard for their possible questionable validity" (pp.59-60).

There have also been numerous other summative evaluations of various general parenting programs, although few of these programs were specifically directed at parents of adolescents. Forty-eight of these evaluation studies, primarily behavioral, PET, or Adlerian (e.g. STEP) programs, were reviewed by Dembo, Sweitzer and Lauritzer (1985). Their review concluded:

> "Few studies approached all or most of the criteria for a well designed investigation. In fact, the better designed behavioral, PET, Adlerian and comparison studies generally found mixed results. Unfortunately, there are not enough well-designed studies to draw definitive conclusions and implications about the general effectiveness of parent education or whether one type of program is more beneficial for a certain type of family or person" (p.183).

Sexuality Programs

Functions and competencies. Sexuality programs typically include such goals as reducing early adolescent sexual activity, preventing teenage pregnancy, and increasing communication about sexuality within families. As table 3 demonstrates, the majority of sexuality programs, like the general parenting programs, focus

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TABLE 3
PARENTAL FUNCTIONS AND COMPETENCIES

SEXUALITY PROGRAMS	BASIC NEEDS	PROTECTION		GUIDANCE						ADVOCACY
		Monitoring	Survival Skills	Warmth	Demandingness (Discipline)	Democracy (Shared Decision Making)	Communication	Conflict Resolution	Modelling/ Values	
Families Talk about Sexuality							X			
Growing Up Female							X		X	
Human Sexuality: Values & Choices							X		X	
Multiservice Family Life & Sex Education Program						X	X		X	
Parents and Adolescents Can Talk (PACT)							X		X	
Parent-Child Sex Education						X	X		X	
Parent Seminars: Communication with Our Children						X	X		X	
Responsible Sexual Values Programs (RSVP)							X		X	
Valuing Your Sexuality							X		X	
Working Together Project					X		X			

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on the guidance function of parenting. The sexuality programs, however, usually include a smaller number of competencies; only two or three of the six are typically covered (communication and values and sometimes decision-making). The competency of sharing values with children is emphasized by a vast majority of sexuality programs as compared with only a few of the general parenting programs. As might be expected, providing information on sexual development and behavior is another important component of sexuality programs.

The emphases on parent-child communication and sharing parental values in sexuality programs are probably based on research that suggests that when parents serve as the major source of sexual information, adolescents are less sexually active, have fewer sexual partners and are more consistent and effective contraceptive users (Fox, 1980; Lewis, 1973; Spanier, 1976,1977; Walters & Walters, 1983). Open communication between parents and adolescents about sexual issues is thought to be beneficial for teens because it provides better information about sex, more accurate perceptions of parents' attitudes and values, and opportunities for parents to learn more about their child's sexual attitudes and behavior. It should be noted that some recent studies have found little evidence that parent-adolescent communication leads to more effective contraceptive use or to lower rates of sexual activity (Fisher, 1986, 1987; Moore, Peterson, & Furstenberg, 1986).

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Even with these conflicting research findings, few would argue that open parent-adolescent communication about sexuality is undesirable. Most parents and adolescents report that they would like to talk more openly and more frequently about sexuality, although many parents report that they do not feel at ease discussing sexual topics with their children (Green & Sollie, 1989). Thus, an additional reason for teaching communication skills is to help parents and adolescents feel more comfortable talking about sexuality.

Parental Support. One program, Parents and Adolescents Can Talk, requires parents to examine their own sexual development and attitudes and to explore how these might affect their attitudes and behavior toward their children's sexuality. The other sexuality programs that were identified do not explicitly concern themselves with parent's personal needs and concerns. This is interesting since, as was discussed earlier, many mid-life parents of teens are experiencing changes in their own physical and sexual functioning. On the other hand, it is perhaps not surprising that such issues are not raised in sexuality programs since most of them involve parents and children together, and parents may be particularly uncomfortable discussing their personal lives in this setting.

None of the sexuality programs appears to cover general adolescent development as a major part of its curriculum. Most of these programs do, however, address sexual aspects of adolescent development such as puberty and changes in

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reproductive capacity.

None of the sexuality programs specifically cites parental support as a program goal. Since most of the programs are interactive and several sessions long, it is possible that parents may receive such support indirectly from other parents, but it may be less likely to occur than in general parenting programs which include only parents.

Audience. There appear to be several reasons that a vast majority of sexuality programs involve parents and children together (see table 4). First is recognition of the importance of open parent-child communication about sexuality as stated above. Second, there is a growing belief that many school-based programs do not provide a forum for talking about values (Green & Sollie, 1989). By including parents, it is easier to develop a context for discussing values without schools having to advocate any particular value position. Third, many school-based programs involve parents in an initial orientation session to provide parents with an overview of their children's curriculum and to help to reduce or eliminate potential parent opposition to the program. It can also encourage parental follow-up; many school-based sexuality programs incorporate homework assignments for students that involve discussions with their parents.

Like the general parenting programs, the materials in almost all of the sexuality programs would appear to appeal most to white, middle-class audiences. Over three-quarters of the sexuality programs are targeted at families whose children are in

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TABLE 4
SEXUALITY PROGRAMS

	PRIMARY AUDIENCE	METHODS AND FORMAT	EVALUATION
Families Talk about Sexuality	Parents and their 10 to 13 year-old children.	Four session workshop. First session for parents only; others for parents & children together.	Summative without a control group.
Growing Up Female	Mothers and their fifth & sixth grade children	Two-day retreat format	Summative; post-test only control group design.
Human Sexuality: Values and Choices	Parents and their 7th & 8th grade children.	A 3-session course for parents that accompanies a 15 session school-based course for children.	Summative evaluation of child component.
Multiservice Family Life & Sex Education Program	Parents; preadolescent and adolescent children.	15 session course for adolescents; parallel sessions for parents, 4 other optional program components, 3 for teens, one for parents and teens together.	Summative without a control group
Parents & Adolescents Can Talk (PACT)	Parents and their fifth through ninth grade children.	7-9 session workshop series specifically tailored to preadolescent, early adolescent, middle adolescent families.	Summative without a control group
Parent-Child Sex Education	Parents and their 9-17 year-old children.	5-6 session workshop; 2 formats: one for families with 9-12 year-olds; one for families with 13-17 year olds.	None
Parent Seminars: Communication with Our Children	Parents of children 10-12.	Four-session workshop series.	None
Responsible Sexual Values Program (RSVP)	Parents; fifth through eighth grade children.	Three-session course for teens; separate single session workshop for parents; homework for families.	Summative without a control group
Valuing Your Sexuality	Catholic & Episcopal families with children in grades 6-9; separate version for Hispanic families.	A concentrated weekend retreat with segments for youth, parents, and youth and parents together.	None
Working Together Project	Low income Hispanic parents; preadolescents and adolescents.	Five weekly sessions for parents; eight school-based sessions for teens.	?

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middle school (i.e, families with pre- or early-adolescent children).

Methods. Most sexuality programs involve several session workshops. One innovative program, Parents and Adolescents Can Talk, is facilitated by adult-child teams who have undergone special training.

As has already been discussed, several sexuality programs take place in schools, while others are designed to be implemented through churches. This partly results from the desire of many parents to ground sex education in values, something that is more difficult to do if the program is school-based.

Evaluation. About half of the sexuality programs reported that they had conducted some type of summative evaluation. However, only two of the programs (Growing Up Female and Human Sexuality: Values and Choices) employed an evaluation design that permitted a true assessment of each program's effectiveness. Both programs reported that they incorporated control groups into the evaluation design.

Although the information received on the Growing Up Female program was spotty, the authors reported that eight to sixteen weeks after the program, mothers perceived significant increases in communication skills and their understanding of personal values. Daughters reported that they felt closer to their mothers and perceived increases in their communication skills and their understanding of family values.

The Human Sexuality: Values and Choices program also indicated that a summative program evaluation had been conducted. However, their findings pertain only to adolescents in the program. No outcome data were reported on parents nor was any effort made to disentangle the effects of the parent component from the effects of the adolescent component. According to the authors, as a result of the program students reported an increase in their support for sexual restraint and knowledge of human reproduction, a greater belief that having sexual intercourse can result in becoming pregnant and contacting a sexually transmitted disease, and increased frequency of communication with parents abou sexuality.

Alcohol and Drug Abuse Prevention Programs

The primary aim of these programs is to reduce or prevent substance abuse by youth. Like the other types of programs reviewed thus far, most drug and alcohol prevention programs emphasize the guidance function of parenting. All of the guidance competencies are included in one or more of the programs. Enforcing rules and limits and improving parent-child communication are the competencies most often included (see table 5).

Although most general parenting programs also address the need for parents to set and enforce reasonable limits for their children, drug abuse prevention programs often take this a step farther. A good example of this is Preparing for the Drug Free

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TABLE 5
PARENTAL FUNCTIONS AND COMPETENCIES

DRUG/ALCOHOL PREVENTION PROGRAMS	BASIC NEEDS	PROTECTION		GUIDANCE						ADVOCACY
		Monitoring	Survival Skills	Warmth	Demandingness (Discipline)	Democracy (Shared Decision Making)	Communication	Conflict Resolution	Modelling/Values	
Empowering Families		X					X			X
Families Matter!			X	X	X	X				X
Get Involved Before Your Kids Do			X		X	X				X
Indian Students Taught Awareness and Resistance (I-Star)		X	X		X		X		X	
Preparing for the Drug Free Years		X	X	X	λ	X		X	X	
Project Star			X		X		X		X	
Smart Moves			X				X			
Strengthening Families			X	X	X	X	X		X	

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Years which proposes that families develop and communicate a clear family position on drug and alcohol use and establish consequences if these conditions are violated.

The protective function of parents is emphasized by a large proportion of drug and alcohol prevention programs. Many programs educate parents about alcohol and drugs and how to detect whether or not their children are users. Several programs attempt to develop parent networks that can serve as both a parent support system and a mechanism for monitoring teen behavior.

Another aspect of the protective function is teaching parents how to help their children resist pressures to use drugs and alcohol. This can involve teaching parents to teach their children directly or, for those programs that also include a school-based child component, can involve parents reinforcing skills that children are taught in school. A common technique is teaching children ways to resist or say "no" to friends who want them to use alcohol or drugs or engage in an activity unwillingly. Other strategies involve helping children become more aware of the subtle ways that drugs and alcohol are made to appear glamorous and attractive by such sources as friends, television, movies and popular music.

A few substance abuse prevention programs address the advocacy function of parents. Such programs help parents become more knowledgeable about the availability and use of community resources. For example, the I-Star program includes guidelines

on how to develop a local resource guide directory that includes information about programs where troubled teens may be referred or parents might turn for help.

Parental Support. Most of the drug and alcohol prevention programs do not provide information on the developmental needs of either parents or youth.

Such programs also do not usually provide social support to parents. One exception is the I-Star program which helps parents develop "Parent Friendship Circles." These are networks of parents whose children belong to the same friendship group. They serve as a support group where parents can share concerns about drug and alcohol use, feel supported as they make difficult parenting decisions, and obtain information from one another on how to maintain good parent-child relations, deal with drug issues and discipline children. The groups can also serve as a way for parents to more effectively monitor their children's behavior and as a forum for developing consensus about home and community standards for their children. The I-Star program also provides parents with strategies that can help them get to know their children's friends better and with techniques that can increase their influence over their children's choice of friends.

Audience. As table 6 shows, drug and alcohol prevention programs are about equally divided among three audiences: parents only, parents and adolescents separately, and parents and adolescents together. About three-quarters of the programs are aimed at families with children in middle-school. A couple

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TABLE 6
DRUG/ALCOHOL PREVENTION PROGRAMS

	PRIMARY AUDIENCE	METHODS AND FORMAT	EVALUATION
Empowering Families	Parents, school personnel, youth workers and others who live and work with adolescents.	3-4 session workshop	None
Families Matter!	High-risk, low income families with children ages 9 to 15.	Multi-level approach: 1) Weekly personal contact with family coordin-ator 2) Parent meetings and parent-child activities; 3) Newsletters	Process evaluation underway
Get Involved Before Your Kids Do	Lutheran parents with children ages 9 to 14.	Single workshop that combines videotape presentation and discussion.	None
Indiana Students Taught Awareness and Resistance (I-Star)	Parents and adolescents	Two session workshop attended by both parent and child; ongoing parent support groups.	Summative? Ongoing
Preparing for the Drug-Free Years	Parents of children ages 9-12; field tested with multi-ethnic families	Five 2-hour workshop sessions, homework for families.	Long term, summative evaluat'on currently in progress.
Project STAR	Parents; early adolescents	School-based curriculum for students; newsletter for parents; parent support groups in some locations.	Summative of child component.
Smart Moves	Parents; children ages 10-15.	10-12 session curriculum for children; 4 session curriculum for parents.	None on parent component.
Strengthening Families	For parents who are currently in treatment for substance abuse problems and their 3 to 14 year old children.	Fourteen weekly workshop sessions with separate programs for parents and children during first part of each session, parents and children together during second part	Summative with control group.

target families with younger children and only three were found to be more general, addressing families with adolescents of all ages.

Drug and alcohol prevention programs are somewhat more likely than either parenting or sexuality programs to target families of children considered at risk. Strengthening Families works with families in which the parents are already in treatment for substance abuse. Preparing for the Drug Free Years was pilot tested with multi-ethnic families. The Families Matter! program serves low-income urban audiences with a unique multi-level approach. The program's family coordinator personally contacts parents on a regular basis. Parents meet regularly at a common community location to participate in educational programs and for social activities involving all family members. Finally, educational newsletters are sent on a regular basis to participating families.

Methods. Like some of the sexuality programs, a number of the substance abuse prevention programs are primarily school-based programs for children that also include a component for parents. For example, parents are involved in Project Star through their children's homework assignments. Through these homework assignments "parents are encouraged to establish family rules, discuss consequences, and share their reasons for not wanting their child to become involved with alcohol or other drugs." (Project Star).

One of the most comprehensive drug abuse prevention programs that is targeted solely at parents is Preparing for the Drug Free Years. It is built on existing research on risk factors associated with adolescent drug abuse, much of which was conducted by its authors, David Hawkins and Richard Catalano. The five-session curriculum reviews the factors that put children at risk for drug abuse, provides guidelines for how parents can develop a clear family position on drugs and teaches skills that can help parents help their children resist pressures to use drugs. In addition, the program addresses basic parental guidance and relationship skills including conflict management and encouraging more cohesive family bonds. Finally, the program recognizes the value of parent support groups and provides guidelines on organizing them.

Evaluation. Five of the drug/alcohol prevention programs reported that they had completed or were in the process of conducting a summative evaluation. The information obtained from the I-Star and Project Star programs indicated that they had undergone some type of formal evaluation. However, this information was not detailed enough to make a clear determination of what was done.

The most sophisticated evaluation was conducted on the Strengthening Families Program. The program, aimed at drug-abusing adults and their 6 to 12 year children, was dismantled into three components for the evaluation study. One program condition involved only parents; a second program

condition was composed of only children; a third program condition involved both parents and children. There was also a randomly assigned no treatment control group. Briefly, the evaluation found that all three program conditions had significant and varied effects on many of the attitudes, stressors, coping skills and behaviors measured. The program combining both parents and children impacted a larger number of dependent variables than did either the parent alone or child alone conditions. Of particular interest is the finding that children in the combined program reported significant decreases in alcohol, marijuana and other drug use.

Achievement Programs

Only four programs involving parents were identified that had goals directly related to promoting children's academic or vocational achievement (see table 7). It should be noted, however, that many of the parental competencies indicative of authoritative parenting have been found to be related to academic achievement (e.g., Dornbusch, Ritter, Lederman, Roberts, & Fraleigh, 1987; Steinberg, Elmen, & Mounts, 1989). Thus, general parenting programs can also be viewed as quasi-achievement programs.

Functions and competencies. As in the other types of programs, the major focus of achievement programs is on the guidance function of parenting, especially the competency of fostering decision-making skills in children. Half of the

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TABLE 7
PARENTAL FUNCTIONS AND COMPETENCIES

ACHIEVEMENT PROGRAMS	BASIC NEEDS	PROTECTION		GUIDANCE						ADVOCACY
		Monitoring	Survival Skills	Warmth	Demandingness (Discipline)	Democracy (Shared Decision Making)	Communication	Conflict Resolution	Modelling/Values	
Career Connections						X				X
Mother-Daughter Choices			X	X		X	X		X	
Project Spirit				X	X	X	X	X		
With and for Parents			X							X

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achievement programs also address the protective function (by providing information on survival skills) and the advocacy function.

Parental support. The program, Mother-Daughter Choices, makes a special effort to encourage friendships between mother-daughter pairs. Organizing parent support groups is a major emphasis of the With and For Parents program. The other two achievement programs, though not explicitly stating parental support as a goal, do provide opportunities for parents to meet and talk.

Audience. As table 8 indicates, three of the four achievement programs have sessions for parents only. The Career Connections program is interesting because it targets families with older teens, where most of the programs focus on early adolescents. Both Project Spirit and With and For Parents make an effort to target special audiences. Project Spirit focuses on Black families and is typically carried out in Black churches. The With and For Parents program makes a special effort to reach parents of all educatir al backgrounds by holding meetings in non-intimidating, comfortable settings and by rewriting materials in non-educational language.

Methods. All the achievement programs seem to use an interactive workshop format.

Evaluation. None of the achievement programs had yet completed a formal summative evaluation. The Mother-Daughter Choices program indicated that a summative evaluation was in

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TABLE 8
ACHIEVEMENT PROGRAMS

	PRIMARY AUDIENCE	METHODS AND FORMAT	EVALUATION
Career Connections	Parents of children 14 to 18.	3-session workshop or single day-long program.	None
Mother-Daughter Choices	Mothers and their 5th to 10th grade daughters.	Small groups of mother-daughter pairs meet for 6 sessions.	In progress
Project Spirit	Black parents; not limited to but primarily serving those affiliated with a church.	Church-based, on-going, twice weekly parent training sessions; separate program for children ages 6-12.	On-going process evaluation, summative evaluation is planned.
With and for Parents	Parents of middle school children.	Parent support groups; miscellaneous parent information meetings; written information available to parents.	None

progress. Project Spirit reported that it was conducting an ongoing process evaluation and was in the midst of collecting summative data.

Multi-service Family Resource Centers

The final category of programs identified is probably most accurately described as family resource centers that serve the needs of families with adolescents. Only three were identified but it is likely that additional programs exist. These centers provide ongoing outreach and educational services aimed at prevention and early detection of potential problems for adolescents and their families. However, they also provide crisis intervention and family counselling/therapy. These programs cater to the needs of both teens and parents and may also include a medical staff to assist adolescents with health issues and counselors who can provide individual, family and group counselling. The Briarpatch program also offers a hotline for parents and teens to call if they need immediate assistance with a particular problem.

Family resource centers have become increasingly common in recent years, paralleling the family support movement and its call for multi-purpose programs that meet the needs of contemporary families (Kagan & Shelley, 1987; Weissbourd & Kagan, 1989; Zigler & Black, 1989). However, as an examination of a recent resource directory of such programs attests (see Programs to Strengthen Families (Levine, 1988)), most of these programs

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are directed at families with young children.

Summary

Nearly every program, regardless of its goals, was concerned primarily with competencies that serve the parental guidance function. None addressed the basic resource provision function. Only a handful of programs addressed issues related to the protective function of parents and even fewer were concerned with the advocacy function. Furthermore, few programs took into account or addressed the varying needs and learning styles of non-white middle-class audiences or helped parents better understand their own developmental or personal needs and how these might affect their relationship with their child. Finally, although many programs informally provided parents with opportunities to receive social support from other parents, few programs formally built in such opportunities.

General parenting programs were the most broad in regard to the age range of children at whom they targeted. Over half were aimed to families with adolescents of all ages. Several programs indicated that they were for families with children of any age. Sexuality programs were the most likely to be aimed at families with pre- or early adolescents; drug and alcohol abuse prevention programs were also more likely than general parenting programs to target families with pre or early adolescents.

Drug abuse prevention programs were the most likely to target high risk families. Only one general parenting program

could be found that made a special effort to meet the needs of a particular minority group.

In general, a majority of the programs reviewed were relatively short-term and didactic. Their emphasis was more on the parent education than on family support. Although it was sometimes difficult to accurately identify the methods used in particular programs, most of the programs appeared to be curricula designed to be taught in a class-like setting to parents (and sometimes adolescents). As Weiss has pointed out (personal communication), this approach appears to be quite different from preventive programs aimed at parents of young children where the trend has been toward less formal parent education, more opportunities for families to receive support, and programs that are more comprehensive and of longer duration. A growing number of programs for families with young children not only provide information and referrals, but offer a broad array of formal services and many opportunities for informal support. Perhaps, as Weiss notes, we might expect more programs for families with adolescents to take a similar form as the young children in families currently being served by these more comprehensive family support programs enter adolescence.

A final issue is the congruency of programs with current research and theory. Nearly all the drug and alcohol abuse prevention programs claim an empirical base and appear to do a good job translating research findings into practice. Some of the sexuality programs do claim an empirical base as well, although

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they do not appear to be as closely tied to the empirical literature. In contrast, many of the general parenting programs do not make such a claim. However, most of the developmental information presented in these general parenting programs appears to be consistent with the current scholarly literature. In general, the parenting styles advocated in most programs appear consistent with authoritative childrearing practices. Most of the skills taught are derivatives of particular theoretical models of human behavior and interpersonal relations (e.g., humanistic, Adlerian, behavioristic), and are commonly used by clinicians and therapists. What is less clear is whether the particular communication, discipline, and relationship skills taught are the best strategies for helping parents to implement an authoritative childrearing style in the home. In addition, none of the programs consider the possibility that such a parenting style may not be most adaptive for a particular subgroup of parents.

VI: RECOMMENDATIONS

Current Gaps in Programs for Families with Adolescents

The above review of programs for families with adolescents suggests a number of major gaps. These gaps become particularly evident when examined in light of the framework of parental functions and competencies presented earlier.

Addressing the Basic Needs Function of Families. The gaps that currently exist in preventive programs for families with

adolescents may have different implications for families with different levels of resources. The fact that most programs do not address basic needs is probably of little concern to middle or upper income families. It could, however, be a major obstacle to low-income families. This is not to say that programs for families of adolescents must directly provide basic resources; this is a function that has typically been left to other institutions. The most useful role of programs in this regard may be to provide information and referrals to social and other community services. However, programs could also consider whether they can better accommodate to and increase the participation of low-income families more directly by employing strategies such as providing transportation to programs, using sliding fee scales, offering child care for younger children, scheduling programs at convenient times and in safe, non-threatening locations, using home visitors to provide support and education to families in their own homes, or providing meals along with programs.

Addressing the Protective Function of Parents. Except for several drug abuse prevention programs, few programs address the protective function of parents. Programs could do much more to enhance parents' ability to protect their children from the risks of contemporary society. For example, programs could emphasize the need for parents (and other concerned adults) to monitor the behavior of adolescents while at the same time taking into account the growing needs of their children for autonomy,

privacy, trust and respect.

Programs could also facilitate the development of parental networks (e.g., neighborhood parent circles) which could help parents learn about and establish community standards regarding adolescent behavior and enable parents to better monitor their adolescents' whereabouts and behavior. Ideally such networks would be comprised of parents whose teens are friends.

Programs for families with very young children often include information on techniques for insuring safety such as how to child-proof the home. Although the safety concerns of parents of adolescents are different, parents can still play an important role in protecting their teens. Peer refusal skills, such as how to deal with pressures from peers to have sexual intercourse or use drugs, and self-care skills, such as what to do if you are home alone or encounter an emergency situation, are among the survival skills that today's adolescents need to possess. Many of these skills are currently taught to preadolescents and adolescents in school-based programs, but parenting programs should consider whether teaching protective skills to parents would also be useful.

Two other neglected areas that fall under the protective function of parents concern adolescents' mental and physical health. Despite the fact that suicide is the third leading cause of death among adolescents (Mercy, Tolsma, Smith & Conn, 1984), few preventive programs currently address the problem of teenage depression and suicide. Parents could more effectively help

their children and perhaps prevent suicide attempts if they had a better understanding of the symptoms of depression and suicide and information on what they should do if they suspected their child was experiencing a problem. A second problem among adolescents, primarily females, involves eating disorders such as bulimia and anorexia nervosa. Once again, there is a need for preventive programs to educate parents about the causes and consequences of these disorders, how to identify the symptoms, and what to do if they believe their child is experiencing a problem.

Helping Parents Become More Effective Advocates. As the review of programs indicated, very few programs addressed the advocacy function of parents. Simply making parents more aware that they have a right, and perhaps a responsibility to be advocates for their children, might increase their involvement in this area.

Parents should know that there are times when it is appropriate and adaptive to try to change an institution or system if it is a barrier or threat to the development of their children. Because adolescents do not possess full legal rights, the responsibility for bringing about such change may rest largely in the hands of parents and other concerned adults. Parents could also benefit from learning the skills and knowledge bases necessary for advocacy. As noted earlier, many of these skills are the same interpersonal ones that are taught to improve parent-adolescent relations. Parents also need information on

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the various institutions and systems which can affect their child.

Increasingly during adolescence, the parents' role shifts from being an all-knowing source of information and resources to helping their children find these resources on their own. Consequently, parents who advocate for their children would also be modeling an important skill for them, one that is central to the democratic process.

Although not just concerned with the safety of adolescents, Mothers Against Drunk Driving (MADD) is a good example of how parents can serve as advocates for their children. MADD has been involved in educational efforts to change the behavior of teens and adults who drink and drive and has been instrumental in many states in bringing about legislation that can make the streets safer for children.

Creating More Opportunities for Parents to Develop Supportive Ties. Many of the identified parenting programs appeared to provide social support for parents, although few of them stated this as a formal goal. It is strongly recommended that a greater effort be made to build this vital function into parenting programs, since it is likely that some of the most important benefits of programs come from the informal sharing that occurs between participants. Program facilitators need to plan more opportunities for parents to talk with one another, share concerns, ideas and experiences, and develop meaningful ties. Programs might also help parents maintain contact with one

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another after the formal program has ended by discussing the benefits of maintaining such contacts, providing participants with names and addresses of other participants, scheduling a reunion, or providing a meeting place for ongoing contact.

Addressing the Personal Needs of Parents. Only a few programs were identified that addressed the personal and developmental needs of adults who are raising adolescent children. It is difficult for parents to adequately attend to the needs of their children if their own needs are not being met.

At the very least, parenting programs should include a component on the developmental changes of mid-life adults and how these changes can color their relationship with their adolescent. Sexuality programs could be further improved by a discussion of parents' sexuality and development. Self-understanding is often the first step in bringing about change and avoiding unnecessary problems.

Another area that more programs should consider addressing is the marital relationship of parents of adolescents. For most married couples, the marital relationship is a primary source of support. To the degree that an individual's general well-being is a function of this support, the marital relationship can be an important, although indirect factor in effective parenting.

Given that raising adolescents can be stressful for many parents, programs may want to consider including a section on personal coping, especially as it relates to the stressors and strains unique to parenting teenagers. For example, parents

often have difficulty adjusting to the loss of control that accompanies the adolescent's push for freedom. Moreover, for parents whose identity and sense of self have been largely derived from their role as parent, the gradual loss of this role and its responsibilities can have a deleterious impact on their sense of worth and self-identity. Helping parents work through these issues and adjust to these changes can have beneficial consequences for both adolescents and adults.

Programs aimed at parents of adolescents also may want to incorporate sessions on how to relate to and care for aging parents. Sessions might address such concerns as how to deal with multiple demands and responsibilities, the realities of exchanging roles with aging parents, and stress management (McMahon & Ames, 1983).

Audiences Whose Needs are not Being Adequately Met. Programs need to be more sensitive to the varying abilities and needs of their participants and to reach a wider variety of audiences. Programs typically assume that participants are fairly well-educated, have the ability to read and articulate their thoughts and feelings, and can learn and apply fairly abstract principles about human relationships and children. They also tend to assume that participants have had relatively successful school experiences and feel comfortable being in a class with others (Alvy, 1987a). Although such well-educated families certainly face some risk, there is an abundance of evidence that indicates that other populations are at greater

risk and would therefore benefit from targeted program efforts. Consequently, there is a need for programs to make a concerted effort to reach less educated and affluent audiences who may be at greater risk for many of the problems that programs purport to prevent. In addition, program implementors should attempt to accommodate to variations in participants' educational backgrounds and learning styles as they develop, market, and deliver their programs.

Except for the few programs that are specifically aimed at a particular racial or ethnic group, programs generally ignore the fact that families may have an ethnic or cultural heritage which may affect family arrangements, values, and childrearing methods. Given the growing number of minority cultures in America, programs need to be less ethnocentric in their approach and more sensitive to the unique needs of particular audiences.

As noted earlier in this paper, most of what is known about the skills and conditions that contribute to effective parenting of adolescents is based on middle-class samples. Although most of the specific competencies reviewed earlier in this paper would seem to be relevant to many families in contemporary American society, the goals and values of parents need to be taken into account. For some American subcultures, individualized childrearing competencies might be more adaptive than the ones typically promoted in most programs. At the very least, programs need to be more sensitive to the diverse needs of minority cultures, try to better understand the reasons and conditions for

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traditional childrearing practices, and build on the strengths and traditions of families.

In light of the great diversity of family types in which today's adolescents and their parents live, it is surprising that so few programs make an effort to accommodate or address this diversity. Most of the programs identified implicitly assume that the families at which their programs are directed have two parents, who are married for the first time. Occasionally, single-parent or step-parent households are mentioned, but usually there is no special emphasis placed on t'_ unique issues and challenges these households face. As noted earlier in this paper, although single parent and step families must deal with most of the same challenges of raising children that biological two-parent families face, they also experience additional issues that are unique to their situation. Programs need to do a better job addressing these concerns and being sensitive to the fact that adolescents grow up in a vast variety of household arrangements.

Rarely is the work status or work arrangements of parents considered. The work status of participants should be taken into account when scheduling a program and determining what techniques are to be included. For example, because most parents are working, programs held during the day will probably attract few participants. Worksite programs, possibly co-sponsored by businesses are another way to accommodate the work schedules of today's parents. Face-to face programs may not always be the

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best approach for working parents. Alternative delivery methods such as newsletters, magazine and newspaper articles and television and radio programs may be used to transmit basic information, although such distant learning methods may be less effective at meeting other important needs such as providing opportunities to rehearse new skills and developing social networks with other parents.

Viewing Family Programs from a Broader Perspective. It is important to recognize that optimal adolescent development is the result of a complex array of factors, spanning multiple levels of influence. For example, the risk factors known to be associated with adolescent drug abuse include deficient parental childrearing practices, parent and sibling drug use, association with drug-using peers, and family social and economic deprivation (Hawkins, Jenson, & Catalano, 1988). Consequently, if we truly hope to reduce the risk factors associated with adolescent problem behavior and increase the developmental factors that can support optimal development, programs will need to address these multiple levels of factors. While parents certainly play an important part, they are only one part of a larger and more complex array of influences. Such a perspective is echoed in the recent report issued by the W.T. Grant Foundation's Commission on Work, Family and Citizenship (1988). The report notes: "The Commission believes that responsible communities, along with good schools and strong families, form a triad that supports youth in their passage to work and adult life" (1988, p. 49).

Based on available research and theory, one might speculate that in their present form, programs for families with adolescents are probably adequate in meeting the informational needs of middle class parents who are under little or no stress, face few hardships, possess sufficient material resources, and whose children are exposed to few risk factors. Because most of these parents simply need information on adolescent development and general parenting skills, many programs, as they are currently formulated, are probably doing an adequate job meeting the needs of these families.

However, for families under stress, experiencing economic hardship, or whose children are exposed to a multitude of risk factors, such preventive parent programs alone will probably have little effect on the development of children. For such families, successful prevention efforts must address multiple risk and developmental factors spanning various levels. It is important to remember, that as children move into adolescence, the sphere of parent influence decreases as other sources of influence increase. Thus, while parent and family factors may be a primary influence on children's development and adaptation when children are young, one might expect them to decrease as children move through adolescence and enter adulthood.

In recent years, several scholars have argued that given the current stress on families and the inconclusiveness of data supporting family-oriented interventions, it is more efficient and constructive to allocate resources to other community

institutions and by-pass the family (see Heath and McLaughlin, 1987). There are clearly situations (e.g., high risk youth who live in very dysfunctional family situations) where it may be advantageous to circumvent the family and put more effort into programs external to the family that support the adolescent (e.g., mentoring programs). However, for the majority of adolescents such an approach would be neither efficient nor productive. The majority of adolescents live in families that are reasonably functional and supportive although most could benefit from additional information, resources and support. This is not to say that there is no place for non-familial community programs along side programs for families. Clearly, there is room for both. Family programs should be viewed as part of a broader array of community institutions aimed at promoting adolescent development.

Closely related is the need to develop strategies to cut across organizational and agency boundaries, forming comprehensive, community-wide program efforts that address multiple factors at multiple levels. Not only can such coordinating efforts serve to pull together programs with common goals, but it can eliminate the duplication of services that commonly occur and allow precious resources to be used more strategically.

An example of one way this can be accomplished is the Teen Assessment Project (TAP). TAP facilitates the development of community-wide task forces or prevention councils comprised of

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local leaders, parents, program managers and educators. These councils are provided with local data that help guide local decision-making and the development of comprehensive approaches to youth-related concerns.

A major factor that hinders collaboration across organizations, disciplines, and professionals is that different groups often have different orientations, models and languages which affect how they approach problems and issues. If we are going to be successful in collaborating across organizations and in fostering greater communication between practitioners and researchers, then we will need a shared conceptual framework--a common way of looking at problems and how to solve them. The framework presented at the beginning of this paper should be seen as a first attempt to develop such a model.

Guidelines for Implementing Effective Programs

It should be obvious by now that there probably is no one generic program that will meet the needs of all parents of adolescents. However, current theory and experience suggest that some types of programs may be more developmentally appropriate and beneficial at particular periods than others. Moreover, there may be some general principles that are important to all programs.

The timing of programs. Auerbach (1987) has proposed four types of interventions, defined by their temporal relationship to the individual and the stressor or crisis he cr she faces. His

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categorization of programs can provide some useful guidance regarding the strategic timing of preventive programs for families with adolescents. Given the current interest in preventive programs, only the first three types of interventions will be discussed.

Type 1 programs are designed to deal with individuals who have not yet been exposed to the crisis or stressor event, who do not currently perceive themselves to be in any danger, and who are not yet emotionally aroused. Type 2 interventions target emotionally aroused individuals who recognize that the "crisis" situation is imminent and have a limited period to prepare for the impact of the event. Type 3 programs provide interventions to individuals who have recently been affected by a crisis event.

If we substitute "adolescence" for the term "crisis event," it becomes easier to see the relevance of Auerbach's model to programs for families with adolescents. Using Auerbach's model as a guide we can delineate at least three time periods where particular programs for families with adolescents would be appropriate and timely.

It is suggested that programs that focus on the acquisition and practice of general guidance, communication, conflict resolution and discipline skills (e.g., Active Parenting, Parent Effectiveness Training, STEP) are best suited for parents whose children have not yet even neared the period of adolescence. Such programs (Type 1 interventions in Auerbach's scheme) are probably most useful if they are targeted to families whose children are

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relatively young (school-age and younger), where parents are still developing their childrearing skills, and where patterns of parent-child interaction have not yet crystallized. Such general parenting programs can provide parents with opportunities to learn parenting skills that can help lay the foundation for a relatively positive relationship with their children throughout the school age, preadolescent and adolescent years.

Programs that address issues that are primarily relevant to the adolescent years such as drug use, adolescent sexuality and the developmental changes of teenagers and parents (e.g., PACT, Preparing for the Drug Free Years, Values and Choices), are probably best suited to the years just prior to adolescence when children are in preadolescence (approximately ages 9 to 12). It is likely that parents with children in this age period are beginning to anticipate and worry about their children's impending adolescent years. In Auerbach's terms, these emotionally aroused individuals would be best suited for a type 2 intervention which provides the opportunity to prepare for an event that has not yet occurred but is imminent. Programs of this type might address such issues as normative development in parents and adolescents, anticipated changes in the parent-child relationship, how to make adjustments in discipline and decision-making practices, and anticipating and preventing of some of the common problems of the adolescent years.

Finally, programs that fall into what Auerbach would categorize as type 3 interventions would be most appropriately

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targeted to families whose children are currently in adolescence. This assumes that most families who are attracted to such a program are motivated by the fact that they are currently experiencing some difficulty. Type 3 programs could help parents in a number of ways. First, and perhaps most importantly, they could provide parents with a valuable support group of other parents who are experiencing similar challenges. Second, they could provide parents with information to help them assess the severity of the problems they are experiencing and suggestions for referrals if they are in need of more personalized help. Finally, a type 3 program could provide some opportunities to learn and practice communication, conflict resolution, discipline and decision-making strategies that are developmentally appropriate. However, it is important to note, that changing long-standing maladaptive patterns of parent-child interaction may be difficult and may require the more personalized attention that is typically provided by family counseling or therapy.

Program methods. Although there has been little research on how best to implement preventive programs specifically targeted at families with teenagers, in recent years there have been several efforts to identify general characteristics of effective prevention and family support programs. Drawing on these authors (Mueller & Higgins, 1988; Office of Substance Abuse Prevention, 1989; Price, Cowen, Lorion & Ramos-McKay, 1988, 1989; Schorr, 1988; Weiss, 1983) as well as state of the art programming practices (Cochran, 1985; Pooley & Littell, 1986; Small, 1988a),

listed below are a number of questions that program planners and policy makers might ask themselves when designing or considering the funding of programs for families with adolescents.

- Does the program have well-defined goals and objectives? Are the program activities closely tied to these goals and objectives?

- Is the program built on a sound empirical research and theory base?

- Is the program appropriately timed, providing the necessary information and resources at the most optimal periods?

- Is the program of adequate duration and intensity? For more severe problems or behaviors requiring greater change, is the program correspondingly more intensive?

- Does the program seek to promote a long term commitment that is flexible and adaptable and responsive to a changing environment? Does the program recognize that there is no such thing as a "quick fix" or magic formula that will quickly solve the problem?

- Is the program comprehensive, making an effort to respond to more than one need or problem, when possible?

- Does the program increase participants' competencies and knowledge in the most relevant areas?

- Does the program build on the strenjths and unique characteristics of its participants?

- Does the program respect and try to understand the cultural world of its participants and use this information in its design?

- Does the program provide opportunities for participants to see incentives in the program relevant to their own personal goals and needs?

- Are experiential learning techniques that actively involve participants used in the program?

- Are the staff well-trained and highly skilled? Are the backgrounds of the program staff similar to that of the target audience? Do they have roots in the neighborhoods from which the participants come?

- When appropriate, does the program provide follow-up sessions to reinforce and rehearse newly acquired skills and knowledge?

- Are program implementors aware of the potential negative effects of the program and do they make an effort to address them?

- Do program managers recognize that effective prevention efforts need to be community-wide? Do they make an effort to cooperate and coordinate with other community organizations and programs? Does the program make an effort to utilize multiple social systems and levels within the community in a collaborative effort?

- Is the program able to document the processes by which it achieves its objectives?

- Does the program document its philosophy, theory, methods and procedures in sufficient detail to permit others to assess its usefulness and applicability to their particular setting and allow for its replicability?

Future Directions in Research and Evaluation

This section is divided into three parts. First, recommendations that address basic research questions relevant to preventive programs for families with adolescents are offered. Second, recommendations regarding research on the scope and diversity of these programs are discussed. The last section examines current problems related to the evaluation of family programs and offers some recommendations on how these problems can be addressed.

Basic Research Questions. There is still much that needs to be learned about the parent-adolescent relationship, adolescent and mid-life development and the factors that contribute to the

competent rearing of children prior to and during adolescence. Many of the competencies and functions outlined in the first section of this paper have yet to be fully explored. For example, there is little research on the factors that contribute to effective parental monitoring during adolescence. Even less is known about the parents' advocacy role during this period. In addition to the parental competencies outlined earlier in this paper, there are likely to be other important ones that have yet to be identified. Even for those parental competencies that have been shown to be important for adolescent development, more information is needed on their relative importance, timing and combined effects. We also need to recognize that as conditions in society change, so may the resources, skills, and knowledge that parents need.

Clearly, more research is needed on the precursors of competent childrearing and their relationship to adolescent development in different racial-ethnic populations and across various family structures. For example, is the authoritative parenting childrearing style the most adaptive for American adolescents regardless of family type or ethnic background? What is the optimal balance of power between parents in step-families? How important are other adults in the rearing of children, especially in households where only one parent is present?

We also need to examine the factors that can enhance and undermine parental competence during adolescence. For example, in what ways can the parent's own development and well-being

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affect his or her relationship with the adolescent? What are the most significant developmental issues and stressful events for parents raising adolescents? In two-parent families, how is the marital relationship affected by the adolescent and how does the quality of the marriage in turn affect the parent's relationship to the child? More research is also needed on how contexts outside the family (e.g., the parent's employment, social networks) specifically affect parental competence and the parent-adolescent relationship.

Although numerous studies have demonstrated a positive relationship between various parental competencies and aspects of adolescent development, all of these findings are based on studies of naturally occurring parental behaviors. Several questions still remain unanswered: (a) Can these behaviors reliably be taught to most parents in a program? (b) If they can be taught, are parents able to incorporate them into their daily behavioral repertoire? (c) What are the characteristics of those parents and children who are best able to learn and apply these childrearing skills? and (d) Will these trained behaviors lead to the same desirable outcomes in children as those that occur naturally?

These questions address a common but incorrect assumption of many parent education programs: the idea that parents are a "tabula rasa" who are equally receptive to and able to learn and apply new ideas about childrearing. Clearly, based on the characteristics of parents, children and their previous history

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of relating to one another, we should expect significant differences in parents' receptiveness to and ability to learn and implement new childrearing practices.

Similarly, studies that suggest the benefits of naturally-occurring social support are generally used to justify providing opportunities for developing social support in parenting programs. However, there may be important differences between naturally occurring support from one's network and the social support provided by peers in a program or from professionals (Powell, 1987). More research is needed to ascertain whether the social support built into programs will produce similar benefits.

Finally, more data are needed about the informational and supportive needs that parents themselves perceive. There currently exist few needs assessments which examine the perceived concerns of parents of preadolescents and adolescents. Where data exist, they are either outdated or based on non-representative samples (e.g., Ballenski & Cook, 1982; Crase, Carlson & Kontos, 1981).

Research on the Scope and Diversity of Programs. Little is know about how widespread preventive programs for families with adolescents are. We lack such basic information as how many programs currently exist, how many people they serve and what issues they address.

Even where we have knowledge of a program, little is known about the families who are being reached. Many programs fail to collect basic information such as the characteristics of the

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participants and participation rates. There is a great need for more information on what types of programs are provided, by whom and to what type of families. Such data could inform program managers and policy makers about whether programs are reaching those most in need, provide an indication of the program's scope and appeal, and give an accounting of who participated. In addition, when such information is aggregated, it can lead to a better understanding of programming gaps which can guide policy makers and programmers about where future efforts should be directed (Small, in press).

The failure to collect rudimentary data has also resulted in a dearth of information about which families are most attracted to particular programs, the characteristics of participants most likely to drop out and the factors that serve to motivate participants to remain. We also need data on how different methods of program delivery (e.g., a peer support group, workshops, newsletters, home visitors, a mix of methods) attract and maintain participation by different types of families.

Program Evaluation. Prevention programs for families with adolescents need to make a more concerted effort to prove their effectiveness in preventing problems from occurring and in demonstrating their cost effectiveness. Unfortunately, sound evaluation data on program effectiveness tend to be scarce. Few programs allocate funds or human resources for evaluation efforts and the staffs of many programs do not have expertise in program evaluation, access to state of the art evaluation strategies or

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personnel with evaluation experience (Small, in press).

Even when program managers have access to evaluation expertise, they may be reluctant to put in the time and effort required to conduct a rigorous evaluation because they do not see its immediate value or relevance to their work. Program managers, especially those without research training, may base their beliefs about whether or not a program is effective on their personal observations of participants and may be skeptical of more rigorous, aggregated evaluation data that appears impersonal. If program managers have a general belief that their program is "working," perceive that program participants are satisfied with what is offered, and have little trouble attracting new clients, they may feel that they have sufficient evidence to demonstrate the program's success.

While program managers often have little expertise or interest in conducting rigorous impact evaluations of programs, those with expertise, in particular, university researchers, often do not have access to local programs, lack the funds to conduct evaluations and have few incentives to make it worth their time. Part of the blame for this state of affairs lies in academia which does not typically reward applied work.

Another problem related to the lack of interaction between practitioners and researchers is the absence of a research and theory based framework to guide program development. This can be partially blamed on the lack of incentives in academia for the translation of research and the development of a scholarly

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publishing system that limits the dissemination of research primarily to other scholars. The typical rationale given by child and family researchers for conducting their research is its practical value to children and families. Ironically, most researchers rarely make an effort to translate and make their findings available to practitioners and parents who could most benefit from it.

At present, there appear to be three major needs that are especially pressing: (a) adequate funding for research and evaluation of family programs, (b) mechanisms for providing technical assistance to those programs that want to conduct evaluations and (c) studies of program implementation.

The first need can be met in part through educating policy makers and program administrators about the importance of conducting rigorous program evaluations and by making them aware that good evaluation data can be expensive. We can no longer afford not to have good data to improve and justify programs. Research funds are needed to address critical questions about the nature and effects of programs for families with adolescents as well as programs which serve the needs of families with younger children. There is a call for both private and public funding agencies to make this a high priority. It is recommended that programs allocate up to 10 percent of their program's funds and human resources for evaluation. Although it is recognized that program evaluation must not be allowed to dominate the program process, program evaluation needs to be an integral part of

funded program activities.

Similarly, it would be in the best interests of funding agencies to require their grantees to build an evaluation component into their programs. Moreover, such agencies might further advance the state of the field by making some funding available to promising programs simply for the purpose of program evaluation. Before new programs are designed and implemented, it might be beneficial to take stock of what already exists. Through the rigorous evaluation of some of the more promising programs and the sharing of the findings, much could be learned. These findings would ultimately translate into a significant savings of human and financial resources.

In terms of how to provide technical assistance to programs which want to conduct evaluations, one possible approach would be to develop a system for linking local programs to evaluation experts. Local colleges and universities often have faculty and graduate students who have the expertise to conduct sophisticated program evaluation. Land-grant universities are particularly well-suited to this task due to their mandated mission to respond to the needs of the people of the state. Faculty who reside in departments of human development, family studies, education, home economics education, social work, psychology and sociology might welcome the opportunity to be involved in such activities. Moreover, there are often capable graduate students who are looking for projects that provide "real-life" experiences or a good thesis topic.

What is required to make such a marriage a reality is the leadership and financial support of a key philanthropic foundation or government agency. The establishment of a number of regional evaluation centers which would work closely with "flagship" programs in the region would be an extremely valuable and relatively low-cost way to move the field ahead. Such regional evaluation centers would not only benefit programs for families with adolescents, but the larger and growing family support program movement (See Kagan, Powell, Weissbourd & Zigler, 1987).

A third pressing need in the area of program evaluation is for more studies of program implementation. There are currently few opportunities for new programs to learn from the past mistakes and successes of other programs. As a result new programs often spend a great deal of time "reinventing the wheel" or repeating the past mistakes of programs that have gone before them. Collecting and distilling such practice knowledge would be invaluable to informing future program development. Weiss (personal communication, 1989) has commented that it might be as important a priority as the need to conduct summative or impact evaluations.

There are a number of factors that future evaluation studies of family programs should consider. They include methodological issues of design and measurement as well as important empirical questions related to program effectiveness and impact. Several of these issues are listed below.

- Summative evaluations need to employ research designs that are sophisticated enough to assess the program impacts that programs were designed to achieve. This usually means at the minimum a pre-post design with a control or comparison group.

- There is a need for evaluators to take a broader approach to the selection of outcome variables including those pertinent to the development and well-being of parents, the parent-child relationship, overall family functioning and the social networks and relations of parents and children (Weiss, 1988) as well as the child's development. There is also a need to examine potential negative program impacts as well as positive ones.

- More research is needed on the long-term impact of programs. Such follow-up is particularly critical for prevention programs that purport to prevent particular problems from occurring.

- Program processes that are responsible for the outcomes observed need to be examined. For example, what is the optimal mix of parenting knowledge, skills, and support? What is the optimal program length for most families? Is it advantageous for programs to work with both parents and adolescents together or with parents alone?

- More data are needed on which programs work best for which families. A related issue is the type and amount of social service advocacy and assistance that needs to be provided to highly stressed families in order for them to focus on and benefit from family support programs (Weiss & Halpern, 1988).

- There is also a need for studies which compare the effectiveness and cost-effectiveness of different program models with one another.

Benefits and Barriers

Based on the current state of preventive programs for families with adolescents, one might wonder whether such programs are worth supporting and pursuing. I believe such programs do show promise, but there exist a number of major barriers to their

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success. This section briefly outlines some of these benefits as well as some of the potential barriers.

Benefits. There are a variety of reasons to believe that preventive programs for families with adolescents offer a promising and cost effective way to meet some of the needs of adolescents and their families. First, a majority of the programs reviewed can be purchased, locally adapted and implemented at a relatively low-cost. Given the small amount of funding that has been made available to prevention programs in general, and parenting programs in particular, it is probably necessary that such programs be low-cost if they are to be disseminated widely. Furthermore, the cost of preventive programs is minuscule when contrasted with the costs of treatment or the societal effects of such problems as drug abuse or teen pregnancy.

Second, most of the programs can be implemented easily in local communities. In other words, the programs can be used and adapted by professionals or small groups of parents who have little formal training. Of course, the limits of this are not fully known and need to be examined more thoroughly.

Third, because nearly all of the programs focus on groups of people rather than individuals, they can reach a large number of people rather efficiently. Moreover, these programs can be made widely accessible to most families in most communities with little increase in cost.

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Fourth, the preventive orientation of these programs with their emphasis on healthy development help people develop attitudes and skills and gain knowledge that can be useful across a variety of situations, well beyond the immediate problem they are aimed at preventing. Such programs also help to empower families and provide them with some of the tools needed to have more control over their own lives.

Fifth, preventive programs tend to target environmental conditions that can contribute to the formation of problems. As a result such programs have the potential to change conditions so that fewer problems will occur not only for the participating child, but also for subsequent children in the family and for the wider community.

Sixth, for problems where there exists no known treatment (e.g., AIDS) or existing treatment is not very effective (e.g., delinquency and criminal behavior), preventive programs provide the most, and sometimes the only, viable solution.

Finally, most of the programs described would make an excellent complement to a broader, more comprehensive community-wide approach to promoting adolescent development and preventing adolescent problem behavior.

Barriers. There are a number of obvious barriers to further program development in this area. First, most programs require parents to commit some amount of time on a regular basis. Certainly, those programs that have the most promise will be relatively long term and require a significant amount of a

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parent's time. This can be a major obstacle for a majority of parents who are working, have other commitments and who commonly report that they have less and less time available for personal and family activities (Hochschild, 1989).

A second obstacle is that prevention programs, as their name implies, are most effective if they are targeted at families who are not yet experiencing problems. Unfortunately, parents are often unmotivated to attend a program unless they are currently experiencing some difficulty or anticipate experiencing one in the near future. Thus, one dilemma is to help parents see the value of such programs when they are not yet experiencing a need.

A third obstacle to the development of programs for families with adolescents is that there is a dearth of data on what makes programs effective and for which audiences. It should be noted that existing data are favorable, but that so little exists that it is often difficult to draw any definitive conclusions.

Another barrier is the poor level of funding currently available for preventive programs in general. Even prevention programs that are already seen as being highly valuable (e.g., early childhood programs, child abuse prevention programs) have difficulty obtaining adequate funding. Given the lack of evaluation data demonstrating positive effects, preventive programs for families with adolescents will have an even more difficult time gaining the financial support of policy makers and funders.

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A fifth barrier is the inability of most existing programs to attract the participation of high risk, hard to reach families (H. Weiss, personal communication). If what is currently occurring in the early parenting arena is an indication of what to expect with programs for families with teens, policy makers and funders will want to be assured that programs can reach those families who are the most in need of them.

A sixth hurdle is the lack of communication between practitioners and researchers. While this chasm has narrowed in the early childhood field, it is well-institutionalized in the area of adolescence. Without a major foundation or institution providing leadership for linking these two groups, there are few indications that this situation will change.

Finally, there is the question of who will take responsibility for overseeing and providing support programs in this area. At present, there does not appear to be any one institution that is willing or prepared to take on the responsibility. One possibility is that schools could be a base for such programs and for leadership in coordinating community-wide prevention approaches. The workplace could also be a possible setting to reach and support parents and their families. Bronfenbrenner (1989) has recently advocated that every employment setting should have at least one person who would make available professional information that relates to child development and parenthood. This person should also provide a referral service to local agencies and programs serving

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families and children, provide and organize recreational and educational opportunities for employees and their families (including on-going opportunities to meet with other parents), and serve as a resource to management for introducing effective policies and practices in the workplace that can reduce unnecessary stress resulting from the conflicting demands of work and family life. Another possible source of leadership is the Cooperative Extension Service, an organization that has agents in every county in across the country and formal links to each states' land-grant university. The Cooperative Extension Service (CES) has had a long history of working with youth (through its 4-H program), with families (through its Family Living-Home Economics programs), and with communities (through its Community Development programs). CES is currently in the process of reconceptualizing how it carries out its mission and has also identified youth-at-risk as one of its primary concerns.

Some Next Steps

Given the relatively nascent condition of programming in this area, what might be some next steps to stimulate further developments? Based on the present review and analysis, a number of suggestions are presented.

Gather information on the needs of parents and families with adolescents. Program developers and policy makers could benefit a great deal from more information on the needs of parents of preadolescents and adolescents. For example, we know little

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about the kinds of information and support that parents perceive they need as well as how they would prefer to receive them. It is particularly important that these needs be assessed not only in white middle-class families, but also across the diverse range of families that are raising adolescents. An important element of such an assessment would be its translation and broad dissemination to those who work with adolescents and their families.

Explore the current sources of information for families with adolescents. Related questions worthy of future pursuit are where parents of adolescents currently get their information and the usefulness of such sources to them. A growing but yet unexamined source of information and assistance to parents of adolescents is popular books and magazine articles. Hundreds of titles related to raising adolescents are in print; their increasing number attests to the growing interest of parents in easy-to-digest information on raising teenagers. There are little or no data addressing such important questions as the usefulness of these books and articles and criteria for assessing their quality. Answers to these questions could have immediate benefits for parents by providing them with information on how to be good consumers of popular materials. It could also help guide professional writers and scholars as they endeavor to translate research into a more easily accessible form.

Provide support and leadership for research on and evaluation of preventive programs. First, it is clear that there

a strong need for more research on and evaluation of existing programs. It may be advantageous to invest in research on two or three existing programs that have a good track record, appear comprehensive, are consistent with current knowledge in the area, and show promise of effectiveness.

Examine program and treatment strategies that address the needs of families with adolescents who are currently experiencing difficulties. Although it is the present view that preventive approaches are more efficient, cost effective and ultimately a better strategy, there are a great many families with adolescents who are already experiencing difficulties. There is a need to describe and examine existing programs and treatment strategies that address the needs of families currently experiencing problems. For example, what are the most common models, what is known about their effectiveness, which programs or treatment strategies are most appropriate for which families, and how can families in need access these programs? Some current treatment approaches, such as the institutionalization of adolescents by parents, have recently come under criticism. To what degree is this criticism warranted and what can be done to remedy any problems that exist?

Develop mechanisms for linking researchers and practitioners. As noted earlier in this paper, there is typically little contact between scholars of adolescent development and program practitioners. As a result, programs frequently do not benefit from state of the art research and

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evaluation knowledge and researchers often do not have a good understanding of the current needs and concerns of families, adolescents, and practitioners. The Council on Adolescent Development has made some progress in linking these groups and is strongly encouraged to continue this effort. Some additional suggestions on how this might be done include educating researchers about the needs of practitioners, educating practitioners about evaluation techniques and state of the art research findings, and developing formal opportunities for the two groups to communicate such as through conferences or a widely disseminated publication series.

Encourage scholars to work with and disseminate information to media professionals and parents. Although parents and media professionals are interested in information on adolescent development and the rearing of children, they often have difficulty understanding and interpreting social science research. However, the heart of the problem does not appear to rest with parents and the media, but lies in the failure of many scholars to translate and disseminate their findings to the general public. This results from such factors as the lack of incentives for translating and disseminating research, an inadequate understanding of how to do it, and the low status often associated with applied work. Training and incentives for scholars to translate and disseminate their research findings might be implemented by providing training for social science graduate students, sponsoring workshops for scholars, providing

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financial or status rewards such as prestigious grants, and encouraging institutional changes in how applied work is viewed and evaluated.

Continue working toward putting more attention on policies that focus on families with adolescents. Currently, most policy and program efforts focus on the early childhood years. While it is commendable that families are finally receiving attention from policy makers, it is important that they recognize that the needs of families do not end when children enter adolescence. Many of the challenges faced by parents when their children are young continue well into adolescence. Moreover, there are additional challenges that can make raising teenagers particularly difficult. There is a need to continue work on identifying policy options that would enable families in partnership with other societal institutions to more adequately perform their functions.

Help communities recognize that the well-being of youth is a community-wide responsibility. Finally, there is a need to help parents, educators, program managers, community leaders and policy makers recognize that the development and well-being of youth is a community issue that requires a comprehensive, community-wide approach. Furthermore, it would be extremely fruitful to examine existing community-wide strategies and support the development of new ones. Such strategies should at the very least help communities identify the problems and challenges faced by adolescents and their families, assist in the

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development of community-wide coalitions of program managers, parents, schools, businesses, service organizations and other concerned adults, and aid communities in developing action-oriented solutions.

VII: CONCLUSION

Several broader themes and issues that emerge from the present paper should be kept at the forefront as we consider the state of the field and contemplate future directions.

First, it is apparent that program development activity has far surpassed the level of research and evaluation effort demonstrating program effectiveness. Evidence about the effectiveness of family programs is small in comparison to the number of programs in operation. We currently possess a limited empirical base for making a persuasive case for the widespread development and dissemination of prevention programs to support families with adolescents. We also lack solid empirical information on how such programs can be most effective. Clearly, more research and evaluation on preventive programs is needed.

Second, most existing programs are relatively brief and didactic in their approach, putting more emphasis on parent education than family support. Given our current knowledge about effective prevention and family support and education programs, preventive programs for families with adolescents need to be more comprehensive in the services and information they provide, create more opportunities for parents to receive support from

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other parents, and be of longer duration.

Third, the vast majority of preventive programs for families with adolescents are aimed at white, middle-class families who have two parents who are married for the first time. In light of the great diversity of families in which today's adolescents and their parents live, there is an immediate need for programs to make a more concerted effort to accommodate and address this diversity.

Fourth, because many prevention programs are aimed at families who face few hardships, are under little or no stress, possess sufficient material resources, and whose main need is simply more information on adolescent development and general parenting skills, we can speculate that many of these programs are probably doing an adequate job meeting the needs of these families.

In contrast, for families under stress, experiencing economic hardship, or whose children are exposed to a multitude of risk factors, such preventive programs alone will probably have little effect on the development of children. For such families, successful prevention efforts must be more comprehensive and address multiple risk and developmental factors. Thus we must put preventive family programs and the hopes we place on them into a broader perspective. We should not expect that even the best family support program by itself can prevent or ameliorate the problems and struggles faced by those families who possess few resources and face numerous problems.

Finally, preventive programs for families with adolescents are worth pursuing because of their potential to be a low-cost and efficient way to support some of the needs of families and contribute to the prevention of adolescent problems. However, as this review has made clear, the field is still in its early stages and is in need of more comprehensive programming approaches, closer links to state of the art research and practice, and better documentation of program processes and effects.

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