THE EFFECTIVENESS OF PARENTING PROGRAMMES IN PREVENTING SUBSTANCE ABUSE IN ADOLESCENTS:

A SCOPING REVIEW

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for a Master's of Science Degree in Nursing (Course work)

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DECLARATION

I, Hester van Gass, declare that this research report is my own, original work. The sources that are cited have been duly acknowledged. I confirm that the work submitted for assessment for the above degree is my own unaided work, except where I have explicitly indicated otherwise.

This research report, submitted for the degree of Master's of Science in Nursing at the University of the Witwatersrand, Johannesburg, has never been submitted for any other degree or examination at any other university.

Signature:  Date: 20 November 2019

Student number: 304957

DEDICATION

I dedicate my research report to the Lord Jesus Christ for providing me with the ability and strength to persevere.

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ABSTRACT

Background: Substance abuse among adolescents is a major public health concern and is often linked to poverty, child neglect, peer pressure and diseases such as HIV/AIDS. Substance abuse can also lead to social, intellectual and mental health problems, which can be a burden for families, communities and society in general, given the fact that the services provided by rehabilitation centres are expensive and do not always have the desired health outcomes. Literature reveals that positive parenting and a caring relationship with a parent both decrease the risk of substance abuse during adolescence.

Purpose: The purpose of this scoping review was to examine the effectiveness of parenting programmes in the prevention of adolescent use, misuse and abuse of substances.

Method: The design for this study comprised a scoping review based on the framework developed by Arksey and O'Malley (2005).The framework consisted of the following steps:

Identification of the research question as well as relevant studies.

Charting/mapping of data in the relevant format.

Collating, summarising, and reporting of results.

Consultation if the need arose.

Use of primary keywords to search databases for relevant articles on studies that have been conducted.

Seven relevant articles were sourced.

Findings: Themes emanating from the study were - *effective recruitment, retention and participation, parent-adolescent communication regarding drug use, family functioning, barriers to participation, parental qualities,* and *effectiveness in a parenting programme to acquire these qualities*.

Conclusion: The evidence from the studies indicate that parenting programmes have the potential to help prevent the use or abuse of substances in adolescence.

Keywords: effectiveness, parenting programme, prevention, adolescent, substance abuse.

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NOMENCLATURE/ACRONYMS

- Cape Town Drug Counselling Centre (CTDCC)
- Child and Adolescent Screening Services (CASA)
- Cumulative Index of Nursing and Allied Health Literature (CINAHL)
- Human Immunodeficiency Virus (HIV)
- Life Skills Training (LST)
- Over the counter drugs (OTC)
- Parental Self Efficacy (PSE)
- Positive Parenting Programme (Triple P)
- South Africa (SA)
- South AfricanNATIONAL-Alcohol and Drug Rehabilitation and Prevention (SANCA)
- South African Community Epidemiology Network on Drug Use (SACENDU)
- STEP-Teen (Systematic Training for Effective Parenting (STEP©)
- Strengthening Families programme (SFP)
- The United Nations Office on Drugs and Crime (UNODC)
- United Kingdom (UK)
- United States of America (USA)
- Youth Alcohol and Drug Survey (YADS)

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Substance use and abuse amongst adolescents is a major public health concern both nationally and internationally. This scoping review investigated the effectiveness of parenting programmes in the prevention of adolescent substance use and abuse, from an adolescent psychiatric nursing perspective.

The orientation, i.e. the background, motivation for, and significance of the study, are described in the introductory chapter. An overview of the problem statement, research question, purpose, objective, design, and method used in this study are also provided in this chapter.

1.2 BACKGROUND

As stated by Kaneshiro and Zieve (2017), (as cited in Hazen, Abrams, Muriel, 2016 and Kleigman, Stanton, Geme, Schor, 2016), adolescent development includes physical and cognitive changes that prepare the individual to become an adult. Physical changes include the maturation of the sexual organs which include testicle and scrotum growth among boys, and the development of breasts as well as the commencement of menarche among girls during this period. These changes can cause low self-esteem, in some, as adolescents will compare their physical development to others of the same age and may perceive that they are underdeveloped (Kaneshiro & Zieve, 2017). The same authors note that adolescents will challenge the beliefs and morals formed by society and their parents, and form their own value system which will aid them in forming their own identity. The value systems formed by adolescents may be taxing for parents, if they are too strict or rigid, as boundaries will be tested or opposed. During this phase, adolescents also start to form interpersonal relationships (Kaneshiro & Zieve, 2017).

According to Winters and Aria (2011), risk-taking is more prevalent in adolescence, as it helps the brain's frontal lobe to develop and assists in learning to make choices. This can assist healthy growth, but can also leave adolescents vulnerable to making the wrong choices or forming unhealthy coping skills. Furthermore, the same authors note that literature reveals that early onset of substance abuse can lead to an increased risk of such abuse developing into a disorder later in life (Winters & Aria, 2011).

According to Volkow (2010), substance abuse can be seen as a form of a mental disorder because it can change the structure of an individual's brain and cause the same neurological abnormalities as seen in a variety of other mental disorders. The same author concludes that this may be the reason why substance abuse and mental disorders are often co-morbid. At the very least, an individual with a mental disorder could be at higher risk for substance abuse **(**Volkow, 2010). Kessler et al. (2010) are of the opinion that any difficult family dynamics experienced during childhood and adolescence can affect an individual's risk of developing a mental disorder.

Adolescents abuse substances for various reasons, which may include peer pressure, accessibility of the drugs, curiosity, and difficult family dynamics (Limpopo, Department of Social Development, 2013). The family dynamics that may result in adolescents being at higher risk for abusing substances are, for example, divorce, a parent leaving, illness of a parent , or even separation from a parent (Kessler et al., 2010).

According to Whitesell, Bachand, Peel and Brown (2013), other risk factors found in the family that could lead to an increased risk for substance abuse in adolescence include domestic violence, childhood abuse and/or neglect.

- Domestic Violence

  Observing violence may increase the risk of substance abuse in adolescence.

- Physical and/ or Sexual Abuse

A fifty percent increase in substance abuse during adolescence, has been observed, when physical or sexual abuse of a child is present.

- Emotional abuse

  Emotional abuse can also have an impact on adolescents abusing substances, but the risk is less significant than when the abuse is physical or sexual.

- Neglect

  The risk factor for neglect is more difficult to determine, as neglect usually includes other risk factors such as poverty, domestic violence, or childhood abuse in some form (Whitesell et al., 2013).

A study by Gopiram and Kishore (2014) evaluated the reasons substance abuse is initiated in adolescence, as well as factors that lead to maintaining the behaviour. They concluded that the most prevalent initiation age for substance abuse is in the late adolescent period (15-18 years). The same authors are of the opinion that factors contributing to the continuation of the misuse include peer pressure and low-income family dynamics, as well as the euthymic mood created by substance use among adolescents struggling with depression or low self-esteem.

Gopiram and Kishore (2014) conclude that factors which may help in curbing continuation of misuse include a good self-identity and strong family morals. The same authors have also shown that education alone is not effective as a preventative measure (Gopiram & Kishore, 2014).

Bukstein (2019) states that although substance abuse in adolescents is a problem, and that with the abuse comes an increased risk of substance dependence, it does not necessarily mean it will become a disorder in their adulthood.

A substance abuse disorder implies the impairment of different aspects of a person's life to such an extent that the person cannot function normally. In an adolescent, it can cause behavioural problems, changes in mood, a decrease in academic performance, and difficult family dynamics (Bukstein, 2019).

Hoeck and Van Hal (2012) did a study to ascertain the effects of adolescent substance abuse on the family unit. Semi-structured interviews helped participants recount their understanding of their part in the dysfunctional family interaction, and certain themes were explored: parental coping skills, family support systems, communication skills, knowledge of the problem and resources for acquiring knowledge of the subject. The study concluded that parents struggled with acknowledging that some of the behaviours exhibited by their adolescent child could be attributed to substance abuse, and that parents also harboured feelings of guilt and low self-esteem. Incorporating a support group for these family members showed an improvement in the family's coping skills (Hoeck & Van Hal, 2012).

Winters and Aria (2011) concur that the brain is still developing in the adolescent stage, which could be influenced when on substances. Substances can change the pathways in the brain and cause disturbances which could lead to other more severe problems with the development of the brain. Vulnerability to drug abuse in an adolescent is reduced if the parent is supportive and involved in the raising of their child. By teaching a child skills to cope with decision making and constructive risk-taking behaviour, the parent is assisting in the development of the adolescent to be independent and able to make healthy choices (Winters &Aria, 2011).

Research done in the Limpopo Province of South Africa (SA) by the Department of Social Development, in 2013, regarding substance misuse and abuse among adolescents found that the most prevalent substances being abused are cannabis and alcohol because of their affordability and availability in the country. The youth involved in this research also indicated that the abuse of substances was linked to poverty, peer pressure, child neglect and diseases such as Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) (Limpopo, Department of Social Development, 2013). The same research report states that a decrease in the risk of substance abuse is shown when an adolescent has a positive, caring relationship with a parent. The

choices and decisions made by a member of the family could affect the adolescent's decision-making skills and influence their behaviour outside the family system (Limpopo, Department of Social Development, 2013). According to The United States of America's National Institute of Drug Abuse (2015), research has shown that parents play a crucial role in preventing their child from abusing substances.

According to Bowlby's theory of attachment (1969), forming an attachment to other individuals is necessary to form good communication skills, which include being able to express oneself and to form interpersonal relations with another person. These skills are necessary for good interpersonal skills with others, and it has been found that forming good relations with peers helps to decrease the risk of substance abuse (Terrion, 2015). Figure 1.1 shows a diagram of different attachment styles and how they affect the interpersonal relationships of the adolescent. Insecure attachment leads to impaired communication skills, which in turn results in poor relations with peers, which could ultimately lead to anti-social behaviour.

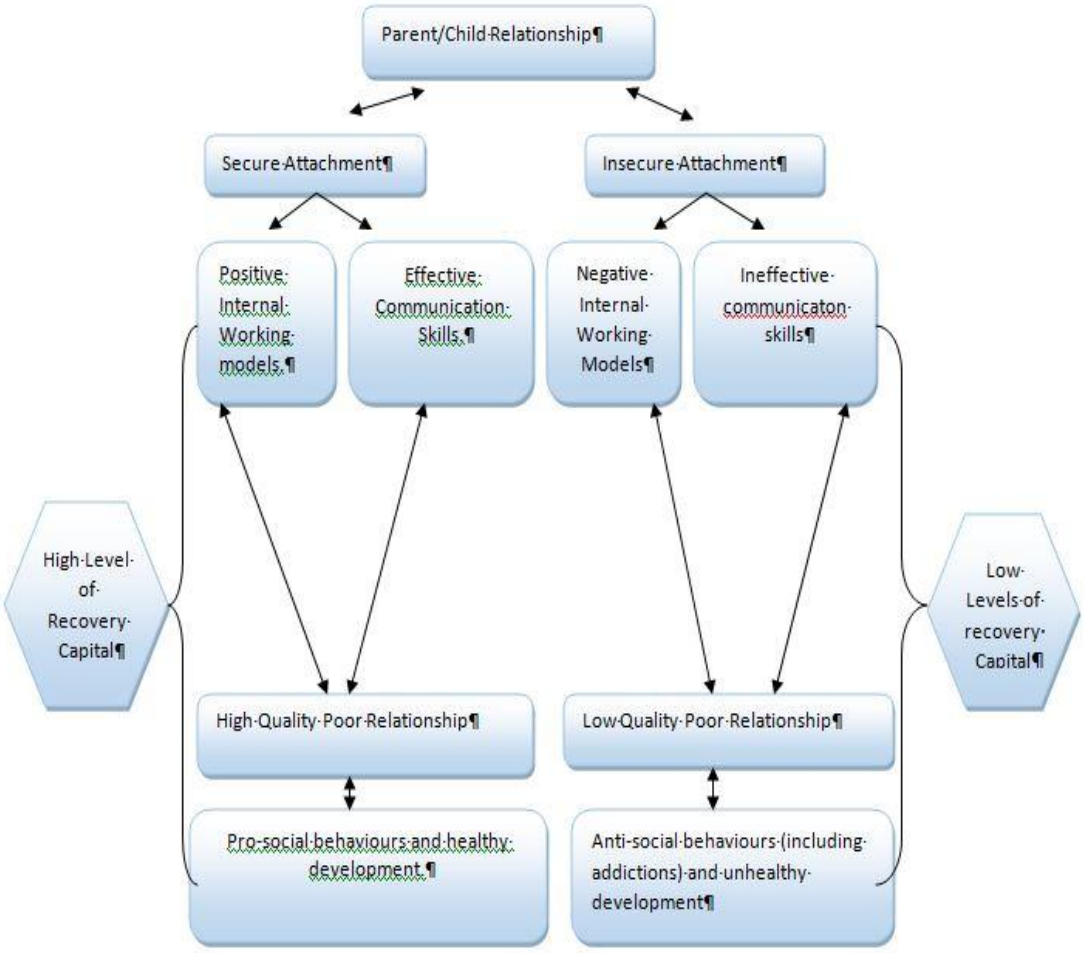

Figure 1.1: A Model of Pathways of Adolescent Addictions (Terrion, 2015:62).

According to Terrion (2015), a parenting programme is an investment both in improving the communication skills of adolescents, and strengthening the bonds between adolescents and their parents, peers, and the community at large. Implementing a parenting programme can thus be beneficial in promoting better communication between parent and adolescent (Terrion, 2015).

1.3 THE NATURE AND EXTENT OF ADOLESCENT SUBSTANCE USE AND ABUSE IN SOUTH AFRICA

According to the South African Community Epidemiology Network on Drug Use (SACENDU) Report of June 2016, a bi-annual report focusing on drug use in all nine provinces, different substances are dominant in different parts of the country. Alcohol is still the prevailing choice of substance abuse, but there is an increase of cannabis as the prime choice for patients less than 20 years of age. Other issues addressed in the report included the problem of poly-substance abuse, which remains a high and dual diagnosis of patients at admission. Furthermore, Dada et al. (2017) note that 17% of patients who report to a treatment facility have a co-morbid mental health disorder. As indicated in the same report, the following substances were documented - alcohol, cannabis, cocaine, heroin, amphetamines and over the counter drugs (OTC). These substances are also widely used in other areas of the world. Nyope, i.e. cannabis mixed with other types of drugs including cocaine, is becoming more popular in SA (Dada et al., 2017).

According to the South African National Council on Alcoholism and Drug Dependence (SANCA, par 3) (2016), "Seven point 6 percent of the South African population is abusing narcotics, and it is estimated that 1 out of 14 people is a regular user of a substance, translating to 3,74 million people." The statistics further indicate that adolescents are the second largest group affected (SANCA, 2016), and reveal the need to create an effective prevention programme in SA to curb the onset of substance abuse which can lead to other health issues.

1.4 PREVENTION OF SUBSTANCE ABUSE

According to the Limpopo Department of Social Development (2013), preventative measures in SA are mostly focused on school-based programmes in primary schools. These programmes not only provide information about substances, but also use methods of instilling fear into children, which have proved to be less effective. The Limpopo Department of Social Development (2013) is of the opinion that

programmes should extend further than just school-based programmes, be broader in focus, and include the adolescent's immediate family as well as other support systems such as the community.

Bukstein (2019) states that adolescents are faced with multiple risk factors, and these risk factors can lead to an early onset of substance abuse. According to Bukstein, the following risk factors could lead to adolescent substance abuse:

- Individual factors include low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events.
- Specific risk factors can include being male, being young, genetic factors, mental health problems and disorders, as well as poor personal and social skills.
- The family can be a risk factor if there is poor parenting or family disorganisation, for example, child neglect, child abuse (emotional, physical or sexual), or another member of the family abusing substances.
- Furthermore, peer pressure may also play a role, as during this life stage, adolescents look for acceptance outside of family members and depend more on social support from friends (Bukstein, 2019).

As noted in the above paragraph, the nature of family relations and dynamics can be either a protective factor or a risk factor regarding adolescent substance abuse. The researcher, therefore, deemed it necessary to include a section on parenting styles. Asmussen and Weizel (2010) state that parenting-styles theory is grounded in the view that a child's behaviour is based on the parenting skills of a caregiver. A child's confidence and autonomy are likely reliant on a parent's ability to create a warm caring environment with adequate levels of supervision (Asmussen & Weizel, 2010).

According to Buarind's theory (1991), there are three types of parenting styles.

Authoritative

The Authoritative Parenting style promotes individuality and responsible choice-making by the child. This parenting style aids the child to learn how to make responsible choices within a safe environment

where the supervision of the parents is present but not overbearing (Asmussen&Weizel, 2010). Furthermore, this style of parenting also enforces strong characteristics that can be seen as protective factors against misusing substances. Factors such as peer pressure, self-esteem, academic performance, later onset of sexual practices, and decision-making skills have all been seen as factors which can influence the child to be either more or less vulnerable to abuse substance (Asmussen, 2011). Authoritative parenting style has proved to have a better outcome on a child's behaviour than the other styles of parenting and can be seen as promoting the child to be more confident in decision making and cope better with responsibility (Asmussen, 2011).

Authoritarian

Asmussen (2011) maintains that authoritarian parents are often strict and harsh disciplinarians. Children need to adhere to everything they say with little room for autonomy or own decision-making. (Asmussen, 2011).

Permissive

A permissive parenting style allows the child to make his/her own decisions with little consequence. Hardly any attention is given to the child, and the child controls their activities with little supervision given by the parents (Asmussen, 2011).

Neglectful

According to Asmussen (2011), Maccoby and Martin (1983) added a fourth parenting style, namely *neglectful parents*; who were, in some cases, viewed as careless because they didn't look after the child's basic needs and could even be abusive towards their children.

Controlling

At the opposite of the spectrum is harsh and strict parenting known as *controlling parenting*. A negative emotional response can be caused by the latter, as the parents are too demanding and cause the

child to have feelings of resentment and anger, which, in turn, can lead to a child only considering his/her own feelings and emotions (Carlo et al., 2010).

According to Carlo, Mestre, Samper, Tur and Armenta (2010), other factors also contribute to the child growing up to be pro-social. These are characteristics such as parental warmth, which includes positive emotional impact and a caring relationship between the parent and child, which fosters secure attachments which encourage empathy with others.

Studies have been conducted which validate Baurimd's theory and have found that the authoritarian parenting style has a better outcome in reducing the onset of substance abuse than others, and it also means less intervention is needed in family interaction if the parent's parenting style is supportive, as discussed above (Smith & Hall, 2008).

In SA, one of the highest risk factors for less constructive parenting is poverty (Ward, Makusha and Bray, 2015). It is recognised that poverty plays a role in the quality of parenting, as it could cause parents to be less caring with their child and to incorporate harsh punishments, which, obviously, is seen as negative parenting (Kumpfer & United Nations Office on Drugs and Crime, 2009).

According to Kumpher and UNODC (2009), a good family structure decreases the likelihood of an adolescent misusing substances, but low-income family structure is often a major risk factor in the commencement of substance abuse (2009, p6). A few of these risk factors are explored in more detail.

Single Parents

According to Bertelsman (2016, para 2), (as cited by the Sciences Research Council (HSRC) and the South African Race Relations Institute (SARRI)), "Statistics conducted over the past five years, indicate that 40% of SA women are single parents".

People do not often choose to be a single parent. Rather, this can happen because of one partner abandoning the other partner, and through death, divorce or illness. Being a single parent can be stressful, as the single parent needs to fulfil the role of the other parent, as well, and to face challenges

alone, without the support of another adult in the unit. It has been proven, that being in a a single parent family unit can increase the risk for adolescent substance abuse, and, if it is the father raising the child, there is a greater risk, as there often is less communication between the parent and the child, in this case (Hemovich & Crano, 2009).

Absent Fathers

According to Bertelsman (2016, par 2), "Statistics indicate that 60% of fathers are absent in SA, and this research has been conducted over the past five years".

McLanahan, Tach and Schneider (2013) observed that a child being raised with an absent father might have an undesirable impact on the adolescent. This has been contested by some, as there are family dynamics other than single parenting at play, for example, the time leading up to the separation, and so forth. The time of separation plays a crucial part, and the later the divorce takes place in a child's life, the more favourable the outcome becomes for the child (McLanahan et al., 2013).

Teenage Pregnancies and Parenthood

According to the South African Demographic and Health Survey (2017), there hasn't been a significant increase in pregnancies in the age range of 15 to 19 years, over the past 19 years. Seven point one percent of women have a teen pregnancy in SA. Today there is still one in 20 teenage females that do not have access to adequate family planning (South Africa Demographic and Health Survey, 2017). Being a mother at a young age has many challenges. Health problems for the mother can have serious implications during birth, as well as for the baby's health, e.g., premature birth with its associated risk factors. These, in turn, can result in the children of young parents being unable to finish school because of cognitive difficulties that can result from teenage pregnancy. Young mothers struggle, financially, and may not be able to finish school, which in turn can causes stress on the family, as they are unable to provide for their child. According to Slocum (2017), (as cited in the National Campaign to Prevent Teen and Unplanned Pregnancy, n.d.), "Eighty percent of teenage parents, more likely than not, will not get married and may have a difficult relationship with their child because of the burden of a child at such a young age. Young mothers often face many stressors regarding rearing a child at a young age, which may lead to depression which could have an effect on child care" (Slocum, 2017).

Dual Career Families

In today's society, only family's with a high income can afford only one parent to be working. Most families are dual income, not only for money, but also because many women are career-focused. Potentially, much of the parents' time is taken up with work, which causes them to have less time for family life, quality time with their children, and supervision of adolescents. In turn, the supervision of the adolescent may be influenced (Hemovich & Crano, 2009).

Under the mandate of the Social Department's Early Intervention Programme for 2013 to 2018 (Kumpfer& United Nations Office on Drugs and Crime, 2009), the school environment can play a large role in pinpointing and assessing high-risk families. School participation will allow observation of student absenteeism and signs of stress in a child's environment, which could indicate a higher risk for the adolescent regarding substance abuse.

The focus of this study is based on primary prevention through the implementation of an effective family-based programme for all children falling into the adolescent age group.

1.5 PARENTING PROGRAMMES

According to Gould and Ward (2015), the South African Children's Amendment Act no 41 of 2007, section 144, encourages parents to look after their child's well-being by forming a strong family bond, improving their parenting skills, and learning more effective disciplining skills. Therefore, a legalised basis for incorporating a parenting programme into high-risk communities has been provided.

Parenting programmes aim to teach parents or caregivers necessary parenting skills, which include positive encouragement, managing behavioural problems through consequences, and respecting their children. To parent children effectively, Johnson et al. (2014) conclude that communication is a key aspect. The focus of these programmes is for parents to learn more effective communication through clear instruction.

Highly effective parenting training programmes combine instruction, the use of multiple media, therapist modelling, and coaching/rehearsing skills to be used by the parent. Although programmes may differ slightly, they all have the same objective, i.e. to provide carers with the necessary skills to parent their children more effectively. These programmes include various visual aids and other teaching resources to assist parents in the practice and use of the necessary skills (Johnson et al., 2014).

Parenting programmes are based on theories, which include the following:

Attachment Theory is grounded in the view that it is important for the baby and primary caregiver to shape a strong emotional bond (attachment security). Attachment is formed by the caregiver being able to respond to the infant's cries for attention, timeously, and sensitively. Programmes based on this theory aims to create a better understanding of the child's needs by improving parental sensitivity (Asmussen &Weizel, 2010).

Social Learning Theory (Bandura, 1977) focuses on a reward system where a child's behaviour is correctly reinforced, i.e. good behaviour is rewarded, whereas bad behaviour is appropriately addressed. This theory aids parents in using more effective discipline strategies, for example, the use of behavioural charts (Asmussen &Weizel, 2010).

According to Collins and Fetsch (2012), the STEP-Teen (Systematic Training for Effective Parenting (STEP©) Programme is one example of what a parenting programme could consist of. It is based on the interpretation by parents of their children's emotions which may trigger negative adolescent behaviours. As the parents change their responses towards these emotions and behaviours, so does the child's interaction. The STEP-teen© (programme based on STEP but for teens) helps parents formulate what they think the goal of their children's behaviour should be, and based on this, respond in a way that encourages positive behaviour. The STEP-Teen programme has been shown to improve parent-child relationships (Collins & Fetsch, 2012).

Parenting programmes promote a positive parent-child relationship through teaching parents and their children more effective communication skills, aiding parents in being supportive but not controlling, improving ineffective consequence management and other skills necessary to raise their child

(Kumpfer, Xie & O'Driscoll, 2012).

Types of Parenting Programmes

The Triple P Programme is a preventative and evidence-based programme where the whole family is included to help develop behaviour of children between 0 and 16 years of age. The Triple P Programme has similarities with the STEP-teen programme, where it instils positive parenting skills thus changing children's ways of responding to their parents. It also increases parental self-efficacy, and it aids in dealing with problematic behaviours.

The Incredible Years Programme is focused more on children between the ages of 0 and 9 years, with the emphasis placed on child, parent and teacher. This programme focuses on teaching more effective parenting skills to parents, thus decreasing risk factors for the child later in life, as the child has formed stronger bonds with the parents (Arkan, Üstün & Güvenir, 2013). The Triple P and Incredible Years Programmes are programmes renowned for aiding parents who have children with behavioural problems. Two types of parenting programmes are identified in this article, i.e. (i) Relationship- and (ii) Behavioural-based. Behavioural-based programmes have shown more success in changing both child and adult views of discipline, and both Incredible Years and Triple P fall under this category (Arkan *et al.*, 2013).

According to the National Institute of Abuse (2015), (as cited by Dishion, Nelson, Kavanagh, (2003) & Dishion, Kavanagh, Schneiger, Nelson, Kaufman (2002)), the Child and Family Centre at the University of Oregon in the United States of America (USA) created a parenting programme focusing on the prevention of substance abuse amongst adolescents, called the Family Check-up: Positive Parenting Prevents Drug Abuse (2015). The programme is based on five themes that make up the core of any effective parenting programme. These themes are:

- Clear and effective communication between a parent and their adolescent
- Encouragement of positive behaviour development
- Effective communication skills developed *through negotiations with parents*
- Limit-setting with problem behaviours such as substance abuse

- Supervision time to monitor time spent with peers.

(National Institute of Abuse, 2015, as cited by Dishion et al., 2003 & Dishion et al., 2002).

In the 1980s, American (USA) researchers created the Strengthening Families Program (SFP) as an evidence-based parenting programme for the prevention of substance abuse (Kumpfer et al., 2008). The SFP 10 to 14 focuses on improving problem-solving skills in parents of 10 to 14 year old adolescents, in 2hr sessions over a seven-week period. It is an interactive programme which includes the adolescents in question (Semeniuk et al., 2009).

Another article under discussion evaluated the cost-effectiveness of a parenting programme to help prevent behavioural problems in children between the ages of 5 and 15 years, which could lead to more severe behavioural disorders later. The parenting programme assessed was the Incredible Years programme. By doing a practical, randomised control trial, it was estimated that to run the programme for eight to twelve families would cost between £1934 and £1289, respectively, for a 12 weekly programme, which includes 6 hours of driving time as well as time spent on the implementation of the programme.

Results for improving negative behaviour in a child presented as positive after utilising a parenting programme. These results were compiled using the Eyberg Checklist (inventory list determining the degree of behavioural problems); improvements were shown in the test group compared to the control group, after six months observation. It was estimated that approximately £73 per child was saved and shows improvement in the child undergoing this programme (Edwards et al., 2009). Although this programme is used to determine results for behavioural problems and not for the prevention of substance abuse, it has been indicated in the research that there is an increase in substance abuse among adolescents with existing mental health problems such as disruptive behaviour disorders, mood disorders, and anxiety disorders (Bukstein et al., 2005), and as such, the programme is also applicable to the prevention of adolescent drug abuse. Behavioural problems can be seen as an increased risk for the abuse of substances during the adolescent years.

A vital aspect of the interventions was focus on parents, as this is where the problems may have manifested and is the context to which the child will return. Decreasing inconsistent and harsh

disciplinary methods and rejection by parents is a crucial element of any intervention aimed at assisting parental interactions (Biglan, Flay, Embry & Sandler, 2012).

1.6 MOTIVATION AND RATIONALE FOR THIS RESEARCH

As a psychiatric nurse who practises in an adolescent unit of a public mental health care facility in the Gauteng Province of SA, the researcher observed that parents were not always an integral part of the treatment programme, and family histories indicated that more involvement with and psycho-education of parents were needed. The researcher also has a keen interest in parenting programmes because her experience in working with adolescents, has shown anecdotal evidence that parents need more support in understanding their adolescent and his/her needs. As prevention is more cost effective than treatment, more focus and energy should be spent on working out a way to curb substance abuse before it reaches a critical stage.

According to Bhana (2007), the costs of prevention are less than that of treatment costs in SA. The bill for the prevention and treatment of substance abuse across the provinces was passed into an Act in 2008. Section 9, subsection b, of the Prevention of and Treatment for Substance Abuse Act, 70 of 2008, focuses on improving parental skills in high-risk families (Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008).

The inclusion of parenting programmes under the Prevention of Substances Act indicates that the SA government acknowledges the fact that improved parenting skills could decrease initiation of substance abuse during adolescence.

1.7 SIGNIFICANCE OF THE STUDY

This scoping review can add to the existing body of knowledge regarding the effectiveness of parenting programmes in the prevention of substance abuse among adolescents. The study can potentially contribute to future research towards a systematic review of this topic. It is furthermore envisaged that this study can inform parents, communities, and healthcare providers as to the importance of positive

parenting as a drug abuse preventative measure, and thereby containing costs involved in the management of the problem. No scoping review on the effectiveness of parenting programmes on prevention of adolescent use or abuse of substances in South Africa was found in the literature. This research information can be used in future to determine the effectiveness of a parenting programme and to evaluate factors which could contribute to the commencement of a parenting programme in a community.

1.8 RESEARCH PROBLEM AND QUESTION

Adolescents use substances for various reasons, which may include peer pressure, accessibility of the drugs, curiosity and difficult family dynamics (Limpopo Department of Social Development, 2013). Literature on parenting programmes as prevention for substance abuse in adolescents exists; however, no current scoping review, which focused on a parenting programme as a means to prevent the abuse of tobacco, alcohol and drugs among adolescents, could be found. The databases and search platforms used were the Cochrane Database of Systematic Reviews, CINAHL and PubMed, Psychiatry Online and Scopus. Limited results were found on the subject.

It is posited that a programme in the form of a parenting programme to help prevention in adolescents at risk of substance abuse, can decrease the risk for adolescents abusing substances.

The study was guided by the research question: What is known in the existing literature about the effectiveness of parenting programmes in the prevention of substance use and abuse in adolescents?

1.9 PURPOSE AND OBJECTIVE OF THE RESEARCH

The purpose of the scoping review was to examine the effectiveness of parenting programmes in the prevention of adolescent misuse or abuse of substances.

The objective of the study was to describe parenting programmes that have proven to be effective in preventing or decreasing substance abuse in adolescents.

1.10 RESEARCH DESIGN AND METHOD

The design for this study is a scoping review based on the framework developed by Arksey and O'Malley (2005). A detailed description of the research design and method will be discussed in Chapter 2.

Petrie, Bunn and Byrne (2007) conducted a systematic review of parenting programmes in preventing tobacco, alcohol or drug misuse in children under 18 years of age. Their systematic review focused on controlled studies. The current scoping review will give insight into the effectiveness of parenting programmes in the prevention of adolescents using/abusing substances in different studies.

1.11 DEFINITIONS OF THE MAIN CONCEPTS

Adolescence: This is a timeframe where an individual transitions from a child to an adult. A significant amount of developmental changes occur cognitively as well as physically in this period (Winters & Aria, 2011).

Prevention*:* An action taken to prevent something from occurring in the future (Oxford Dictionaries, 2016). In this study, prevention indicates a programme to avert the abuse of substances to occur in adolescents.

Parenting programmes: A programme to improve a parent's cognition regarding the relationship towards their child. Parenting programmes in this study include Family Check-up; Positive Parenting Prevents Drug Abuse; Step-Teen Parenting Programme; SFP, Triple P, and Incredible Years.

Effectiveness: Whether the desired outcome has been achieved with success, or not (Oxford Dictionaries, 2016).

Substance: Refers to an illegal drug that has intoxicating effects on the brain or a psycho-active drug which enhances brain stimuli (Oxford dictionaries, 2016). The following substances are referred to in this study: Alcohol, Cannabis, Cocaine, Heroine, Methamphetamine, Mandrax, Over the Counter Medication, CAT.

Abuse: When something is used in a negative and harmful way (Oxford Dictionaries, 2016).

1.12 OUTLINE OF THE RESEARCH REPORT

Chapter 1 provides an overview of the study.

Chapter 2 has as focus the description of the research design and method that were used in the study.

Chapter 3 explains how the researcher conducted the research.

Chapter 4 presents and discusses the results of the study.

Chapter 5 discusses the conclusions, limitations and recommendations emanating from the study.

1.13 SUMMARY

The adolescent stage is a time for growing self-awareness and the self-discovery of an individual's traits. Development of decision-making skills during the adolescent phase is influenced by the quality of adult guidance and other factors, such as peer guidance, peer pressure, and environmental factors including socio-economic circumstances.

Substance abuse among adolescents is an important public health concern and its prevention is more cost-effective and places a lower burden on society than treatment. Based on societal support structures and resources, treatment may also not always be available.

Parenthood can be difficult, even more so if the adolescent struggles. The parent may also have faced difficulties growing up, which may influence their parenting style. It is evident that the Authoritarian Parenting Style is the style most effective in aiding prevention of substance abuse. Authoritarian parenting skills may be difficult for parents to harness if their own parents did not model this type of parenting, so they could use guidance in this regard.

Literature reveals that positive parenting, which results in a caring relationship with a child, decreases the risk of substance abuse during adolescence. Although both school- and community-based programmes are effective in the prevention of substance abuse through various educational-based programmes, it has been shown that there is still a gap which could be filled by family-based interventions such as a parenting programme.

CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

To guide the researcher to plan a study in a systematic and logical scientific manner, a research design and method are used. The specific research design and method used in this study, are discussed in this chapter.

2.2 RESEARCH METHOD

Literature can be reviewed using different methods such as (i) a scoping, (ii) an integrative, or (iii) a systematic review. The current research was done in the form of a scoping review of the main sources and types of available evidence, with no validity of the research having been determined (Arksey & O'Malley, 2005), which uses data to map key concepts of an area of interest. Armstrong, Hall, Doyle and Waters (2011) describe a scoping review as a procedure where current literature is mapped out. Arsksey and O'Malley (2005) describe a scoping review as a rapid process that may be carried out independently of any other method, especially when the study area has not been comprehensively reviewed before (Arsksey & O'Malley, 2005).

Levac, Colquhounand & O'Brien (2010) state that a broad range of literature, which may include grey literature, can be covered in this type of review and a wider range of questions can be asked - even ones that go beyond answering the question of the successfulness of the intervention. It can also complement clinical trials or identify gaps in the research (Levac, Colquhoun & O'Brien, 2010).

Researchers choose a scoping review for different reasons in their studies. According to Arksey and O'Malley (2005), there are four common reasons for this selection:

- As a tool to investigate existing study activity and to provide details into the extent, range and nature of existing studies in the specific area.
- Researchers may also decide on a scoping review to determine if a full systematic review would be relevant, valuable, or necessary.
- A scoping review may also be conducted to summarise and disseminate findings.
- A scoping review can be used to identify gaps in existing literature.

Likewise, Armstrong, Hall, Doyle and Waters (2011) conclude that a scoping review is useful in finding a gap in the research. The same authors concur that a scoping review can also be used to aid a systematic review, by being able to do research without the results being examined in detail, which enables a quick search. Furthermore, such a review can help identify articles for use in aid of answering the systematic review's question (Armstrong et al., 2011). .

Quality assessment of the data is not done in a scoping review (Armstrong et al., 2011), and according to Arksey and O'Malley (2005), a lack of quality assessment is a limitation. Similarly, the Johanna Briggs Institute (2015) notes that a lack of quality assessment could limit the usefulness of a scoping review, as it also limits prractical use. Although other authors have debated whether a quality assessment is needed in this type of study, to date no further recommendations have been made (Pham et al., 2014). Gentles, Locker and McKibbon (2010) state that because of its extensive focus, a scoping review is unlikely to obtain and screen all the literature relevant to the study.

The above paragraphs gave an overview of what a scoping review entails, and the uses and limitations thereof.

The differences between a scoping and a systematic review, as depicted in Table 2.1, are given for clarity purposes.

Table 2.1 reveals that a scoping review has less restrictive inclusion criteria than a systematic review. Data may be sourced from different sources and through various study methods, whereas a systematic review only focuses on a certain type of study. A systematic review also entails a quality assessment of studies, which is not done in a scoping review.

Table 2.1 Differences between Scoping and Systematic Reviews (Joanna Briggs Institute, 2015)

	SCOPING REVIEW	SYSTEMATIC REVIEW
Inclusion criteria	Broader scope: less restrictive inclusion criteria	Very precise inclusion criteria
Data	May use different types of data from any evidence and study methodology	Restricted to qualitative and quantitative data study
Objective	Asks what evidence is available on the topic	Aims to give answers to a range of questions
Quality	No quality assessment of studies	Inclusion of quality assessment of the methodology used in the studies

The researcher of the current study aimed to provide a summary of and disseminate findings regarding what is known about the study question, from existing literature. Substance abuse in adolescence has far-reaching negative effects on the individual, the family, the community, and on both global and national society. Making use of a scoping review will not limit the researcher to a specific context, as evidence will be disseminated from different sources which give the reader a broader insight into the effectiveness of parenting programmes in the prevention of adolescent substance abuse.

2.3 STEPS OF A SCOPING REVIEW

The scoping review conducted in the current study was based on the framework developed by Arksey and O'Malley (2005), and consisted of the following steps:

Step 1: Identification of the research question:

Arsksey and O'Malley (2005) conclude that this step is important in commencing a scoping review as it directs the researcher toward a plan for searching evidence. Emanating from the study is the question of how the population is defined and provision of clarity regarding definitions.

The research question for this study:

What is known in the existing literature about the effectiveness of parenting programmes in the prevention of substance use and abuse in adolescents?

Step 2: Identification of Relevant Studies

The researcher then went onto step two in which relevant studies were identified:

According to Burns and Grove (2010), primary (published and unpublished), quantitative, qualitative and mixed research studies, as well as reviews, can be used in a scoping review study. Quantitative data is based more on experimental, objective data, using facts and numbers to determine results, while qualitative research is based on more subjective data by using the lived experiences of people and is done by evaluating the meaning of people's interactions (Burns & Groves, 2010). For this research, the researcher made use of electronic databases as well as reference lists. No grey material was used in this study.

Step 3: Study Selection

Studies that addressed the research question were considered. The primary keywords that were used to search the electronic databases were - *parenting programmes, substance abuse prevention, adolescents*. The research string was build on using "free text" and Boolean operators AND/OR were used with the keywords indicated.

To reject studies that were not relevant to this scoping overview, inclusion criteria were set, namely:

1. Articles published between 1 January 2006 and 31 December 2016.
2. Articles published in English.
3. Articles concerning parenting programmes as an intervention for the prevention of adolescent substance use and abuse.
4. Articles concerning adolescents between the ages of 10 and 18 years.

Step 4: Mapping of data in the relevant format.

The findings were mapped (as referred to by a scoping review) in a table, summarising the key features of the study relevant to the question and objective of the review. Using a map offers the reader a more logical and descriptive summary of the results (The Joanna Briggs Institute, 2015). The framework as depicted in Table 2.2, was used in reviewing the collected data. The findings were charted as follows:

Table 2.2: Framework for Recording the Findings (Arsksey& O'Malley, 2005).

Author	Sample size
Publication date	Method
Origin	Intervention
Aim	Duration of intervention
Study population	Key findings

Step 5: Collating, summarising, and reporting of findings

The next step was to collate, summarise and report the findings. According to Arksey and O'Malley (2005), this step entailed the narrative account of findings in two ways, namely, (i) basic numerical analysis of the extent, nature and distribution of the studies included in the review, and (ii) using tables and charts which reflect the intervention type, research methods, and geographical location. After that the literature was organised thematically, according to different intervention types (Arksey & O'Malley, 2005).

2.4 SUMMARY

A scoping review is a review of the literature to determine research conducted on a specific research topic. In this study, the scoping review was conducted by utilising the Arksey and O'Malley framework.

The scoping review was conducted following these five steps:

Identifying the research question

Collecting data which included date, language, and specific keywords chosen to meet research question criteria and the specific population under scrutiny

Mapping results by using a table extracting and documenting the following data: author, publication date, the origin of the article, the aim of the research conducted, the population studied, the sample size, the method of research conducted, intervention, duration of intervention, and key findings of the research done on the specific topic.

Organising and documenting data. The report provides key findings found while conducting the scoping review.

CHAPTER THREE

DATA COLLECTION

3.1 INTRODUCTION

A description of the data collection process, the research methods, results of articles found and databases used are described in this chapter. A summary of data and key results are also given.

3.2 SEARCH METHODS

The researcher used different search methods for relevant literature about the research purpose and question. Methods are bullet-pointed below:

3.2.1 ELECTRONIC SEARCHES

The Johanna Briggs Institute (2015) guidelines for a scoping review were followed, and three steps were used in the data search:

-A small-scale search was conducted, which included a minimum of two databases, namely, PubMed and CINAHL.

-After articles were obtained, using text words in the title and abstract, keywords in the articles were analysed. A second search was conducted using the found index terms and keywords, namely, *adolescent, parenting programme, substance abuse, effectiveness, prevention.*

-All identified articles reference lists were researched for additional data sources.

-Psychiatry Online, Scopus, Cochrane Collaborations and Google Scholar were researched.

Out of these articles, titles were studied and included in the results containing the keywords. Only when it indicated it was not about the research question, the data were discarded from the population.

Of the titles selected, an abstract search was done before further articles were eliminated from the population.

Only abstracts that applied to the research question were considered for further scrutiny.

The relevant articles' reference lists were studied and scrutinised, and the same data collection method was followed using the Johanna Briggs's Institute guidelines.

Repeats counted in the first search were documented and discarded; the relevant articles were sorted by the abstracts, and if the abstract was found to be relevant, the article as a whole was reviewed. If the article matched the necessary criteria of the study, it was kept as part of the population results found in the scoping review.

A search algorithm was then applied with five keywords. Synonyms for these keywords were used to lessen the number of articles that may have been missed because of other terms used.
The total number of articles using this search method was capped to the first hundred, as previous research has shown that results after that number tend to show less effective results (Stevinson& Lawlor, 2004).

This process was applied to the research after duplicates had been removed from the study.

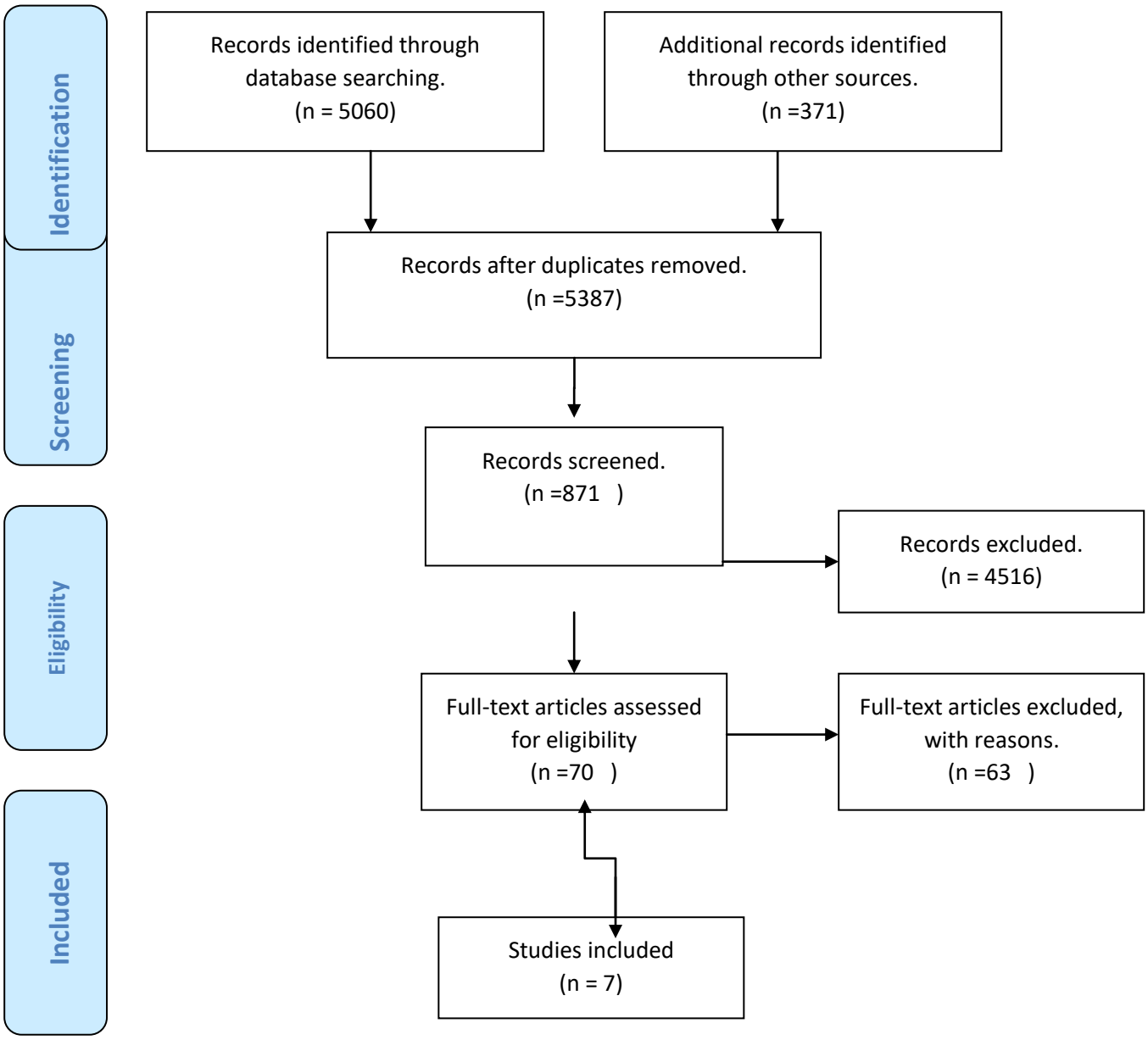

Figure 3.1: Summarised Flow Diagram for the Scoping Review Article Selection Process

(The Joanna Briggs Institute, 2015:21b)

Table 3.1: Results of the Databases

Only primary keywords were used in this search.

Database	Articles found	Relevant title	Relevant Abstract	Relevant Article
Cinahl	793	78	23	04
Pubmed	940	10	05	03
Psychiatry Online	1015	19	08	0
Scopus	1297	41	24	0
The Cochrane Review	1015	19	08	0
Total for all databases:	5060	167	68	07

3.3 SELECTION OF STUDIES

Articles were chosen that would be able to answer the research question, and these articles had to adhere to the following criteria:

- The article should be about a prevention method for substance abuse.
- The article's focus should be on a programme to assist parents in obtaining parenting skills.
- This programme should be focused on parents with adolescent children.

The articles were also reviewed by the supervisor to determine eligibility for inclusion in the study.

3.4 SUMMARY OF DATA

A summary of the data is provided in this section, as depicted in Table 3.2.

Table 3.2: Data Extraction Matrix

Author(s)	Publication date	Origin	Aim	Study population	Sample size	Method	Intervention & duration	Key findings
1.Allen, Hurtado, Yon, Okuyemi, Davey, Marczak, Stoppa& Svetaz.	2013 American Journal of Health Promotion Vol 27:4	United States of America (USA)	Assess the feasibility of a family skills training intervention	Latin-American parents who have an adolescent.	83 parents	One group pre- and post-test	Eight Spanish group sessions consisting of improving the interpersonal relationship between parent and adolescent	Positive results were found using T-Tests. The appropriateness of the programme and group interaction improved. Communication increased, as adolescents tend to decrease internalised behaviours. Other factors, for example, acceptance, the involvement of parents with their child, and attachment improved. These results showed the programme was feasible. Recommendation: Future studies to contribute to exploring the relationship between interventions of parents and self-reporting behaviours of adolescents.
2.Coombes, Allen, Marsh &Foxcroft.	2009 Child Abuse Review Vol.18:41-59.	United Kingdom Barnsley (Northern English Town).	To evaluate the Strengthening Family Programme (SFP)for young people aged 10-14 and their parents from the perspective of both families and facilitators	Families with at least one child age 10-14 who had completed the SFP 10-14 in 2002-2005. English speaking Voluntary	Ten parents/caregivers& young people 15 Facilitators	Mixed Method design: The quantitative design consisted of pre-test, post-test intervention design. Two Phases	SFP 10-14 (9weeks) Nine Months	It was found that most participants were 12 years old and had mental health problems. After the SFP10-14, there was a significant decrease in emotional instability and an increase in communication in both children and their parents. Improvement in emotional health and wellbeing in both parents and young people. Other changes observed were prevention of substance abuse, improving young children's conduct and improved family dynamics. Parents/caregivers and young people reported that the way they dealt with drug and alcohol use had changed. Recommendation: SPF1014 may be useful in primary prevention intervention regarding alcohol and drug abuse in young people. Research to be continued on SFP 10-14 in a culturally adapted setting.

3.Doumas, King, Stallworth, Peterson & Lundquist.	2015 Journals of Addiction & Offender Counselling Vl. 36	USA	To evaluate the effectiveness of a parent-based intervention for at-risk adolescents	Parents between the ages of 30-62 years.	114 parents	Pre-test post-test design.	Parent Project parenting programme. Not indicated	There has been an improvement observed in parenting practices, the relationship between parents and their children, improved communication, decrease of substance abuse and improved parental self-efficacy.
4.Griffin, Samuolis& Williams.	2011 Journal of Child Family Study Vol:20: 319-325	USA	To determine the efficacy of a self-administered home-based parent intervention on parenting behaviours for preventing adolescent substance use	Highly educated, males and females, mostly white and middle-aged.	338 Parents	Randomised trial. Pre-test, Post-test design. Control group	Self-administered Life Skills Training (LST) Parent Programme with DVD and Manual on programme activities. Fifteen weeks and one year follow up.	There was an increase in parental role displaying communication and parenting skills. Improved communication was shown with the one year follow up. Home-based parenting programme has shown a ¾ increase in participation in an intervention programme. This study addressed barriers parents face when having to participate in an intervention. Recommendation: Encouragement of families that are high risk to participate in prevention programs.
5.Kumpfer, Xie& O'Driscoll.	1 February 2012 Child Youth Care Forum Vol.41: 173-195	Ireland	Developing and implementing a culturally adapted SFP 12-16 in Ireland.	Irish communities with high-risk families, with children between the ages of 12-16.	250 Families	Quasi-experimental 2 group pre-test, post-test design	SFP 12-16 $3^1/_2$ years	American SFP 12-16 was culturally adapted through assessing the needs of participants, changing of words into more understandable language, using culturally sensitive facilitators preferably with an Irish background, implementing pilot study and evaluating through pre-test and post-test. Good participation rate- only 2% did not complete the programme. After completion of the programme, communication of adolescents was improved, and risky conduct decreased . Effective for reducing behavioural health problems, which could lead to use of substances. Family relationships improved.

6. Spirito, Hernandez, Cancilliere, Graves & Barnett.	2015 Journal of Child and Adolescent Substance Abuse Vol. 24:308-322.	USA	The effectiveness for a short-term parenting programme to prevent or delay onset substance use in adolescents' with emotional/ behavioural disorders	A child between the ages of 11 and 17, living with at least one parent and using mental health services for emotional or behavioural disorders.	72 Families	Small randomised clinical trial	Family Check-Up Condition (FCU) and Psycho-education condition. Six months	Improved communication between family members. More openness in the family setting for substance abuse discussion. Youth Alcohol and Drug Survey (YADS) showed an increase in an adolescent's refusing initiation of alcohol drinking. FCU showed increased in less alcohol abuse. Differences were observed between FCU and PE – FCU had an increase of more than 1% in communication relating to substance abuse.
7.Strandberg &Bodin.	2011 Addiction Vol 106:12	Sweden	A programme to increase discipline in parents, starting in teen years, by being restrictive towards alcohol use and prohibition of use of alcohol.	Random assignation of schools based in Sweden.	1752 grade seven students and 1314 parents	Clustered randomised trial	The first presentation is 30 minutes of introduction then each quarter a 20-minute session.	Results show no improvement. There does not appear to be any change in the behaviour of adolescent drinking.

3.5 SUMMARY

A description of the data collection method, namely the initial search, was conducted through the following procedure. Keywords relevant to answering the research question were searched for, and then a research string of five keywords was chosen, and a free text search was completed utilising Boolean Operators "AND/OR". Additional filters were applied before the search was commenced, using five databases recommended by the researcher's supervisor.

The research process was conducted in four phases:

1. Observation of the titles of articles found in the search.
2. If articles were relevant, they were closely scrutinised by examining their abstracts.
3. If the abstract was relevant to the study, the article was reviewed as a whole, and if the article answered the research question, the article was included for obtaining results.
4. A referencing list of articles was included in results because they fit the criteria.

This procedure was first completed for two databases, and then repeated for the remaining databases. The search was capped at the first hundred articles found in a search. Repeats were removed in phase one of the search.

In phase four, the selected articles were further placed under scrutiny by searching their reference list to observe if there were any more articles relevant to the research. In these results, 14 titles were found that would fit the criteria, and after further scrutiny of the abstracts, only two were found to meet the criteria of the search. After abstracts were chosen, the full article was under scrutiny.

These two articles were then eliminated, as they did not meet all the criteria for inclusion - most of the references which could have been relevant did not satisfy the inclusion criteria, i.e. the data being too old, or not meeting any of the other criteria necessary to be included in the research. Articles that were included in the results were found using Google Scholar in the search process.

CHAPTER FOUR

ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

As noted by Petrie, Bunn and Byrne (2007 p 177), "Tobacco, alcohol and drug use is a widespread and increasing problem among young people".

An analysis, presentation and discussion of the findings of the reviewed articles regarding the effectiveness of parenting programmes aiding prevention of adolescent substance use and abuse are provided.

4.2 DISTRIBUTION OF THE STUDIES

The current scoping review included seven articles based on randomised control, pre-test & post-test designs, and mixed method studies. The researcher will refer to the studies/authors according to their number order, as depicted in Table 3.2**.** The review of the literature did not yield any SA or African study on the research topic. However, South Africa was excluded from the research string as this would have limited the scoping review. Studies presented in this review are from a North American (n=4) and European (n=3) perspective. The geographic distribution, journal, year of publication, and number of authors are presented in this section.

4.2.1 Geographic Distribution of the Studies

More than half (4) of the studies were conducted in the USA and three on the European continent (England, Ireland and Sweden).

4.2.2 Distribution of Articles by Journal

Table 4.1 reveals that the articles are from different journals from the USA and Europe, in mostly child and youth-centred publications , with one publication which has health promotion as its focus.

4.2.3 Distribution of Articles by Year of Publication

The articles' years of publication ranged from 2009 to 2015, with 70% of the articles having been published after 2010. The fact that the majority of the articles found were published after 2010 indicates that this is an active research topic. No articles were found after 2015, which indicates that there is a three-year gap where no research into programmes regarding parenting for prevention of adolescent abuse have been done.

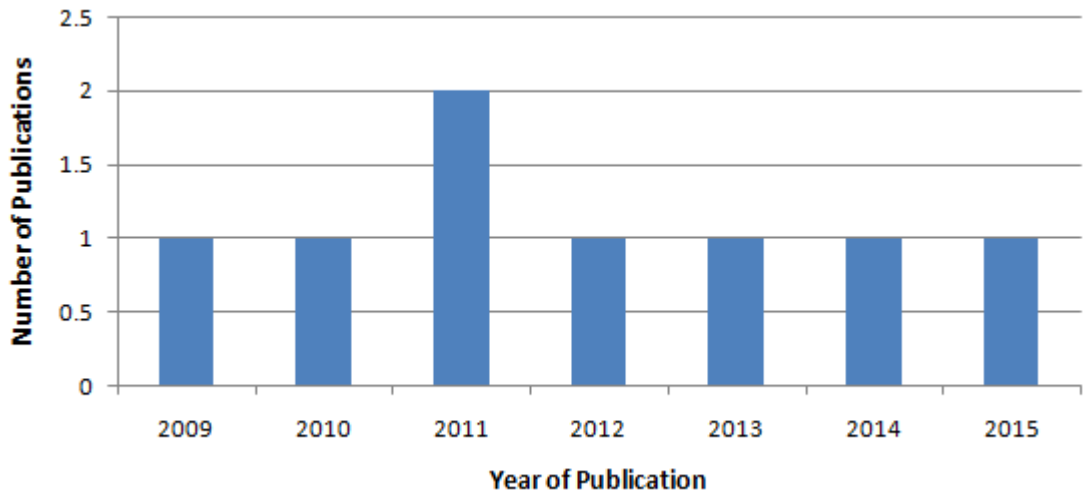

Figure 4.1: Number of Studies Published Annually

It is evident from Figure 4.1, that two studies were published in 2011, while only one study was conducted during all the other years.

4.2.4 Distribution of Articles by Number of Authors

Undertaking group research, which most likely includes a pre-test & post-test investigation, involves a large amount of research, as indicated by the evidence found that all the research for the articles was conducted by at least three researchers, in five of the seven articles.

4.3 PARTICIPANTS

Participants in all the studies were either families or single parents with adolescents between the ages of 10 and 18, with a total of 322 families and 1859 parents participating. This figure could include both parents of a family, but no distinction was made. Participants were chosen from various settings, which included the community, clinics, and schools. Two studies were conducted with adolescent participants who had been referred by the court (Studies 3 & 6). The study populations in all the studies consisted of both males and females. The parents participating in the programme were predominantly female.

All seven studies included instruments to measure different results in both parents and adolescents, and thus both groupings are represented in the two figures below to indicate parental gender (Figure 4.2) as well as adolescent gender (Figure 4.3), separately. In the parent sample size, three studies indicated clear parameters between the distribution of the genders, and in the adolescent sample size, four studies indicated this. Excluding data regarding the genders of the participants in a study, could lead to the study sample not accurately representing the study population (Salkind, 2010).

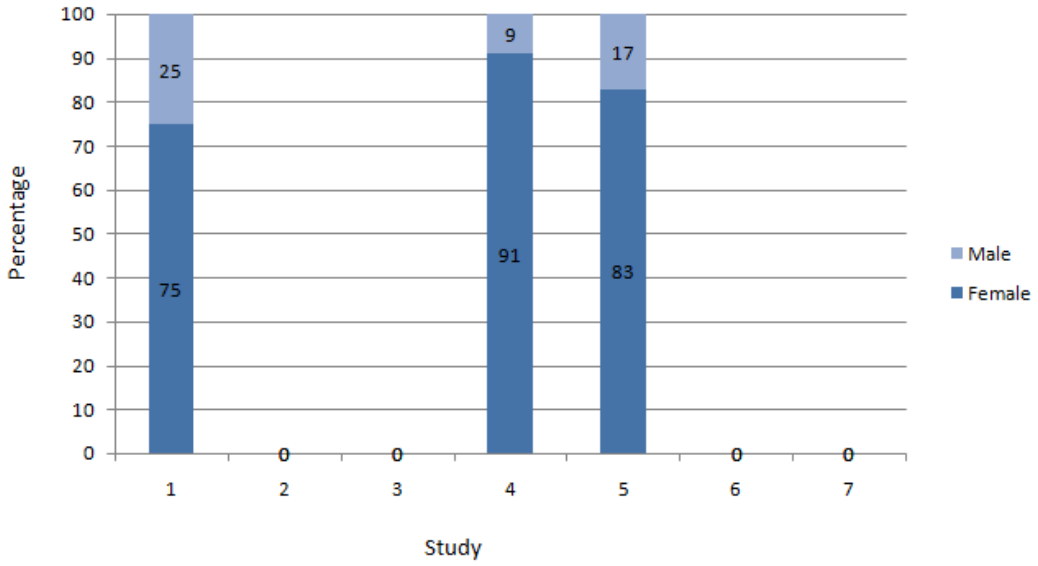

Figure 4.2 Gender Distribution of Parent Participants

Figure 4.2 depicts that in three of the studies, the majority of the parents were female.

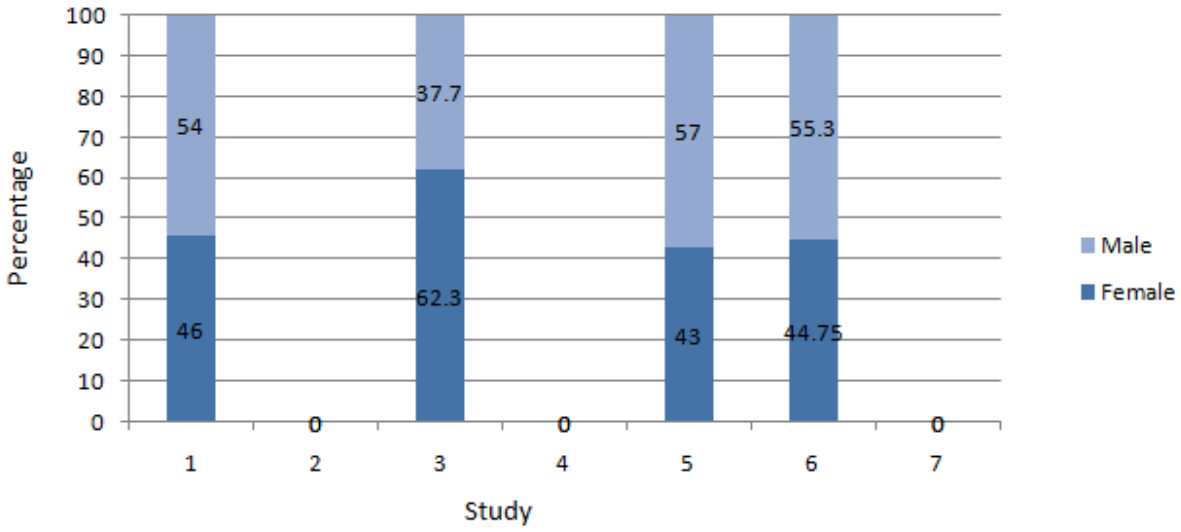

Figure 4.3 Distribution of Gender of the Adolescent Participants

Figure 4.3 illustrates that more male adolescents participated in three of the studies, and only one study had more female participants.

4.4 INCLUSION AND EXCLUSION CRITERIA IN THE STUDIES

The same criteria were used for all seven articles. At least one parent/guardian had to be willing to participate in the parenting programme, and adolescents in all the studies had to give consent to be part of the study. At least one parent/guardian had to complete the relevant parenting programme for the study in question. In six studies, the parenting programme was conducted by trained professionals, and only in one study was the parenting programme completed using an online programme. In all the studies, the adolescent age ranged from early to late adolescence, with no child under 10 years of age included. Adolescent ages ranged between 10 and 17 years of age, in studies1 and 2, and in study 5, between 12 and 16 years of age. In study 6, adolescents ranged between 11 and 17 years of age. Three studies did not indicate age range, and, thus, could have included adolescents up to age 18. Six of the studies were conducted in English (Studies 2 to 7), and two were adapted for a specific culture (Studies 2 & 5). A culture-specific programme can be adapted from a standard programme to make it more appropriate. These adaptations may include the translation of a programme into specific languages, and adjustments made to vocabulary and related wording (Kumpfer, Xie & O'Driscoll, 2012). This method of implementing a parenting programme by culturally adapting it to a target community has proven to be efficient (Kumpfer et al., 2012, Azziz-Baumgartner & Wilson, 2009). Such programmes have already been culturally adapted to the needs of Irish, Latino, German and English families (Azziz-Baumgartner & Wilson, 2009, Bröning et al., 2014,Coombes et al., 2009, Kumpfer et al., 2012).

Culturally adapted programmes could aid communities in utilising an evidenced-based programme instead of creating and using a more home-grown programme. Some consultants feel a universal programme may result in a poorer participation rates from families, which could lead to the implementation of a programme where fidelity has not been proven. This could incur a decrease in results, as compared to the results of evidenced-based programmes such as the SFP 10-14, in which the fidelity has been tested (Kumpfer et al., 2008).

According to Azziz-Baumgartner and Wilson (2009), (as cited in Backer 2001), regarding maintaining the effectiveness of the original (SFP 10-14) programme when adapting it to the specific needs of a target population, the main consideration should be that the theory of the original programme is maintained, i.e. the identification of the main ideas and the intent of the programme should not be adjusted.

The criteria did not imply participation of a specific cultural group. Only in Study 1 was there a criterion related to a specific cultural group. Other criteria included stipulations regarding the use of participants with mental health problem, but not in need of in-patient treatment in a hospital setting. Also, the adolescent should not have a history of substance abuse, or currently need an in-patient detoxification programme. Most of the studies took referrals from schools, clinics, and the community. Study 6 used referrals from the court system for behavioural problems, and Study 4 did a randomised trial in a school.

4.5 ASSESSMENTS AND ASSESSMENT INSTRUMENTS USED IN THE STUDIES

4.5.1 Frequency of Assessments

It is evident from the articles that to provide baseline information, assessments before the parenting programme commenced had been done. In all seven studies, pre-and post-test surveys were completed by both parent and adolescent. The post-test was compared with baseline assessments to see if there had been an improvement after implementation of the intervention.

- Studies 1 and 2 completed their follow-up at the end of the parenting programme;
- Study 3 completed their follow-up after 10 weeks;
- Study 4 completed a survey one month after completion of the parenting programme, and another follow-up was done a year later;
- Study 5, no information regarding the frequency of follow-up was given.
- In Study 6, baseline information was taken and then reassessed at three and six months;
- Study 7, the follow-up was carried out twelve months after commencement of the study;

4.5.2 Assessment Instruments

According to Coombes, Allen, Marsh and Foxcroft (2006), the Barnsley study indicated the following data collection instruments:

- The FSP 10-14 Parent/Caregiver Survey Questionnaire (PCSQ) is a 20-question structured self-reporting tool, where the participants survey themselves and are asked to rate their behaviour on completion of the seven-week programme. They will complete the questionnaire on commencement of the programme and also after completion of the programme. This tool is structured on a 4-point Likert Scale ranging from one, indicating no change, to four, indicating more changes had occurred after the programme had been implemented. The pre-and post-test questionnaires were compared to see if there were any changes in the behaviour of the parent after the completion of the programme (Molgaard &Spoth, 2001).
- The FSP 10-14 Young Person's Survey Questionnaire (YPSQ) is a structured 15- item self-reporting Likert Scale. This instrument requires participants to indicate acknowledged changes since the start of the programme, by rating their experience both on commencement of and after completion of the said programme. This tool has a 4-point Likert Scale ranging from one, indicating no change, to four indicating more changes had occurred after the programme had been implemented (Molgaard & Spoth, 2001).
- The Strengths and Difficulties Questionnaire (SDQ) is a quick questionnaire on 3 to 16 year old behaviour. This questionnaire consists of 25 questions that fall into five subcategories measuring different psychological behaviours. The questionnaire, which consists of a three-point Likert Scale, is completed by both the parent and the child on commencement and after completion of the programme(Goodman, 1997).

Kumpher, Xie and O'Driscoll (2012) utilised the following instruments in their study:

SFP Retrospective Parent Pre-and Post-test Questionnaire: This instrument is a self-reporting survey designed for parents, and has 21 standardised scales consisting of the following demographic items.

- Demographic Items: This includes 21 questions of demographic data of all participants involved. This questionnaire was modified to include other ethnicities in Ireland, such as the traveller's community.
- Parenting Scale (Kumpher, 1984): This questionnaire consists of 40 questions divided into the following subcategories: positive parenting, the involvement of the parent in the adolescent's life, parental supervision and efficacy. This scale is measured both pre-and post-test. (Kumpfer, Xie& O'Driscoll,2012:p182).
- Family Environment Scale (Moos,1974): This scale tests the dynamics in a family setting, i.e. communication including conflict management and the cohesion of the family as a unit (Kumpfer, Xie & O'Driscoll, 2012:p183).
- The Family's Strengths and Resilience Assessment (Kumpfer & Dunst, 1977): This tool consists of 12 questions with five subcategories to determine if there is abuse in the family setting. (Kumpfer, Xie& O'Driscoll,2012:p184).
- The Parent Observations of Child Activities (POCA), (Kellam, 1972): This consists of 44 questions which investigate a child's level of anti-social behaviour. Points that were observed in the child are forensic history, any form of aggression, poor social skills, impulsivity, and poor concentration skills (Kumpfer et al., 2012: p184).
- Gresham and Elliot Social Skills Scale (1990): This is a 5-item Likert Scale measuring children's social and life skills in nine categories.
- The Parent Alcohol, Tobacco and Illicit Drug Use Scale: This instrument was created to measure the family 's substance abuse and mental health over 30 days and consists of six items.

In Allen et al. (2013), the following instruments were utilised:

1. Programme evaluation survey: Two surveys were completed. One survey consisted of four items, measured on a three-point Likert Scale to determine whether the level of the programme was appropriate for the research question of the study. A post-test consisted of a five-point Likert Scale and measured four items, which included measuring comfort, participation, and the structure of the attendees in the group.

The following surveys, already used with the Latino population, adhered to psychometric properties:

- Consistent Discipline: Measured three aspects of discipline and utilised an 11-point Likert scale.
- Harsh Parenting: This survey consisted of eight items, and measured strict or demoralising methods of parenting.
- Parental Monitoring: This survey consisted of a 12-item scale to evaluate the adolescent's social life which included peer involvement and the places where they would socialise.
- Parenting self-efficacy: A survey consisting of a 17-item scale to measure the self-perception of the parent's parenting role.
- Parent/youth attachment: This survey consisted of a nine-item scale and measured the interpersonal relationships between adolescents and their parents.
- Parents' personal involvement: A survey with a 5-point item scale measuring willingness of adolescents to disclose their whereabouts to parents.
- Parental acceptance: A survey consisting of an 8-item scale measuring parental affection towards their adolescent.
- Parent-child conflict: A survey consisting of a nine-item scale measuring conflicting emotions between parents and adolescents.
- Child behaviour checklist: A survey which measured internal and external behaviours and substance abuse behaviours of the adolescent, as perceived by parents.

In Doumas, King, Stallworth, Peterson and Lundquist (2015), the following instruments were utilised:

- Parenting Practices (Spoth et al. 1998): A survey consisting of a 30-point scale measuring parental skills, including rules regarding substance use.
- General Child Management Scale: A survey consisting of thirteen items, rated on a 5-point Likert scale and reverse-coded to show a high score, indicating positive

management of the adolescent. This tool measures the consistency of disciplining and monitoring adolescents (Doumas et al., 2015).

- The Family Involvement Scale: A survey consisting of 10 items, rated as a 5-point Likert scale. This scale measures *agreement* and ranges from zero (strongly disagree) to four (strongly agree), and *frequency*, also from zero (never) to four (always). This scale measures the level of involvement of the parents in their adolescent's life (Doumas et al., 2015).
- The Negative Parent-Child Affective Quality Scale: This survey consists of four items on a 7-point Likert scale. This scale indicates zero (always) to six (never) and is in reverse code to reflect that a lower score is indicative of a negative result (Doumas et al., 2015).
- The Substance Use Rules Communication Scale: A survey consisting of three items rated on a 5-point Likert scale, with results ranging from zero (strongly disagree) to four (strongly agree). This survey measures the parent's communication skills regarding substance use education (Doumas et al., 2015).
- Parental Self-Efficacy (PSE): A survey consisting of a three-item scale on a 5-poin tLikert scale, measuring improvement of parenting skills regarding adolescent substance use (Doumas et al., 2015).

In the study by Griffin, Samoulis and Williams (2011), the following instruments were used:

- The Parent Survey: this is a self-reporingt instrument, which was specifically created for this study. The survey consists of five scales measuring parental behaviour. The scales were divided into role modelling (7-item scale), discipline (7 items), communication (5-item scale), monitoring (4-item scale) and anti-drug message (5-item scale). These scales measured the frequency of which the parental behaviours were implemented in daily life. Options given ranged from one (never) to five (always) (Griffin, Samoulis and Williams, 2011).

In Strandberg and Bodin's article (2011) the following instruments, which were divided into two categories, were used:

-Youth Self Reporting which consisted of three surveys

- Alcohol Servings at home:

  A 4-point Likert scale which indicated parental controlled use of alcohol among adolescents, ranging from zero (no alcohol use) to four (excessive use of alcohol). Parents abstaining from alcohol use were not included in this survey.
- Alcohol Specific Rules:

  Ten items measured the rules for alcohol use by adolescents.
- General Parental Control:

  Five items measured general parental control of adolescents, for example time curfew for being out of the house.

-Parental Self Reporting: The parent surveys consisted of three surveys and measured the attitude of parents towards control of substance use.

- Attitude Towards Under-age Drinking Survey used in a previous study (Koutakis et al.,2008). Four response options were possible, with different statements regarding under-age drinking, to measure the level of the parent's acceptance of under-age drinking
- Alcohol-specific Rules and Communication Survey:

  A four point option survey to determine if the parent had any rules for their child (early adolescent) regarding the use of substances.
- General Parental Control Survey:

  A five- item survey to measure the general viewpoint regarding control by the parent of their adolescent.

Instruments used by Spirito, Hernandez, Cancilliere, Graves and Nancy Barnett (2015):

- Youth Alcohol and Drug Survey (YADS): Formulated by Werch, Carlos, Pappas, Dunn and Williams (1997), a self-reporting with a 91-item survey for the child, measuring perspective and understanding of different substances, use of these substances, and consequences of use

- Adolescent Alcohol, marijuana, and Cigarette Use Survey: This was a pre- and post-test survey where baseline data was collected and again at six months. Questions were asked about substance usage and frequency of usage.
- Intentions to use alcohol, marijuana and cigarettes - YADS was used with 18 items to measure if an adolescent planned to use illicit substances.
- Alcohol refusal and self-efficacy: Refusal of alcohol was measured using the YADS with five items to measure.
- Positive Expectancies of Alcohol Survey containing 11 questions with "yes" or "no" answers to measure any expected positive effects of alcohol.
- Parenting and Family Management Outcomes: Pre-and post-surveys, where data was collected at the commencement of the study and again after six months, which measured parental skills regarding substance use. (A video recording was also used to collect answers and to compare pre-and post-surveys.)
- Alcohol and Drug Communication scale (adaptation from Miller, Kotchik, Dorsey, Forehand & Ham, 1998): 34-item scale, which measures communication regarding substance use in an adolescent's life.
- Parental Monitoring Questionnaire (Kerr & Statin, 2000): 24-item survey, which measures parental monitoring and knowledge of their adolescent's experiences with substances.
- Ecological Assessment of Family Interactions (FAsTask, Forgatch, 1989, Robin & Foster, 1989, adapted by Dishion et al., 1996): This was a video recording assessment at commencement and again after six months. Participants had to complete situations given in three FasTaskexercises.
- Monitoring and Listening Task: Teens were encouraged to lead a discussion where parental control was present. Parents were encouraged to interact with this discussion by collecting more information on the topic presented by the adolescent.
- Substance-use Beliefs task: Discussion between parent and adolescent regarding substance use.
- Limit Setting Task: Parent and adolescent had to create limits set for seven days and discussion of difficulties afterwards.
- Child and Adolescent Screening Services (CASA; Farmer, Angold, Burns & Costello, 1994): 36-item questionnaire to determine the frequency of the follow up of participants used in the study.

From the above discussion, it is clear that a variety of diverse instruments were used in the seven papers/articles included in this scoping review.

4.6 PARENTING PROGRAMME INTERVENTIONS USED IN THE STUDIES

All the studies reviewed and included in this scoping review related to the issue of parenting programmes aiding prevention of adolescent substance use and abuse.

The most frequently used parenting programme in the studies was the SFP (10-14 & 12-16). According to a study done in The Cochrane Collaboration Systematic Review, the SFP 10-14 has proved to be an effective intervention (Kumpfer et al., 2006).

In Study 4, the parenting programme used as an intervention was the Life Skills Training programme, a prevention programme consisting of 15 sessions. This is a parental self-study programme, which consists of a DVD and a hardcopy book for homework purposes which contains questions about the programme (Griffen, Samouli & Williams, 2010b)

Study 7's parenting intervention was the Örebro Prevention Programme. This programme was developed by researchers at the Örebro University in Sweden, and focuses on parents of adolescents between the ages of 13 and 18. The main concept of this parenting programme was focused on parental monitoring of adolescents throughout the whole adolescent period, not only in the beginning, as it was found that as adolescents age, alcohol restrictions became less (Strandberg & Bodin, 2011b).

Not all the studies indicate which parenting programme was used as an intervention (Studies 1, 3 and 6).

In this scoping review carried out by the researcher, as shown in the results section of the study, seven articles were found in which a parenting programme was implemented. In six of the seven articles, a parenting programme was indicative of improved parental skill and involvement in the adolescent's life, which resulted in a decrease in the initiation of substance abuse in adolescence. Although the results of this study showed that 28.5% researchers used the SFP programme as the preferred parenting intervention programme, the other studies also indicated a success rate in the use of their preferred type of parenting intervention.

4.7 ANALYSIS OF THEMES

The following themes emerged after assessing the narrative compositions of the articles in the scoping review.

4.7.1 Effective Recruitment, Retention and Participation

Based on the results of the data obtained in the seven articles, different types of parenting programmes can be effective, but participation is what can inhibit the effectiveness of the programme (National Academy of Sciences, 2018). According to Doumas, Begle, French and Pearl (2010), no increase in recruitment was observed if the programme resulted in costs to the participants. In the results of this scoping view, it was found that incentives were used in two studies - participants in Study 6 received monetary compensation, while Study 1 provided food and a child nanny. Study 5 also provided a child nanny and transportation as needed, as weekly incentives.

This scoping review does not measure the effectiveness of the recruitment methods used which were influenced by various factors. Four different recruitment methods used in the studies were identified as follows:

- Study 1: Recruitment was done through community resources (clinic, school, church and social service agency), distributing pamphlets, and giving presentations. Recruitment was also done via the clinic website (Allen et al., 2013).
- Study 3: Recruitment of participants was done by using program facilitators from a local Drug-free Communities Partnership, and participants were chosen after completing a quick survey (Doumas et al., 2013).
- Study 6: Participants were recruited through advertisements or community health recruitment drives as well as on a referral base by clinic counsellors and school-based courts for truancy (Spirito et al., 2015).
- Study 7: Participants were recruited through municipal schools in the country (Strandberg & Bodin, 2011).

In Study 1, twenty five of the participants in the study did not complete the post-test of the parenting programme (Allen et al., 2013). In Study 2, 83% of participating families agreed to take part in the assessment (Coombes et al., 2009). In Study 3, 73.7% completed the study (Doumas et al., 2015). In Study 4, 66 % of the participants were retained (Griffen et al., 2010). In Study 5, ninety percent completed the study using the SFP 10-14 culturally adapted parenting programme (Kumpher, Xie & Driscoll, 2012). In Study 6, ninety two percent of the participants were retained, and both parents and adolescents were compensated monetarily for completing the assessment (Spirito et al., 2015). In Study 7, only 39.4% of the participants - including parents and adolescents - completed the final assessment (Strandberg & Bodin, 2011).

A correlation can be seen between the seven studies, and studies which have an incentive for participants, be it monetary, logistical or in the form of childcare, seem to fare better in their participation and retention rates (Studies 5 & 6 having success rate of above 90%).

4.7.2 Parent-Adolescent Communication Regarding Drug Use

According to Spirito et al. (2015), improved communication between adolescents and their parents can have a positive effect on substance abuse outcomes. Although parental monitoring can positively contribute to preventing substance abuse, parental control must be studied further, as it could also be regarded as negative if seen as being too restrictive and hampering the development of adolescent autonomy (Spirito et al., 2015).

In Study 6, parents participating in the FCU and the PE interventions, found higher levels of communication relating to alcohol, these results were found at three and again at the six month period, this included family communication in general. Communication regarding Marjuana has also increased at three months but there appears to be a decrease between three and six month period. After six months an increase was shown in comunication regarding both alcohol and marijuana in adolescents (Spirito, et al., 2015).

Griffen (Study 4) states that the LST Parent Programme produced encouraging changes in regards to numerous variables of parenting outcomes with the post-test assessment in the group participants intervention group. These comprise of an increase score for parental mentoring, parental disciplinary practices, communication in the family setting and parental supervision. After one year, a follow up assessment was completed and found that the scores for family communication remains high and slightly important for parental mentoring. Participants observed that the LST Parent Programme is a possible home-based method for

improving skills which has shown a decrease in substance abuse in the early stages. The programme is rated as high in quality and viability and appealing to both parents and child.

4.7.3 Improved Coping Skills for Parents and Adolescents

Participants in study 2 have seen an improvement in all aspects of their well-being, both emotionally and physically throughout the duration of the programme. Numerous parents stated that they had more emotional control when communicating with their adolescents (Coombes et al., 2009). According to Coombes (2009) commentary on the programme revealed the participants both parents and adolescents, felt emotional problems were dealt with more constructively (Coombes et al., 2009).

Building a collection of valuable skills and different strategies were found to be valuable to use in increased emotional situation with their children. Parents considered that improved emotional control, led to improved parent-child relationship (Coombes et al., 2009).

4.7.3 Family Functioning

Kumpfer et al. (2012, p188) state that "all of the Irish families' pre- to post-test outcomes were statistically significant according to the within-S ANOVA, with even larger total effect sizes for positive change than for parenting outcomes. The Family Cluster Score effect size was d = 0.76 compared to d = 0.70 for the SFP norms. The largest improvements were for family communication and family organization (both d = 0.74). The smallest improvement was in family conflict (d = 0.32). Still this outcome was larger than found for other non-Irish SFP groups (d = 0.21). The between-groups ANOVA revealed a significant difference in the Irish family cluster outcome compared to the non-Irish SFP groups ($p<0.04$)".

Overall, parents found positive changes in the young person's supervision, family participation and interaction regarding rules about substance abuse and a there was a decrease found in harmful parent-child interaction. The results indicated constructive changes in parenting practices and these findings led to an improvement in alcohol-specific communication, which includes PSE (Doumas et al., 2014). The findings of this study are also consistent with research supporting the general effectiveness of parent interventions in changing parental behaviours and attitudes.

4.8 DISCUSSION OF THE RESULTS

To conclude, seven articles based on randomised control, pre-test post-test designs and mixed methods studies were found in this scoping review, taking place between 2009 and 2015. Six of the seven were group-parenting programmes presented by trained facilitators.

Themes discussed in this chapter were - *Effective Recruitment, Retention and Participation, Parent-Adolescent Communication Regarding Drug Use, Improved Coping Skills for Parents and Adolescents and Family Functioning.*

In this study, the results have shown that parenting programmes can be effective in the prevention of substance abuse among adolescents, as they enhance interpersonal skills, which lead to improved communication in the family unit. Parental monitoring of adolescents can also have a positive effect, if correctly applied. According to the results, different parenting programmes can be effective, and in this scoping review, the most prevalent parenting programme recognised was the SFP 10-14.

Factors affecting the participation of parents were discussed, and it was found that those that have a negative impact on participation are not necessarily always due to socio-economic circumstances. Participation can improve by studying the targeted population before the commencement of the parenting programme and observing obstacles which could cause non-participation.

As outlined in Chapter 1, there are a wide variety of evidence-based parenting programmes which may be applied. From the scoping review of parenting programmes, SFP 10-14 has proved to be more effective and more widely used by different cultures, to prevent the onset of substance abuse in high-risk adolescents (Kumpfer et al., 2008).

According to Spirito et al. (2015), a good interpersonal relationship with an adolescent child can decrease the risk of the onset of early substance abuse. Certain studies have shown that a short-term parenting programme can also be effective in decreasing the risk of substance abuse in adolescents in the longer term, due to effective parenting communication during the developmental phase of the adolescent (Spirito et al., 2015).

Interactive Digital Based Parenting Programmes could meet the needs of individual parents, and although these programmes are universal, they could cover topics to aid the reinforcement of positive parenting skills in specific group settings (Hopson, Wodarski & Tang, 2015).

Some of the available Interactive Digital Based Parenting Programmes cover wide ranges of topics, including improved parental insight into substance abuse, effective communication skills, interpersonal skills, positive mentoring, behaviour, adhering to family rules, and problem-solving skills (Hopson et al., 2015).

4.9. LIMITATIONS OF THE STUDIES

A limitation found in the researched articles was that there was no set period for completion of the post-test survey, and follow-up times differed in the seven articles. Follow-up directly after the parenting programme will indicate if the parent has learned any new skills. The article's results may differ depending on the frequency of the follow-up, as observed in the results of this scoping review.

Two of the studies only did the post-test within weeks of ending of the parenting programme with no long-term follow-up. One study had a follow-up a year after the initial parenting programme, but no follow-up before this period.

Studies consisting of group participation can be a big undertaking and, as observed in the results, most of the studies had at least three researchers. Group participation is seen as therapeutic (Next Step Therapy, 2019), according to Yalom (1985). Group cohesion represents the interpersonal relations formed in a group, which could be viewed as positive or in some cases as a limitation. Participation cannot be made compulsory in a research study, and this could affect the results, as participants may withdraw themselves from the study at any time. This factor may also affect the cohesion of the group.

Only in Study 1, was the percentage indicated as a 75% attendance rate. At least a 70% participation rate is needed for accurate results in a survey and thus can decrease the sample size. If the participants do not attend all of the SFP sessions, the effectiveness of the

programme could decrease. The SFP can run over 14 weeks; on the other hand, sessions could be offered twice a week, which would decrease the programme length to seven weeks (SFP, National Council of Ireland, 2007).

4.10 SUMMARY

In this chapter, the results of the themes as identified in the scoping research were explored. The willingness of the parent to participate in a programme can be constrained by various aspects including their cultural preference, their socio-economic background, their fear of the stigma attached to attending a parenting programme, the length of their availability to be involved in parenting programmes, and the location of parenting-based programmes.

There are a variety of different programmes created to overcome the obstacles parents may face to participate in a parenting programme. These include interactive computer-based programmes, which aid in overcoming stigma thus increasing the effectiveness of parenting programmes. Socio-economic factors, which may limit participation, include travelling costs and the distance to attend programmes. According to research, parenting skills have a major influence on adolescent substance abuse. The interactive digital-based parenting programmes have also shown to be effective, as they aid in overcoming obstacles like the privacy of participants, reducing the rigidity of programmes, and increasing effective implementation of parenting programmes.

Studies have also shown that shorter-term parental involvement can have a positive impact on decreasing the risk of substance abuse in adolescents, indicating that limited involvement due to constraints can still have a positive impact on decreasing the risk factors in adolescents. Home-based parenting programmes can also assist in increasing the participation of families in parenting programmes. Studies have shown that a parenting programme implemented correctly in a home setting can have positive results, in particular, those implementing the Model Life Skills Training Programme (see Table 3 for method) (Griffin et al., 2011).

Overall, this study has outlined the fact that the effectiveness of parenting programmes is dependent on various factors, which will differ on a case-by-case basis. This paper aims to aid in assisting planning and involvement in a parenting programme and creating awareness

of factors which may limit effectiveness and/or willingness of others to participate. These factors, if well understood, can aid in (i) the tailoring of programmes, (ii) increasing participation by having constructive discussions around the impact of parenting programmes on adolescents, (iii) identifying factors which may inhibit the willingness of participants. and (iv) whether there are specific medication- related adjustments which can be made to programmes to assist in the participation rate.

As evident by the results of the articles collected in the data procedure of the scoping review, the FSP programme created by Kumpfer and partners is predominantly used, indicating that this evidenced-based practice is widely applicable and apparently highly effective. To increase the effectiveness of this parenting programme, it has been culturally adapted and used in 17 different countries (Kumpfer, Xie and Driscoll, 2012).

CHAPTER FIVE

LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

To bring to a close the current study, this chapter provides a summary of, information on the limitations of the study, as well as the recommendations made and the conclusions reached.

5.2 SUMMARY

Adolescent substance use and abuse is, both nationally and globally, a great public health concern, and therefore the researcher embarked on this study.

In the existing literature on parenting programmes as prevention for substance abuse in adolescents, however, no current scoping review with a focus on a parenting programme as a means to prevent substance abuse (tobacco, alcohol and drugs), in adolescents, could be found.

These articles revealed that different parenting programmes, which could be used for the prevention of substance abuse in adolescents, do exist.

A description of the parenting programmes that have proven to be effective in preventing or decreasing substance abuse in adolescents was given.

5.3 LIMITATIONS OF THE STUDY

The researcher only used five databases to search for relevant studies, which can be viewed as a limitation, as other databases could have added more articles on the topic and possibly also data on developing countries.

According to Pham et al. (2014), a regular limitation found in scoping reviews was that relevant articles were possibly missed because of the database choices of the researcher,

restrictions in the amount of time available for the research, or certain literature that was excluded, e.g. grey areas such as literature or articles in languages other than English.

The search algorithm with five keywords may have caused some relevant articles to be missed, as there may have been keywords that were more applicable for finding articles fitting the criteria (Pham et al., 2014). The limitation stated by Pham et al. (2014) is also applicable to this study.

5. 4 RECOMMENDATIONS

5.4.1 Recommendations for Further Research

It is recommended that the SFP10-14 be culturally adjusted, implemented, evaluated, and implemented for the South African context, as was done in the Irish context.

The articles used in this study ranged from 2009 to 2015 and indicated that there is a gap in the current research, as well as in the research done in developing countries.

The socio-economic barriers encountered in South Africa are caused by factors which include costs, transport, and time, provide us an opportunity to develop, implement, and evaluate home-based audiovisual material such as DVD/CD's accompanied by a written guide or internet-based programmes accessible to the parents.

5.4.2 Recommendations for Nurses Practising in Child and Adolescent Mental Health Services

It is recommended that registered psychiatric, school health and primary healthcare nurses, who practise in adolescent healthcare settings, initiate and engage in research on parenting programmes to broaden the best evidence for a practice base. Furthermore, it is recommended that these nurses attend a parenting education programme to both enable them to enhance their own parenting skills and to be role models to others in the community.

Another recommendation is that parenting programmes be included in substance use treatment programmes for adolescents.

More widely used screening systems should be created to identify pre-adolescents or adolescents at medium to high risk of substance abuse in different settings, for example, in primary school and local clinics.

5.5 CONCLUSIONS

The conclusions drawn from this study and answering the research question are:

This scoping review has shown that parenting programmes can increase the success rate in preventing and decreasing the risk of substance abuse among adolescents.

Results in this research report indicate SFP 10-14 and 12-16 are widely used parenting programmes that have proven to be effective in more than one country.

Recruitment and sustained participation is a challenge, as revealed in the literature. However, one study demonstrated that a home-based parenting programme could be a viable option to enhance parental/family skills related to decreasing early-onset substance abuse.

An evidence-based practice, such as the SFP parenting programme, has the potential to be adapted to the needs of a specific culture.

Interventions are more effective in early adolescence.

Parenting programmes can vastly improve family functioning and the lives of not only the adolescent but also of the family unit, as an adolescent abusing substance usually affects more than one person (Kumpfer et al., 2006). This conclusion indicates the importance of parenting programmes.

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APPENDIX A

ETHICAL CLEARANCE WAIVER LETTER

Human Research Ethics Committee (Medical)

Research Office Secretariat: Senate House Room SH10005, 10th floor. Tel +27 (0)11-717-1252
Medical School Secretariat: P V Tobias Health Sciences Building, 2nd floor
Tel +27 (0)11-717-2700 / 1234 / 1252 / 2656
Private Bag 3, Wits 2050, www.wits.ac.za. Fax +27 (0)11-717-1265
South African National Health Research Ethics Council registration: REC-250208-04
United States Office of Human Research Protections registration: FWA00000715 IRB00001223

Ref: W-CJ-170118-1 17/01/2018

TO WHOM IT MAY CONCERN:

Waiver: This certifies that the following research does not require clearance from the Human Research Ethics Committee (Medical).

Investigator: **Hester Booysen (Student no 304957).**

Project title: **the effectiveness of parenting programmes in preventing substance abuse problems in adolescents. A scoping review.**

Reason: This study use information in the public domain. There are no human particpants.

UNIVERSITY OF THE WITWATERSRAND
PROF PE CLEATON-JONES
HREC (MEDICAL)
2017 -01- 18
JOHANNESBURG

Professor Peter Cleaton-Jones

Chair: Human Research Ethics Committee (Medical)

Copy – HREC (Medical) Secretariat: Zanele Ndlovu, Rhulani Mkansi.