

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: DARE to Be You (DTBY)

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

DARE to be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parent role, providing knowledge of appropriate child management strategies, improving parents' and children's relationships with their families and peers, and contributing to child developmental advancement.

2. Implementation considerations (if available)

3. Descriptive Information

Areas of Interest	Mental Health Promotion Substance abuse prevention
Outcomes	1: Parental self-efficacy

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

	2: Use of harsh punishment 3: Child's developmental level 4: Satisfaction with social support system
Outcome Categories	Family/relationships Social functioning
Ages	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	American Indian or Alaska Native Hispanic or Latino White Race/ethnicity unspecified
Settings	Other community settings
Geographic Locations	Urban Suburban Rural and/or frontier Tribal
Implementation History	DTBY staff have implemented the program in 27 sites and provided training workshops for 85 other sites across the United States. Implementation has ranged from 2 to 18 years, with an average of about 7 years. At least 45 sites have conducted evaluations.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	DTBY has been administered in multiple languages, including Spanish and Navajo; DTBY also has been used with Asian populations in Salt Lake City, UT. Replication training focuses on assisting local staff in adapting to their local ethnic groups.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal Selective

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

4. Outcomes

Outcome 1: Parental self-efficacy

Description of Measures	The outcome of parental self-efficacy included measures of self-efficacy, satisfaction and positive attitudes about being a parent, and the use of nurturing family management strategies. These outcomes were measured using two subscales of the Self-Perceptions of the Parental Role scale: self-perceived competence in the parental role, and satisfaction with the parental role. Parents filled out the questionnaire at pretest, immediately following the intervention, and 1 year later in one study and at 1 and 2 years later in a second study.
Key Findings	In the first study, parents in the intervention group increased in parental self-efficacy and self-esteem when compared with parents in the control group, and these increases persisted for at least 2 years after the intervention ($p < .01$). In a second study, parents in the intervention group increased in parental self-efficacy beliefs and the use of nurturing child-rearing practices when compared with parents in the control group at 1-year follow-up ($p < .05$).
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Outcome 2: Use of harsh punishment

Description of Measures	Use of harsh punishment was measured with the Parent-Child Relationship Inventory subscales on Limit Setting, Autonomy, and Communication. Parents also reported their use of various parenting practices and were asked open-ended questions regarding how they would handle problematic behavior they viewed in vignettes that were part of the intervention.
Key Findings	In one study, the use of harsh punishment decreased and effective discipline and limit-setting increased in the intervention group when compared with the control group ($p < .05$); these changes persisted through the 2-year follow-up. In a second study, parents in the intervention group exhibited statistically significant decreases in the use of harsh punishment

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

	over time. However, the parents in the control group also exhibited decreases in the use of harsh punishment, and differences between the intervention and control groups were not statistically significant.
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Outcome 3: Child’s developmental level

Description of Measures	Developmental level was measured using the Normative Child Behavior Checklist for Infants and Children and a subset of items from the General Development Index of the Minnesota Child Development Inventory. These measures were filled out by caregivers (e.g., parents or grandparents).
Key Findings	Children involved in DTBY programming had greater average increases than children in the control group at each data collection time point through the 2-year follow-up ($p < .05$).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.7 (0.0-4.0 scale)

Outcome 4: Satisfaction with social support system

Description of Measures	Social networks provide a variety of parenting advantages in terms of emotional and instrumental support (e.g., reassurance, babysitting, and advice). The Social Network Questionnaire was used to assess network size, network membership, the frequency of contact with and closeness of network members, the number of people in the network, and satisfaction with support.
Key Findings	Satisfaction with social networks increased between pretest and 1-year follow-up, with the intervention group increasing more than the control group ($p < .04$). The authors interpret this finding as a reframing of perceptions of existing social networks due to the DTBY intervention.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)
6. **Washington State results** (from Performance Based Prevention System (PBPS) – if available)
7. **Where is this program/strategy being used (if available)?**

Washington Counties	Oregon Counties

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)	69.9% Female 15.4% Male	42.1% White 26.2% American Indian or Alaska Native 23% Hispanic or Latino 1.4% Race/ethnicity unspecified
Study 2	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)	71.5% Female 22.2% Male	48.9% White 27.4% American Indian or Alaska Native 11.5% Hispanic or Latino 4.8% Race/ethnicity unspecified

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Miller-Heyl, J., MacPhee, D., & Fritz, J. J. (1998). DARE to be You: A family-support, early prevention program. *Journal of Primary Prevention*, 18(3), 257-285.

Study 2

Head Start-University Partnership Grant DTBY Final Evaluation Report. (2000).

Supplementary Materials

DARE to be You Evaluation Protocol

DARE to be You Fidelity Instrument

MacPhee, D., & Fritz, J. (1995, March). Dare to be You Colorado Prevention Project: Final Evaluation Report.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Parental self-efficacy	3.0	2.8	3.0	2.8	2.5	2.8	2.8
2: Use of harsh punishment	3.0	2.8	3.0	2.8	2.5	2.8	2.8

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

3: Child's developmental level	2.5	2.8	3.0	2.8	2.5	2.8	2.7
4: Satisfaction with social support system	3.0	2.5	2.5	3.0	2.5	3.0	2.8

Study Strengths

The measures were appropriate and well chosen, and the examination of instruments with regard to cultural relevance was a notable strength. Intervention fidelity measures appear to be adequate fidelity in terms of the intervention being manualized, log books being kept, etc. The choice of analytic techniques was appropriate given the state of the field at the time the study was conducted (more sophisticated techniques are available today).

Study Weaknesses

Attrition was an issue that may have biased the results. The authors discussed attrition, but they did not fully present how missing data were handled in the analyses. No power analysis was presented, but the analyses used were appropriate at the time the study was conducted. Despite the evidence presented regarding fidelity, the fidelity instrument was "home-grown" and would benefit from greater detail of measuring the content of presentations. The manuscripts reviewed may have benefited from a more complete discussion of potentially confounding variables such as demand characteristics, regression to the mean, and the unspecified interventions that the control group might have received in the control group. The control group in the second study received no treatment at all, which may have biased the comparison. Differences between the control group members at pretest did not appear to be well accounted for, particularly as it connects to the study's findings. It is also unclear if the modest changes in outcomes are clinically significant.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

DARE to be You Web site, <http://www.coopext.colostate.edu/DTBY/index.html>

Martin, M., & Miller-Heyl, J. (1992). DARE to be You preschool activity guide. Fort Collins, CO: Authors.

Miller-Heyl, J. (1990). DARE to be You: Life skills and substance abuse prevention curriculum. Volume II: Class outline for early childhood (K-12) (2nd ed.). Fort Collins, CO: Author.

Miller-Heyl, J. (2000). DARE to be You Parent Training Guide (Spanish/English ed.). Fort Collins, CO: Author.

Miller-Heyl, J. (n.d.). Replication manual for the DARE to be You program for families of preschool youth, caregivers, and community. Fort Collins, CO: Author.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Miller-Heyl, J., MacPhee, D., & Fritz, J. (2001). DARE to be You: A systems approach to the early prevention of problem behaviors. New York: Kluwer Academic/Plenum.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.3	1.8	3.3	2.8

Dissemination Strengths

The implementation materials are well organized and tabbed for easy access. Both initial and follow-up trainings are offered to implementers. The high, medium, and low fidelity compliance options contained on the fidelity tool are outstanding and allow the rater to record with more specificity how closely each aspect of the program matches the original model. The evaluation protocol is comprehensive and includes process and outcome measures.

Dissemination Weaknesses

Little information on training content is provided. Implementers who wish to use many of the instruments must contact the various instrument developers directly for approval.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Implementation manuals	Included in cost of training; additional manuals are \$65 each	Yes

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Activity kit for children's program	\$225	No
20 hours of on-site training (includes evaluation manual with process and content instruments)	\$5,500 for up to 35 participants, plus travel expenses	Yes (one training option is required)
20 hours of off-site training (includes evaluation manual with process and content instruments)	\$500 for the first participant, \$250 for each additional participant from the same agency	Yes (one training option is required)
Phone or email consultation (up to three calls or emails)	Free	No
Additional technical assistance	\$50 per hour	No

Additional Information

Program costs for replication without research are \$40,000 for 150 family members (not including siblings), or about \$266 per person.

12. Contacts

For information on implementation:

Jan Miller-Heyl
 (970) 565-3606
 jan.miller-hey@colostate.edu

Sue Sidinger
 (970) 491-2666
 sidinger@ext.colostate.edu

For information on research:

David MacPhee
 (970) 491-5503
 david.macphee@colostate.edu

Learn More by Visiting: <http://www.colostate.edu/Depts/CoopExt/DTBY/>