

# EXPLORING THE RELATIONSHIP BETWEEN FIDELITY AND PREVENTION PROGRAM ATTENDANCE

by

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(Under the Direction of David Wright)

## ABSTRACT

The purpose of this study is to explore whether program fidelity helps to explain participant responsiveness among groups of families enrolled in the Pathways for African American Success (PAAS) prevention program. This study specifically examines several dimensions of implementation fidelity including adherence, adaptation, quality of delivery, participant responsiveness. Mixed methods were used to evaluate these dimensions. Additional indicators of quality of delivery were determined using constant comparison methods to thoroughly explore session events of high and low quality of delivery. Results indicate that neither adherence nor adaptations explain why some groups maintained attendance while others declined in attendance. However, more high quality events occurred in groups that maintained or increased attendance, while there were more low quality events in groups whose attendance declined. Implications for the future research are discussed.

INDEX WORDS: Implementation fidelity, Adherence, Adaptation, Quality of delivery

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PROGRAM ATTENDANCE

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## DEDICATION

I would like to dedicate this and any other personal accomplishment to my mother who convinced me that I could, without a doubt, do anything. It is because I believed her, and because I believe in the *her* in me, that my dreams are larger than life.

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## CHAPTER 1

### INTRODUCTION

The world of intervention programs encompasses a broad spectrum of interests including domestic violence, psychotherapy, sexual abuse, obesity, disease management, etc. Preventive interventions are the branch of efforts that seek to intervene early in order to circumvent targeted problems before they occur by empowering individuals with the tools needed to develop and enhance protective factors. The notion of preventive intervention has been applied to a variety of disciplines such as education to prevent grade retention and dropout, and the health field to preventing HIV or diabetes in vulnerable populations. Although the field of prevention science and research on program effectiveness has provided valuable information on risk and protective factors associated with a variety of problems, there have been inconsistencies in the extent to which programs have been effective in their prevention aims (Durlak & DuPre, 2008).

Prevention programs exhibit great promise in helping to reduce problems in our society. Programs based on good research are especially promising, but only to the extent that it can be ensured that participants are receiving the program as designed by the developers. If participants receive content outside of the curriculum or the content poorly delivered, expected outcomes may not be realized (Dane & Schneider, 1998). In this way, examination of program fidelity is extremely important as it provides a way of knowing what parts of and how a program is delivered.

When a program is implemented, there is an expectation that participants will enjoy and benefit from the program. Participant engagement refers to the extent to which participants connect with and enjoy the program content and activities (Spath, Kavanaugh, & Dishion, 2002).



When this does not happen, participants may disengage, not internalize the program content, and possibly not return for subsequent sessions. This occurrence often leads to attrition problems, which is a serious challenge to many in the prevention field because those who drop out of a program prematurely may be those most at-risk (Siddiqui, Flay, & Hu, 1996). To successfully disseminate evidence-based interventions, there must be a more thorough understanding of the processes related to the engagement and retention of participants (Spath et al., 2002). Poorly engaged families who drop out of a program cannot benefit from the program in the same way as well-engaged families who are exposed to all of the program content. Moreover, greater dosage (i.e., session exposure/attendance) is associated with better outcomes (Baydar, Reid, & Webster-Stratton, 2003; Spath, Redmond, & Lepper, 1999). For this reason, implementation fidelity as a means to promote participant engagement must be better understood.

Prevention programs are developed, tested, and implemented with the specific aim of providing participants with the skills needed to avoid problem behaviors. When a program is developed, a curriculum manual is often created to capture the details of the program and to guide the facilitators who are trained to carry out the program. The testing and implementation phases follow, during which program fidelity becomes extremely important. Program fidelity is defined as the extent to which a program is carried out as it was intended (Carroll et al., 2007; Mihalic, 2004). While it is important to examine outcomes, which is usually assessed based on a comparison of pre-test and post-test data, without first determining whether the program was implemented according to the curriculum and the developer's intent, it is impossible to say that a program is responsible for any noted changes. Several dimensions of program (or implementation) fidelity have been outlined in the literature. Most often, program fidelity is characterized by five dimensions (Dane & Schneider, 1998):

1. ***Adherence*** (or integrity) refers to the degree to which the program is delivered as it was written or designed. Adherence explores whether all of the core components of a program were delivered, whether the staff were trained appropriately, and whether the prescribed protocols, techniques, and materials were used.
2. ***Exposure*** (or dosage) refers to the number of sessions implemented, the length of each session, or the frequency of the program sessions/modules/techniques.
3. ***Quality of Program Delivery*** refers to the manner in which the teacher or facilitator delivers the program uses the methods (e.g., enthusiasm, preparation, attitude) prescribed by the program.
4. ***Participant Responsiveness*** refers to the extent to which participants are engaged by and involved in the activities and content of the program.
5. ***Program Differentiation*** refers to the ability to safeguard against treatment diffusion and ensure that each treatment condition received only the assigned interventions.

Recent works have added three more dimensions (Durlak & DuPre, 2008):

6. ***Monitoring of Control/Comparison Conditions*** involves documenting the nature and amount of alternative services received by the control and intervention groups to account for treatment beyond the program being evaluated.
7. ***Program Reach*** refers to the rate of involvement and the representativeness of program participants with regard to the targeted population. This dimension determines the versatility of the program in terms of potential participants.
8. ***Adaptation*** refers to any changes to the program during implementation.

Failure to evaluate fidelity can lead researchers to draw incorrect conclusions than an intervention is effective when it is not or vice versa (Knoche, Sheridan, Edwards, & Osborn,

2010). Furthermore, if fidelity is not maintained, the program may yield effects during the testing phase that may not be replicated in the real world contexts since fidelity is documented to contribute to program outcomes (Dusenbury, Brannigan, Falco, & Hansen, 2003; Flay et al., 2005; Zvoch, Letourneau, & Parker, 2007).

In addition to affecting program outcomes, fidelity is also related to participant engagement (McHugo, Drake, Teague, & Xie, 1999; Byrnes, Miller, Aalborg, Plasencia, & Keagy, 2010). Within the context of intervention programs, engagement refers to the extent to which participants are satisfied with the program and attend program sessions (Spath et al., 2002). During efficacy trials, a greater number of program participants means more people are exposed to the program which strengthens a researcher's ability to determine program effects. In the dissemination phase of evidence-based programs, a greater number of participants engaged in the program allows for more consistent program attendance thereby increasing the likelihood that program effects will be replicated in real-world contexts. More research is needed to confirm and further explore the relationship between program fidelity and engagement.

### *Purpose of the Study*

The purpose of this study is to better understand the relationship between program fidelity and participant attendance. The specific dimensions of program fidelity being examined in this study include adherence, adaptation, quality of program delivery, and participant responsiveness within the context of a prevention program. The Pathways for African American Success (PAAS-pronounced 'PASS') program provides a great opportunity to explore how engagement / attendance is related to program fidelity since the PAAS program attendance trends varied across program sites. The PAAS program, developed by researchers at Vanderbilt University, is a family-based preventive intervention for African American middle school youth and their

parents. PAAS is designed to help African American adolescents improve their decision-making and avoid high-risk behaviors such as substance abuse and early sexual activity. A mixed methods research approach will be utilized to examine: 1) Are higher levels of fidelity associated with better participant attendance, and 2) Is there any one dimension of fidelity that explains this relationship better than others?

## CHAPTER 2

### LITERATURE REVIEW

This chapter presents the theoretical framework for this study. The framework is followed by an overview of implementation fidelity and its dimensions, how they are defined in the literature, and what is known about how each dimension affects program outcomes. Specific attention is given to the dimensions that are relevant to this study. A conceptual model for understanding how these dimensions are related to each other is also presented. Lastly, the research questions for the current study are outlined.

#### *Theoretical Framework*

Prevention programs have the potential to promote positive youth development despite the presence of risk factors. With any prevention program the goal would be to expose as many targeted youth and families to as many sessions as possible to develop and strengthen protective processes that promote positive development. The Ecological Systems Theory (Bronfenbrenner, 1979) provides a mechanism for exploring the interrelatedness and multiple effects of the social elements of an environment, or in this instance, exploring the contexts that influence whether or not the targeted youth are exposed to program content (Stokols, 1996). The Ecological Systems Theory identifies four environmental systems that can affect the behavior of individuals (Bronfenbrenner, 1979):

1. *Microsystem* encompasses the relationships and interactions closest to the person. These are structures that have direct contact with the person which include family, peers, school, social clubs, church, involvement in extracurricular activities, etc.

2. *Mesosystem* refers to the interplay between two or more direct contexts such as family and school. The mesosystem is multidimensional and has behavioral, cognitive, and affective components.
3. *Exosystem* refers to the wider context of extended family systems, community healthcare systems, social welfare services, etc. These systems may not have direct contact with the person, but they affect the person's socialization.
4. *Macrosystem* is the outer layer that refers to the values, beliefs, and customs of the culture or the subculture in which the person is embedded.

For the purposes of this study, specific attention will be given to the mesosystem which allows for the examination of interplay between factors within two contexts--the family and the prevention program--as it relates to whether targeted youth are exposed to all components of the PAAS intervention. In other words, if youth exposure to the program is the intended outcome, according to Ecological Systems Theory, this does not happen in a vacuum, there are factors that can affect whether or not this outcome is reached. In this case, at the mesosystem level, the prevention program is considered the setting in which the participants interact as measured by the degree to which facilitators adequately convey program content, while mesosystem family factors involve the degree to which families respond to and engage in the program (i.e., attendance). Both systems can influence whether or not the program reached the targeted youth.

In order to explain this level of systemic interaction, the current study also utilizes tenets from the Diffusion of Innovation Theory (Rogers, 1995). This theory explains how an innovation is adopted by members of a community. The term innovation can refer to a new product, program, or idea. Most relevant for this study, the Diffusion of Innovation Theory provides an understanding of the conditions under which a family will be receptive to a program. To adopt an

innovation (program) potential adopters (families) must: 1) perceive it to be better than the status quo, 2) perceive it to be consistent with their values and needs, 3) be able to understand and use it, and 4) see the innovation's potential results (Rogers, 1995).

In applying this theory to the adoption of a prevention program, Rogers (1995) suggests that the innovation (program) cannot be examined alone when considering its adoption; there must also be an examination of whether the program is presented in a way that promotes buy-in by potential adopters or, in this case, families. The previously mentioned conditions that must be met for adoption (e.g., Are the program components understandable and easy to use?) suggest the need to examine the fidelity of a program to determine if these conditions were met. In other words, as the program was presented to family, was it presented the way that it was intended, was the program material clearly presented, etc.

### *Implementation Fidelity*

Implementation fidelity provides a way to determine whether the program components are delivered consistently to all participants and in a manner that is true to the theory and goals underlying the program (Dumas, Lynch, Laughlin, Smith, & Prinz, 2001). Dusenbury and colleagues (2003) reviewed the literature on implementation fidelity by examining the research from the fields of mental health, prevention of psychopathology, personal and social competence promotion, education, and drug abuse prevention and treatment. They found that throughout the literature, there was no widely standardized methodology for measuring fidelity. Furthermore, a standardized methodology was difficult to achieve because programs were often widely different in their approach and terminology (Dusenbury et al., 2003). There are many studies that make an effort to examine how programs are delivered, but researchers use different terms that capture fidelity (e.g., program fidelity, program integrity, implementation quality, implementation

fidelity, quality of implementation, etc.). Furthermore, researchers use various concepts to define fidelity within their study. For example, Dusenbury, Brannigan, Falco, and Hansen (2005) assessed the *quality of implementation* (fidelity) of the Life Skills Training, a drug abuse prevention program for middle school youth. The concepts they examined were *Adherence, Quality of Process, Valence of Adaptation, Teachers' Attitudes, Understanding of Concepts, and Prior Experience with Prevention*. Whereas, Forgatch, Patterson, and DeGarmo (2005) assessed the *fidelity of implementation* (fidelity) of the Oregon Model of Parent Management Training (PTMO), an intervention for youth with serious behavioral problems. The concepts of fidelity they examined were *Knowledge of PTMO, Structure, Teaching, Clinical Process, and Overall Quality*. These differences make it difficult to synthesize results and develop a thorough understanding of fidelity and its dimensions.

Notwithstanding the difficulties associated with the inconsistencies in terminology, there remains the overall notion that efforts to promote program fidelity are helpful in achieving and replicating program effects. To foster implementation fidelity, Hollin (1995) suggests ongoing monitoring and evaluation and a theory manual and training manual outside of or in addition to the standard program manual. Additional manuals would provide more information about the *how* and the *why* of the program components to facilitators to provide clarity on every aspect of the program.

Overall, relatively few studies, 20-24% of prevention programs report data on fidelity verification (Dane & Schneider, 1998; Durlak, 1997; Dusenbury et. al, 2003). Unfavorable fidelity data may expose a study's weaknesses which could be a barrier to publishing this information (Dane & Schneider, 1998). Several researchers have attempted to synthesize studies that have reported fidelity information. Eight dimensions of implementation fidelity have been



defined by the related literature (Durlak & Dupre, 2008; Dusenbury et al., 2003). These include adherence, dosage, quality, participant responsiveness, program differentiation, monitoring of control conditions, program reach, and adaptation. This section will focus on the four components of fidelity relevant to this study: adherence, adaptation, quality of delivery, and participant responsiveness.

### *Dimensions of Implementation Fidelity*

#### **Adherence**

Adherence (most often called fidelity) refers to whether a program is being delivered as it was designed, with all the core components, and using the right protocols and materials (Dane & Schneider, 1998). It is the most widely assessed dimension of fidelity, and it is referred to as the ‘bottom-line measurement’ of fidelity (Carroll et al., 2007; Durlak & Dupre, 2008).

Nevertheless, most studies report that adherence was examined and how (e.g., coders, a checklist, etc.) but they do not report the fidelity results (Dane & Schneider, 1998; Durlak & Dupre, 2008). Some of the subcategories used to assess adherence are content, coverage, frequency, and durations. All of these are examined based on what is prescribed in the curriculum manual. Thus, the components of adherence are quantifiable as it is possible to gauge how much of the program’s prescribed content has been delivered, how frequently, and for how long (Carroll et al., 2007).

Studies that have examined adherence consistently show superior outcomes when programs are implemented with high fidelity as defined by adherence (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995; McGrew, Bond, Dietzen & Salyers, 1994; Mihalic, 2004). Durlak and Dupre (2008) reviewed over 500 studies that examined the impact of implementation on outcomes. Of those studies, 59 assessed the effects of fidelity on outcomes, and 76% of those reported that fidelity/adherence had a significant positive association with program outcomes.

However, other study results show a weak or null relationship between adherence and outcomes. More research is needed to fully understand the relationship between adherence and outcomes.

### **Adaptation**

Adaptation refers to the extent to which facilitators add to or modify the content that is outlined in the curriculum (Dane & Schneider, 1998). Adaptation has been viewed negatively, since, in a sense, it refers to when facilitators alter or forsake what is prescribed by the curriculum. Although some modifications are to be expected, substantive adaptations are likely to attenuate program effects (Hansen, 2001). School-based programs were found to vary greatly in real-world settings and teachers' adaptations may translate into poor outcomes (Dusenbury et al., 2003; Dusenbury et al., 2005; Ringwalt et al., 2003).

On the other hand, lack of fidelity doesn't always threaten the integrity of the intervention, and some adaptation is normal and necessary as programs move into different contexts (Dane & Schneider, 1998; Ringwalt et al., 2003). In this way, adaptation can also be viewed positively as facilitator's contribution to the curriculum rather than simply a lack of fidelity (McGraw et al., 1996). Durlak and Dupre (2008) argue that some adaptation is inevitable and should not come as a surprise. They suggest that facilitators are often more knowledgeable about their communities and should be able to modify a program to make it more effective. If researchers can carefully measure what is happening during implementation, they can learn how adaptations can be used to improve interventions (Durlak & Dupre, 2008).

Moreover, when adaptations are consistent with the theoretical underpinnings of the program, these adaptations can foster benefits including program sustainability and participant attendance (Botvin, 2004). Since adaptations occur frequently and since adaptations can either

enhance or detract from the curriculum, each occurrence must be examined against the program's theoretical ideal (Berkel, Mauricio, Schoenfelder, & Sandler, 2011).

### **Quality of Delivery**

Quality of delivery refers to the manner in which a facilitator delivers a program. This captures the facilitator's skill in using the techniques or methods prescribed by the program (Dane & Schneider, 1998). If fidelity is only measured by adherence and dosage, the only thing that can truly be said is that the intervention was delivered. Quality of delivery offers the added benefit of determining whether it was delivered well or delivered poorly. Specifically, it allows for the evaluation of a facilitator's level of enthusiasm, preparation, clarity, and overall attitude. Other components of quality of delivery found in the literature include facilitator's use of interactive teaching methods and clinical process skills (Dane & Schneider, 1998; Durlak & Dupre, 2008; Forgatch et al., 2005). Interactive teaching methods include facilitating participant sharing, engaging participants in the learning process, and building participant competence (Giles, Jackson-Newsome, Pankratz, Hansen, Ringwalt, & Duesnbury, 2008). In addition, clinical processing skills like reflective listening, paraphrasing, reframing, and the use of metaphors are also reported to enhance quality of delivery (Forgatch et al., 2005).

Very few studies have examined the relationship between quality of delivery and program outcomes. In their review of the literature, Durlak and Dupre (2008) only found 6 studies in their review of over 500 articles on implementation fidelity, but those studies did find a positive association between quality of delivery and program outcomes. Because quality of delivery is related to program effectiveness, it is important to understand the factors that impede and enhance high quality delivery (Elliott & Mihalic, 2004). In studies of quality of delivery, there is the consistent notion that program facilitators should be enthusiastic, prepared, engaging,

clear, and interactive. What is missing is the level of detail needed to train, model, implement, and fully evaluate these characteristics.

### **Participant Responsiveness**

Participant responsiveness can be defined as program participants' involvement and interest in the program (Dane & Schneider, 1998). Participant responsiveness is sometimes termed 'reaction evaluation' since it involves an indicator of participants' judgment (Carroll et al., 2007). Researchers have measured participant responsiveness using indicators such as number of sessions attended, active participation, satisfaction and home practice completion (Berkel, et al., 2011). All of these indicators have been found to be associated with program outcomes (Blake, Simkin, Ledsky, Perkins, & Calabrese, 2001; Prado, Pantin, Schwartz, Lupei, & Szapocnik, 2006; Tolan, Hanish, McKay, & Dickey, 2002).

#### *Conceptual Model*

Berkel and colleagues (2011) proposed a conceptual model to understand how the dimensions of implementation fidelity relate to each other. It is important to reiterate that each dimension of fidelity has been shown to affect outcomes as noted earlier. This model goes a step beyond a direct relationship between adherence and program outcomes; the model proposes that the relationship between the facilitator dimensions of fidelity (i.e., adherence, adaptations, and quality of delivery) and program outcomes is mediated or moderated by participant responsiveness. In other words, how well a program is delivered, in accordance with the curriculum, affects how participants respond to the program which then affects program outcomes (mediation). Or how well a program is delivered affects program outcomes, and this relationship is strengthened by how the participants respond to the program (moderation).

Given the inconsistent study results in the literature that explain *how* program outcomes are affected by fidelity dimensions (Durlak & Dupre, 2008) and the dearth of studies that examine how these dimensions work together (Tolan et al., 2002), the dimensions of fidelity need further examination to more thoroughly understand these relationships.

### *Research Questions*

This study seeks to explore the dimensions of adherence, quality of delivery, adaptation and their potential affect on participant responsiveness as defined by program attendance. The following research questions are examined:

- 1) Can exploring adherence, adaptation, and quality of delivery in the PAAS program provide a better understanding of some groups have better attendance than others?
- 2) Since some researchers have considered adherence and adaptation to be mutually exclusive dimensions while some researchers consider both to be potentially positive dimensions, can an evaluation of the adaptations to the PAAS curriculum inform this debate?
- 3) Can a more thorough exploration of quality of delivery in the PAAS program reveal other indicators that are underdeveloped or unmentioned in the literature?

Consistent with the conceptual model provided by Berkel and colleagues (2011), I propose that the relationship between adherence and participant responsiveness will be mediated by quality of delivery. In other words, if there is a relationship between adherence and participant responsiveness (i.e., groups that did not carry out the curriculum as it was written were groups that declined in attendance), exploring quality of delivery will provide a better understanding of additional process/quality indicators that explain this association. If there is not

a relationship between adherence and participant responsiveness, quality of delivery will provide an alternative explanation for attendance trends. For instance, in a group that exhibited poor adherence (i.e. the facilitator did not carry out the curriculum as it was written) yet the attendance was maintained or increased, the facilitator may have exhibited high quality of delivery that accounted for the sustained engagement of families (e.g., praising the participants or facilitating great discussions).

## CHAPTER 3

### METHODS

The focus of this study is to further understand implementation fidelity and how some dimensions (adherence, quality of delivery, and adaptation) affect participant responsiveness. This study aims to answer the question: How does implementation fidelity help to explain differences in participant responsiveness in prevention programs? Three dimensions of implementation fidelity were examined to explore this research question. It is important to note that several measures were taken to foster program attendance. Meals and monetary incentives (\$25/session) were provided at each session, as well as transportation and childcare for non-participating children for families that indicated a need. In addition, the program sessions were offered on weekday evenings and Saturday mornings and families had the opportunity to choose a time of their preference. These attempts to reduce barriers to attendance were provided for all families across all counties.

The current study utilized a mixed-methods approach. Videotaped program sessions were analyzed to explore the research questions. This study also borrows from the pragmatic worldview. This perspective allows for a mixed methods approach when a combination of both qualitative and quantitative assumptions best meets the needs of the study (Creswell, 2009). Below are the tenets of pragmatism that are applicable to this study (Creswell, 2009, pp. 10-11):

1. Pragmatism is not committed to any one system of philosophy and reality. This applies to mixed methods research in that inquirers draw liberally from both quantitative and qualitative assumptions when they engage in their research.

2. Individual researchers have a freedom of choice. In this way, researchers are free to choose the methods, techniques, and procedures of research that best meet their needs and purposes.
3. Pragmatic researchers determine *what* and *how* to research, based on the purpose of study. In this way, mixed methods researchers should establish a purpose for their mixing, a rationale for the reasons why quantitative and qualitative data need to be mixed.

### *Participants*

The Pathways for African American Success (PAAS) program is a six-week program for families with middle school youth. The program aims to increase school bonding and parent-child communication and decrease alcohol and drug use and early sexual activity. The PAAS program was offered in three counties in rural West TN. The three participating counties were selected because there were higher concentrations of African Americans in these counties (more than 25%) and because of the demographic similarities in terms of socioeconomic characteristics across the counties. A total of 68 families participated in the study, with an average of 23 families per county. Each county had 2 to 3 groups which consisted of 8 to 10 families each. All families had a middle school child who identified as African American and at least one participating, residential caregiver (i.e, mother, father, aunt, or grandmother who lived in the home with the child). Most participating caregivers were mothers (88%) and a small percentage were grandmothers (6%) with a mean age of 39 years (range 27 – 78 years). The median annual income for those employed was \$18,720, with 12% of respondents reporting that they were actively seeking employment.



The program facilitators were all African American and also lived in West TN. They were all paraprofessionals and they all underwent 30 hours of training on the program curriculum. Three facilitators were utilized per county for a total of 9 facilitators across all program sessions. One facilitator, who was typically older, carried out all of the parent sessions; and two facilitators, who were generally younger or had experience working with youth, carried out the all of the youth session in each county.

### *Procedures*

Several approaches to collecting implementation quality data have been used. Most studies of prevention programs in school settings have explored implementation fidelity through direct observations, teachers' self-reports, and students' reports of teachers' implementations (Dusenbury et al., 2003). In their study, Dusenbury and colleagues (2003) conclude that teacher's self-reports tend to be more comprehensive but reports from trained observers tend to have higher validity. Implementers/Facilitators tend to overestimate their own level of fidelity when their ratings are compared to those of independent observers (Lillehoj, Griffin, & Spoth, 2004).

Expert panel judgment is another method used to assess implementation quality. Johnson and colleagues (2010) used social and behavioral scientists to make judgments about the level and adequacy of implementation quality of a school-based prevention curriculum. These panelists used their expertise in prevention programs to evaluate the quality of the implementation.

In addition, video observation can provide both comprehensive and reliable data. When used to study implementation quality, video observation can be more practical when live observers are unavailable. Recent discussions on methods of data collection on implementation fidelity seem to be shifting away from direct observers to video-recorded observations (Durlak &

Dupre, 2008; Pankratz et al., 2006). Video observations can be especially helpful to researchers in rural settings where qualified research personnel are scarce (Johnson et al., 2010).

Lastly, researchers often develop tools to evaluate fidelity of their program. Giles and colleagues (2008) developed and validated an observation measure to capture interactive skills during the implementation of a drug prevention program, and they used coders to assess quality of delivery. Several indicators were identified including student praise and encouragement, the acceptance of students' ideas, the use of self-disclosed personal antidotes, and correction of student misbehavior (Giles et al., 2008). Coders counted the number of times the facilitators exhibited each indicator and then tallied a composite score for each. Pankratz and colleagues (2006) also developed a coding system to distinguish changes or adaptations to content versus changes to methods. The fidelity of implementation (FIMP) rating system was developed specifically for the Oregon Model of Parent Management Training Program (Forgatch, Patterson & DeGarmo, 2005) and captures both the therapeutic and parenting of the program.

In the current research study, four dimensions of fidelity were examined—adherence, adaptation, quality of delivery, and participant responsiveness. The next section details how each dimension was assessed.

### *Part I: Assessing Adherence*

Adherence refers to whether or not facilitators carried out the program the way that it is directed in the curriculum. The best and most common way to assess adherence is with a checklist which includes all of the elements of the program as designated in the curriculum (Dusenbury et al., 2003). For the purposes of this study, an adherence measure was developed to reflect the format and content of the PAAS program. Session one of the PAAS Adherence Checklist can be found in Appendix A. Each element (e.g. “Did the facilitator play the video?”

or “Did the facilitator ask the question, ‘What are the disadvantages of using corporal punishment for teens?’”) was assessed using yes or no on the checklist. For efficiency and ease of use, the checklist only included items that reflect the core components of the PAAS program (i.e., activities that focus on future orientation, values, vigilant parenting, etc.). (See Appendix B for an example of a full session from the curriculum manual.) Since an intervention can be implemented successfully if only the essential components are implemented, (Carroll et al., 2007) items that refer to just-for-fun activities like icebreakers were condensed to simply reflect whether or not the facilitator completed the activity rather than if each step of the activity was carried out. This evaluation revealed how much of the program content, as defined by the curriculum, was covered to generate adherence scores. The scores indicate high, moderate, and low adherence levels.

Two trained, independent observers analyzed the video-recorded sessions of the PAAS program using the Adherence Checklist. Both coders were graduate students from the Human and Organizational Development department at a major university. One coder was African American (age 26) and one was Caucasian (age 24). Coders were required to attend approximately 20 hours of training on the program curriculum and coding procedures. At the conclusion of the training, coders were required to code at least three sample sessions and achieve an 80% intra-class correlation before proceeding to independent coding to ensure reliability. In addition, 25% of the sessions were blindly double-coded and assessed for inter-rater reliability using an 80% cut-off. Eighty percent is an acceptable cut-off for reliability for behavioral data for good qualitative reliability (Miles & Huberman, 1994). Each Parent and Youth session of weeks 1 and 2 in each county were independently coded. One county had 3 groups, and the other 2 counties had 2 groups each. The differences in participant responsiveness

in terms of session attendance (maintaining, declining, or increasing attendance) were apparent prior to Session 3.

### *Part 2: Assessing Adaptation*

Adaptation is another dimension that was explored in this study. One of the aims of this study is to further understand how adaptations to the program affect participant responsiveness. Adaptations can be loosely defined as any modifications to the program curriculum. In this way, adaptations to the program were identified during the evaluation of adherence. The PAAS Adherence Checklist (Appendix A) captures everything included in the curriculum. Any presentation outside of this checklist was considered an adaptation and was captured in ‘Additional Messages’, and any activities outside of the checklist were captured in the ‘Additional Methods’ section of the checklist. These new messages/new methods were evaluated to determine if the modifications were consistent with the theoretical underpinnings of the program and whether the adaptations added to or detracted from the program session. Coders made the initial assessment of the positive or negative contribution of each adaptation. Their evaluations were reviewed and confirmed or adjusted by an expert panel of judges which consisted of the PAAS program developers and a facilitator trainer. The expert panel consisted of three researchers with experience in preventive interventions, all with Ph.D.s, one Caucasian and two African American. It is important to note that there was no overlap between facilitators, coders, and the expert panel; no person served more than one role in this study.

### *Part 3: Assessing Quality of Delivery*

Quality of delivery has been referred to as the most ambiguous dimension of implementation fidelity (Carroll et al., 2007). For the purposes of this study, quality of delivery indicators were identified in the literature (Pankratz, 2006; Giles et. al., 2008) and served as a

lens for examining this dimension. The quality of delivery coding scheme developed by Pankratz and colleagues (2006) was adapted to reflect quality indicators associated with the PAAS program. Each indicator was rated on a 3 point scale (Yes, Somewhat, or No). The indicators used for this study are listed as below:

**Praises participants' responses**—When a participant responds to a question/comment, the facilitator follows up with a note of praise (e.g. “That’s a great answer,” “Good point,” “I like that!”).

**Accepts participants' ideas**—When a participant presents a comment/perspective/opinion, particularly one that may be unique or contrary, the facilitator responds with an accepting response (e.g. “I can see your point,” or “Thanks for sharing”).

**Connects ideas of participants to program content**—When the facilitator repeats a point/comment made by a participant and links it to a previous or upcoming program discussion. (e.g. “That goes back to what we were talking about before,” or “That’s what we’re going to be talking about next...”)

**Time/Discussion Management**—Facilitator stops discussions and activities at the time indicated in the curriculum. The facilitator does not allow discussions to continue after the DVD clips starts. Facilitator demonstrates the ability to rein in the discussion when the time is up. Facilitator allows all/most participants to respond as opposed to allowing one participant to dominate the discussion.

**Preparedness**—The facilitator appears to understand content, is not glued to the curriculum, and all of the supplies for a session are accessible and utilized correctly.

**Overall enthusiasm vs. mundane**—The facilitator presents the program content with vigor and excitement as opposed to lethargically and with a dull presentation.

**Clearly presents content**—The facilitator presents the program content in a way that is clear and understandable to participants as opposed to choppy, poorly worded, overall unclear, which often leads to several subsequent questions or activities completed incorrectly.

**Adds a moral lecture**—The facilitator adds a presentation that is slanted rather than neutral, uses comments that might offend someone in a different social circumstance, or interjects biblical or political perspectives.

It is also important to note that the researcher's use of self is a key element of this qualitative strategy. The researcher will draw upon her previous experience as a program facilitator, facilitator trainer, and as one of the curriculum developers for the PAAS program. These related experiences provide a unique lens for evaluating the data.

Glesne (1999) warns of the drawbacks of studying your own institution or program. This is known as backyard research. The arguments against this type of research include 1) Functioning as researcher and also in the day-to-day capacity can cause role confusion for others and the researcher; 2) Interviewees may assume that the researcher already knows or understands and therefore may not provide careful, thorough responses to questions; and 3) Information provided may cause ethical and political dilemmas for the researcher.

Glesne (1999) acknowledges that there are some instances where backyard research is more appropriate, such as for action research or teacher research. Both of these types of research study organizations, projects, curriculum, classrooms, etc. for the purpose of improvement.

Furthermore, being a part of the organization or context under study is favorable because ‘the research is a beginning step in a longer, change-oriented process’ (Glesne, 1999, pp. 27).

In the current study, the drawbacks of backyard research outlined by Glesne (1999) were minimal because the researcher did not have to interact with the respondents directly, as in interviews or direct observation, since this study utilized video-taped data. If the program facilitators in the videos were currently employed, a potential ethical dilemma could have occurred if something ‘termination worthy’ were revealed in the videos, but this is not an issue since the facilitators are no longer employed. In this way the disadvantages of this approach were minimal. Instead, the current study’s approach draws on the advantages of backyard research that Glesne (1999) highlights. Consistent with the motives of action research, this approach will improve the program by informing future facilitator trainings and curriculum revisions.

In addition, the chosen qualitative approach will build upon the indicators of quality of delivery as found in the literature and add other indicators not yet identified in the literature. This inquiry was driven by a secondary question which explores, “As a program developer, what other elements of quality of delivery are in the data but not yet captured in the literature? What else seemed to add to or detract from the session’s quality?”

This study employed several research strategies to enhance the validity of findings. One strategy includes the use of rich, thick description to convey findings to help results become more realistic, which adds validity to the findings (Creswell, 2009). Secondly, self-reflection will be used to clarify the bias that the researcher brings to the study. Good qualitative research incorporates candid comments by the researcher about how their background is shaping the findings (Creswell, 2009). Lastly, this study presents any negative or discrepant information that

runs counter to any themes that develop in the analysis. This also creates an account that is realistic and therefore more valid (Creswell, 2009).



## CHAPTER 4

### RESULTS

The PAAS program was implemented in three counties in West Tennessee. All program facilitators underwent the same training and utilized the same curriculum, however, different attendance trends occurred. As with any prevention program, attendance is important to producing targeted outcomes. In County 1, participant attendance increased during the course of the six-week program. In County 2, participant attendance was maintained, meaning the number of families that came to the first session was consistent until session 6. In County 3, participant attendance dropped by 50% from session 1 to session 6. This study seeks to understand what contributed to participant responsiveness (attendance) to the PAAS program by exploring the implementation fidelity dimensions of adherence, adaptation, and quality of delivery.

#### *Adherence*

Adherence was examined using a checklist created with content of the PAAS program. For each PAAS session, two sub-sessions were reviewed, a **parent session** led by one facilitator and **youth session** led by two facilitators. To capture an overall adherence score, the parent scores from all the groups within one county were averaged and the youth scores from groups within one county were averaged since each had the same facilitator(s). Table 1 shows the scores for each county, outlining parent and youth sessions 1 and 2 and then a total score.

This examination produced adherence percentages that represent how much of the core curriculum was covered by the facilitator(s). As indicated in the table below, County 1 had very high adherence, County 2 had moderate adherence, and County 3 had high adherence.

**Table 1. Adherence Scores**

COUNTY	GROUP	ADHERENCE	PERCENTAGE
<b>County 1</b>			
	Parent Session 1	16/17	94%
	Youth Session 1	8/8	100%
	<b>Total</b>		<b>97%</b>
	Parent Session 2	39/44	89%
	Youth Session 2	17/18	94%
	<b>Total</b>		<b>92%</b>
<b>County 2</b>			
	Parent Session 1	4/17	24%
	Youth Session 1	8/8	100%
	<b>Total</b>		<b>62%</b>
	Parent Session 2	22/44	50%
	Youth Session 2	18/18	100%
	<b>Total</b>		<b>75%</b>
<b>County 3</b>			
	Parent Session 1	13/17	76%
	Youth Session 1	8/8	100%
	<b>Total</b>		<b>88%</b>
	Parent Session 2	36/44	82%
	Youth Session 2	16/18	89%
	<b>Total</b>		<b>86%</b>

To determine if adherence helped to explain attendance, adherence for each county was compared with the attendance rates for that county. As Table 2 indicates, while the highest adherence was found in the county in which attendance increased from 2 families to 8 families (County 1). County 2 had the worst adherence, comparatively, but the attendance for that group was maintained. Furthermore, the attendance for County 3 decreased from 13 families to 6 families, despite high adherence.

**Table 2. Adherence and Attendance by County**

<b>County</b>	<b>Attendance</b>	<b>Adherence</b>
1	Increased	Very high (92-97%)
2	Maintained	Moderate (62-75%)
3	Decreased	High (86-88%)

In an effort to understand the question of what makes families continue to come to prevention programs, in this study, adherence did not seem to provide an explanation.

### *Adaptations*

The next step, in attempting to understand the attendance trends in the PAAS program, was to examine the adaptations to the curriculum that facilitators made. Adaptations were coded at the same time as adherence. As they followed the adherence checklist, coders were trained to make note of any modifications to the prescribed activities in the curriculum. The curriculum also notes times in which a facilitator should say something specific to the participants. Adaptations were captured as new messages and new methods. **New methods** were any instructions or activities that were not included in the curriculum. **New messages** were any statements that were different from those designated by the curriculum.

Results of this examination revealed that while omissions were common, only a few new messages occurred across all counties. New messages occurred most often as facilitators participated in discussions with participants and interjected comments that represented their personal opinions (i.e., *You can't let your children stay at other people's houses or You can't trust your child with male family members*) or statements that were inconsistent with the program tenets (i.e., *What you have to do is instill fear in your children when they're young so that you don't have to hit them when they're older or We know time out doesn't work for black children*).

Results revealed even fewer new methods. Facilitators who failed to carry out activities as described by the curriculum either omitted the activity altogether, skipped a step, or had to improvise during an activity because of missing supplies. Overall, neither session contained more than two adaptations and those low numbers occurred across all counties. Therefore, the examination of adaptations did not help to understand attendance trends in this study.

A secondary aim of the evaluation of adaptations was to determine whether adaptations added to or detracted from the program sessions. There were not enough adaptation events to answer this fully question. The few adaptations that occurred seemed to at least slightly detract from the session, particularly adaptations labeled as new methods, as those altered the prescribed activities in a way that made them incomplete or confusing. The new messages identified also seemed to detract from the sessions as they tended to contradict the messages that were prescribed by the curriculum. Because of the few incidents of adaptations, this study failed to contribute to the debate in the literature around the usefulness versus the drawbacks of program adaptations.


### *Quality of Delivery*

In the third step of the analysis, the dimension of quality of delivery was assessed. It is important to note that quality of delivery was examined separately from and subsequent to adherence and adaptation. Several indicators of quality of delivery were identified from the literature and utilized to explore this dimension (Pankratz, 2006; Giles et. al., 2008). They are as follows: validating participants (i.e., praising or accepting participants' responses), connecting ideas of participants to program content, good time and discussion management, preparedness, enthusiasm, and clearly presenting program content.

During the initial exploration of the identified quality indicators, preparedness, good discussion management, and clearly presenting program content were easily identified and these

indicators seemed to be more frequently associated with some facilitators over others. One indicator--validating participants—created confusion during the analysis. Two different facilitators could be noted to have high levels of validation of participants’ responses, but what was being validated created a problem for the applicability of this indicator. For example, the curriculum directs the facilitator to raise a discussion about ways to discipline your child for everyday misbehaviors. A list of possible responses are presented in the curriculum to anchor the facilitator. (See Figure 1 below.)

**Figure 1. Parent Session Excerpt**

<p>2. Ask parents and record on flip chart (in your own words):</p> <ol style="list-style-type: none"> <li>What types of punishments are appropriate for small, everyday problems?</li> </ol> <p><i>If families focus on spanking/whipping, ask:</i></p> <ol style="list-style-type: none"> <li>What are other types of punishment besides spanking or whipping?</li> </ol> <p><u>Be sure to include the following:</u></p> <p><b>Punishments for 10-12 year olds:</b></p> <ul style="list-style-type: none"> <li>➤ No TV for 1/2 to 1 hour</li> <li>➤ No computer for 1/2 to 1 hour</li> <li>➤ Not getting to go out with friends for 1/2 to 1 hour</li> <li>➤ No phone use for the day</li> <li>➤ Time in room without TV, computer, or phone</li> <li>➤ Giving a small 5-minute task to complete beyond their regular chores</li> </ul> <p><i>*Remember that this is a task beyond regular chores (e.g., if taking out the trash is a standard chore, it cannot also be a punishment.) Parents/caregivers should be careful to not make regular chores seem like punishment</i></p>	<p><b>Punishment</b></p> 
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Some of participating parents presented very different responses, which was expected, during this discussion and the facilitator validated **all** responses. In some cases, responses were incongruent with program ethic, nevertheless, the facilitator consistently validated. In an effort to capture and fully understand these and other quality discrepancies, another layer of analysis was necessary. In addition to the example presented above, there were other moments in the session when coders recognized that something very good or something very bad was happening, but

none of the quality indicators helped to capture them. Each session was independently reviewed and these moments were noted as ‘events’ in the sessions and labeled as ‘good’ or ‘bad’ with a time frame (e.g., bad event, time 11:20-11:31). Once all of the good events and bad events had been identified, the Constant Comparison Method (CCM, Glaser, 1965) of analysis was employed. CCM is rooted in grounded theory and allows for an analysis of “What is happening here?”

Since CCM was not initially proposed, a brief description of this method is presented here. Glaser (1965) outlines the four stages of CCM: 1) comparing incidents applicable to each category; 2) integrating categories and their properties; 3) delimiting the theory; and 4) writing the theory.

Stage 1--The analyst starts by coding each incident in the data in as many categories of analysis as possible. While coding an incident for a category, compare each with the previous incidents coded in the same category. This constant comparison of the incidents very soon starts to generate theoretical properties of the category.

Stage 2--As the coding continues the constant comparative units change from comparisons of incidents with incidents to comparing incidents with properties of the category which resulted from initial comparison of incidents. Incident to incident comparisons at stage one generate accumulated knowledge about what is happening in a category. Once important properties of the category are identified, other incidents are compared to those properties in this stage. In this way, accumulated knowledge on a category, because of constant comparison, starts to become integrated.

Stage 3--At this stage, both the theory and the original list of categories proposed for coding are delimited. Modifications are mainly according to logical clarity; paring off non-relevant properties; integrating elaborating details of properties into the major outline of interrelated categories; and reduction. The aim in delimiting the theory is parsimony of variables and formulation. If the category is central to the theory, it is necessary to continue integrating new data until the category is theoretically saturated.

Stage 4--The content in the categories becomes the major themes of the theory. All notes and elaborations on the themes are brought together for summarizing and further analyzed before writing about it. The coded data is a resource to return to when necessary

for validating a point, ‘pinpointing’ data behind a hypothesis or gaps in the theory, and providing illustrations.

Beginning with the identification of ‘good quality’ events and ‘bad quality’ events, each noted event was examined with the question, “What is happening here?” This examination yielded several characteristics of each category (good and bad) that were compared with each subsequent event. Following CCM, these characteristics were integrated and then delimited to form a clearer description of High Quality of Delivery and Low Quality of Delivery. Below are the characteristics of each that were most noted in the data:

### **Characteristics of Low Quality of Delivery**

#### **Overly attentive to time**

- Cutting participants off too soon
- Looking at clock often and while participants are sharing
- Consistently making note of the time in a way that detracts from the session flow
- Rushing or abruptly ending activities
- Reading so fast that the information is unclear

#### **Inattentive**

- Distracted with phone, trying to find supplies, reading curriculum while participants are speaking
- Little/No eye contact

#### **Inconsistent with program tenets**

- Misshaping curriculum questions
- Misconstruing the point of the activity
- Wrongly summarizing activities or discussions

#### **Poor discussion management**

- Didactic rather than discussion-oriented
- Allowing one person to dominate the discussion
- Allowing discussion to be taken away from the subject of the activity
- Talking more than the participants during discussions
- Wrongly paraphrasing participants’ responses
- Interrupting participants’ responses
- Affirming EVERY response
- Uncomfortable with silence; fills silence by repeating/rewording question over and over

#### **Unprepared/Unfamiliar with curriculum**

- Not having specific program supplies for session activities
- Confused about instructions for activities
- Unclear about what should happen next
- Omitting or repeating activities

**Issues of credibility**

Chronically misusing words or misspelling on board  
Sharing inappropriate personal information

**Characteristics of High Quality of Delivery**

Deferring to future sessions where raised topics will be addressed to manage discussion/tangents  
Adjusting activities and discussions for different size groups  
Using appropriate small talk to connect with participants  
Challenging divergent responses in a validating way  
Appropriately using personal examples  
Connecting participants' responses to previous activities or uses responses to reemphasize points  
Using of humor appropriately  
Using participants' names and remembering personal details shared by participants  
Not glued to the curriculum during delivery (checking in appropriately)  
Having all materials for the session activities handy  
Understanding and conveying the point of discussions and activities

Once the high quality and low quality events were fully characterized, each county's group was re-examined using these indicators. Low quality events occurred much more frequently in County 3, which had declining attendance (see Table 3). These events occurred more frequently in the parent session than the youth session. Interestingly, County 2 also had many occurrences of low quality events in the parent sessions, but the youth sessions had very few low quality events compared to a large number of high quality events suggesting that a high quality youth session may compensate for a low quality parent session.

**Table 3. Quality Events by County**

<b>County</b>	<b>High Quality Events</b>	<b>Low Quality Events</b>
1 Youth	14	1
1 Parent	8	6
2 Youth	13	2
2 Parent	2	16
3 Youth	7	4
3 Parent	4	21



## CHAPTER 5

### DISCUSSION

Prevention programs are created to develop and enhance protective factors that help to circumvent problem behaviors. As programs are tested and disseminated, it is important to promote and evaluate program fidelity to facilitate targeted outcomes. The problem is, while the importance of fidelity is well recognized and there is research that points to a relationship between fidelity (and many of its defined dimensions) and program outcomes, little is known about how the dimensions of fidelity work and how they work together. The current study examined whether adherence to the program curriculum, adaptation, and quality of delivery help to explain differences in program attendance across several groups of the PAAS program. In terms of adherence, all of the groups represented in this study demonstrated moderate to high levels of adherence, indicating that most of the program content was presented to participants. The adherence percentages found in the current study were consistent with those found in most studies, between 60% and 80% (Durlak & Dupre, 2008). In that these scores were relatively good across each county, this assessment of fidelity failed to explain the differences in attendance across groups.

Adaptations were also assessed in this study. As noted earlier, very few adaptations were made to the PAAS curriculum and the low number of adaptations was consistent across groups. Furthermore, consistent with the literature, the adaptations noted were more likely to be omissions from the curriculum rather than additions to it (Pankratz et al., 2006). In the current study, this could be attributed to fact that facilitators were aware that their videos would be reviewed to determine whether or not they followed the curriculum. Therefore, facilitators may

not have felt comfortable modifying the curriculum. Nevertheless, the examination of adherence and adaptations in this study did not seem to offer any explanation of the differences in attendance across groups. In that the low number of adaptations was consistent across groups, this dimension also did not help to explain attendance differences.

In the initial evaluation of quality of delivery using indicators identified in the literature (e.g., validating, interactive, enthusiastic, etc.) moderate to high appraisals of quality emerged across groups. At which point, none of the dimensions evaluated in this study seemed to explain the attendance trends. Acceptable adherence and quality scores in the presence of less than desirable attendance rates has occurred in a previous study (August, Bloomquist, Lee, Realmuto, & Hektner, 2006).

Further analysis was necessary since the initial evaluation of quality of delivery provided some confusing limitations (e.g., validating participants' responses). For example, during a discussion about ways to discipline middle schoolers, a parent in one group responded that she takes away her child's computer privileges, and to that the facilitator responded with praise, validating the parent's response. A parent in another group responded to the same question saying that he usually gets very upset when his child is disobedient so he goes for a walk to calm down. The facilitator asked him how he handles the situation after he returns from his walk and the parent replied, "I don't handle it because I usually feel better at that point," and to this, the facilitator responded, "Very good." In that the facilitator praised the parent, she received the same note of 'validation' as the previous facilitator mentioned, but it was apparent that there was something very different about these two examples.

Once individual quality events were identified and more thoroughly examined, descriptions of good quality events and poor quality events were determined. Using the constant

comparative method of analysis produced a more detailed property characterization of the dimension of quality of delivery. These indicators of Good Quality of Delivery and Poor Quality of Delivery provided a better assessment of what occurred in group sessions with declining attendance versus those that maintained or increased attendance. The Good Quality indicators were more frequently associated with facilitators whose groups maintained or increased attendance, whereas the Poor Quality indicators were more frequently associated with facilitators with declining group attendance. In this way, quality of delivery may have explained the attendance differences that occurred across counties. This is consistent with what is presented in the literature; programs delivered with greater levels of warmth and quality promote greater levels of satisfaction and a greater likelihood of continued participation (Byrnes et al., 2010).

In addition, the current study contributes to the field by providing a more thorough characterization of the quality of delivery dimension of fidelity, which has been noted as the least researched and most ambiguous dimension of fidelity (Carroll et al., 2007). There is agreement that facilitators need to be engaging, prepared, interactive, validating, etc, but what does that truly mean, how does that look in action, and how does that contribute to facilitator trainings and program evaluations? The results of the current study provide a step toward reducing this ambiguity.

### *Limitations*

There are several limitations to this study. One limitation to the evaluation of adherence is related to the rubric used for this dimension. Each item on the rubric represents one step to be completed as outlined in the curriculum. These items are weighted equally, making no distinction between activities that may have more importance others. For example, a facilitator lost a potential point if he/she neglected to read the Main Ideas Poster and also lost a point if he/she didn't play a video which provided a vignette to demonstrate the principles of a parenting

lesson. It is clear that omitting a poster would be less impactful than omitting a demonstrative video that synthesizes parenting information, however, the checklist used does not capture these distinctions.

Secondly, no other report of participant responsiveness was used in this evaluation, only participant attendance. The results suggest that quality of delivery can help explain why families don't attend prevention programs, however, other factors not evaluated here may also account for lack of attendance. Some examples of possible factors that may affect attendance that are not considered in the current study include: transportation difficulties, schedule conflicts, illness, or some other hindering personal or family circumstance. Participant reports of responsiveness would help to further understand the relationship between attendance and quality of delivery.

It is also important to note that there is at least some overlap within the three dimensions of implementation fidelity examined in this study. A single event can be seen as lack of adherence, an adaptation, and low quality of delivery all at the same time. Since these dimensions are not mutually exclusive, it is difficult to say that one affected attendance more than the other. It may be more accurate to say one, quality of delivery, in the way that it was examined in this study, seemed to better explain the attendance trends found in the program implementation.

This examination also revealed a noteworthy difference between the parent sessions and the youth sessions on all of the dimensions of fidelity assessed in this study. It could be assumed that both sessions equally contributed to a family's decision to continue to come to the program, but it is not clear how attendance decisions were made. There seems to be some evidence to suggest that if the youth attended high quality sessions that covered more of the program content, that may compensate for parents not receiving the same.

It should also be noted that the characteristics of good quality events were a bit more difficult to describe and consolidate than the characteristics of bad quality events. It may be that good events had to be great to be noteworthy, similar to the idea that people don't get recognized for the doing what is expected as much as when they fail to do what is expected. Nevertheless, this resulted in the characteristics of high quality of delivery being less detailed than the characteristics of low quality of delivery. In a sense, this is a minor point, since these characteristics are arguably two sides of the same coin.

Lastly, there were some quality events in the data that were not easy to characterize and therefore were not captured in characterizations. One example is the way that the facilitators used 'possible answers' noted in the curriculum. Possible answers were provided in the curriculum to anchor the facilitators and give them a sense of the type of answers they were to be soliciting. Some facilitators utilized them as the only 'right' answers to the raised questions, while some facilitators missed the point of the question altogether and allowed for answers that were extremely different from the 'possible answers'. The difficulty in capturing these events resulted in them not getting integrated in the summary characterizations. In this way, the noted characteristics of quality of delivery are not comprehensive.

### *Implications*

A major implication of the results of this study is the identification of others indicators of quality of delivery. This study contributes to the field by providing a more a thorough characterization of this dimension. Additionally, since, in this study, quality of delivery was the only dimension of fidelity that helped to explain attendance trends, there is preliminary evidence that it may be at least as important as evaluating adherence, which is the most frequently assessed dimension of fidelity (Durlak & Dupre, 2008).

Hollin (1995) suggests having a theory manual and a training manual outside of or in addition to the standard curriculum manual. These manuals would provide more information about the *how* and the *why* of the program components to program facilitators. The results of this study support this suggestion. Many of the low quality events pointed to the facilitators' lack of understanding of the point of the activities, the take home messages, and the overall session agenda. This has several implications for curriculum developers and facilitator trainers. In general, the theoretical underpinnings of the program need to be explicit; and more specifically, each activity and discussion should have an articulated point that can be easily reviewed.

Lastly, this evaluation can also be very valuable to curriculum developers in the piloting and editing of a curriculum. Closely evaluating activities and discussions that are carried out incorrectly by all or most of the program facilitators may suggest a need for clarification or restructuring in the curriculum. Issues with fidelity may suggest that some activities are unclear, too complex, or poorly written. This should also be done to evaluate designated time for activities, carefully contrasting the time utilized by different size groups (e.g., 4 parents versus 10 parents), which may result in edits to time prescriptions. In this way, developing a curriculum, examining fidelity, and revising the curriculum can create a continuous feedback loop by which a curriculum can be continuously improved.

### *Summary*

This study examined implementation fidelity in an effort to determine what makes families respond to prevention programs. Adherence, adaptations, and quality of delivery were specifically evaluated to determine their usefulness in explaining attendance differences. While adherence and adaptations provided little to explain attendance, quality of delivery seemed to provide at a least some understanding of what happens in program sessions where families

continue participating versus sessions where families decide not to return. These preliminary findings suggest that evaluating process is at least as important as evaluating content. The results of this study provide a more elaborate characterization of quality of delivery that can inform curriculum developers, facilitator trainers, and program evaluators. Finally, this current study adds to the literature by providing a better understanding of the four dimensions of implementation fidelity and how they relate to one another, and the results of the study provide preliminary support the conceptual model presented by Berkel and colleagues (2011).

## REFERENCES

- August, G. J., Bloomquist, M. L., Lee, S. S., Realmuto, G. M., & Hektner, J. M. (2006). Can evidence-based prevention programs be sustained in community practice settings? The Early Risers advanced stage effectiveness trial. *Prevention Science*, 7, 151-165.
- Baydar, N., Reid, M. J., & Webster-Stratton, C. (2003). The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Development*, 74, 1433-1453.
- Blake, S. M., Simkin, L., Ledsy, R., Perkins, C., & Calabrese, J. M. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. *Family Planning Perspectives*, 33, 52-61.
- Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science*, 12, 23-33.
- Botvin, G. J. (2004). Advancing prevention science and practice: Challenges, critical issues, and future directions. *Prevention Science*, 5, 69-72.
- Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273, 1106-1112.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Byrnes, H. F., Miller, B. A., Aalborg, A. E., Plasencia, A. V., & Keagy, C. D. (2010). Implementation fidelity in adolescent family-based prevention programs: Relationship to family engagement. *Health Education Research*, 25, 531-541.
- Carroll, C., Patterson, M., Stephen, W., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2:40. doi: 10.1186/1748-5908-2-40.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and secondary programs: Are implementation effects out of control? *Clinical Psychology Review*, 18, 23-45.



- Dumas, J. E., Lynch, A. M., Laughlin, J. E., Smith, E. P., & Prinz, R. J. (2001). Promoting intervention fidelity: Conceptual issues, methods, and preliminary results from the EARLY ALLIANCE prevention trial. *American Journal of Preventive Medicine*, 20, 38-47.
- Durlak, J. A. (1997). *Successful prevention programs for children and adolescents*. New York: Plenum.
- Durlak, J., & DuPre, E. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327–350.
- Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research*, 18, 237-256.
- Dusenbury, L., Brannigan, R., Hansen, W.B., Walsh, J., & Falco, M. (2005). Quality of implementation: Developing measures crucial to understanding the diffusion of preventive interventions. *Health Education Research*, 20, 308-313.
- Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5, 47-53.
- Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., et al. (2005). Standards of evidence: Criteria for efficacy, effectiveness and dissemination. *Prevention Science*, 6, 151-175.
- Forgatch, M. S., Patterson, G. R., & DeGarmo, D. S. (2005). Evaluating fidelity: Predictive validity for a measure of competent adherence to the Oregon Model of Parent Management Training. *Behavior Therapy*, 36, 3-13.
- Giles, S., Jackson-Newsome, J., Pankratz, M. M., Hansen, W. B., Ringwalt, C. L., & Duesnbury, L. (2008). Measuring quality of delivery in a substance use prevention program. *Journal of Primary Prevention*, 29, 489-501.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12, 436-445.
- Glesne, C. (1999). *Becoming a qualitative researcher: An introduction*. (2<sup>nd</sup> ed.). New York: Longman.
- Hansen, W. B., Graham, J. W., Wolkenstein, B. H., & Rohrbach, L. A. (1991). Program integrity as a moderator of prevention program effectiveness: Results for fifth-grade students in the Adolescent Alcohol Prevention Trial. *Journal of Studies on Alcohol*, 52, 568-579.

- Hollin, C. (1995). The meaning and implications of programme integrity. In J. McGuire (Ed.), *What works: Reducing reoffending – Guidelines from research and practice* (pp. 193–206). Chichester, England: Wiley.
- Johnson, K. W., Ogilvie, K. A., Collins, D. A., Shamblen, S. R., Dirks, L. G., Ringwalt, C. L., & Norland, J. J. (2010). Studying implementation quality of a school-based curriculum in frontier Alaska: Application of video-recorded observations and expert panel judgment. *Prevention Science, 11*, 275-286.
- Knoche, L. L., Sheridan, S. M., Edwards, C. P., & Osborn, A. Q. (2010). Implementation of a relationship-based school readiness intervention: A multidimensional approach to fidelity measurement for early childhood. *Early Childhood Research Quarterly, 25*, 299-313.
- Lillehoj, C. J., Griffin, K. W., & Spoth, R. (2004). Program provider and observer ratings of school-based preventive intervention implementation: Agreement and relation to youth outcomes. *Health Education and Behavior, 31*, 242-257.
- McGraw, S. A., Sellers, D. E., Johnson, C. C., Stone, E. J., Bachman, K. J., Bebhuck, J., et al. (1996). Using process data to explain outcomes: An illustration from the child and adolescent trial for cardiovascular health (CATCH). *Evaluation Review, 20*, 291-312.
- McGrew, J. H., Bond, G. R., Dietzen, L., & Salyers, M. (1994). Measuring the fidelity of implementation of a mental health program model. *Journal of Clinical Psychology, 62*, 670-678.
- McHugo, G. J., Drake, R. E., Teague, G. B., & Xie, H. (1999). Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study. *Psychiatric Services, 50*, 818-824.
- Mihalic, S. (2004). The importance of implementation fidelity. *Emotional and Behavioral Disorders in Youth, 4*, 83-105.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Pankratz, M. M., Jackson-Newsom, J., Giles, S. M., Ringwalt, C. L., Bliss, K., & Bell, M. L. (2006). Implementation fidelity in a teacher-led alcohol use prevention curriculum. *Journal of Drug Education, 36*, 317-333.
- Prado, G. Pantin, H., Schwartz, S. J., Lupei, N. S., & Szapocnik, J. (2006). Predictors of engagement and retention into a parent-centered, ecodevelopmental HIV preventive intervention for Hispanic adolescents and their families. *Journal of Pediatric Psychology, 31*, 874-890.

- Ringwalt, C. L., Ennett, S., Johnson, R., Rohrbach, L. A., Simons-Rudolph, A., Vincus, A., & Thorne, J. (2003). Factors associated with fidelity to substance use prevention curriculum guides in the nation's middle schools. *Health Education & Behavior, 30*, 375-391.
- Rogers, E.M. (1995). *Diffusion of innovations*. (4<sup>th</sup> ed.). New York: The Free Press.
- Siddiqui, O., Flay, B. R., & Hu, F. B. (1996). Factors affecting attrition in a longitudinal smoking prevention study. *Preventive Medicine, 25*, 554-560.
- Spoth, R. L., Kavanaugh, K. A., & Dishion, T. J. (2002). Family-centered preventive intervention science: Toward benefits to larger populations of children, youth, and families. *Prevention Science, 3*, 145-152.
- Spoth, R. L., Redmond, C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family-focused preventive interventions: One- and two-year follow-up of a controlled study. *Journal of Studies on Alcohol Supplement, 13*, 103-111.
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion, 10*, 282-298.
- Tolan, P. H., Hanish, L. D., McKay, M. M., & Dickey, M. H. (2002). Evaluating the process in child and family interventions: Aggression prevention as an example. *Journal of Family Psychology, 16*, 220-236.
- Zvoch, K., Letourneau, L. E., & Parker, R. P. (2007). A multilevel multisite outcomes-by-implementation evaluation of an early childhood literacy model. *American Journal of Evaluation, 28*, 132-150.

APPENDIX A  
PAAS ADHERENCE CHECKLIST  
Parent Session 1

Observer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Session Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Facilitator(s) Name: \_\_\_\_\_

ID #/County/Day: \_\_\_\_\_

Introduction	Get Acquainted Activity		9:30 Minutes		
Did Facilitator:	No	Yes	N/A		
1. Welcome the participants to the program?	0	1			
2. Explain the structure of the program (youth & parents meet separately for an hour and then together as a family for an hour)?	0	1			
3. Introduce him/her and tell a fun thing they do with family?	0	1			
4. Ask parents to introduce themselves and tell one thing they do for fun with their family?	0	1			
5Q. Have the DVD in the DVD player ready to play?	0	1			
5. Play video?	0	1			

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.1 - Qualities You Want in Your Youth		8:00 Minutes		
Did Facilitator:		No	Yes	N/A
1.	Ask parents to think of goals they have for their youth?	0	1	
2.	Ask parents to think of qualities they want their youth to have?	0	1	
3.	Ask parents to write two goals and two qualities on a sticky note?	0	1	
4.	Ask parents to place their sticky notes on the flip chart?	0	1	
5.	Ask parents why the qualities on the flip chart are important?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.2 - What Parents Fear		8:00 Minutes		
Did Facilitator:		No	Yes	N/A
1.	Have parents name things they fear for their children or other youth?	0	1	
2.	Record parent fears on the flip chart?	0	1	
3.	Play video about youth changes?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.3 - Changes in Children as They Mature		10:00 Minutes		
Did Facilitator:		No	Yes	N/A
1.	Ask parents to think of ways that their youth are changing or will change in the next year or two?	0	1	
2.	Specify as answers: "The way they look. The way they feel. How they get along with family members?"	0	1	

3.	Ask parents to write their answers on sticky notes?	0	1	
4.	Have parents put their sticky notes on the flip chart?	0	1	
5Q.	Ask parents if they can think of other changes?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.4 - Parents Being Too Harsh		2:00 Minutes		
Did Facilitator:		No	Yes	N/A
1Q.	Explain that the next DVD is about the importance of changing parenting styles to meet changing needs of their youth.	0	1	
2.	Play the video demonstrating harsh parenting?	0	1	
2.	Ask what can happen if parents are too harsh?	0	1	
3.	Ask parents how youth on the DVD will probably feel about their parents/parents?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.5 - Parents Being Too Soft		Time: 2:00		
Did Facilitator:		No	Yes	N/A
1.	Play video with example of parent being too soft?	0	1	
2.	Ask what can happen if parents are too soft?	0	1	
3.	Ask parents what young people are learning when parents are too soft?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Activity 1.6 - Supporting Youth's Goals		3:00 Minutes		
Did Facilitator:		No	Yes	N/A
1.	Play video of non-supportive parents?	0	1	
2.	Ask parents why it may be hard to support young people's goals?	0	1	
3.	Ask parents why it is important to support young people's goals?	0	1	
4.	Tell parents the important thing is that young people have goals?	0	1	

*Were there any additional messages or methods in this section? Is so, please describe.*

Closing		5:00 Minutes		
Did Facilitator:		No	Yes	N/A
1.	Read or have a parent read the session's Main Ideas poster?	0	1	
2.	Ask parents to notice one time during the week that they set limits and showed love?	0	1	
3.	Pass out the magnets and magnet card?	0	1	
4.	Have parents read Parent Creed?	0	1	

APPENDIX B  
CURRICULUM EXAMPLE  
PARENT SESSION 1



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# PATHWAYS FOR AFRICAN AMERICAN SUCCESS

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## PAAS Program

### CONTENTS

INTRODUCTION.....	10 minutes
GOALS AND QUALITIES FOR YOUR YOUTH .....	12 minutes
CAREGIVERS' FEARS.....	9 minutes
UNDERSTANDING WHAT IS NORMAL.....	10 minutes
DIFFERENT KINDS OF PARENTING.....	8 minutes
SUPPORTING YOUTHS' GOALS AND DREAMS.....	7 minutes
CLOSING.....	4 minutes

**\*TOTAL TIME: 60 MINUTES\***

### MATERIALS NEEDED

- Parent/Caregiver Attendance List
- Name Tags
- **SUPPORTING OUR YOUNG PEOPLE – MAIN IDEAS POSTER**
- Large felt-tip markers (1 per parent)
- Flip chart and marker
- 3 x 5 sticky notes (about 8 per parent)
- Outline or stick figure of teen drawn on flip chart paper
- TV/DVD player
- DVD, Caregiver Session 2
- Session 1 Take the Fun Home Handout
- **PAAS** magnet (1 per family)
- Parent Creed magnet card (1 per family)
- **PARENT CREED POSTER**

### BEFORE GETTING STARTED

1. Set up camcorder. **PRESS RECORD BEFORE STARTING.**
2. Put up posters.
3. Write on flip chart with space underneath each heading (Act. 1.3):
  - The way they look
  - The way they feel
  - The way they get along with family



### Caregiver Session 1

#### Supporting Our Youth

##### Goals:

- ❖ Get acquainted
- ❖ Make the ground rules and set the consequences
- ❖ Think about and visualize dreams and goals for the future



# PATHWAYS FOR AFRICAN AMERICAN SUCCESS

## INTRODUCTION

### As Family Arrives:

1. Have each person put his/her name on a name tag.
2. Tell the families that youth and parents will meet in different groups in two different rooms and in the same room in the second hour.
3. When the parents are in their room, have each parent check off his/her name on the Parent/Caregiver Attendance list.
4. Welcome the parents, introduce yourself, and share any comfortable personal information.

### Welcome and Get Acquainted Activity.....10 minutes

1. Tell parents/caregivers (in your own words):
  - a. Welcome to the Pathways for African American Success Program.
  - b. Right now, the youth are meeting in their own session. They'll join us for the family session in the second hour.
  - c. You'll have a chance to have fun with your young person and do fun activities that build closeness in your family. This program will help your young person learn how to make good choices and stay out of trouble.
  - d. It's important for you to come every time but if you have to miss, be sure to come back the next week.
2. To start the activity, tell the parents (in your own words):
  - a. I am (*name*) and the fun thing that I like to do with my family is (*fun activity*).
  - b. Now, each of you can introduce yourselves to the group. Please tell us ONE thing you do for fun as a family.
3. Allow each parent to have a turn.
4. Tell parents the following and record guidelines on flip chart:
  - a. We are going to make a list of Group Guidelines that will help our group run smoothly. Anyone have any ideas?

If the introductory activities take longer than the time indicated, the group will not be finished when the youth join them at the end of the session.

Guidelines



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Be sure to include:

- Respect different ideas
  - One person talks at a time
  - Come to sessions on time
  - Confidentiality
  - No cell phone use/texting
- b. Also, as staff of Vanderbilt University all facilitators are mandated reporters of child abuse. We want families to feel comfortable sharing, but we wanted to make this point clear.
5. Tell parents/caregivers (in your own words):
- a. Throughout the 6 sessions of this program, we are going to watch video clips related to our session topics. This clip is about parenting and goals that parents have for youth.
  - b. I am going to add something to the list of guidelines -  
- Stop talking when a new section of the video starts.
  - c. Videos will show typical family situations. The actors in the video families may not act or talk exactly like your family does. It is just meant to give you an example of the program subjects.
  - d. The videos have timers to keep us on schedule. When it beeps to indicate that the next clip is about to come, let's all stop talking so everyone can hear once the clip starts.
6. Tell group (in your own words):
- a. Parents/caregivers know their children better than anyone else. Each parent/caregiver gets to choose which parenting tools they want to use. Our hope is that you will be able to find a few things that can work for your family.
  - b. Ok, let's get started.
7. Show the poster Supporting Our Young People- Main Ideas and introduce the session by reading each statement.



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## GOALS AND QUALITIES FOR YOUR YOUTH

### Goals and Qualities You Want in Your Youth

Activity 1.1.....10 minutes

1. Tell the group (in your own words):
  - a. Think of two qualities that you would like to see in your youth. Also, think of two goals for them. (Define qualities & goals using example in side panel.)
  - b. On these pieces of paper, write down the qualities and goals you want for your youth.
2. Pass out two 3 x 5 sticky notes/post-its (one for goals and one for qualities) and markers.
3. After a few moments, tell group (in your own words):
  - a. Great! Now place that sticky note goal on the large paper that has the outline of a youth on it.
4. After parents have placed their post-its, read all the goals aloud and then ask:
  - a. Are there any qualities or goals you want added?
5. Have parents say the qualities/goals as they add more to the figure. (If parents prefer, you can have them pass their sticky notes to you and you may put them on the figure.)
6. Ask group:
  - a. Why are these qualities important?

Below are possible goals and qualities:

Qualities you want:

Respectful  
Honest  
Responsible  
Trustworthy  
Cares for others

Goals you have:

Do well in school  
Finish high school  
Go to college  
Get a good job  
Stay out of trouble

7. Keep this list and bring to each session.

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**Facilitator Note:**

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Qualities are characteristics or attributes that distinguish individuals (Examples: practical, trustworthy, motivated, etc)

Goals are something that a person plans or intends to achieve (Example: go to college, get a job, and study harder)



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# PATHWAYS FOR AFRICAN AMERICAN SUCCESS

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## PARENT'S FEARS

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1. Tell group:
  - a. Now we will watch a video about concerns parents may have about their young people.

DVD Time .....1/2 minute

### What Parents Fear

Activity 1.2 .....8 minutes

1. Ask parents/caregivers (in your own words):
  - a. What are some things you fear for your young people or other youth in their schools?
2. List their answers on the chart.
3. Be sure to ask the parents if they are also concerned about the following (if the group does not name them).

#### Parents' fears:

- Use of alcohol or other drugs
  - Smoking
  - Rebellion against rules
  - Bullying
  - Reckless sexual behavior
  - Dropping out of school
  - Reckless driving
  - Shoplifting
  - Being in a gang
4. Optional question (if time permits):
    - How do these fears and the problems facing teenagers today compare with those you faced as a teenager?

START DVD

Parental Fears

FLIP  
ONNET



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# PATHWAYS FOR AFRICAN AMERICAN SUCCESS

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## UNDERSTANDING WHAT IS NORMAL

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1. Tell parents/caregivers (in your own words):
  - a. Now we'll watch a video about some changes that your young people will naturally go through over the next few years.

DVD Time.....1 1/2 minutes

### Changes in Youth as They Mature

Activity 1.3..... 8 minutes

1. Divide parents into pairs (without spouses together) and tell them:
  - a. Take some time to think of ways that your young people are changing or will be changing in the next year or two. How will they change in each of these ways?

Write on the flip chart (with space under each heading):

- The way they look (1 Minute)
- The way they feel (1 Minute)
- How they get along with family members (1Minute)

2. Tell group:
  - a. Write your answers on a sticky note, one change per note.
  - b. Ok, now put your sticky notes in the different sections of the flip chart. (Wait for notes to be placed). Can you think of any other changes?
3. If parents need help coming up with ideas, say:
  - a. Some of you may have older sons, daughters, nieces, or nephews. Also consider some of the changes that you noticed in them.

#### Possible answers:

- Looks: bigger bodies, acne, taller, girls may be developing
- Feelings: moodier, attitude, more opinionated, more defensive
- Family: youth stays to self more, more argumentative with siblings, wants to be around friends more than family



Changes in Youth



Give them 1  
minute for looks,  
1 minute for  
feelings, and 1  
minute for getting  
along with family

Page 13



PAAS Caregiver Session 1

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## SUPPORTING YOUTHS' DREAMS AND GOALS

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DVD Time.....4 minutes

### Supporting Youths' Goals

Activity 1.4.....3 minutes

1. Ask parents:

- a. Why is it important to support young people's goals?

Be sure to include the following thing:

- Youth may give up on their goals if you don't support them.
- Youth may think you don't care about them.
- Youth may not want to talk with you about their goals.

2. Ask parents:

- a. Why might it be hard to support young people's goals?

Possible Responses:

- You may not know how you would support them financially.
- You may not want them to be disappointed if they don't reach their goals.

3. Tell parents/caregivers (in your own words):

- a. At this age, it does not matter whether their goals are realistic. The most important thing is that they have goals.

## CLOSING

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Review .....1 minute

1. Put up poster **Supporting Our Young People: Main Ideas** and ask a volunteer to read the statements.



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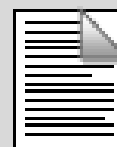
# PATHWAYS FOR AFRICAN AMERICAN SUCCESS

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## Take the Fun Home.....2 minutes

1. Pass out the Session 1 Take the Fun Home Handout.
2. Tell the group:
  - a. Your child has been asked to watch TV shows this week to begin thinking about jobs/careers that may interest them. They were also asked to jot down ideas and discuss this experience with you.
  - b. To encourage this conversation, during this week, have a discussion with your child about career possibilities for their future based on TV examples that they identify.
3. Pass out PAAS magnet and Parent Creed magnet card.
4. Encourage parents/caregivers to put the magnet and the card on the refrigerator at home. Tell them they can use to magnet to hang PAAS handouts and other family materials.



## Preparation for the Family Session..... 2 minute

1. Tell the group (in your own words):
  - a. In the family session, youth are going to share with you a Dreams and Goals project they made in the youth session.
  - b. You will also guide a conversation with your child about goals.

## Wrap Up..... 1 minute

1. Tell parents/caregivers (in your own words):
  - a. Each session we will read this creed to declare who we are as caring parents.
2. Show the Parent Creed Poster and have parents/caregivers repeat it.

