



Ivy Jones-Turner:

Hello, and welcome to this afternoon session from the Northeast and Caribbean PTTC or Prevention Technology Transfer Center. Excited to see folks joining the room. As you come in, we'll get started in just about a minute or so, but we have a poll question or a question that we'd love to get your response to, in the chat. If you'd please answer the question that appears on screen. In general, how often do you reach out to engage parents or caregivers in your prevention efforts? And just let us know where along this continuum you are. If you'd like we could do a one for not very often to five for all the time. So love to hear and see what your responses are. Thanks for joining us this afternoon folks. Ooh, see some really interesting responses. We see quite all over the scale, but also quite a number of folks who are thinking about engaging parents and caregivers most of the time, either often, very often or all the time, somewhere along that three plus.

Ivy Jones-Turner:

And so great, as you enter the room we know we have folks who are coming in. We want to get today's conversation started by engaging you in participating in the discussion. We're going to start it off by a question that appears on your screen. So if you haven't had a chance to respond just yet, please do. We'd love to hear and get a sense of how often do you reach out to engage parents and caregivers in your prevention efforts? And we're suggesting maybe a scale of one to five, whatever works. You could either use that scale, or you could just simply say what your numbers are. That would be great. It looks like we definitely have quite a spread, couple of nice responses as well that are qualitative responses of several times a month, as well as recognizing that sometimes it's a little more challenging to reach out to families and caregivers.

Ivy Jones-Turner:

And so we have some who indicate that it's not very often, but that's okay, because we'll have a chance to talk about this today. My name is Ivy Jones-Turner, and I'd like to welcome you to today's session, which is entitled Parents Engagement in Prevention and we are really excited to have an opportunity to share with you a couple of tips and suggestions as well as some strategies and feedback that we have. We also are hoping to hear from you so please don't hesitate to add your comments into the chat, share your perspectives. We definitely want to hear from you. And so it looks like we have maybe most of our participants here today, having already responded in the chat. So I'm going to go on and open up our official time today. Our session today is on parents and caregivers, recognizing the powerful role that parents are as partners in prevention.

Ivy Jones-Turner:

This is a two part series offered by the Northeast and Caribbean Prevention Technology Transfer Center. We're so glad that you've selected to be with us today. We are going to host today's session and then session two will happen next week on June the first and we hope you'll join us for that session. If you haven't had a chance to already register, please be sure to do so. As we get started, I do want to share with you some technical information on this session. First we are recording the session and as part of this we'd like to note that our funders, which is the US Substance Abuse and Mental Health Services Administration, or SAMHSA has made this training possible through their financial support and through the US Department of Health and Human Services. The content of today's session represents those of



the authors and the presenters, but it does not necessarily represent the official views or is an endorsement from SAMHSA.

Ivy Jones-Turner:

We do want to note that as we are recording today's session, we will be sharing the recording with participants and for those who have attended the entire session, you'll have an opportunity to receive a certificate of attendance that will be sent out after today's session, probably in about a week or so. For those of you who are not familiar with the Prevention Technology Transfer Center Network, I'd like to just highlight that the PTTC that is hosting today's session, the Northeastern Caribbean PTTC is located at Rutgers University School of Social Work and we serve four communities as part of region two that is New York State, New Jersey, the US Virgin Islands in Puerto Rico and we are excited to also note here that throughout today's conversation, you will hear us focus on language and recognize that our use of affirming language does inspire hope and provides an opportunity for both families, caregivers and youth and those whom we're serving through our prevention efforts to see themselves and to be fully engaged and welcomed into our efforts.

Ivy Jones-Turner:

And so we just want to encourage you to continue to use affirming language in your work and to promote the application and use of evidence based as well as culturally informed practices. So as we are getting into our session, I'd like to introduce our presenters today. Our first presenter is Jessica Goldberg. Jessica Goldberg, or Jess is a training and technical assistant specialist. She is a certified prevention specialist and highly skilled trainer. She designs and delivers impactful learning events, consultations and coaching support to prevention organizations at the state, the national, as well as the local levels. Jess has been a prevention specialist and prevention trainer for over a decade. She specializes in building capacity to improve health, mental health and behavioral health. Her areas of expertise include preventing youth substance use, promoting cross-sector collaboration, addressing health disparities and supporting strategic planning, logic model development and sustainability planning.

Ivy Jones-Turner:

I will also note that Jess holds both a MSW and an MPH from Boston University. And your second person today is myself, Ivy Jones-Turner. I am also a training and technical assistant specialist. I'm excited to note that I have really been inspired to remain in the field for little over 15 years and as part of that time I have really tried to focus my efforts on capacity building of schools and community organizations to both research, implement, evaluate and sustain their interventions and prevent substance misuse, suicide, youth violence and bullying, and then also to promote social, emotional and mental health. With that, I want to turn it over to Jess who's going to lead us into talking about our learning objectives for today. In particular, I'll note that our learning objectives as they appear on screen are going to be an opportunity for us to just map out a little bit of how we're going to progress through today's discussion. Jess.

Jessica Goldberg:



Thanks so much Ivy. Hi everyone. Just coming on camera. So nice to be here with you, so nice to see you all here and thank you for joining us. Like Ivy said, this is what you can expect us to be focusing on for the rest of today's session. You'll see me peeking over at my slides on the other screen. We're really going to start by talking about the importance of working with parents to develop their own sense of self-efficacy in playing a role in preventing their child or their children's access to substances, use of substances and so really drive home the importance of our work in prevention and doing just that, about the role we can play in helping to educate parents and caregivers about the role that they play and their ability to influence the multiple factors that do drive or mitigate youth substance use.

Jessica Goldberg:

We'll talk about some strategies and actually ask to leverage your experience and wisdom in terms of strategies to help resolve the barriers that exist to parent and caregiver participation in our efforts and be sure to highlight, note as we go along the evidence based and promising practices that are available to us in the field that can support engagement of parents and caregivers in the work that we do. So, that is what we will hope to do in the next little over an hour. On the next slide you'll see, we're going to begin our first section, I believe by really talking about the power of parents and we wanted to spend this time together with you today to appreciate that awesome power. The parents and caregivers have to influence the young people in their lives and talk through some of the ways that we as preventionists can help support and harness that power in the interest of our prevention goals.

Jessica Goldberg:

We do acknowledge that this is no easy feat. I work with communities all the time and a very common experience among them is just how challenging it is to engage parents in prevention planning and programming as well and just generally as allies in our work, whether or not they're formally involved in one or more of our efforts. And just a quick note about language here. So we're using the terms, parent and caregiver here, not interchangeably, but to recognize that it's not only parents that are often in that primary caregiving role with youth. So yes, in prevention, we're often looking to engage parents in our efforts, but that's mostly because of their function as those that are helping to steer youth through their adolescence and launch them safely and healthily into early adulthood. This session will use both terms, parents and caregivers throughout the conversation in an effort to acknowledge the very important roles that many other adults often play, many other adults other than parents play in the lives of children.

Jessica Goldberg:

So grandparents, aunts, and uncles, older adult siblings and cousins, family, friends that become our families of choice. Everything we discuss today will apply to individuals of any of these roles and others that I have not named and that those folks that find themselves in a position to provide oversight to youth in their homes and their activities and their interactions in the broader community are really that audience that we're hoping to engage in our efforts and that we're discussing here today. So on the next slide you'll see, we're going to start by grounding today's conversation in your experiences, broadly within our region and also hearing from those of you who are joining from other parts of the country. We want to ask you, what does parent engagement look like for you, but, when are you trying to bring



parents to the table? What kind of table is it? What types of prevention activities are you most often trying to engage parents in?

Jessica Goldberg:

So we're going to ask you to just reflect on that and I'll pop open the chat box to see your thoughts when you're ready, as you reflect and then just share your thoughts in the chat. So what types of prevention related activities are you most often trying to engage parents in? Take your time to reflect on that and then feel free to share your thoughts in the chat box. I can tell you, as you're thinking and as you're writing that one of the most often named frustrations that I hear is when a prevention organization plans a parent focused event, a speaker or speaker series, a parent's night, something to that effect and they really try to promote it widely and then find that has really limited attendance or participation. So I don't know if that resonates for any of you in your work, but I know it really does feel so demoralizing and I've certainly been on the receiving end of that experience.

Jessica Goldberg:

I will say more about that now, but I do see some responses coming into the chat so I want to make sure to honor your responses and your experience by sharing some of them out loud. And so, Hannah, thanks for starting us off. So, talking to their children about substance misuse or to youth in general around substance misuse, body educational events, so how they can prevent their kids and other youth from using substances and trying to engage parents as leaders in the coalition. Both are a huge challenge and I'm so glad you named those because there's this dichotomy between parents as participants or recipients of prevention services, and then parents as decision makers and colleagues and collaborators in our prevention, planning and implementation efforts.

Jessica Goldberg:

I think of it as a two-tiered situation where we're trying to engage parents in both of those types of activities, as well as the more general parent caregiver audience in the community to provide education, to provide information, to certainly draw them into our efforts in other ways, certainly, but there's almost, there's a variety, a myriad of different ways that we try to engage parents and all have their own unique challenges truly. So Jose, thank you open dialogue with their children and Jody education on any misuse, having booths at conferences, sending information home on and providing on billboard or through media campaigns and then also the invite to join the coalition and to have their youth, the youth in their lives join the efforts as well. Gladys encouraging parents to participate in family sessions monthly, offering some kind of incentive to engage, information tables. These are great. These are great examples.

Jessica Goldberg:

So information at tables in the community, town hall meetings, Hidden Mischief presentations and prevention themed family and community events. Gina, I'm about to talk about Talk. They Hear You so thanks for naming that. That's great. Bridget, your agency using funding for Parenting Wisely curriculum for parents in your community, and then Suzie through press releases. So thank you so much for sharing all of these examples and such a wide variety of different kinds of, types of engagement. To finish my thought from earlier around that lack of attendance as a challenge that I know that has come up



through these types of educational events in the community. I think we often think about our outreach efforts and prevention in terms of reach, how many people can hear a presentation or attend a speaker series and that's why it's hard to think about numbers of attendance as anything except an outcome because it's just so challenging to get people in the seats and it feels like a really positive outcome when there are more people in the chairs that we set up.

Jessica Goldberg:

So we're going to talk a little bit about how we frame success in terms of thinking about parent engagement and whether there's other metrics beyond that reach, beyond that attendance or participation that we could be looking at. So thank you so much for sharing about your work with us and now I'm going to do some very quick level setting about the importance of meaningfully engaging parents in our work, which I think most of us in prevention take as a given that it's, is this really important aspect of our work, and it's not rocket science to see why parents do have this very significant ability to influence their children's decisions as involving alcohol and other drugs and also the relationships and opportunities and environments that can facilitate or mediate access to drug use.

Jessica Goldberg:

So we also know that youth are less likely to experiment with new substances when their parents take certain actions, including to your point, just a moment ago, talking openly about substance use, the risks involved in setting clear rules and expectations about using substances and then also providing the monitoring both in the home and beyond. So the SAMHSA Talk. They Hear You campaign that Gina mentioned, the website highlights that it really is one of the most influential factors during a child's adolescence to maintain a strong and open relationship with a parent or caregiver. When parents create that kind of supportive and nurturing environment they find that children make better decisions. So it may not always seem like it, but the children actually really do hear their parents' concerns and then this is why it's so important that parents are openly discussing having those open dialogues with their children about the risks of using alcohol and other drugs.

Jessica Goldberg:

I'm sure many of you are familiar with the Talk. They Hear You campaign. We can share a link to it if that's of interest to anyone so you have it handy, but lots of great resources that not only support parents in doing this work, but really make the case for why it's so important. On the next slide, what you'll see is that there are many, many ideas out there in the public, in our communities, but that includes parents and caregivers in our communities that are around these shared beliefs and assumptions that folks have that are incorrect and ultimately unproductive for us in advancing our prevention efforts. And so the comments on the slide are paraphrases of comments that I know I have personally have heard many, many times over from parents in the course of my work.

Jessica Goldberg:

And these are all somewhat variations on a theme. So one theme is this fatalistic view of youth substance use as inevitable, as a lost cause so to speak. Another theme around the likelihood that youth substance use will not have adverse outcomes for kids that do use, because either the adults themselves in their lives used alcohol and other drugs when they were young and they turned out fine. So it's not



that bad or that it's really, the parent caregiver role is more about harm reduction than it is prevention. And this is the idea that, well, they're going to drink anyway so I'll take the keys and give them this sort of safe, supervised place to do it, which is a little further down the spectrum from our typical prevention perspective in messaging.

Jessica Goldberg:

I'll absolutely acknowledge it's certainly better than allowing youth to use substances in unsafe situations, but strictly speaking, it's not our general orientation in prevention when we think about preventing the onset of use and preventing current use among youth of the different substances they may have access to. So, these are the types of misperceptions that we are in a position in prevention to help counteract and correct those misperceptions by providing that kind of social norms information that help parents to understand not only that it's not an inevitable problem, that it's not necessarily better to use substances in safe supervised situations given the impact that they have on youth development, on adolescent brain development and so on. We're really the voice that can counteract some of these misperceptions that we hear in our communities. I see some notes in the chat. Thanks so much Ivy and Gwendolyn and Eileen for sharing your examples.

Jessica Goldberg:

And then Gladys, parents need to help the children look for strategies that help the children get better. Absolutely. Absolutely and I think that we're going to touch on that throughout today's conversation, but all really important points. So we know that probably the most problematic and important assumption for us to correct is this idea around parents' inability to make an impact on their kids' decision making in action. So we know that this is just patently untrue. Many studies do bear this out, but there is this general feeling of, well, I, as a parent can't compete with X, whatever X is, and X is very generational. I can't compete with the movie stars and performers and artists that I see in the media, Janet Jackson or Britney Spears or whoever, who are those influencing youth in this moment in time generationally through arts and entertainment and media. What behaviors are youth seeing and what behaviors do they want to emulate.

Jessica Goldberg:

How can I, as a parent with my very uncool messaging, what feels comparatively very uncool prevention messaging ever compete with that. What we'll share in the next section when Ivy presents is that there's this whole host of risk and protective factors that parents and caregivers do have direct influence over and that influence can cascade down to their kids to help promote healthy behaviors and prevent the opportunities and access to the means to engage in unhealthy ones like accessing substances. And so on the next slide, I believe we've introduced this model in the past, this idea of knowledge, attitudes, behavior and just as a quick review for anyone who's heard it before, or who's familiar with it, the theory proposes that health, knowledge and information are really the foundation for establishing active and correct beliefs and attitudes about disease, about any kind of behavioral health problem, physical health problem and that those attitudes are the driving forces for modifying behavior.

Jessica Goldberg:





So we know that information doesn't immediately usually equal behavior changes. More often we tend to follow this trajectory or this process toward behavior change that involves exposure to relevant information, increasing knowledge and skills in the short term, as a result of that information. Changes to perception and attitude in the intermediate term that eventually again, do lead to changes in practice or behavior in the long term and so this model is the nap or nab, I guess, cap or cab model. So either knowledge, attitudes, practices or knowledge, attitudes, behavior. It's been thoroughly researched over time and applied to countless health issues and I think for us as a takeaway here is much of our work with parents is about parent education. Your examples really bear that out from the last discussion question, education and information dissemination.

Jessica Goldberg:

And that's one step in the process for promoting their behavior change, an important and necessary first step, but we can't expect that immediate change and what I think is a fair statement is that, and Ivy, if you don't mind, thank you for advancing a couple more clicks, is that in the, oh, in the absence of correct knowledge you're much more likely to see those types of permissive attitudes, permissive behaviors from parents and caregivers that can stand in the way of positive and sustainable prevention outcomes. Okay. So that's just some very quick stage setting for us. Now, we're going to dig into the specific roles the parents can play in prevention efforts and I think I'm going to turn the time over to you Ivy to lead us through that.

Ivy Jones-Turner:

Yes. Thanks Jess. So for this section, what we'd really like to do is spend a little bit of time thinking more about parents and how they connect to prevention and what are some of the considerations that we as preventionist might need to hold in mind? What does the research say about parent roles? How have-

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Ivy Jones-Turner:

... about parent roles. How has the research informed us in terms of the impact that parents might have? And then also what are some of the risk and protective factors that are associated with the role of parents and caregivers? And then how do we even think about addressing and building on those protective factors, especially in our efforts?

Ivy Jones-Turner:

So as we think about this, we'd like to ask you to respond in the chat to another question. In particular, we'd like to know from you, have you identified any family level risk or protective factors in your community? And if so, what are they? You can feel free to go on and type your responses into the chat directly. Or if you'd like, I think we can open up the phone lines and you can unmute yourself and speak up.

Ivy Jones-Turner:



We know that as each of you is conducting your needs assessments as part of your initial prevention efforts to determine what interventions and strategies you're going to use, you are really focusing on looking at and understanding what are the risk and protective factors that exist. And hopefully you're also selecting those or collecting data that will let you know that across the socioecological model, so that you're hearing what are the risk and protective factors at the individual level, the parent level, the community level, and then as well, the societal level?

Ivy Jones-Turner:

So as you think about some of those risk and protective factors, go on and type them into the chat. Oh, thanks, Stephanie. I see that you've noted parental attitudes that are favorable to substance use. Yes, that's definitely one of the risk factors that we often speak of as a significant influence. And then we also hear from Ann, "Low community attachment.: Yes. And that is another one and we'll talk a little bit about that in a few minutes.

Ivy Jones-Turner:

I'd love to hear how you are ... For all of you, we'd love to hear how you're using some of these in your efforts throughout today's session. We also see that Bonnie has noted, "The family level risk factor might be attitudes supporting antisocial behavior." Yes, Bonnie, that's another one that comes from many years of the research particularly beginning with youth engagement in schools and antisocial behavior.

Ivy Jones-Turner:

And then I see Michelle has noted, "Reduced perception of harm." Yes, Michelle, we are definitely going to be speaking about that risk factor as well, particularly since many of you I anticipate are also encountering changes in perception and harm right now in your communities. I'd love to see some more protective factors. I see that Bonnie has noted, "One protective factor is our best is the opportunity for prosocial involvement."

Ivy Jones-Turner:

So yes, Bonnie, great example that while parents and antisocial behavior or parental attitudes that are favorable to substance misuse might be a risk factor. We also have a protective factor that includes opportunities for prosocial involvement. Gladys has noted how parents are addressing the substance use of their children, if they're willing to offer positive support and avoid any negative criticism. Oh, thanks so much, Gladys. You've hit on several elements there. One is parental monitoring and attention by parents, as well as providing support and positive support, reinforcing support.

Ivy Jones-Turner:

And then as well, you've included the idea of stigma and how stigma might play into how a family responds and deals with substance misuse within the family. Great examples. We also see Stephanie has noted, "The social availability of alcohol." Yes, that is definitely another risk factor, whether there is alcohol or other substances of use in the home. And Trinidad, thank you for another positive example, a protective factor of positive family conflict resolution. Great. Yes.





Ivy Jones-Turner:

Please keep those examples coming. We will continue to talk about them through this section and hopefully you'll answer and identify all of those risk and protective factors before we get to that slide. For right now, I want to just switch over to this slide and just note that one of the most significant misconceptions about prevention is what we focus on and what we care about in terms of substance misuse and abuse. And there is really a very clear scope to our work. As you communicate with parents, we want to encourage just being clear and including this maybe as part of your messaging and your communication strategies, but that our focus as a field is not on the legal, mild use of legal substances by adults.

Ivy Jones-Turner:

Our concern comes really when there is adult use that begins to turn into a problem. And when that use becomes abuse and that there're negative consequences of use that arise for either the user or for others, we can think of many examples here. Binge drinking that results in maybe physical injuries. We also have operating machinery, such as cars, motorcycles, et cetera, other vehicles while under the influence of a substance. And that is also not only dangerous for the individual person, but also dangerous for others. And as a result, that is an enforceable or illegal practice or illegal behavior.

Ivy Jones-Turner:

And then as well, we recognize that domestic violence that might happen as a result of adult misuse is another area of concern for us. So just recognizing that we begin to focus on adult use only once it becomes excessive or that there are severe consequences for the individual user, as well as for those around the user. And really our priority is around youth substance misuse. We recognize as a field that because adolescent use of substances can lead to lifelong consequences, we have prioritized youth misuse and in particular not only preventing it, but also delaying the initiation of youth use.

Ivy Jones-Turner:

And in this context, we do consider that all youth use or misuse that's not under the authorization and care of a health provider, we consider that all to be misuse. This is where we really want to convey that we want youth to avoid beginning use of any substance before legal age. We also want to prevent that youth avoid the risk behaviors associated with use. And that includes some of those risky driving behaviors, maybe driving too fast driving or riding in a vehicle without a seatbelt, as well as risky sexual behaviors, fighting and interpersonal or dating violence.

Ivy Jones-Turner:

All of those consequences, excuse me, all of those risk behaviors that might be related to youth use. And then as well, we're concerned about preventing the consequences of youth use. We think about the impact of youth misuse on academic performance, on physical and mental health outcomes. And for this, we also want to include or consider the impact on mental health due to substance use. We recognize that there are some substances for which youth use while their brain is still developing as Jess already noted in terms of paying attention to brain development, which we know proceeds until age 25.



Ivy Jones-Turner:

We recognize that youth use during some of these fundamental stages of development can actually exacerbate mental health disorders, or maybe even lead to the onset or an early onset of mental health disorders. We also were really thinking about some of those impacts on relationships, both with families and with peers, but also to the personal connections that young people might have with their communities, with their neighborhoods, or even with their engagement in terms of the criminal justice system.

Ivy Jones-Turner:

And so that's part of where it's so important as part of our conversations and messaging that we're helping to remind adults that as Jess noted already. Youth misuse of substances, whether it is a legal or illegal substance and even misuse of prescription drugs has significant consequences not only for the young person, but for those around them. And so this is also a part of why we focus on not only delaying initiation, but also really encouraging that there be the youth prevention of misuse at least until not only reaching legal age, but ideally even just a little longer until they have finished fully developing as young adults.

Ivy Jones-Turner:

And so as we think about some of this, let's also talk about where and how some of our understanding in terms of the foundational theories, as well as frameworks might also have an influence in how we in prevention approach engaging parents. I want to really draw our attention in particular to recognizing that parent knowledge and awareness of prevention and the priorities of substance misuse prevention are really key. And Jess covered some of the misconceptions, some of the very popular misconceptions that adults may have. Whether it be from not understanding what use rates are, but also not understanding the research, the role of harm reduction and the importance of really focusing on where and how youth use and misuse has an impact on young people.

Ivy Jones-Turner:

So this is where we want to begin with an understanding that parents will typically do what they think is best for their child, for their kids. And that does mean that it reflects their values, their knowledge of substance misuse, their knowledge of the needs and personality of their child, but also how that son or daughter may have a certain level of risk. And then also their knowledge and awareness and understanding of the context in which they and their children live.

Ivy Jones-Turner:

And I believe we had someone speak just a little earlier to some of this, recognizing that while we may each live in our own individual context, we recognize that there is a broader context that parents are trying to navigate and trying to understand. And in some cases, they may adopt the perception that harm reduction and as Jess noted, "Maybe I'll allow them to drink at home because it's better for them to drink in a safe environment." They might adopt that as a, an effective strategy believing that's effective.



Ivy Jones-Turner:

And that's where it's so important for us to recognize that there may be those misconceptions, as well as a lack of understanding and knowledge of the research and information. So this is also where I think it's so important for us to be thinking about how we might provide guidance to parents and caregivers about substance abuse, youth misuse, as well as some of those risk and protective factors for youth. And as well, what their role as parents and caregivers, the influence and the resources that they already have available, as well as those resources that they can access through prevention programs and efforts can support and prevent the early initiation as well as youth misuse of substances.

Ivy Jones-Turner:

So this is really where our opportunities to help parents understand those factors and how they increase or decrease the likelihood of misuse, whether it be some of the attitudes in the home or among their peers or in the community, or society towards use. And so as we think about this, I just want to highlight that I think a number of us are already paying attention to this as states are reducing or eliminating the consequences for adult cannabis use. We know from preliminary research and the monitoring the futures and among other surveys that this shift in adult behavior has some implications for youth attitudes particularly regarding cannabis use.

Ivy Jones-Turner:

This is an opportunity for us to educate parents and caregivers on the effectiveness of prevention efforts. We might sometimes talk that phrase of or we may hear others mention the phrase, "How can you measure what didn't happen?" There is a way to measure it, number one. And number two, our opportunity is to help hear parents to understand the decades of both past, as well as the ongoing research on which our interventions are based. Again, we can think maybe on some of the key kernels or practices of the interventions and that are integrated in our positive youth development frameworks.

Ivy Jones-Turner:

We achieve healthy outcomes for youth by setting clear expectations and standards. We foster healthy beliefs. We train youth on the key skills and we provide positive reinforcement and recognition, which are all based on the needs, the assets or the risk and protective factors of youth and their families and their communities.

Ivy Jones-Turner:

So let's talk a little bit more about some of those risk and protective factors. In particular here, I'll just note that as we have gone through about 40 years worth of research on the role of parents and parent risk and protective factors with regards to youth substance misuse, as well as antisocial behaviors, which include substance use. We recognize that parents and parents and caregivers have and play a very critical role in this effort. We recognize that because of that research, we know that the most effective programs are those that involve both parent and parent and child-focused interventions that are aimed on preventing use substance misuse.

Ivy Jones-Turner:



And that reflected in the five examples of prevention programs that are listed to the right of your screen. Whether it be universal programs such as behavioral parent training or family skills training, or programs that are targeted to indicated and selected populations, such as with in-home family support, brief family therapy, as well as family education programs. We also recognize that one of the second key findings of the research is that positive parental attitudes and behaviors are also effective in preventing youth use.

Ivy Jones-Turner:

And we see that in terms of how those attitudes and behaviors of parents that are positive, both in terms of how they engage with their sons and daughters or their children, as well as those of caregivers and how they engage with the youth in the home. That those support the reduction of risk factors, as well as the promotion and the elevation of those protective factors.

Ivy Jones-Turner:

So let's look at of what those risk and protective factors are. At the family level, we find that the risk factors include the host that are listed here on screen, recognizing that these include not only how a family may have a history or exposure to substance use. And that will include maybe a genetic predisposition to substance use or substance abuse. The presence of substances in the home and as someone noted earlier, maybe the behavior of youth to sneak or actually use substances, maybe such as alcohol in the home with or without parental permission. Just even having alcohol or other substances in the home does raise risk for youth.

Ivy Jones-Turner:

But this is also where we recognize the method or the style, the way that parents and families approach substance use in terms of their attitudes has a significant impact on the risk factor for youth use. We recognize also attachment here and this can be described as both the sense of safety and security, as well as connection and sense of belonging and security.

Ivy Jones-Turner:

So this is thinking not only about how the youth is engaged in relationship with the parent, is it a supportive, protective, secure relationship, but also how that might apply in terms of cultural populations? And we recognize that poor attachment with a broader context, maybe a cultural group, maybe it is with your race or ethnic identity. It could also be with a disability or other cultural identities that exist. Poor attachment with those can also lead to risk factors for youth in terms of substance use.

Ivy Jones-Turner:

Favorable parental attitudes around substance use, as well as permissiveness. Maybe it's not just a parent saying, "Sure, it's okay to drink at home." But it's also, "I am not going to monitor the behavior of my son or daughter or children and their friends while they are in the home. And not speak back or hold accountable my child in terms of seeing that there is use of substances in the home." And that's where I think for many of you've mentioned providing those trainings for parents with regards to understanding



where and how substance use may be happening in the home already. And that's part of ensuring that parents are doing the parental monitoring.

Ivy Jones-Turner:

I'll also note that one of the key points about the parental monitoring and the lack of supervision is really recognizing that the level of monitoring and supervision does modify as youth age and transition across developmental stages. So of course, while the child is younger, there needs to be more parental monitoring and supervision. Doesn't mean that totally disappears as a young person becomes a teenager, but it does mean that that might shift and the communication around that shifts as well.

Ivy Jones-Turner:

And then finally I'll note here one of the more recent risk factors that has been appearing in our research is rejection of a young person based on their sexual identity or their gender identity. And in particular, this speaks to recognizing that this goes back to the level of relationship, the issues of safety, structure, support, and whether there is or is not a connection or a trusting relationship. We also recognize that these risk factors also have corresponding protective factors.

Ivy Jones-Turner:

And so research more recently has begun to note some of the key strategies and an importance of focusing on and prioritizing attention to the protective factors. So while we traditionally in prevention may pay attention to the risk factors and identifying interventions that address those risk factors, more recent research has begun to indicate that attention to the protective factors, and particularly building on those protective factors can actually be more effective than attention and focus solely on the risk factors.

Ivy Jones-Turner:

And so this is where some of the issues that we just noted in terms of the level of engagement not only with the parent and the family, but also with cultural groups that reinforce the identity and provide safety and security, and a sense of belonging and relationship for a young person are so key and important. And as well, recognizing the role of positive family norms and that includes not just norms around how the family interacts as a group, but also how the family deals with stress and challenges and trauma.

Ivy Jones-Turner:

And in fact, for so many of us, we recognize that this is a challenge that many families are encountering at this point with regards to COVID and the COVID closures. And then of course, recognizing that parental monitoring again, that that modifies over time, but always paying attention and providing not only an understanding and clarity of expectations and standards, but also accountability as part of the monitoring.

Ivy Jones-Turner:



And so with that, I just want to highlight as we think about these risk and protective factors, we really can highlight many of them here in a very strong and effective way as you see them on your screen. It is that open and direct communication, that sharing of information, but also sharing of expectations, the accountability and limits that parents will hold for their families and for their children.

Ivy Jones-Turner:

It is ensuring that when there is disapproval with regards to accountability, that that is consistently communicated and that there is the ensured response to young people that when it's inappropriate, it's inappropriate always. And that's where the act of monitoring, paying attention as well to safe storage, ensuring that there is that monitoring not just of the young person's behavior, but also of substances and the presence of any substances that are in the house. The recognition of how risk and risk factors may play into a family-

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Ivy Jones-Turner:

... And risk factors may play into a family, particularly for parents as they are working with their children during this stage of COVID. Recognizing the risk that may be encountered and how to respond to those, and providing not only strong support, but also recognizing the positive norms that may exist not only in the family, but also maybe cultural groups and in the society or community. And so with this, I'm going to turn it over to, Jess, whose going to take us in term of speaking about some of the strategies to increase, not only successfully engaging parents in our prevention efforts, but also some of our education efforts.

Jessica Goldberg:

Thanks so much Ivy for that. I think it's such helpful grounding. And for me, very encouraging just to see what a large sphere of influence parents really do have in what we know would be addressing evidence based risk and protective factors for substance misuse. Again, not surprising, but really helpful for me personally, to see it all mapped out that way. I just want to note Ivy, there's a really nice question from Stephanie. Hi, Stephanie, in the chat around tips for getting parents to be open to prevention messages and how we can approach and encourage parents to improve their monitoring and the ways in which they speak with youth about drug prevention, without them taking offense, as an implication of being bad parents. Ivy, do you have any thoughts right now, or do you want to revisit this toward the end? I think we have some time for questions at the end. You might be on mute? It might just be me.

Ivy Jones-Turner:

No, I was on mute, sorry. Why don't we revisit this towards the end, because I think there's going to also be some excellent examples that you're going to hear, as well as one of our presenters this afternoon.

Jessica Goldberg:

That sounds great. Yes. So, with no further ado, thank you, Ivy. And please do put your questions in the chat. Thanks for that, Stephanie, and anyone else with questions we want to respond to them, but we





want to make sure we do give some time to our wonderful guest speaker, who I'm going to introduce in just a moment, but I'm going to bring us home for today's discussion and talk through some ideas around strengthening parent engagement efforts. And I will just say it's interesting. There's not a ton out there in the research literature relating to parent engagement and prevention. Parent engagement in school settings, across other sectors, in other activities. But most of what I came across as we designed this session was really around parent engagement and specific programs and how those parents were reached and outreached to and recruited to the program.

Jessica Goldberg:

So, we're going to be sharing some information from analogous fields, we think, that will hopefully inform our efforts as well. So, on the next slide, we're going to turn it over to you another time to share your collective wisdom with us and tell us in your own words, what do you think the single biggest challenge to engaging parents in prevention is? So, free word association. There's no right or wrong answers. Whatever comes to mind. We'd love to hear, but in your experience and working with parents, what are the challenges? And I see them coming in. They are, as I anticipated, "Too little time, getting them to show up, their busyness, their time, getting them to show up, time, getting them to the table." We have two very strong themes emerging, which I think is great. "Having so many obligations, peers, not my kid." Right, this idea that other kids are using or experimenting with substances, but not my kid.

Jessica Goldberg:

This sort of denial that it is something that might be happening without their knowledge, in their own family. So, "Getting a response when you even do any of your outreach," absolutely, Keisha. And then, "Getting access to them." So, the responses so far have named a variety of different challenges. All of which I think are related, all of which we'll touch on. And Robin, thank you. "You can't tell me how to raise my kid. Who are you?" So, really great responses and thank you for sharing. We're going to share a simple framework on the next slide. And this from the CDC, very simple. There's a lot more to it, but we're just naming sort of the three main prongs of the framework. And this is from CDC and it's a resource around parent engagement. It highlights a three step process for engagement. Connecting with, engaging, and then sustaining parent engagement and health related efforts.

Jessica Goldberg:

So, the resource that we'll share a link to focuses on school health, but there are lots of excellent takeaways for us in prevention and lots of different ways thinking about parent engagement. We think about getting them to the table in a formal program, what it means if they're engaged in the first of many sessions, but then don't continue. There's this idea of initial engagement, versus sort of sustained engagement over time, because we know retention is just as important as that initial engagement process. And so, we want not only to have parents become engaged, but also stay engaged in what we're doing and thinking about it in those terms may help us in that it could be that we're using different engagement strategies earlier or later in our process of working with parents.

Jessica Goldberg:

So on the next slide, as we walk through this model, we'll think about connecting with parents and caregivers. And so, we can ask ourselves a series of questions. Who are you trying to connect with?



Which groups of parents are you looking to reach out to? It's helpful here to think about parents in terms of subgroups, because parents is such a broad term. You're describing this very diverse group of individuals. So, we really might be meaning to engage with a particular subset of that group. What are you trying to communicate to them? What are you hoping to draw them into? When and where are you accessing them? Can we learn the best ways, best times to reach parents and caregivers, either from others in our communities that are doing similar work or through our own trial and error? So, we know how we can figure out how they prefer to be contacted and then, why are we contacting them?

Jessica Goldberg:

And this is sort of the other side of the coin of what, but to what end are we reaching out to them? What do we hope to accomplish and what benefit might we offer them too, through their engagement with us? Certainly it should be a mutually beneficial situation. So, on the next slide, there's a few considerations about connecting with parents, making sure that our mission reflects the importance of that connection with parents, so they see it reflected there and it reinforces to them that they're not only welcome, but they're integral to our success. We want to leverage the existing relationships our partners have. We don't have to go it alone and actually we're most successful when we work in concert with other partners to access this group and they can help us find out where parents are most likely to be, where they access information, how to best communicate with them. Are we looking to engage individual parents out there in the community, members of standing community groups or are we trying to develop our own parents group in and of itself?

Jessica Goldberg:

Whatever our goal, we want to make sure that our audience understands the roles that they can play. They see the connection between what we're asking of them and what's important to them. So, maybe we take the time to canvas some parents and caregivers about their concerns and their priorities so that we can better align our efforts to maximize the mutual benefit. This all takes time and effort and resources. If you're going to spend the time and make the effort, it's going to involve allocating resources to the relationship building that we need to do to make inroads with this population. And so, once we do get them to the table, we want to maintain that relationship we've invested in, by creating a really warm and welcoming environment for them to feel comfortable in and contribute to. On the next slide, in terms of engagement, we've already named many of the ways we want to engage parents as participants, as partners, as allies in their homes, championing prevention goals, and contributing to them by influencing the risk of protective factors that are within their sphere of influence.

Jessica Goldberg:

And so, we have to support our parents in their participation that might look different depending on an individual basis. Thinking about equity, meeting the unique needs that exist among our participants, help facilitate their participation. We can't have 10 different meeting times to accommodate different meeting schedules, but we can follow up with individual parents, who maybe were unable to attend a coalition meeting and have a quick conversation with them to catch them up and make sure that they are aware of opportunities that they have to contribute that might work for them. And making sure to communicate with parents about the expectations and the benefits of their participation and give them those various avenues to contribute meaningfully. So, it's not just this one size fits all and they can come



away from their experiences feeling like they've really contributed and not that their time was misspent or was not rewarding for them. Given how limited it is, that you've all mentioned just how limited it is.

Jessica Goldberg:

And so, the next slide, I think this is a really interesting point. We're going to introduce another model here quickly. And this is the Health Belief Model. It's very widely used to explain health related behaviors and as a guiding framework for promoting prevention based behaviors. But basically, the assumption is that the likelihood of engaging in healthy behaviors is a combined function of someone's desire to avoid illness and expecting that engaging the behavior will promote wellbeing. And so, the expectations are basically based on these estimates of different factors. So, the susceptibility a person has of contracting that problem or that condition. And then also the severity of that problem. So, the relative seriousness of the consequences of contracting that condition. And so, people use its susceptibility and severity as criteria for making decisions about engaging in health behaviors. As well as other factors like the perceived benefits and barriers of their participation in a health behavior. With parent engagement, parents and other caregivers are engaging in this process on behalf of their children.

Jessica Goldberg:

So, they think about susceptibility. They think about severity of youth substance use, how likely it is their kid is going to do it. And also, what are the benefits and barriers for they themselves to participate. And so, we know that parents are likely to take preventative action for their children when their perceptions of both the susceptibility and the severity of their kid experiencing a problem are relatively high. And so, it's really important for us to think about when we make our pitches and our cases to parents to be involved in our efforts. How we can communicate that susceptibility and severity are very real concerns and considerations that they should take into account, as they think about their own participation in prevention efforts. And so, on the next slide we have a list of what are some barriers to engagement, many of which you've already mentioned. And we want to work with our parents, our caregivers, to help resolve those barriers that exist.

Jessica Goldberg:

And this list, of course, isn't by no means exhaustive, but we have time constraints as a big one, related to the reality of competing priorities, which we heard you share. The logistical constraints are very real. There may also be this sort of perceived lack of knowledge or skills to engage in prevention efforts, whether they have anything that they can bring to the table. And they may also feel a very legitimate and reasonable distrust or discomfort working with institutions. And that may be very resident among some populations that could inhibit their willingness to join our efforts. And so, we mentioned earlier, there's this lack of information around a prevention knowledge base for engaging parents and prevention efforts. And so, what we're going to do in a few moments is add to our knowledge base as a field, by leveraging your experience to brainstorm some solutions to these challenges.

Jessica Goldberg:

But first, we are really honored to have a guest speaker with us here today. So, the next slide, I'll introduce Dr. Arlene Christopher, who is the co-founder and vice president of Youth Arise Incorporated,



in the United States Virgin Islands. So, Dr. Christopher is a speaker, a health educator, a health consultant with her own health consultancy company and private pediatric practice, ChristopherPeds. Over the past 20 years, she's worked with children and their families in many settings, including community healthcare centers, emergency departments, and pediatric acute care centers. She served as the director of Maternal and Child Health and Children with Special Healthcare Needs in the Virgin Islands, the Virgin Islands State Adolescent Healthcare coordinator, and the physician for the multidisciplinary team for Child Abuse and Neglect in the VI, and has testified as an expert witness in several child abuse and neglect cases.

Jessica Goldberg:

She's received her bachelor's degree in biology from Vanderbilt University, her doctorate in medicine from the University of Pennsylvania, and did a pediatric internship at the St. Louis children's hospital and completed her pediatric residency at the University of Medicine and Dentistry of New Jersey. It's my honor to welcome you here today, Dr. Christopher, to share some of your experiences and your efforts in working to engage and serve parents in the US VI. And so, I think right now, I'll invite you to unmute if you like, and do just that with us. I see you have your camera on and is everything [inaudible 01:06:22].

Dr. Arlene Christopher:

Good afternoon.

Jessica Goldberg:

Welcome.

Dr. Arlene Christopher:

Can you hear me?

Jessica Goldberg:

We can hear you, yes.

Dr. Arlene Christopher:

Okay, good afternoon everyone. I'm trying to share my slides here.

Jessica Goldberg:

We can see them.

Dr. Arlene Christopher:

Okay. All right. Can everybody see that now?

Jessica Goldberg:

Yes, I think we can.



Dr. Arlene Christopher:

All right. Okay. Well, thank you so much. And it's truly an honor and privilege for me to be here, to share some of my experiences. As Jessica said, my background is in pediatrics, and I've done a lot of work with parents and families. And I'm now the co-founder and vice president of an organization called Youth Arise, where we work with a lot of youth, preteens, and adolescents, their families, and we do a lot of other work in the community. So, some of the things that I would like to... I'm really happy to be a part of this presentation, and I'm happy to discuss something that we have done at Youth Arise, and we started actually doing it, when I was working at the Maternal Child Health Children with Special Healthcare Needs, we started this idea of parent cafes in an attempt to engage many of our parents who were struggling and had difficulties with our young people, when we saw that they really had a lot of issues, not just in the way of health, but also social issues.

Dr. Arlene Christopher:

So, I'd like to spend a little time talking about parent cafes and how they can impact our parents and also how they are a meaningful way of engaging parents and giving them an opportunity to not be in a situation where they're being judged or, "Okay, you need to do this, or we are doing this because we feel that your family's dysfunctional," or something to that effect. And a lot of times, when we do a lot of parent training, sometimes that's the message that parents take away, that they're bad parents. They don't know how to deal with their families. And therefore we, as an institution or an organization, we have to step in. So, when I talk about parent cafe, there're several questions that have to be answered.

Dr. Arlene Christopher:

The what, the why, the when, the where, the how, and how is it useful in engaging our parents? What are we going to do? Why are we doing it this way? When are we going to do it? Where are we going to do it? How are we going to do it? Now, Jessica and Ivy have done a lot of discussion about some of the things that they have used in terms of engaging parents and some of the issues that they have faced. So, when we start talking about the what, the why, the when, the where, and the how, we really want to focus on what exactly are parent cafes. A parent cafe is really a place that provides a safe nonjudgmental environment. It's an opportunity for parents and caregivers to build their protective factors. There's been a lot of discussion about various protective factors, and that's very important if we want to provide our families with the ability to help our young people move away from risky behaviors and factors that will cause them to end up in very dangerous and unhealthy situations.

Dr. Arlene Christopher:

And a parent cafe, is really a place where parents and caregivers can engage in a conversation about what it means to keep their children safe and make their families strong. It's an opportunity to build parent leadership. Having said that, I want to just take a minute or two to just talk about the various differences between parent training. For a long time, we've had parent training where you have a program that parents actively acquire parenting skills, and they have homework and modeling and practicing skills. And it's really a situation where they come and they go through a series of sessions where they have people talking to them. "This needs to be done. You need to develop these kinds of skills," and so forth. And a parent cafe, actually is a place where you have physical as well as emotional



space that is now considered safe. The parents are able to really open up and talk about their challenges. Oh, I'm sorry. Talk about their challenges and some of the strategies and success.

Dr. Arlene Christopher:

It's a place where parents and caregivers can really talk about some of the leadership and relational skills, as well as help them to develop these protective factors that help to strengthen their families. Why? Why do a parent cafe, as opposed to some of the traditional parent trainings? Because in the whole scheme of everything, a parent wants a break, a day off, free time, me time. Parents need ways to discuss challenges that they face, and they need to be able to do this openly and freely. And some parents need to even be able to learn certain skills and techniques in parenting, that will help with the proper development of their children. The bottom line is that parent cafes is really a way to meet the needs of parents in more of a non-threatening manner. We've been having a lot of discussions about how do you really engage parents and the time it's really... "I don't have time. I don't have this. I have other priorities. I have so many things that are pulling at me."

Dr. Arlene Christopher:

But if you say to someone, "I'm giving you some me time. I'm giving you a time to just exhale. I'm giving you an opportunity to relax and to really talk about things rather than to listen to somebody, talk to me about things and lecture me about things." It makes a bit of a different. It tends to pull them into a different arena where they're now thinking, "Well, you know what? This might work." It's like saying, "I'm going to give you a day where you can go to the spa and have a day off," and so forth. And so, that might be something that's appealing to a parent, when you start talking about parent cafes. When? A lot of times we schedule things and we just say, "Listen, we have this class going on. We have this scheduled and here are the times, here are the dates," and it doesn't work.

Dr. Arlene Christopher:

They don't show up because, "That doesn't work for me. That doesn't work for my schedule." And although a lot of times we do try to bend backwards and have them at different times and different places. "If it's something else at the end of a long day or a long week, where I have to sit down and listen to somebody talk to me forever, it's not going to work. It has to be something that's inviting, and it has to be something that's on my time, my schedule as a parent." Where? It has to be someplace... when we talk about where, we have to schedule it someplace that's accessible by public transportation. Because as many of you mentioned in the chat, transportation is an issue. "How am I going to get there? I don't have transportation. If it's out in the boondocks, or if it's someplace that I have to take a bus and a train and a-this-and-a-that to get to, it's not going to happen."

Dr. Arlene Christopher:

It has to be someplace that has adequate parking for those that do drive. And it has to be in a safe location. I'm not going to come out in the late afternoon or evening to some place where I feel threatened. And it has to also be someplace that's child friendly. Many of you talked about, I believe in Ivy's slide, she talked about childcare. That's a major barrier, because it is something that parents have to deal with. "Who's going to take care of my child while I come to this session?" So, you have to set up something in which they don't have to sit down and worry about their children. "Is this a place where





my children are safe? Where I don't have to deal with any of the issues of my children, and my time is really my time?" And it has to be someplace that can be easily set up like a cafe.

Dr. Arlene Christopher:

It has to have that inviting, warm, relaxing atmosphere. So, I'm just giving you some example of some cafe styles, something that is a little cozy. It's something that reflects... that has some nature, something that is relaxing and inviting. So, when you're thinking about setting up your cafe, some of the things that you may want to do is to think of a nice place that you would want to go to relax. Why parent cafe? And the model that we used was a model on the Strengthening Families model, that also had the protective factors. The Strengthened Family's model is something that really is an evidence based approach. And it was implemented in an effort to really address the issues of child abuse. And it really focuses on increasing family strengths, promoting child development, and reducing-

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Dr. Arlene Christopher:

"Increasing family strengths, promoting child development and reducing the risk of child abuse and neglect. It identifies and promotes protective factors for children and families." And this has been a theme that has been centered that has been discussed throughout this entire session about protective factors and protective factors are very, very important. A lot of times we spend so much time talking about our risk factors that we do forget about implementing protective factors. Getting our families to a place where our parents are resilient. Our parents also have social connections and they don't feel so isolated. That they have knowledge of parenting and child development. That they have concrete supports in need of time and social and emotional competence of children. It's really important that the protective factors are built into your entire... Excuse me. Scheme. And the model that we used when we set up our parenting cafe at Youth Arise was to Strengthen Families Model of Ohio.

Dr. Arlene Christopher:

And I have here the actual... And you can Google that and it'll tell you exactly how it is, and it's really a lovely model. And it goes through it step by step. I was actually trained when I was at MCH in the Strengthening Families Model. So it was very easy to transition. And since I had experienced doing cafes at MCH, implementing the model was not that difficult. But if you go through and you look at the Strengthened Families Model that Ohio has in setting up a parent cafe, it goes through everything. It tells you about the cafe model. It tells you the structure of the cafe model, how to set it up. It tells you about the planning. It tells you some of the topics, the roles and everything. It's a very detailed... It's a short document that really lays out everything.

Dr. Arlene Christopher:

And one of the most important things when you're working with parents and setting up these types of things is to have partnerships. How we established our program, we work with the department of human services, and we do a lot of programs for many of their young people. One of the programs that we do with them is something called HAWKS, H-A-W-K-S and it's Higher Achievement in Wisdom and Knowledge. And we deal with young people from the age of 11, all the way to 18. And these are young



people that have ended up in the system. So they are with the department of human services for one reason or another. And sometimes they've even gotten involved with the juvenile justice system. We work with them and we try to do what's called Transitioning From Adolescent to Adulthood. A program where we help them to work on conflict resolution, work on developing their skills, work on career planning, finances, budgeting, dating, domestic violence, self-esteem.

Dr. Arlene Christopher:

A lot of different things that you're not taught in school, but things that are very important to help you to transition into adulthood. So we try to do that. And what we do is we don't just work with the children, but we work with the families. So we're able to really, through this program, recruit the parents. And we have an advantage when we have these parent cafes in knowing some of the challenges that our parents are facing, because we deal with their children. So we can tailor a lot of our programs in our... Structure our parent cafe in such a way that we can address some of the challenges that we know parents are facing. And that is one of the things that has been very helpful in being able to engage our parents, because it was mentioned before about the distrust. I think Jess mentioned about the distrust with institutions.

Dr. Arlene Christopher:

At this particular point, we're working with their children and they're seeing changes in their children. And they're thinking, "Hey, maybe this is an institution that we can trust and be a part of." So when we invite them, after working with their children for a few weeks, we can say, "We're having a parent cafe. It's just a time for you to relax and enjoy conversation and just let your hair down." And they seem to enjoy that. And they really think that this is a good time. So developing those kinds of partnerships, where you're working with their youth in some form of fashion is one way of gaining trust.

Dr. Arlene Christopher:

When you also have partnership, it also allows you to gain additional resources. You're gaining people with skills and expertise and knowledge that can also help you in the development of your partnership and help you to support your parents in the long run.

Dr. Arlene Christopher:

The other things that are very important when you're engaged in developing these kind of model is your support mechanism that assists with the logistics of childcare, food, advertisement, volunteers, facilitators, greeters, so that this becomes a really nice and smooth event that children are away from their parents. The food is prepared because one of the things that parents would love to have is food. Anytime you want someone to show up, you say, "Well, we're having food." And 99% of the times they will show up. And food has always been something that allows for social gathering. We gather together socially because we are sitting down and eating and drinking with each other and having that time of bonding so that's also something that's very important.

Dr. Arlene Christopher:



So we talked a little bit about the protective factors. So let me get to introducing the actual setup of how we did the program. So when our parents were introduced, we gave them the flyers. We gave the parents of our young people in our Hawks program, we gave the parents the flyers that was shown initially when we opened up this part of the session. And we did a little introduction. So everybody stood up and they said their name, what they hoped to accomplish out of this. And then I did a little PowerPoint presentation to set the ground rules. And here's what I presented. I told them, "Welcome to the HAWKS and Youth Arise Parent Cafe." And I basically explained to them what cafes are. "Cafes are a method of facilitating meaning, reflective conversations that promote leadership and collaboration."

Dr. Arlene Christopher:

And I also explain to them that, "Parents and caregivers learn and embody the protective factors that help strengthen their families." So we had a very brief discussion as to exactly what this whole idea of parent cafe is. And then we went into a little bit more about the purpose and the goals of the cafe. "Level the playing field. Everyone participates with their family hat on." So at this particular point, everybody in there was a parent, a member of the family, and this was not... You left all your degrees and everything at home. You left everything else. And you were just strictly a parent. You encourage... The purpose of this was to encourage deep listening to self and to others. This is an opportunity for you to listen to yourself and to listen to other parents.

Dr. Arlene Christopher:

And it was an opportunity to offer a new way to make connections and to raise awareness, both of how much we know and how much there is to learn as parents. This is an opportunity to provide a forum for parent to parent conversation, and it allows for and honors the sharing of ideas, resources, and experiences. So we made it very, very clear that we honor sharing ideas, resources, and experience. This is your time to talk about you. This is your time to share your ideas, your resources, and to share insight and give hope. And then this is also a time to celebrate the wisdom in the room.

Dr. Arlene Christopher:

Then we went on to explain expected outcomes. These are some of the things that we hope would come out of this entire session: facilitate friendships and mutual support, strengthen parenting, respond to family crises, link families to services and opportunities, value and support parents, facilitate the social and emotional development of children and observe, and respond to early warning signs of child abuse or neglect.

Dr. Arlene Christopher:

And then we set absolute ground rules. The first thing is we wanted to really make sure that we created an atmosphere that was safe and secure. Anything said in this room stays in this room. This is your sacred space. It was very, very clear. Everybody agreed that nothing was to leave the room. And if you met the person on the street, you were not to discuss it unless they engaged you in that discussion. Otherwise, you know nothing. You don't even know them unless in... Except in a friendly way, but you don't get into details as to what occurred in this room.

Dr. Arlene Christopher:



The second thing is everybody's entitled to their own opinion. Everybody has their own opinion. And even if you don't agree with it, it's okay. And we all are going to agree to disagree respectfully. There is no condemnation. There's no cutting down. There's no making... shaming people. It is your time to express your opinion. And we respectfully agree or disagree. Then everyone has a voice, no private conversations while others are talking. While one person is talking, everybody is listening. Listen, when someone else is talking. No use of obscenities, vulgar discussions. We are going to keep it on the up and up and keep it straight. Have an open mind to hear new ideas. Open your mind, be receptive to what's what's happening here and enjoy the process.

Dr. Arlene Christopher:

So once the ground rules were said, this is what the outcome was. We basically... Because our facility... This was right after COVID so we had just come out of lockdown. So our space is not that great, but what we tried to do was to design with some flowers and table cloths and candies and candles, and just make everybody feel safe and secure and comfortable as well as food. The table in the back is set up with the food and they are able to really have that time. The children are in a different room and they are being mentored by one of our other workers. And these are the questions that we started with.

Dr. Arlene Christopher:

"Number one, what role do you see yourself as a parent playing and helping your child or children make healthy choices..." I'm sorry. "Healthy decisions or good choices? Number two, what steps can you as a parent take to improve communication between you and your child or children? Number three, what steps can you as a parent take to support your child or children's academic success and learning? Demonstrate these steps through a skit through any means possible. How do you see yourself supporting your child or children's dreams and goals?"

Dr. Arlene Christopher:

So, because we started off with four parents... One of the things that you really want to do, you won't want to have a big session. You want to have at least six or seven parents, so that it's small and it's intimate and people have an opportunity to really have a discussion. Our time we started at 5:30 and what I did was, after everybody introduced themselves, I just sort of sized up the room and I gave each person a question to work on, and they had about 20 minutes to sit down and really reflect on it. And then after that, I asked them if they were comfortable sharing and everybody was okay with that. On an easel board, I wrote down the answers to that person's... the answers to that.... The responses that person gave to each question. Each person had one question so whatever answers and... So we took them one by one.

Dr. Arlene Christopher:

So after the person who did question number one, gave all their responses, I had a discussion with the other individuals and said, "Do you agree? Do you have anything else to add to it?" And the discussion was so open. And these ladies really just sat down and they just opened up their hearts. And we were there, the first night, until almost 11 o'clock. They just wanted to talk. They just wanted to release. They sat there, they helped each other. They shared. They said, "I had that same encounter. Here's what I did



with it. Here's what this person did with it." And this was basically what you really wanted to accomplish.

Dr. Arlene Christopher:

You wanted to get them to a place where they're able to just feel comfortable talking to each other. And that's why a small group is very important because with a lot of people, you kind of get lost in the shuffle. So the other way that people have set up cafe's is that you may have three people to a table and they address one question. And then you have three or four tables set up and each table addresses a question and then there's an open discussion or people can switch tables so that everybody gets an opportunity to have a discussion. And then the facilitator collects all the papers, and then we do it all together. But this way we just had... We had a father involved, but he had to leave. So we had three individuals, they answered three of the questions and they continued to talk.

Dr. Arlene Christopher:

They were so excited. They were like, "When are we coming back?" So I was saying, "Okay, we can come back in two weeks." They were like, "So long? We really want this." And this is what our parents are really, really looking for. They're looking for an outlet. They're looking for a place where they can talk about their issues and their problems. And someone can listen, someone can give them an opportunity, they can have open discussions about what's really going on and also get some feedback.

Dr. Arlene Christopher:

So after they wrote all of... after I wrote everything, I gave some feedback and I gave some tips on areas and gave them the opportunity to really go through and say, "Here's where you can go ahead and do this, or do that." And we had that opportunity to share.

Dr. Arlene Christopher:

So having said that's pretty much the Parent Cafe that I did at Youth Arise. And I want to thank you so much for the opportunity and for your attention and any questions.

Jessica Goldberg:

Thanks so much, Dr. Christopher. I do see that Courtney has a hand raise. So I don't know if Courtney, you're able to unmute or would like to ask a question in the chat. But welcome anyone to share their questions out loud or in the chat, whatever you would like. And I just quickly want to say, if you have to jump off now, we will have our second session next Wednesday, June 1st, same time of day. And we'll be able to welcome Dr. Christopher back for that as part of a panel of prevention practitioners who will be sharing again about their experiences in engaging parents. So we'd love to see you back for that session if you're able to join us. But, I'll be quiet now in case there are questions about what you just heard from Dr. Christopher or anything you heard from today's presentation. We're happy to take questions now. I will just say... Oh, sorry, go ahead, please.

Speaker 1:

[inaudible 01:37:04].



Jessica Goldberg:

I'm not sure if someone's trying to ask good question, or maybe they just came off mute, but would welcome your... You're welcome to ask a question if you have them. It has been wonderful. Thanks, Kaitlyn. You should see in the chat... Hopefully Arlene, you can catch up in the chat. There's so many wonderful comments about what you shared in the chat, and we will be sharing out the recording from today session. Especially, knowing some folks may have had to jump off before for the end. So we'll be sure to share that out in our follow up email, follow up materials. And so I think... Feel free again... If you're in mid type... If you're typing, don't stop. We want you to ask your question, but Ivy, I can turn it over to you because I know you're going to bring us home for the rest of the session.

Ivy Jones-Turner:

Yes. Hi everyone. I'm going to just show our final sets of slides. And this is basically... We want to... I'm sorry. I don't think I'm sharing the right slides. Give me one second. The expertise that we're all learning in terms of technology, right? Sorry about that folks.

Ivy Jones-Turner:

Basically our last slides are, we really want to hear back from you in terms of feedback on this session today. So we have our Gpra link that we have posted into the chat, and we definitely want to invite you to share your comments and questions using the Gpra link. We also hope that you'll join us for next week's session so that we can continue the conversation. You'll have an opportunity to hear from Dr. Christopher again, as well as see a few other members of a panel session. And so we also want to encourage you that if you have questions that you would like to pose to the panel, please let us know. In our slide here, you'll have our email addresses so you can feel free to send those email questions in advance to Jess or to myself. And we will compile those and share them with our panelists next week.

Ivy Jones-Turner:

I'd like to also say thank you, Dr. Christopher again for just walking us through such a rich example of not only the approaches that you've used, but how you've integrated the focus on protective factors throughout your Parent Cafes. And that was really great, I think for so many people to hear. And so we hope that we'll have a chance to share some of your slides with the group, and we'll definitely share the recording with everyone.

Jessica Goldberg:

Thank you. My pleasure.

Ivy Jones-Turner:

So with that, thank you again for joining us today, everyone. We do hope that you will be able to join us next week and we will definitely send out a follow-up email with the link for the Gpra survey, for those of you who aren't able to access it right now, along with the slides and the recording link for today's session. And we hope to see you and your questions and your suggestions and feedback next week. Thanks so much. Take care, everyone.





Northeast & Caribbean (HHS Region 2)

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PART 4 OF 4 ENDS [01:40:48]