

**Last reviewed:** July 2016

**Intervention website:** <https://dare-to-be-you.webnode.page>

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## DARE to be You

Please note that in the ‘Intervention summary’ table below, ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
<b>Description</b>	DARE to be You is for families with a child aged between 2 and 5 years, with risk factors for later adolescent substance use. It is delivered by two trained preschool teachers to groups of up to 12 to 25 families through 10 to 12 weekly sessions. Each session consists in a two-hour workshop for parents, while children and siblings had their own session at the same time. The sessions are typically offered alongside a preschool curriculum and booster sessions can be added at the end.
<b>Evidence rating</b>	2+
<b>Cost rating</b>	N/A
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Preventing crime, violence and antisocial behaviour                             <ul style="list-style-type: none"> <li>- Improved behaviour.</li> </ul> </li> <li>• Preventing obesity and promoting healthy physical development                             <ul style="list-style-type: none"> <li>- Improved developmental milestones.</li> </ul> </li> </ul>
<b>Child age</b> (population characteristic)	2 to 5 years old
<b>Level of need</b> (population characteristic)	Targeted Selected

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Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	<ul style="list-style-type: none"><li>• African American</li><li>• Hispanic</li><li>• Native American</li><li>• White American.</li></ul>
<b>Type</b> (model characteristic)	Group
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• Early years setting</li><li>• Primary school</li><li>• Community centre.</li></ul>
<b>Workforce</b> (model characteristic)	Preschool teachers
<b>UK available?</b>	No
<b>UK tested?</b>	No

## Model description

DARE to be You is for families with a child aged between 2 and 5 years, with risk factors for later adolescent substance use.

It is delivered by two trained preschool teachers to groups of 12 to 25 families for 10 to 12 weeks over 3 to 4 months, with optional booster sessions. Each session consists in a two-hour workshop for parents, while children and siblings attend their own session at the same time. Parents and children also engage in a 10- to 30-minute activity together and share a family meal.

The parent component focuses on personal and parenting efficacy, stress management, child development, and home management skills based on the four 'DARE to be You' principles:

- Decision-making and problem-solving skills
- Assertiveness in communication and conflict management
- Responsibility for one's behaviour, including internalised control and stress management
- Esteem for oneself (e.g. self-efficacy) and others.

The group activities are designed specifically to improve self-talk, help children define positive characteristics, and validate differences including different developmental levels. Parents also learn

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about child development and age-appropriate parenting strategies for fostering children's self-esteem, decision-making, and problem-solving skills.

The child component uses age-appropriate games and activities to promote the same concepts learned by the parents in supporting children's cognitive development, mastery motivation, social competence, emotional knowledge, decision-making, self-management, and communication skills.

Separate curricula are available for 2- to 3-year-olds and 4- to 5-year-olds.

### Target population

<b>Age of child</b>	2 to 5 years old
<b>Target population</b>	Families with children aged 2 to 5 years old who are at risk of later adolescent substance use.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



## Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Adolescent substance use is a major public health concern that is associated with adverse short- and long-term effects for young people.	Disadvantaged families experience multiple factors which could be associated with adolescent substance use, including lack of parenting competence and low parenting self-esteem.	Families with at least one risk factor for later adolescent substance use.	<ul style="list-style-type: none"> <li>• Preschool teachers conduct workshops with parents to increase their personal and parenting efficacy, stress management, understanding of child development, and home management skills</li> <li>• Preschool teachers conduct workshops with children to build their mastery motivation, and cognitive, socio-emotional and communication skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased parenting competence</li> <li>• Increased parental understanding of child development</li> <li>• Increased parental self-esteem</li> <li>• Increased child readiness to learn.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased family resilience</li> <li>• Decreased child behaviours that challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced adolescent substance use</li> <li>• Reduced adolescent risky behaviours</li> <li>• Increased child academic achievement.</li> </ul>



## Implementation requirements

<b>Who is eligible?</b>	<p>Disadvantaged families with a child aged 2 to 5 years old, with at least one major risk for adolescent substance misuse, including:</p> <p><b>Parenting risk:</b> At least one foster or shelter care placement; frequent harsh punishment; prior enrolment in community parenting classes.</p> <p><b>Educational risk:</b> School dropout; mother or father with less than 12 years of education.</p> <p><b>Economic risk:</b> Less than \$15,000 annual income; unemployed wage earner; receipt of welfare; sought employment agency assistance in last six months; sought financial agency assistance in last six months.</p> <p><b>Mental health risk:</b> Sought individual or family therapy in last six months; sought other help for family problems in last six months.</p> <p><b>Substance abuse risk:</b> Family history of substance abuse; spouse's family history of substance abuse; attended Alcoholics Anonymous (A.A. or AIA non) in last six months.</p> <p><b>Psychosocial risk:</b> Teen mother (younger than 20 years); teen father; single parent or step-parent; socially isolated; lives in a community with &gt;90% population substance abuse.</p> <p>Families predominantly have acute difficulties, rather than severe, chronic difficulties.</p>
<b>How is it delivered?</b>	DARE to be You is delivered in 10 to 12 sessions of two hours' duration each by two preschool teachers, to groups of parents and children.
<b>What happens during the intervention?</b>	<ul style="list-style-type: none"> <li>• Preschool teachers deliver group parent workshops, which activities to promote family resilience, focusing on personal and parenting efficacy, stress management, child development, and home management skills.</li> <li>• Children receive their own curriculum promoting self-efficacy, and social, emotional, and communication skills.</li> </ul>
<b>Who can deliver it?</b>	The practitioner who delivers this intervention is a qualified preschool teacher trained in DARE to be You. They are supported by trained teenage caregivers to serve as caregivers for siblings and 'constant companions' in the children's workshops.
<b>What are the training requirements?</b>	<ul style="list-style-type: none"> <li>• The practitioners have 15 to 18 hours of intervention training.</li> <li>• The teenage caregivers receive 8 to 20 hours of training.</li> </ul>
<b>How are practitioners supervised?</b>	No information on supervision.



## Implementation requirements (Cont.)

<b>What are the systems for maintaining fidelity?</b>	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> <li>• Training manual</li> <li>• Face-to-face training</li> <li>• Fidelity monitoring.</li> </ul>
<b>Is there a licensing requirement?</b>	Not reported
<b>*Contact details</b>	<p>Contact person: Jan Miller-Heyl and Toni Hover</p> <p>Organisation: DARE to be You</p> <p>Email address: <a href="mailto:daretobeyou20@yahoo.com">daretobeyou20@yahoo.com</a></p> <p>Website: <a href="https://dare-to-be-you.webnode.page">https://dare-to-be-you.webnode.page</a></p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>

## Evidence summary

DARE to be You's most rigorous evidence comes from a single RCT conducted in the United States which is consistent with Foundations' Level 2+ evidence strength criteria.

This study observed statistically significant improvements in DARE to be You parents' reports of their child's general development and behaviour at a 12-month follow-up assessment compared to families not receiving the intervention. DARE to be You parents' also reported significantly improved parenting practices and reductions in stress 12 months post-intervention compared to parents not receiving DARE to be You.

DARE to be You has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.



## Search and review

	Number of studies
Identified in search	4
Studies reviewed	1
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	3

## Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	474 families with a child between the ages of 2 and 5 years old, with at least one risk factor for later adolescent substance use
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> <li>• 22% Hispanic</li> <li>• 29% Native American</li> <li>• 2% African American</li> <li>• 45% White American.</li> </ul>
Population risk factors	<ul style="list-style-type: none"> <li>• Median family income was \$14,500</li> <li>• 45% of families received some form of welfare support</li> <li>• 26.5% of parents dropped out of high school</li> <li>• 30% of mothers had their first child as a teenager.</li> </ul>
Timing	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• One-year follow-up.</li> </ul>
Child outcomes	<ul style="list-style-type: none"> <li>• Improved general developmental level (parent report)</li> <li>• Reduced behaviours which challenge (parent report).</li> </ul>



Study 1	
<b>Other outcomes</b>	Improved parental sense of competence (parent report) <ul style="list-style-type: none"> <li>Improved parental sense of satisfaction (parent report)</li> <li>Improved parenting strategies (parent report).</li> </ul>
<b>Study Rating</b>	2+
<b>Citation</b>	Miller-Heyl, J., MacPhee, D. & Fritz, J. J. (1998) DARE to be you: A family-support, early prevention program. <i>Journal of Primary Prevention</i> . 18, 257–285.

## Brief summary

### Population characteristics

802 families were recruited to the DARE to be You study, 496 in the intervention group, and 301 in the control group, in cohorts across five years. Due to not all cohorts being analysed in the study, the analytic sample consisted of 474 families at baseline.

Participants were recruited from Head Start preschools across four sites in the United States, which varied in socio-demographic characteristics: the Ute Mountain Ute site, the valley site, the county site, and the urban site. Across all four sites, a majority of families were from low-income backgrounds: the median family income was \$14,500 and 45% of families received some form of welfare support. 26.5% of parents dropped out of high school. 30% of mothers had their first child as a teenager. 42% to 55% of the parents reported that relatives had a drinking problem; and 37% said that at least three of their close family or friends regularly use drugs.

Across the whole sample, the average age of mothers was 29.7 years, and fathers 31.5 years. 22% of families were Hispanic, 29% Native American, 2% African American, and 45% White American. These proportions differed substantially across the four sites, however.

### Study design

496 families were randomly allocated to a DARE to be You group, and 301 to a business-as-usual control group. Due to not all cohorts being analysed in the study, the analytic sample consisted of 474 families at baseline.

### Measurement

Both groups were tested at baseline and one year after entering the intervention, and at yearly intervals thereafter. Only the intervention group were assessed at immediate post-test (10 to 12 weeks after the start of the intervention).





- **Parent report** measures included the Minnesota Child Development Inventory (abbreviated version), the Behaviour Checklist for Infants and Children (BCIC), the Self-Perception of the Parent Role, the Parent-Child Relationship Inventory, and the IPC Scales.

## **Study retention**

### ***Post-test for the intervention group only***

95% of the analysed intervention group was retained at immediate post-test.

### ***One-year follow-up***

75% of the sample (80% in the intervention group and 72% of the control group) were retained or analysed at the one-year assessment.

### ***Two-year follow-up***

40% of the sample (48% of the intervention group and 26% of the control group) were retained or analysed at the two-year assessment

Note that not all cohorts had been analysed at publication of this study.

## **Results**

### ***Data-analytic strategy***

Repeated measures MANOVAs were used to analyse group by time interaction at 12 months follow-up, with site and treatment group as between-subject factors. It appears that missing data was handled through listwise deletion.

### ***Findings***

The study observed statistically significant benefits favouring DARE to be You families, including improvements in parents' perception of children's general level of development and behaviours which challenge.

The study also observed statistically significant benefits to parents, including improvements in parents' perception of competence and satisfaction, and in parenting strategies.

### ***Limitations***

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unclear differential attrition, baseline equivalence, and intent-to-treat analysis, hence why a higher rating is not achieved.



## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Child outcomes</b>					
General developmental level	Minnesota Child Development Inventory (abbreviated version) (parent report)	No information	Yes	363	12-month follow-up
Behaviours which challenge – problem behaviour	Behaviour Checklist for Infants and Children (BCIC) (parent report)	No information	yes	363	12-month follow-up
Behaviours which challenge – oppositional behaviour	Behaviour Checklist for Infants and Children (BCIC) (parent report)	No information	Yes	363	12-month follow-up
Parenting Self-esteem	Self-Perception of the Parent Role – competence (parent report)	No information	Yes	363	12-month follow-up
Parenting Self-esteem	Self-Perception of the Parent Role – satisfaction (parent report)	No information	Yes	363	12-month follow-up



<b>Outcome</b>	<b>Measure</b>	<b>Effect size</b>	<b>Statistical significance</b>	<b>Number of participants</b>	<b>Measurement time point</b>
Parenting Self-esteem	Parent-Child Relationship Inventory – satisfaction (parent report)	No information	Yes	363	12-month follow-up
Parental locus of control	IPC Scales – internal (parent report)	No information	No	363	12-month follow-up
Parental locus of control	IPC Scales – powerful others (parent report)	No information	No	363	12-month follow-up
Parental locus of control	IPC Scales – chance (parent report)	No information	Yes	363	12-month follow-up
Parental discipline	Parent-Child Relationship Inventory – limit setting (parent report)	No information	Yes	363	12-month follow-up
Parental discipline	Parent-Child Relationship Inventory – autonomy (parent report)	No information	No	363	12-month follow-up
Parental discipline	Parent-Child Relationship Inventory – communication (parent report)	No information	Yes	363	12-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting stress	Parent-Child Relationship Inventory – stress (parent report)	No information	No	363	12-month follow-up

## Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

MacPhee, D. & Fritz, J. (1999) *DARE to Be You replication project, Colorado Sites: Final evaluation report*.

MacPhee, D., & Miller-Heyl, J. (2001) *Head Start-University Partnership Grant, Dare to Be You Project: Final evaluation report*. DHHS grant 906D0011.

MacPhee, D., Miller-Heyl, J. & Carroll, J. (2014) Impact of the DARE to Be You family support program: Collaborative replication in rural counties. *Journal of Community Psychology*. 42, 707–722.

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**Note on provider involvement:** This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.