

IDENTIFYING AND ADDRESSING POOR PARENTING SKILLS IN  
COLUMBIANA, MAHONING, AND TRUMBULL COUNTIES

by

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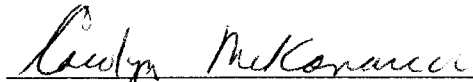
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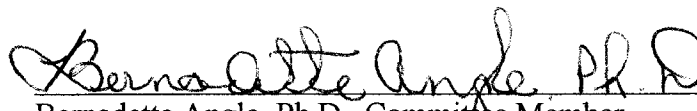
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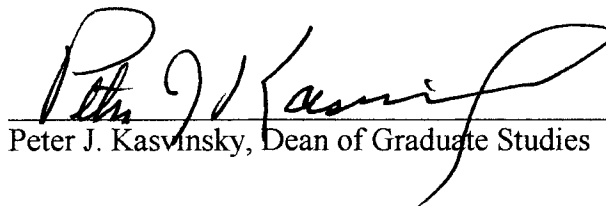
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## ABSTRACT

Poor parenting among families in the Tri-County Area is a problem. The Tri-County Area includes Columbiana, Mahoning, and Trumbull Counties, Ohio. The purpose of this study is to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research is to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook. It is the researcher's goal to make the material in this handbook available to families in these communities following the extensive research of related topics.

Researchers have indicated that contributing factors to poor parenting can include, but are not limited to, poverty, single parent families, and minimal educational levels. The Tri-County Area has a moderate amount of people who have these risk factors. In addition, researchers have shown that the social environment of an individual impacts his or her overall health status, and that the success of a society depends on what happens in the home. Therefore, this research will focus on the areas of home and family structure, social and emotional development, violence, grief, suicide, sexuality, and children with special needs.

Stakeholders of the Tri-County Area contracted with the Lewin Group, Inc. to perform an in-depth study of the health care status of residents in the Tri-County Area. This study served as a catalyst by providing information needed to reach a consensus on an agenda for a health system change. The statistics used for this research were based on the

factbook compiled by the Lewin Group (1999) for the Community Health Initiative of the Tri-County Area.

The researcher has shown that a Mental Health and Substance Abuse Subcommittee of Community Health Initiative can stimulate effective networking of a variety of existing but independent services to children. The enthusiastic participation of concerned professionals from all three counties was justification of this assumption. The members are an exemplary example of a community effort designed to meet the needs of families in the target population.

In addition, the researcher has shown that a Community Mental Health and Substance Abuse Subcommittee of Community Health Initiative can promote improvement of parenting styles through support and guidance of community professionals to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook. The members successfully worked together to select outcomes, create the evaluation mechanism, and implement and make necessary revisions, showing the enormous success of the entire process. Their belief that this initiative will become a model for comprehensive wellness plans throughout Ohio was proven in the completion of the standardized parent resource handbook, which is due to be printed in early 2003, the planned target date.

The parent handbook will be used as a final tool by parents and professionals in the Tri-County Area to attempt to break the cycle of mental health disorders and alcohol and drug abuse.

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+County denotes comparisons of rates made between Columbiana, Mahoning, and Trumbull Counties, Ohio.

\*Denotes comparisons of rates made between the follow areas:

- Youngstown City (Ohio)
- Warren City (Ohio)
- Columbiana County (Ohio)
- State of Ohio
- United States
- Comparison Communities:
  - Dayton City, OH
  - Stockton City, CA
  - Tacoma City, WA
  - Grand Rapids City, MI

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## CHAPTER I

### INTRODUCTION

Poor parenting among families in the Tri-County Area is a problem. Contributing factors to poor parenting can include, but are not limited to, poverty, single parent families and minimal educational levels. This Tri-County Area has a moderate amount of people who have these risk factors. The average median household income of \$27,234 is somewhat lower than the Ohio average of \$32,102, and the federal average of \$34,530 (Lewin, 1999). The percent of all families below poverty is 11.5%, compared to 9.7% in Ohio and 10% in the United States (Lewin, 1999). However, the poverty rate of female-headed households in the Tri-County Area is higher (37.6%). The poverty rates among female-headed households in Ohio and the U.S. are 33.7% and 31.1%, respectively (Lewin, 1999). Although the distribution of highest level of education attained among the Tri-County Area population (25 years of age and older) is above Ohio (30%) and national rates (36%), only 42% of the target population complete high school graduation or the equivalent of (Lewin, 1999).

Researchers have indicated that the social environment of an individual impacts his or her overall health status. Stephen R. Covey (1997) believes that family is the building block of society, and that our success as a society depends on what happens in the home. Therefore, a stable and supportive family environment is critical for children to succeed emotionally, educationally, and socially. There are a number of community aspects that are included in the social environment. They are violence, family cohesiveness, respect for differences in cultures and religions, the ability to communicate with others, and the

ability to cope with life stressors, at both the individual and community levels (Lewin, 1999).

The statistics used for this research have been taken from the 1999 Community Assessment Factbook, an in-depth study done by The Lewin Group for the Tri-County Area of Columbiana, Mahoning, and Trumbull Counties. These statistics were commissioned by the stakeholders of the community and are the basis of development of the healthcare initiatives. The original stakeholders responsible for launching the Community Health Initiative are General Motors (GM) of Lordstown, Ohio, United Auto Workers (UAW), and the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers (IUE).

Higher rates in infant mortality, low and very low birth weight births, and maternal smoking are experienced in the Tri-County Area as compared to the state and national figures. Infant mortality rates ranged between 17 to 40 percent higher than state and national rates; low and very low birth weight babies were 50 percent higher than the Healthy People 2000 objective; and, in 1995, close to 25 percent of the mothers smoked during pregnancy, with rates falling between 21 and 78 percent higher than state, national, and comparison communities of Dayton, Ohio, Stockton City, California, Tacoma City, Washington, and Grand Rapids, Michigan. These comparison communities were selected because of their similarities in demographic and socioeconomic characteristics and their differences in types of healthcare delivery systems (i.e. different levels of managed care penetration), as compared to the Tri-County Area. With these reference points, the community was able to assess performance and identify opportunities for improvement.

In general, the target community has shown poor performance on social environment indicators, especially in the areas of crime (including homicide and rape) and juvenile runaways. In 1996, murder rates were recorded at about 15 times higher than the state rate and about 10 times higher than the national rate. Rape offenses were roughly two times those of comparison cities named in the previous paragraph. Juvenile runaway rates for the target population were about nine times higher than state and national norms of 1996. Although the rate of child abuse and neglect for the area is lower than state and national averages, the incidence appears to be rising. In 1995, there were 27 new reports of child abuse per 1,000 children in the Tri-County Area.

Mental health and substance abuse issues of children and adolescents are serious concerns for all parents, and are associated with risk factors affecting both physical and psychological wellness. Risk factors include dysfunctional families, abnormal social and emotional development, violence, teenage pregnancies, abuse, suicide, and developmental disorders and disruptive behaviors. Children have basic needs, such as bodily needs, the need to feel safe and secure, the need for belonging and love, a need to feel good about themselves, and needs for knowledge, enrichment, and growth. It is the responsibility of parents to enable their children to meet these needs. However, parents don't come by this naturally; they learn this process through their own education and growth. Lack of education and resources will greatly inhibit this process. The purpose of this study is to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research is to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook. Specifically, the handbook looks at communication skills, family

structure, values and morals, depression and anxiety, bullying and victimization, resiliency, grief, suicide, sexuality, substance abuse, and children with special needs. This aim will be accomplished by utilizing the research at hand. Professionals in the target community will use the handbook and will distribute information from applicable areas to accommodate the needs of individual families.

### Historical Background of Community Health Initiative

In 1998, General Motors (GM), United Auto Workers (UAW), and the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers (IUE) launched a Community Health Initiative in the Tri-County Area (Columbiana, Mahoning, and Trumbull Counties) to seek to improve the community healthcare delivery system and to meet the needs of families in this region. These areas will be referred to throughout this thesis as the target population. The Community Health Initiative was established with the purpose of developing a healthcare delivery system that will provide high quality health services, expand health education, promote disease and accident prevention, improve community health status, enhance the quality of life, and promote a culture of best practices.

The Community Health Initiative process seeks to realize this vision by the development of a broad-based coalition of community stakeholders to encourage teamwork and cooperation among consumers, purchasers, caregivers, and providers of healthcare as a continuous, on-going task.

GM, UAW, and IUE contracted with the Lewin Group, Inc. in 1998 to conduct a survey of the status of healthcare in the target population and to compile the results in the

Community Assessment Factbook. The factbook will serve as an analytical tool to support the community stakeholders seeking to fulfill the vision of improving the healthcare system. As a result of this effort, subcommittees were formed, based on this assessment of community needs, to address the following areas: circulatory, racial disparities, cancer, mental health and substance abuse, maternal and child health, respiratory, infectious disease, and diabetes. The subcommittees began to meet in Spring 2000 and have a target date of Spring 2003 for completion of their individual programs.

#### Role of Lewin Group, Incorporated

The Lewin Group, Inc. is an international healthcare policy research and management-consulting firm that is widely recognized for its commitment to scientific integrity and independent research. The organization assists public and private sector healthcare organizations and businesses in developing proactive solutions to the challenges of an ever-changing healthcare marketplace. This corporation boasts thirty years of experience in the healthcare field. The Lewin study applied both quantitative and qualitative analysis, strategic planning, and business development to aid the community in achieving an improved healthcare system. The assessment will serve as a catalyst to the Community Health Initiative, as a whole, by providing community stakeholders with the information needed to reach consensus on an agenda for a health system change.

The survey conducted by the Lewin Group included a compilation of available local and national data from many sources, local professionals, and shareholders from all sectors of the business, labor, and care giving community. Specific sources included

state and national averages and norms from comparison communities with similar demographic and socioeconomic status, and are cited throughout specific areas of this research. As a result of the study, initiatives were developed for the following healthcare areas: access/racial disparities, cancer, circulatory, diabetes, infectious disease, maternal and child health, mental health and substance abuse, and respiratory.

### Statement of the Problem

The Tri-County Area displays a number of risk factors linked with poor health status, as emphasized by Lewin's overall health assessment of the target population. The risk factors are low-income families, slow per capita income growth, high poverty rate, high unemployment rate, and low levels of years of education completed (Lewin, 1999). The problem is found to be poor parenting among families in the Tri-County Area. The average median household income in the target area was lower than both national and Ohio norms (Figure 1), with Trumbull County listed as highest, followed by Columbiana and Mahoning Counties (Figure 2). The study indicates that although statistics used were several years old, the problems remain unchanged. It is suggested by Lewin, Inc. that a follow-up study be done following the completed initiative process.



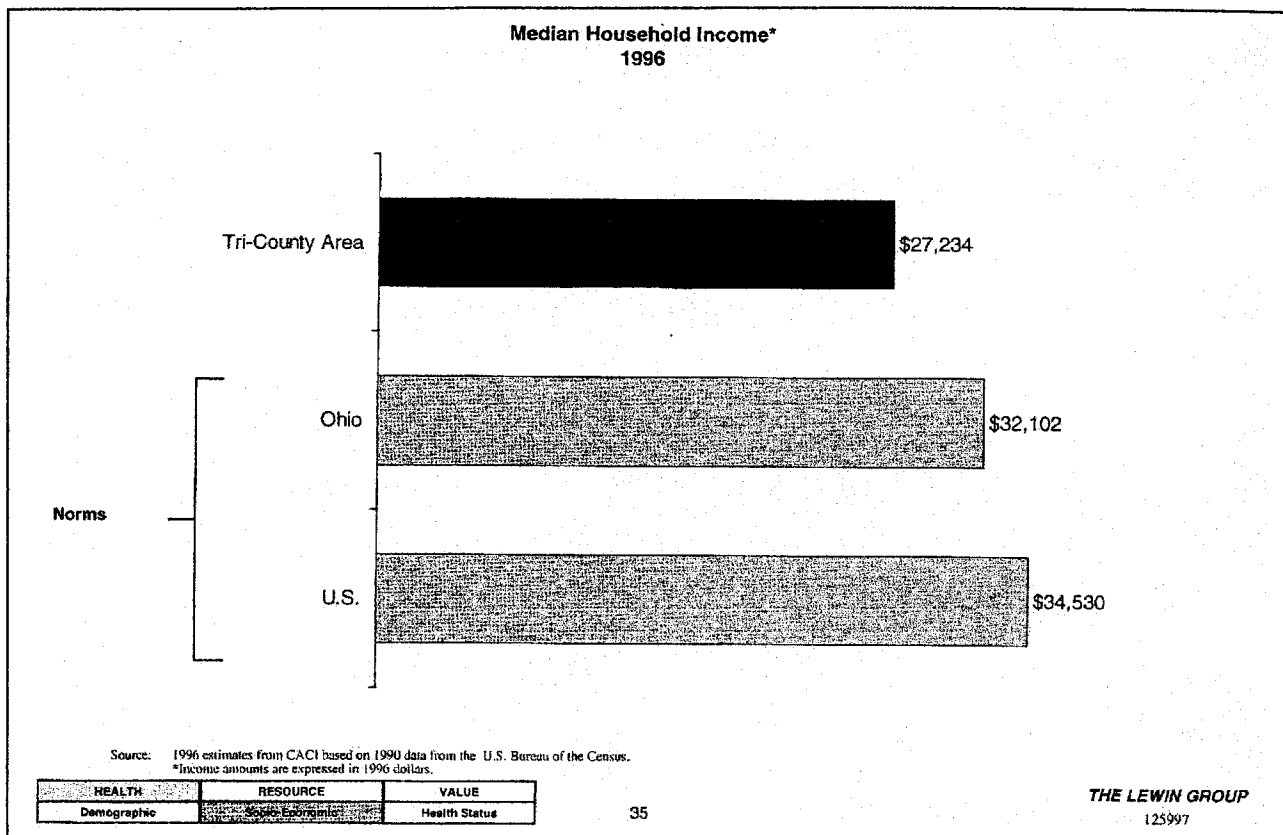


Figure 1

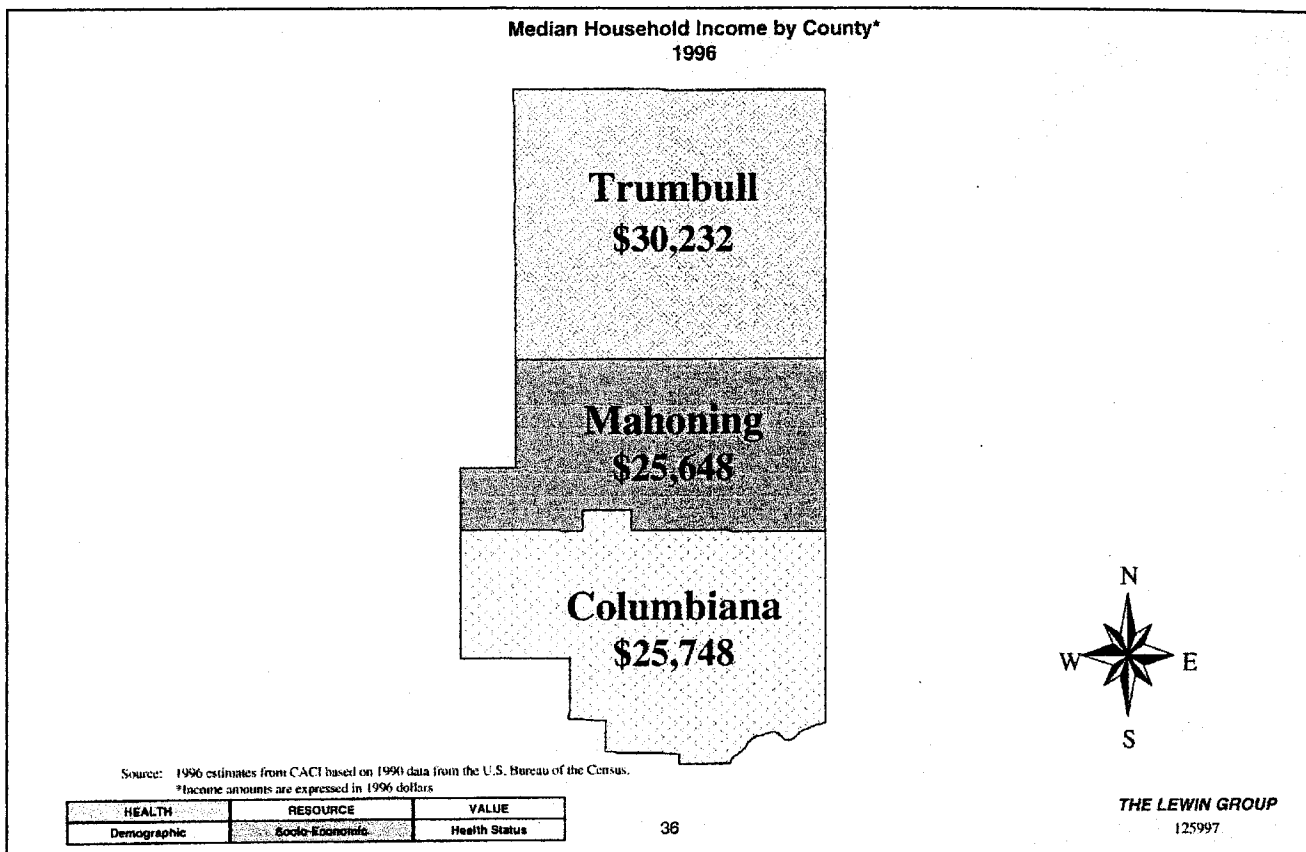


Figure 2

The area's overall per capita income growth, illustrated in Figure 3, was 7% compared to 14% for Ohio and 16% for the United States. Mahoning County had the lowest income growth of 8.3%, Columbiana 10.5%, and Trumbull 10.9% (Figure 4). Overall, from 1990 to 1996, there was an income growth in Trumbull, Columbiana, and Mahoning Counties respectively. However, the base is still low.

Figure 5 compares poverty rates of total families and of female-headed families living in the Tri-County Area, with Ohio, U.S. and the four communities, Dayton-Springfield, OH, San Joaquin, CA, Tacoma, WA, and Grand Rapids, MI. The likelihood of poverty among the target population is higher than the majority of areas cited. When comparing the individual counties (Figure 6), Columbiana has the highest percentage of families living in poverty (13%), and Mahoning County has the highest percentage of female-headed households living in poverty (41%).

The unemployment trends of the Tri-County Area are graphed in Figure 7. Although the trends from 1990-1997 were similar when compared to state and national trends, the actual rate of unemployment continued to be somewhat higher in the target population.

The distribution of education among residents 25 years of age and older ranges from lower than 9<sup>th</sup> grade to Graduate/Professional degrees. In comparison studies it is shown that although the majority of Tri-County adults have completed high school, they are less likely than adults in Ohio and in the nation to have completed college and/or graduate degrees (Figure 8). The distribution of highest level of education among adults in the three counties studied show similar outcomes, and again illustrates the fact that the majority over 25 years of age have completed at least twelfth grade (Figure 9).

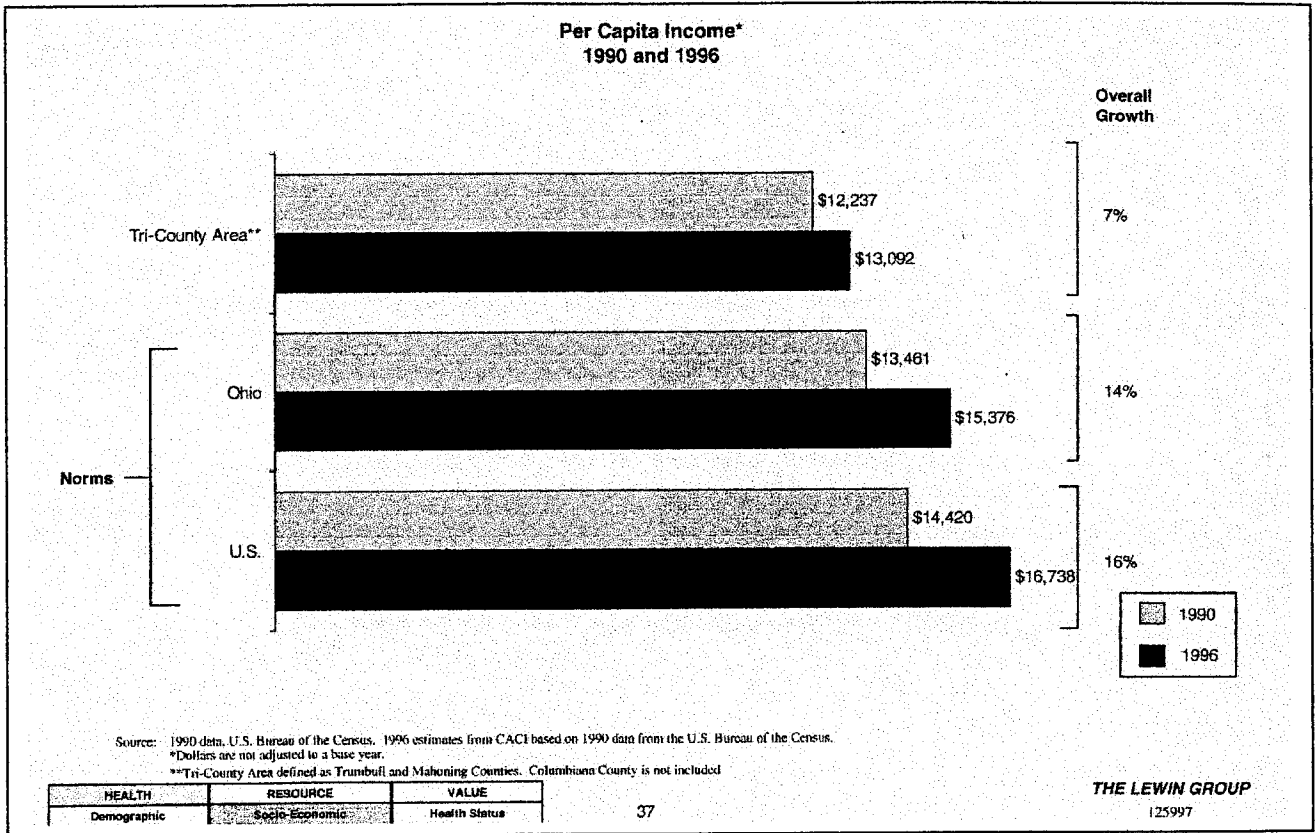
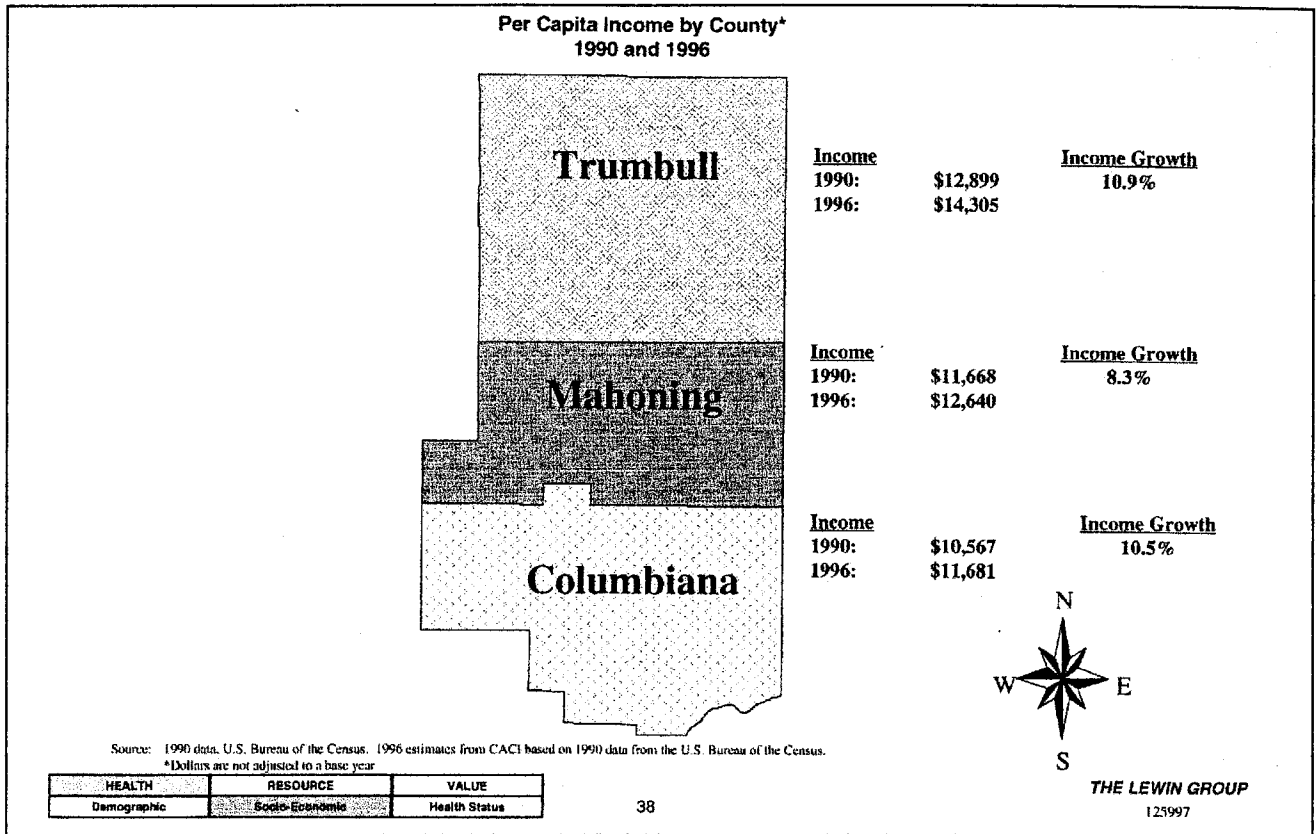


Figure 3



**Figure 4**

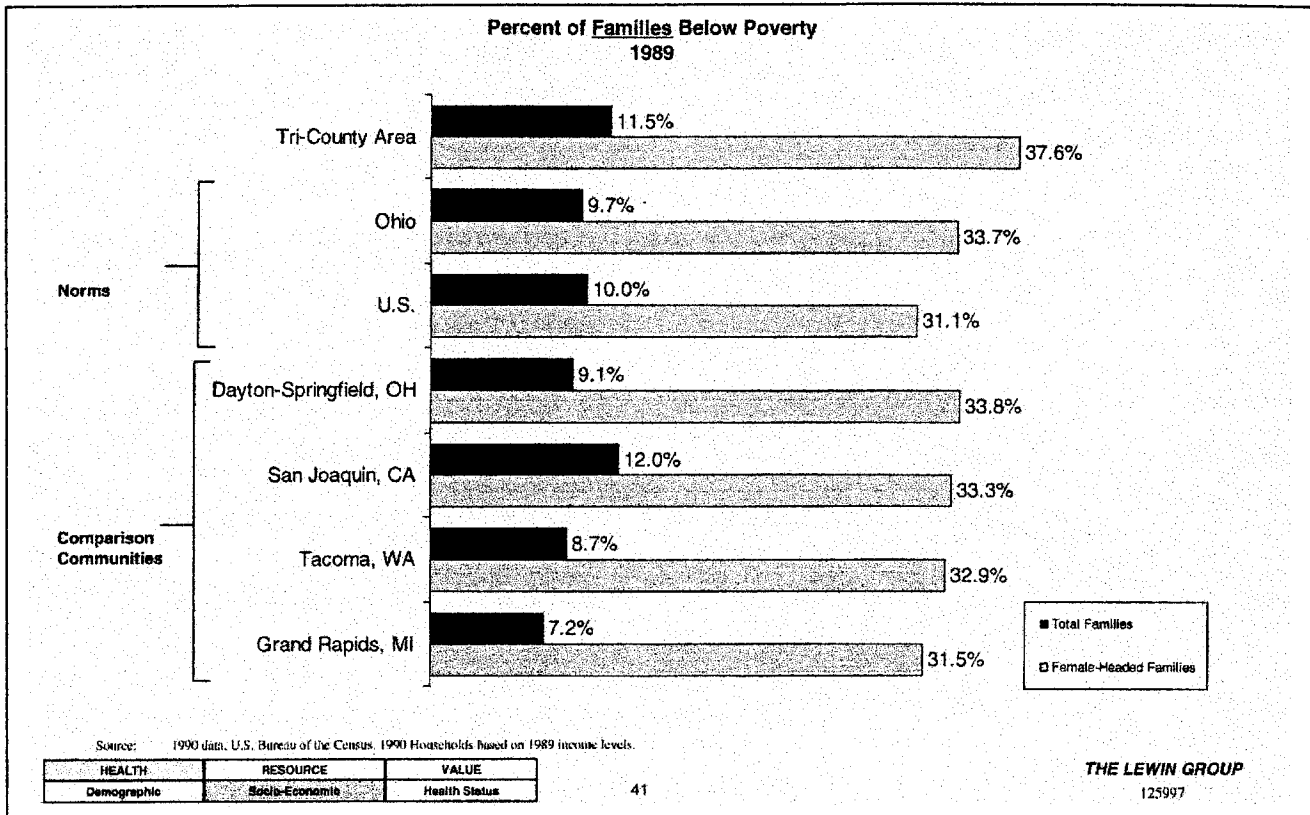


Figure 5

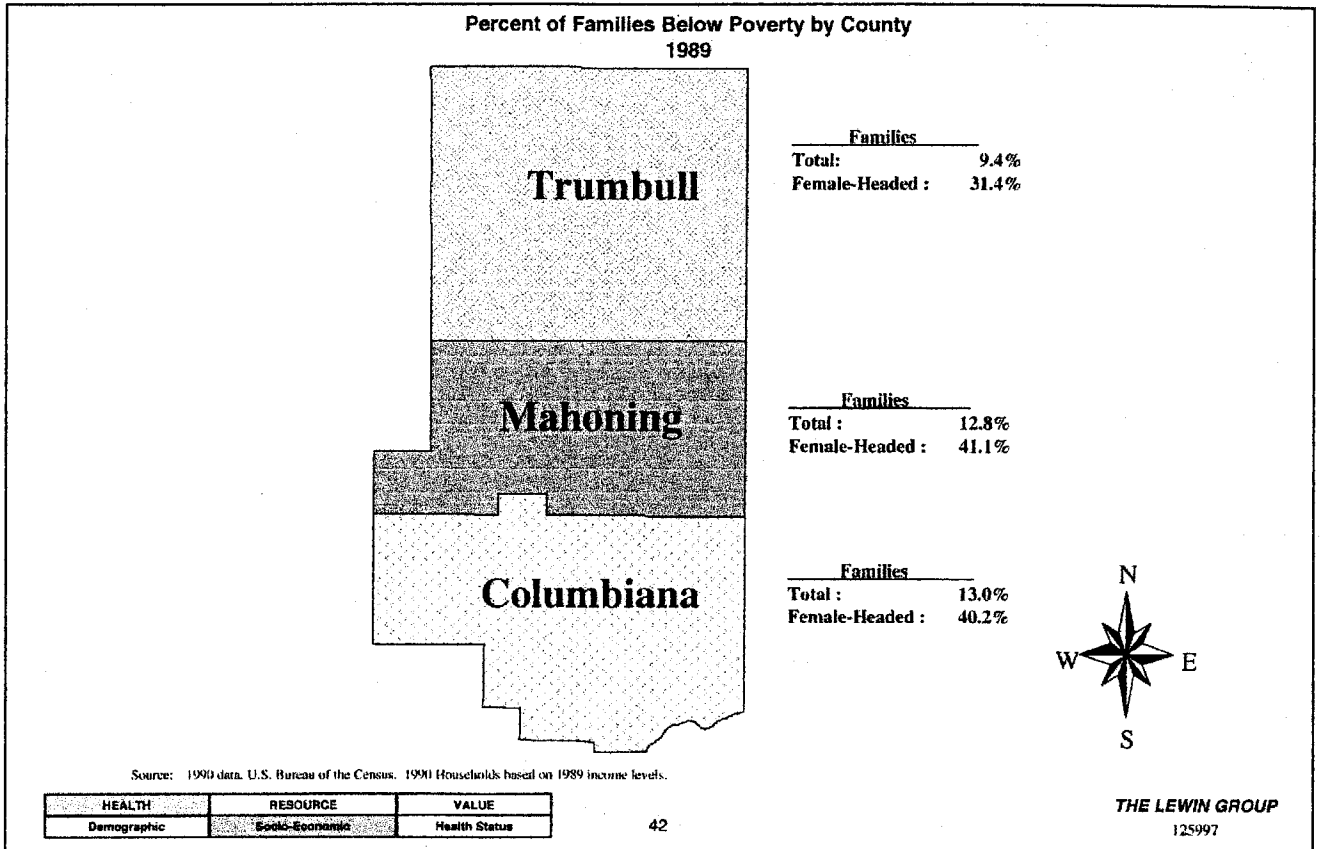


Figure 6

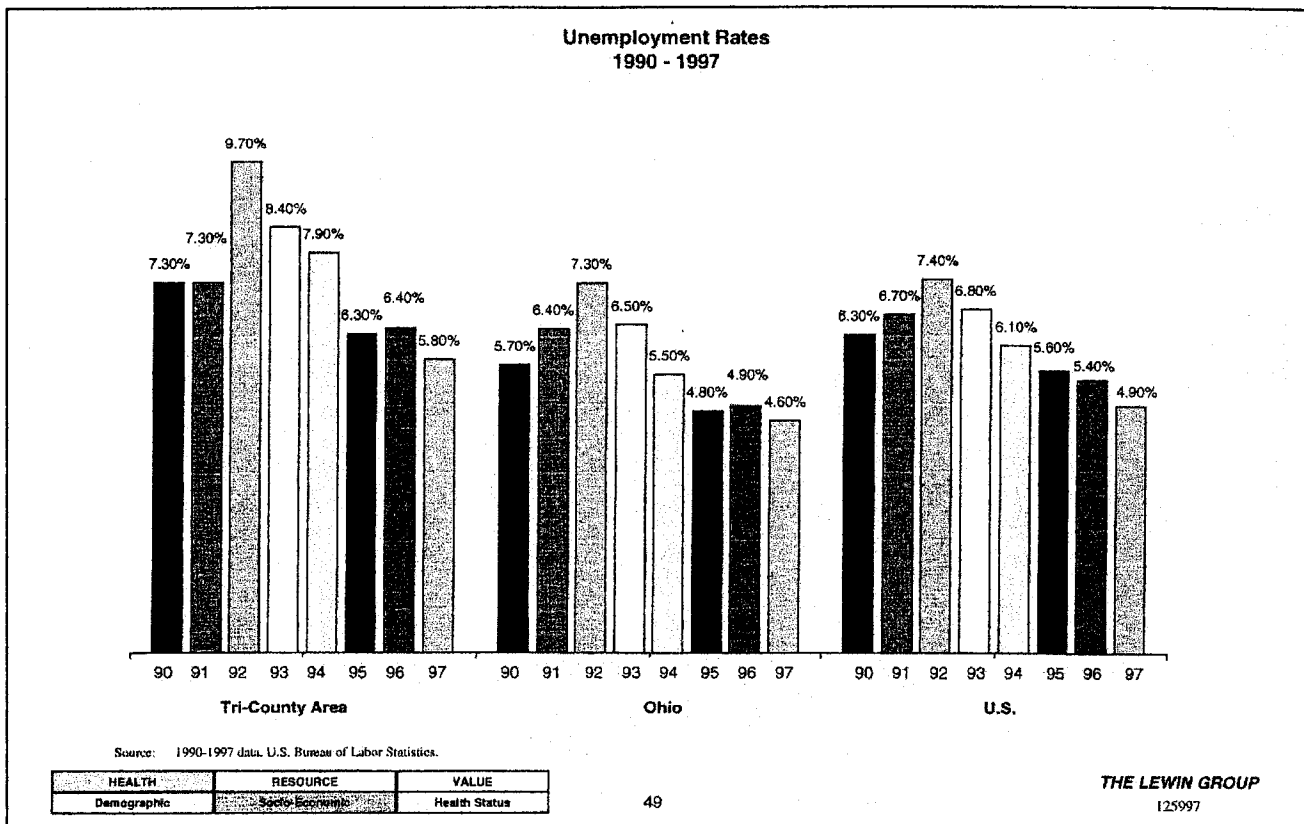


Figure 7



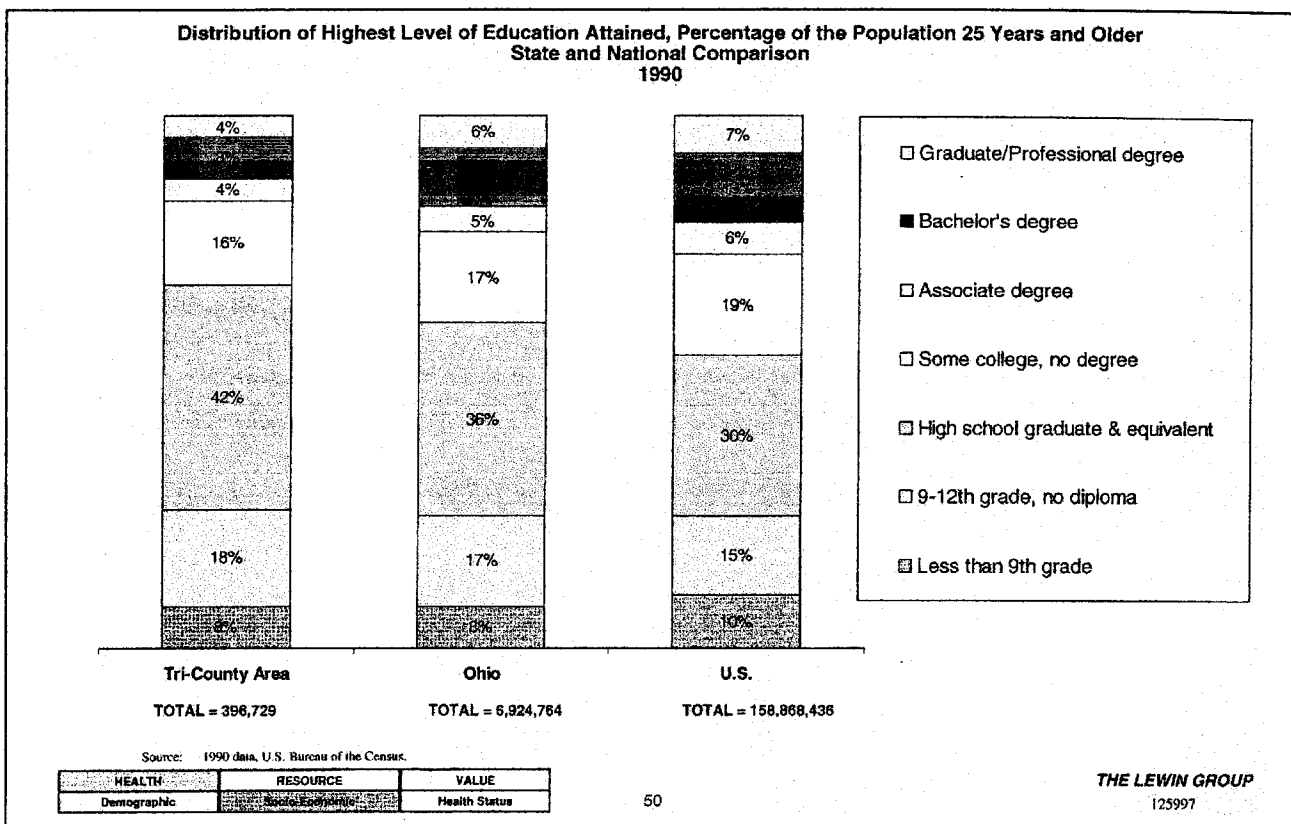


Figure 8

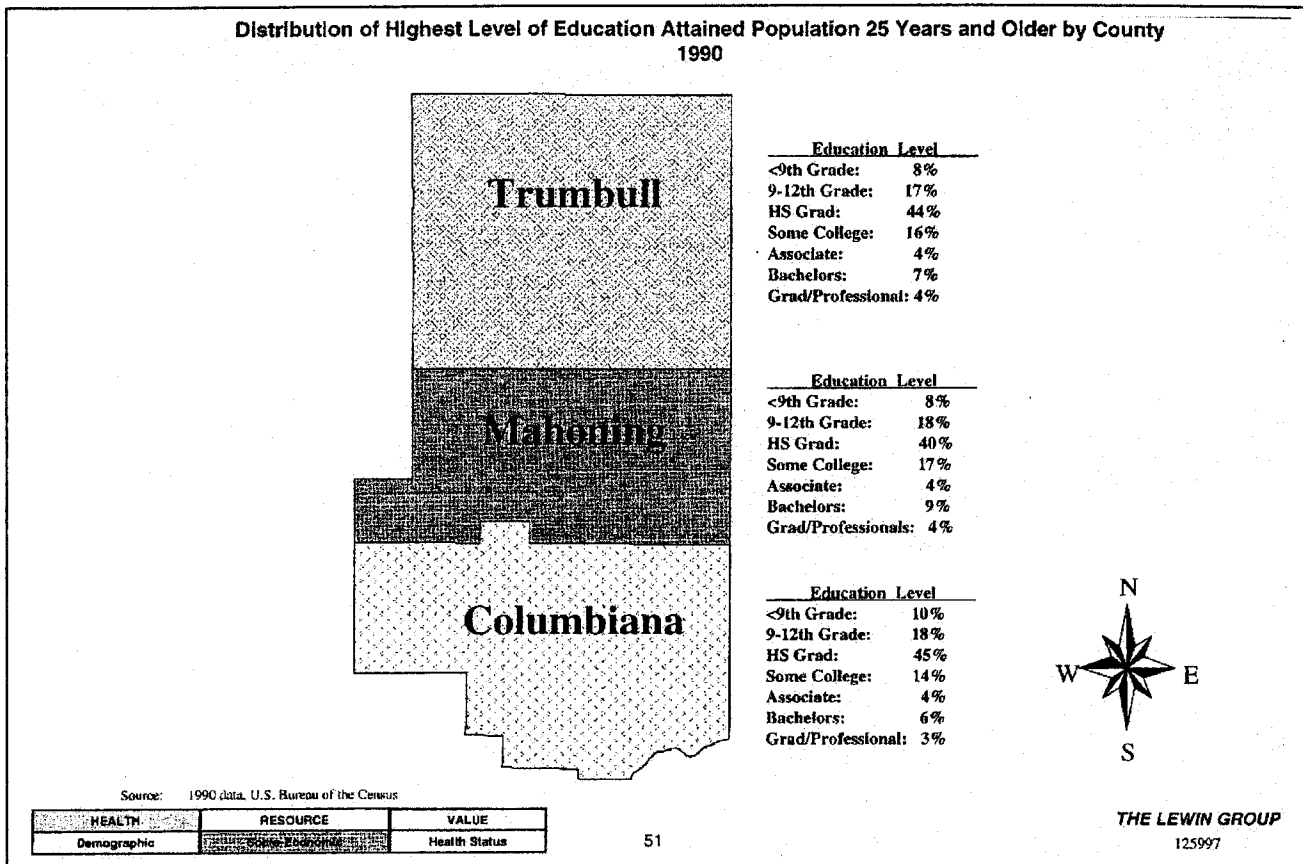


Figure 9

The proportion of female-headed households in the Tri-County Area is increasing at a slightly faster rate than the state, national and comparison community rates. Figure 10 indicates that 12.2% of the households in the Tri-County Area are female-headed, which is about 1-2% higher than the other communities measured. All three counties showed approximately a 2% increase in a ten-year period, with Mahoning County reporting the highest percentage of 2.3% (Figure 11).

Indicators showed poor performance in the social environment area, such as crime and homicide rates and more profound racial disparities in health status between African American and Caucasian residents of the Tri-County Area, as compared to state, national, and similar community rates. The Lewin study (1999) emphasized that African American residents are more likely to live in poverty, experience higher mortality rates, have higher teenage birth rates, receive less first trimester prenatal care, and practice worse maternal and child health outcomes when compared to white residents.

Figure 12 documents the Tri-County disparity between African-Americans living in poverty, compared to whites living in poverty. African-American are four times more likely to live under such conditions. In comparisons of the three counties, Columbiana has the highest percentage of white families in poverty (16.5%) and Mahoning has 45%, or the highest percentage of African-Americans (Figure 13).

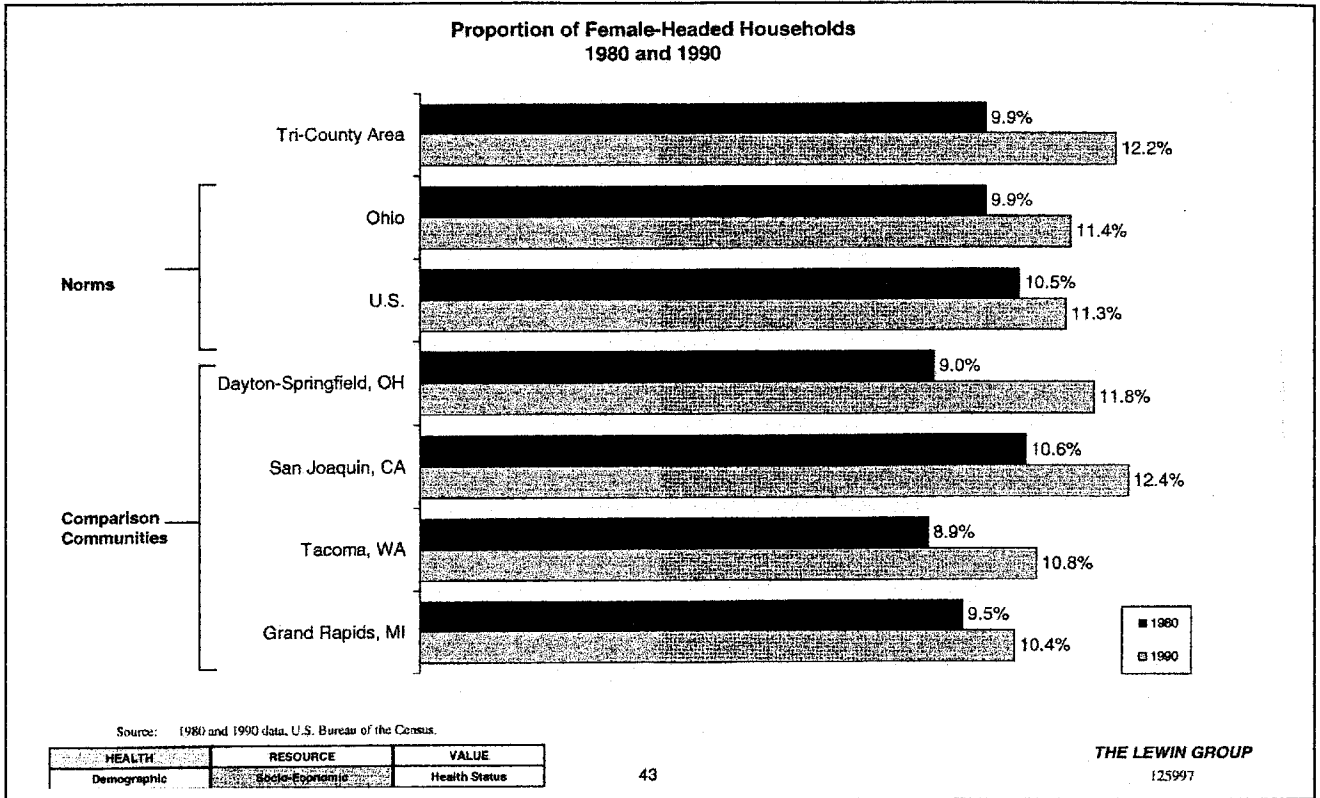


Figure 10

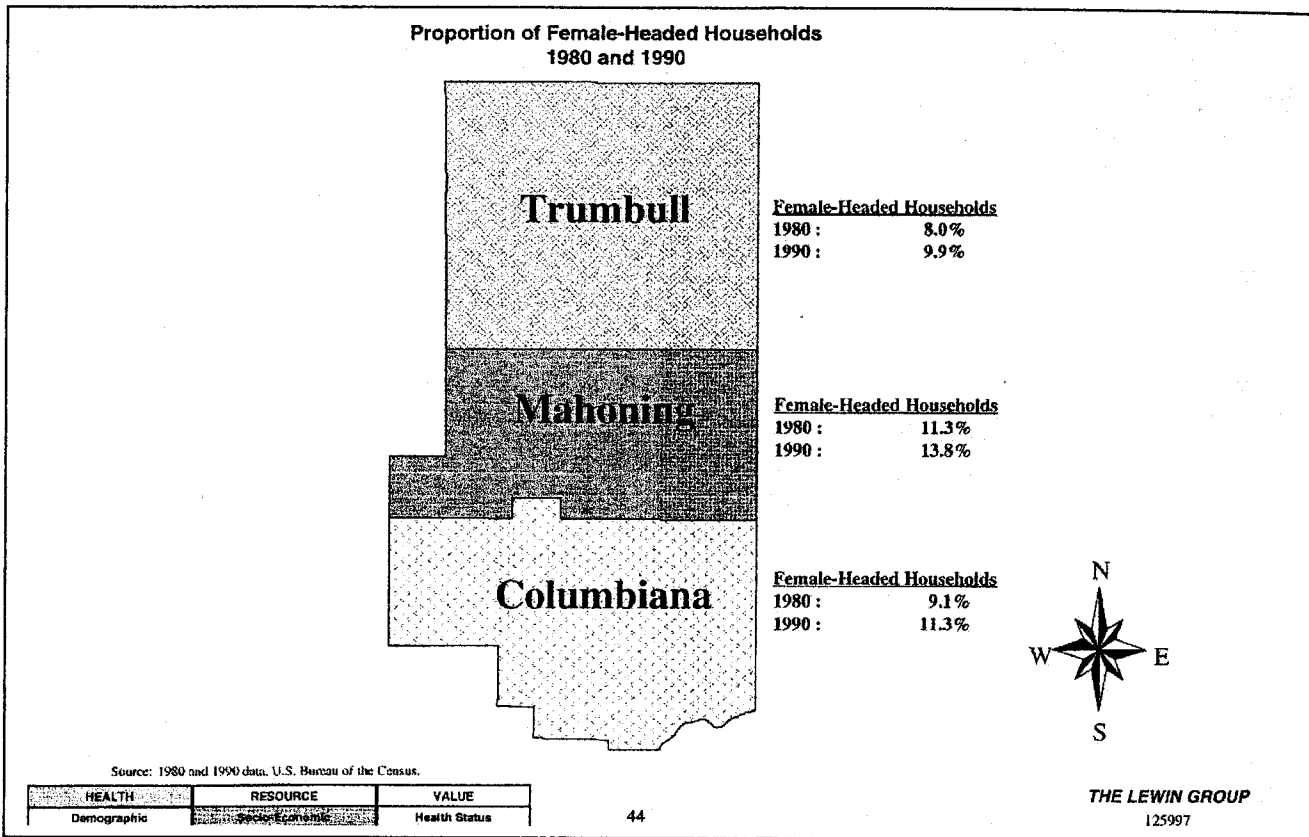


Figure 11

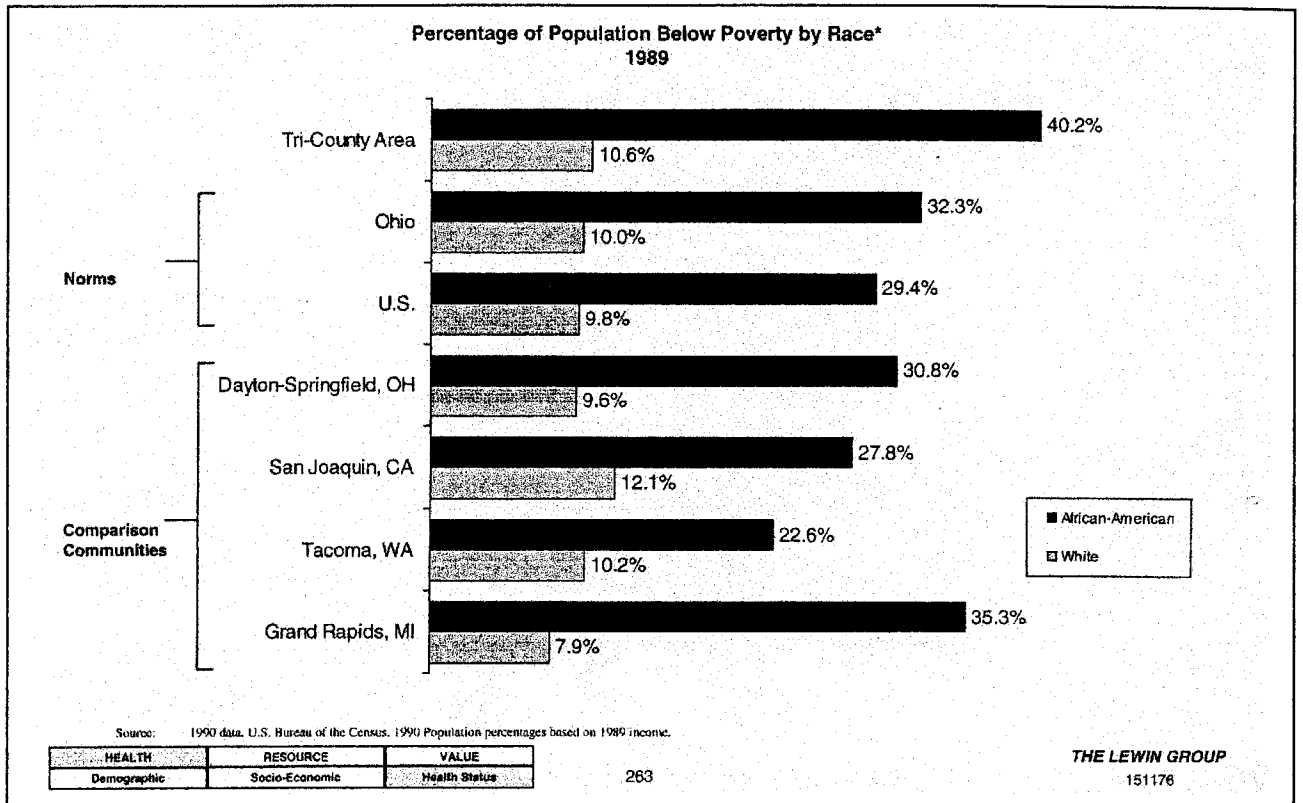


Figure 12

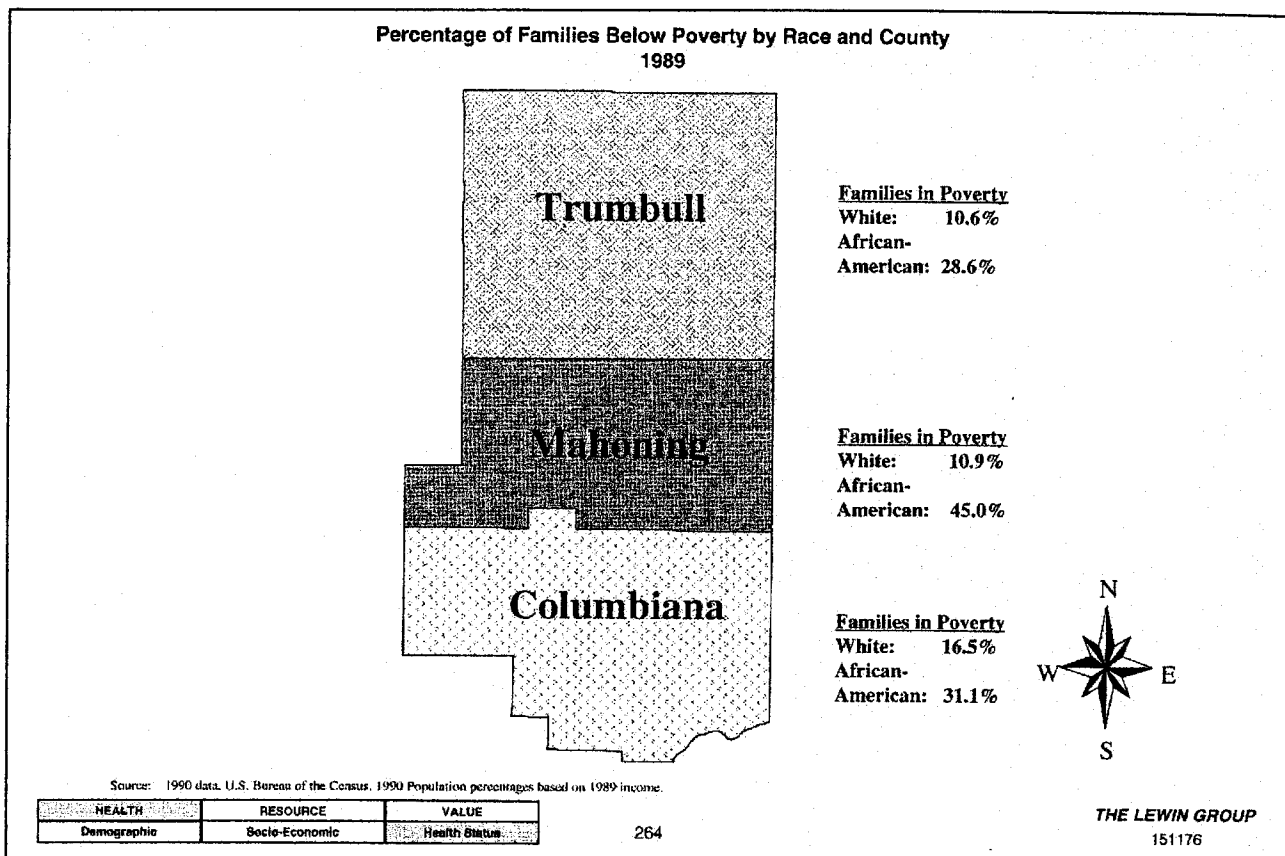


Figure 13

Although the overall death rate of African-Americans is somewhat higher in the state and national statistics when compared to white counterparts; it is alarmingly higher in the Tri-County Area, registering 928.1/100,000 persons compared to 528.8/100,000 persons among whites, or 76% higher (Figure 14). Rates within the three counties remain similar (Figure 15).

Overall, poor education appears to contribute to the higher African American rates in the target community. The African Americans are less likely to graduate from high school (62%) as compared to white residents (75%), and even though 43% of all residents attend college, only 35% of African Americans complete a degree as compared to 51% of white college entrants within the Tri-County Area (Lewin, 1999). Poor education increases other risk factors associated with poor parenting, such as poverty, dysfunctional families, poor communication and social adjustment, and substance abuse.

### Research Questions

The research questions addressed are:

1. Can a Community Mental Health and Substance Abuse Subcommittee of Community Health Initiative stimulate effective networking of a variety of existing but independent services to children?
2. Can a Community Mental Health and Substance Abuse Subcommittee of Community Health Initiative promote improvement of parenting styles through support and guidance of community professionals to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook?



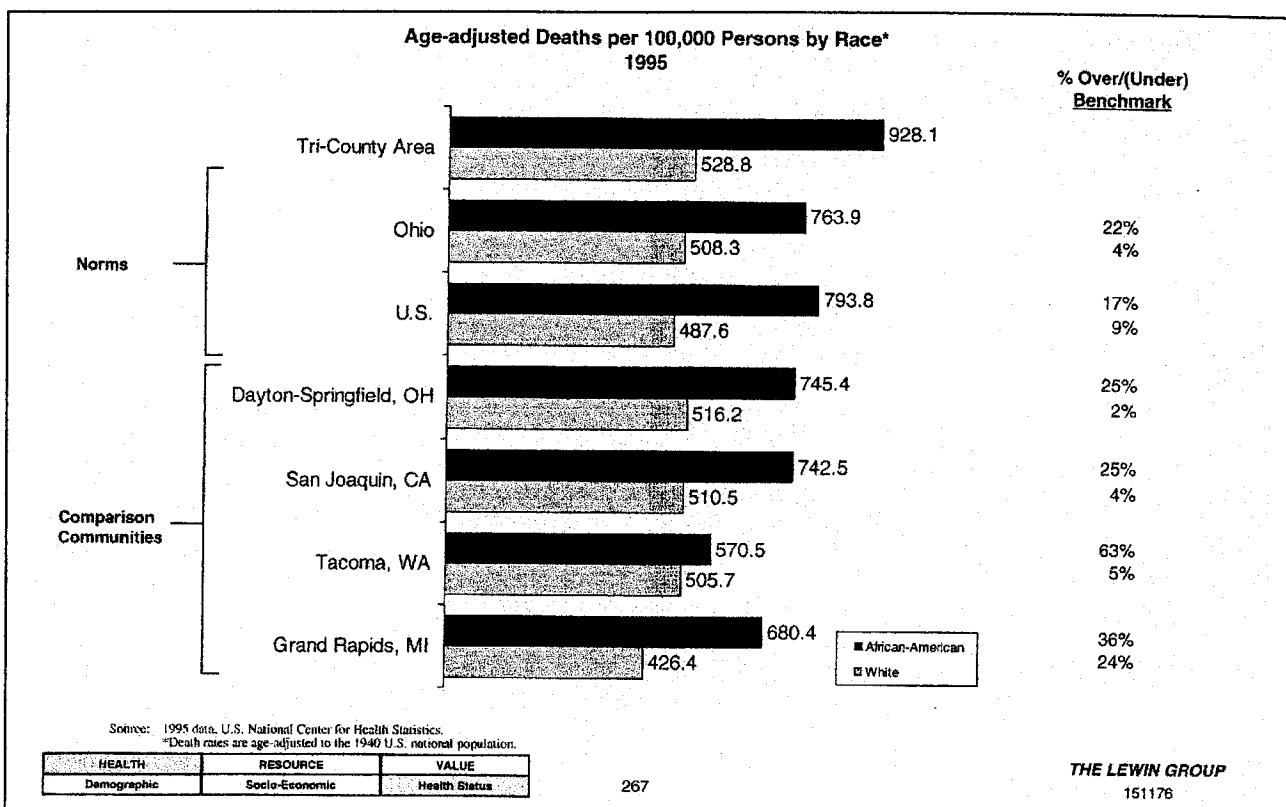


Figure 14

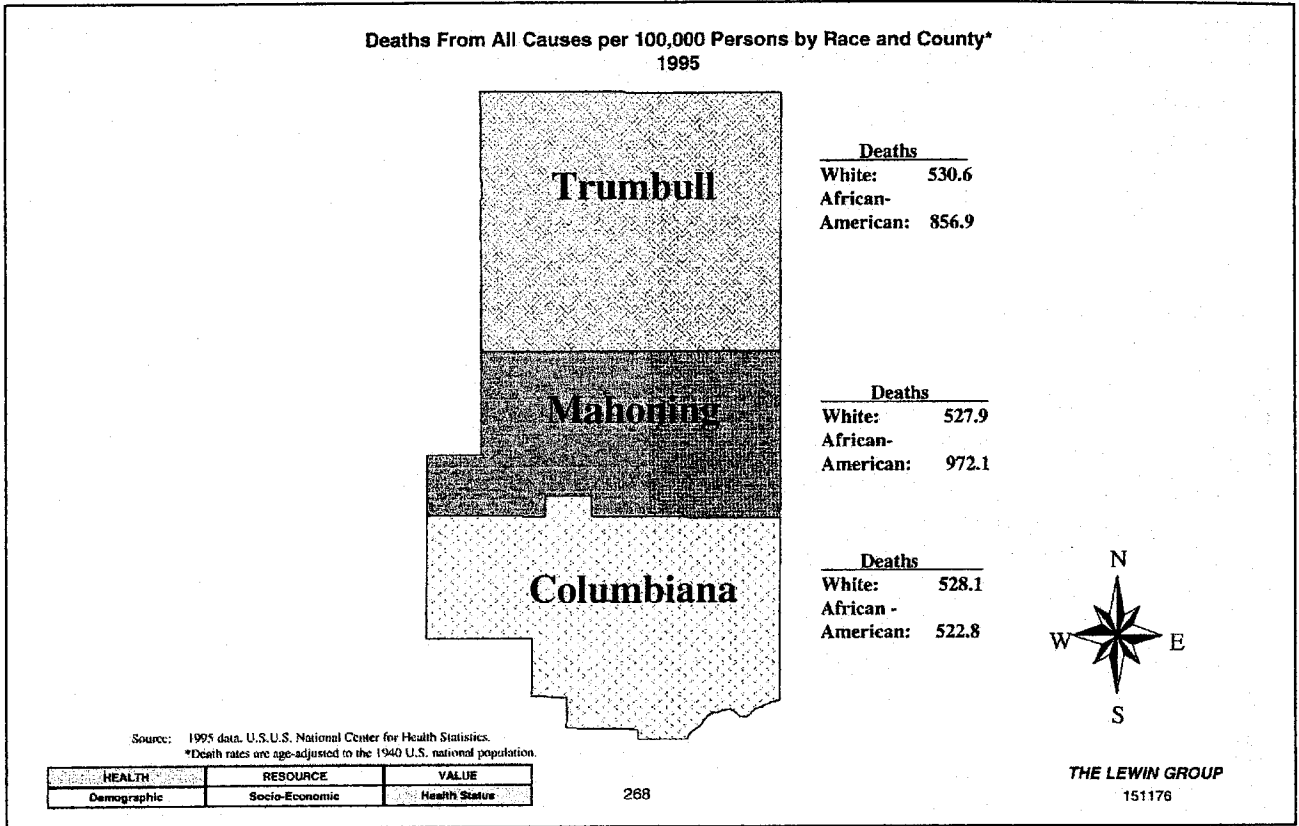


Figure 15

## Role of Mental Health and Substance Abuse Subcommittee

The Mental Health and Substance Abuse Subcommittee (MHSAS) of Community Health Initiative faces the responsibility of furthering the education and awareness of parents in the target community. The members include licensed counselors, prevention specialists, administrators, and university professors/instructors from the Tri-County Area. Their initiative is as follows: development and implementation of a comprehensive and integrated mental health and substance abuse prevention and education program that is standardized across the Tri-County Area. With this task in mind, the subcommittee created a mission statement to guide them toward their final goal. It reads:

As members of Community Health Initiative, we will take it upon ourselves to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook, which we will make available to families in Columbiana, Mahoning, and Trumbull Counties, the communities we call home (Dolak, for the Mental Health and Substance Abuse Subcommittee of Community Health Initiative, 2001).

The research at hand was undertaken to assist the Mental Health and Substance Abuse Community Health Initiative subcommittee in answering the research questions. The purpose of this study is to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research is to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook.

The subcommittee on Mental Health and Substance Abuse will play a crucial role in moving forward to interpret the assessment results, to set priorities, and to develop the strategy for improvement through the parent handbook. Their ultimate goal is to

stimulate a community-wide process of continuous quality improvement by following the five major goals established by the Mental Health and Substance Abuse committee. They are: (1) to increase knowledge of substance abuse through early education and prevention and to increase the communities' understanding of mental illness; (2) to promote mentally healthy lifestyles and problem solving techniques; (3) to give added focus to depression, suicide, and violence; (4) to use proven practice models, which are research based and data driven to enhance outcome evaluation; and, (5) to provide parents a resource tool with the goal of improving the continuum of wellness in behavior health, in the form of a parent handbook. It is the fifth and final goal that is the focus of the Mental Health and Substance Abuse Committee. The result of this research and this goal will be fulfilled with completion and implementation of "They're Your Children... Be Their Parents, A Handbook for Parents" to be used in the target population.

The parent handbook is written with a 5<sup>th</sup> to 8<sup>th</sup> grade education level for select parents in the targeted community. Each chapter was checked for spelling, grammar, and grade level through the Microsoft Word Program, and was altered to be below 8<sup>th</sup> grade reading level. Family members were asked to read a chapter for understandability and content. Members of the committee who are working with these families tested the handbook using feedback from parents during the course of its compilation. Suggestions for change from committee members, especially for adjusting to a lower reading level, have been considered and implemented. As of fall, 2002, the feedback has been positive, and parents have reported the information valuable and useful. Committee members actively working in the Mahoning Valley with children, adolescents, and adults have continually reviewed this document during process. The handbook TABLE OF

CONTENTS can be found in APPENDIX A, whereas the reviews are listed in APPENDIX C.

### Significance of Study

The intent of this study is to examine poor parenting skills by addressing mental health and substance abuse issues and to compile proven research to provide a common understanding of parenting issues in these communities. The Lewin Group, Inc. study was used as a first step in defining the need for changes in the target area health system. It was not designed to provide conclusive recommendations of what to change and how to make the changes, but provides a comprehensive review of the area and a foundation for change. These guidelines provide the basis and reasons for further study. Mental health and substance abuse issues of children and adolescents are associated with risk factors affecting both physical and psychological wellness and are a source of poor parenting. Parent education and awareness on these topics are slated to reduce the risk factors.

### Limitations of the Study

The statistics compiled by Lewin, Inc. were commissioned by the stakeholders of the community and are to be used as the basis of the development of the individual healthcare initiatives. As a member of the Mental Health and Substance Abuse Subcommittee of the Community Healthy Initiative, these statistics were provided as a basis for this research. Some of this information, however, was several years old. For

this reason, during the research phase, it was important for the researcher to focus on more in-depth study and analyses to improve and support action plans. This researcher used the opportunity to collaborate with other members of the subcommittee, exploring their expertise, knowledge, and reliable resources available, to enhance this research.

### Operational Definitions

The following terms are defined as used in this study:

Aggravated assault - a grave or serious attempt or successful attack intended to cause physical harm to another person.

Community Assessment Factbook – compilation of results of Lewin Group, Incorporated survey of the healthcare status of the Tri-County Area. The purpose of this factbook is to provide a common understanding of the needs and healthcare status and resources of the target population by identifying specific opportunities for improving the delivery system and identifying feasible areas of change. The factbook will establish a reliable baseline for community action planning and goal setting and for future efforts in monitoring the health status of the population.

Community Health Initiative – Initiative formed, as a result of the Lewin Study, by GM, IUE, and UAW to seek to improve the community healthcare delivery system of the target population.

Comparison Communities – communities used to compare rates of disease, deaths, crime, etc. They include Dayton, OH, Stockton City, CA, Tacoma City, WA, and Grand Rapids, MI, and have similar demographics and populations to the target community.

Dysfunctional Family – a family where the interaction between members provides an atmosphere that discourages psychological growth rather than enhancing psychological growth. Conditions such as violence, abuse, and parental discord may exist.

GM – General Motors Plant of Lordstown, Ohio

IUE – International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers.

Lewin Group, Inc. – International healthcare policy research and management-consulting firm.

Low birth weight baby – less than 5 pounds 8 ounces.

Manslaughter – killing of a human being by another.

Mental Health and Substance Abuse Subcommittee – subunit of Community Health Initiative, whose focus is to improve the education and awareness of parents within the target population of risks associated with mental health and substance abuse among children, adolescents, and teens.

Murder – unlawful and malicious or premeditated killing of one human being by another.

Non-negligent manslaughter - killing of a human being by another, without malice.

Target Population – Tri-County Area of Columbiana, Mahoning, and Trumbull Counties; the area of concentration of this study.

Tri-County Area – Columbiana County, Mahoning County, and Trumbull County.

UAW – United Auto Workers.

Very low birth weight baby – less than 3pounds 5 ounces.

Warren, Ohio – a member city of Trumbull County.

Youngstown, Ohio – a member city of Mahoning County.

### Assumptions of the Study

This study identifies poor parenting associated with poverty, single parent families, and minimal educational levels, as a problem in the target population. The researchers indicated a need for furthering the education and awareness of parents in Columbiana, Mahoning, and Trumbull counties, especially in the areas of mental health and substance abuse prevention. This thesis serves as the catalyst for the Mental Health and Substance Abuse Subcommittee of the Community Health Initiative to proceed with the development of a workable program aimed toward improving parenting skills in these areas.



## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this study is to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research is to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook. This chapter will include topics such as: family structure, adjustment in society, violence, grief, suicide, sexuality, substance abuse, children with special needs, and a list of parent resources.

Researchers indicate that the target population's demographic and socioeconomic profiles suggest that residents are at a higher risk for poor health status compared to the state, national, and comparison community residents (Lewin, 1999). Overall, the Tri-County Area performs worse in respect to overall health status and chronic disease, child and maternal health, behavioral risk factors, and environmental health. Poverty, single parent households, and low educational levels are indicators for these areas.

As a result of the Lewin Study (1999), subcommittees were formed by the Community Health Initiative to address the cited areas of concern, which include circulatory, assessing racial disparities, cancer, mental health and substance abuse, maternal and child health, respiratory, infectious disease, and diabetes. The following areas represent the problems and issues in the Tri-County Area derived by the Mental Health and Substance Abuse Subcommittee of the Community Health Initiative. Thus, they are covered in the parent handbook.

The 9 sections of the parent handbook are: (I) Home and Family, (II) Social and Emotional Development, (III) Violence: Issues and Prevention, (IV) Death and Grief, (V) Suicide, (VI) Sexuality, (VII) Substance Abuse, (VIII) Children with Special Needs, and (IX) Resources.

### Overview of Topics

The first section, *Home and Family* looks at the normal developmental process of the relationship between parents/caregivers and children, and the tasks and accomplishments involved in that process. The chapter focuses on communication, parenting styles, discipline, family structure, and morals and values. Communication includes both listening and talking with children; and, the way the proper use of language and reading to children can ultimately influence how they relate to their parents and to the world around them. Children of all ages learn, through language, how to rationalize situations and make logical decisions, when offered motives, relative scenarios and consequences. An adult's own communication can either limit or expand a child's cognitive thought process (Manczak, 1999).

Parenting is an involved activity including many distinct behaviors that work both individually and collectively to influence a child's outcome. Parenting Style describes the way in which parents express their own beliefs about how to be a good or a bad parent (Darling, 1999). Adults must understand that even though parents are not the same in the way they try to direct or socialize their children, their most important role is

to influence, teach, and control their children, and to help them grow into happy, healthy, and effective adults.

Discipline is guidance, and involves helping a child learn to get along with family and friends, teaching a child to behave in an agreeable way, and assisting a child in learning how to control behavior. By doing this, parents are promoting a healthy attitude. Effective discipline establishes a good, open, and positive relationship between parent and child (Parenting, 2001).

The model of the two-parent family as the norm is rapidly changing for a variety of reasons. However, because of divorce and separation, births outside of marriage, remarriages, and child abuse or neglect, many children live either with only one parent or neither biological parent (Halpern, 1997). Effects of a major change in the family structure vary from one family to the next. Some children experience anger, depression, social withdrawal, guilt, or lower performance in school, while others begin to accept the change in their family rather quickly. If all members of the family work together to reduce conflict and parents work to improve parenting skills, the family will move toward healthier and agreeable relationships.

Raising a child with good values and morals can be one of the most important parts of parenting. Parents know the basics of providing food, clothing, and shelter, but must also meet the emotional needs of love, support, and encouragement. To be effective, the child must internalize values and morality so that they become his or her own values and morals. Values should be taught at a very early age, teens should be reminded of them often, and adults should live them and practice them whenever dealing with other human beings (Martin, 2000).

Section II, *Social and Emotional Development*, investigates anxiety, depression, and stress, and the importance of having a good understanding of the self-destructive behavior that sometimes accompanies these disorders. Although some anxiety in children is expected and normal at specific times in development, children and adolescents with anxiety disorders are usually afraid, worried, or uneasy to a point that they may not function normally. These disorders can be long lasting and found to interfere greatly with a child's life. When anxieties begin to interrupt a child's daily activities, such as separating from parents, or attending school and making friends, parents are advised to seek help from a child specialist for accurate diagnosis. Most anxiety disorders respond well to psychotherapy, the first treatment of choice. Parents should exercise caution in using medications because the potential impact on the brain can be damaging and result in a dependence on the anxiety medication (Schaefer, 1995).

When most children experience feelings of unhappiness, rejection, or irritability, they recover quickly; others, however, get emotionally stuck. Depression may occur and last for a longer period of time and begin to interfere with daily life. The disorder may be accompanied by reduced activity or inactivity, and deterioration of relationships with family and friends. A child with suspected depression would most likely be referred to a pediatrician, counselor, or social worker for proper diagnosis. The length of the disorder and the harshness of symptoms are clues in deciding the severity and type of depression.

It is important for both parents and child to be able to tell the difference between normal everyday hassles and true stress. In an ordinary situation, children will learn appropriate ways of dealing with small incidents of conflict, but when stress becomes too significant or overwhelming to handle, more serious problems develop. Stress can have

dangerous emotional and physical consequences; and, the ability to evaluate stress and to develop adequate coping skills will increase with age and experience. Learning to handle our own feelings will enable us to help our children manage their feelings, allowing them to reduce stress levels on their own.

Violence is a topic of major concern for the target community, especially for Youngstown, Ohio, which lies in Mahoning County and Warren, Ohio, located in Trumbull County. The Youngstown murder rate, which includes non-negligent manslaughter, is almost nine times the national rate, 14 times the rate in the state, and considerably higher than all comparison communities (Figure 16). Even though the homicide rates are extremely high in the two cities previously cited, the homicide rates in Mahoning County were almost five times the rate of Trumbull County in its entirety (Figure 17). The overall homicide rate in the Tri-County Area is almost three times Ohio's rate and about double the objective of Healthy People 2000 (Figure 18).

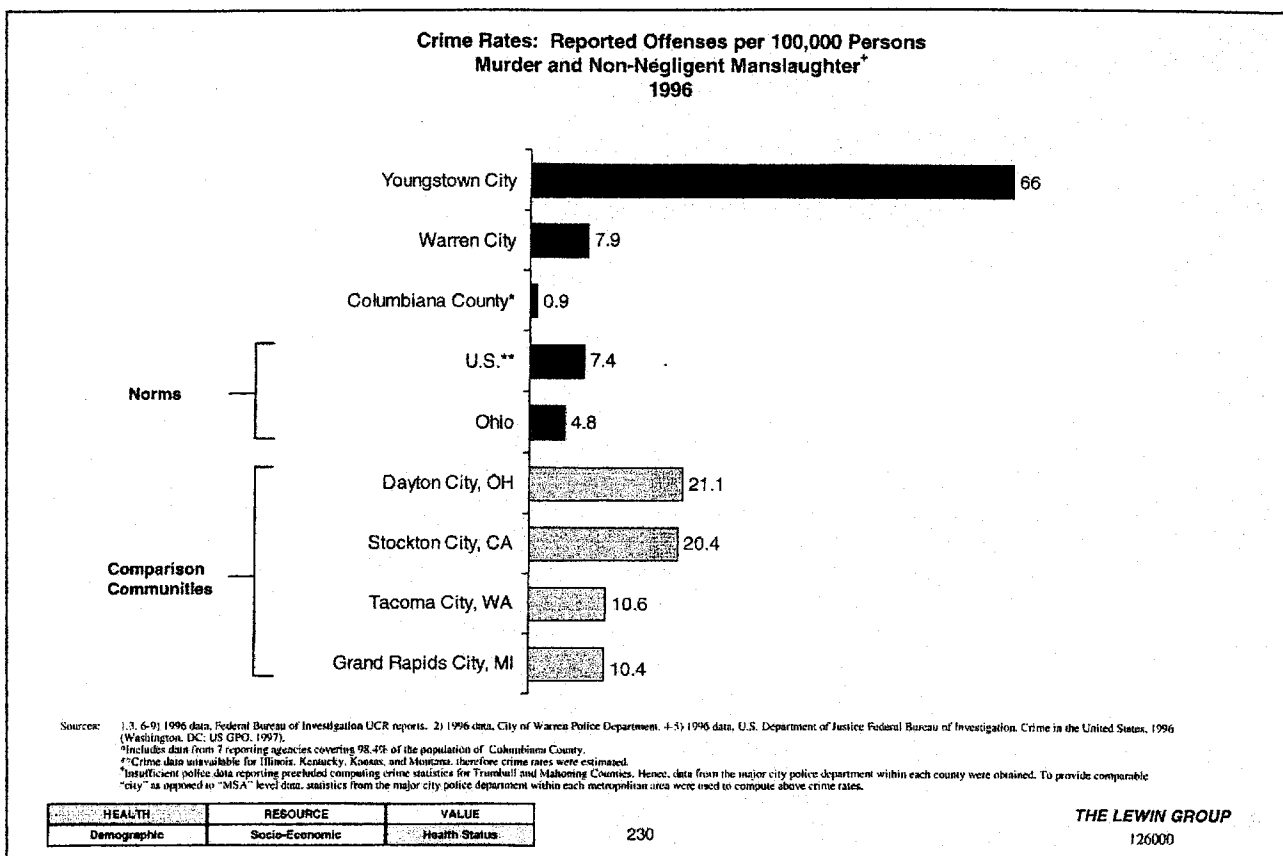


Figure 16

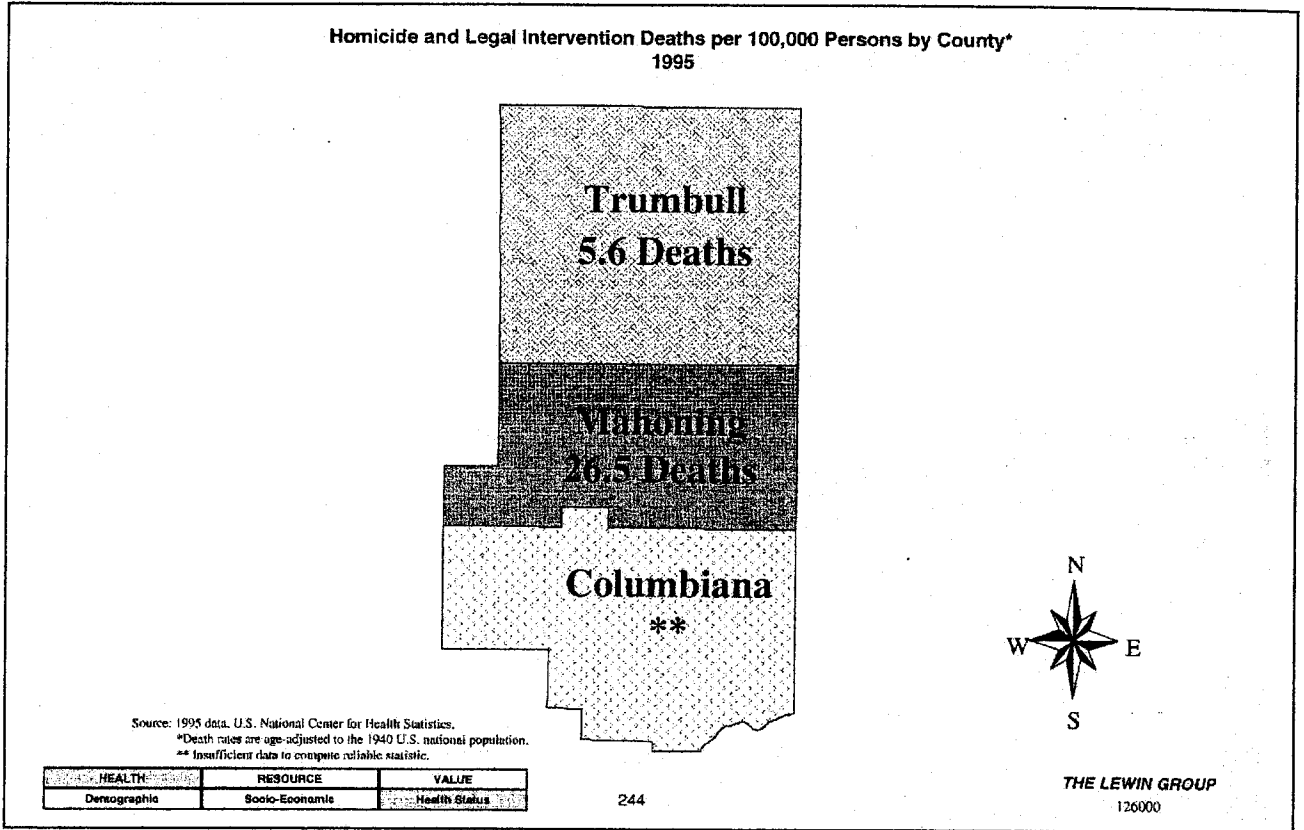


Figure 17

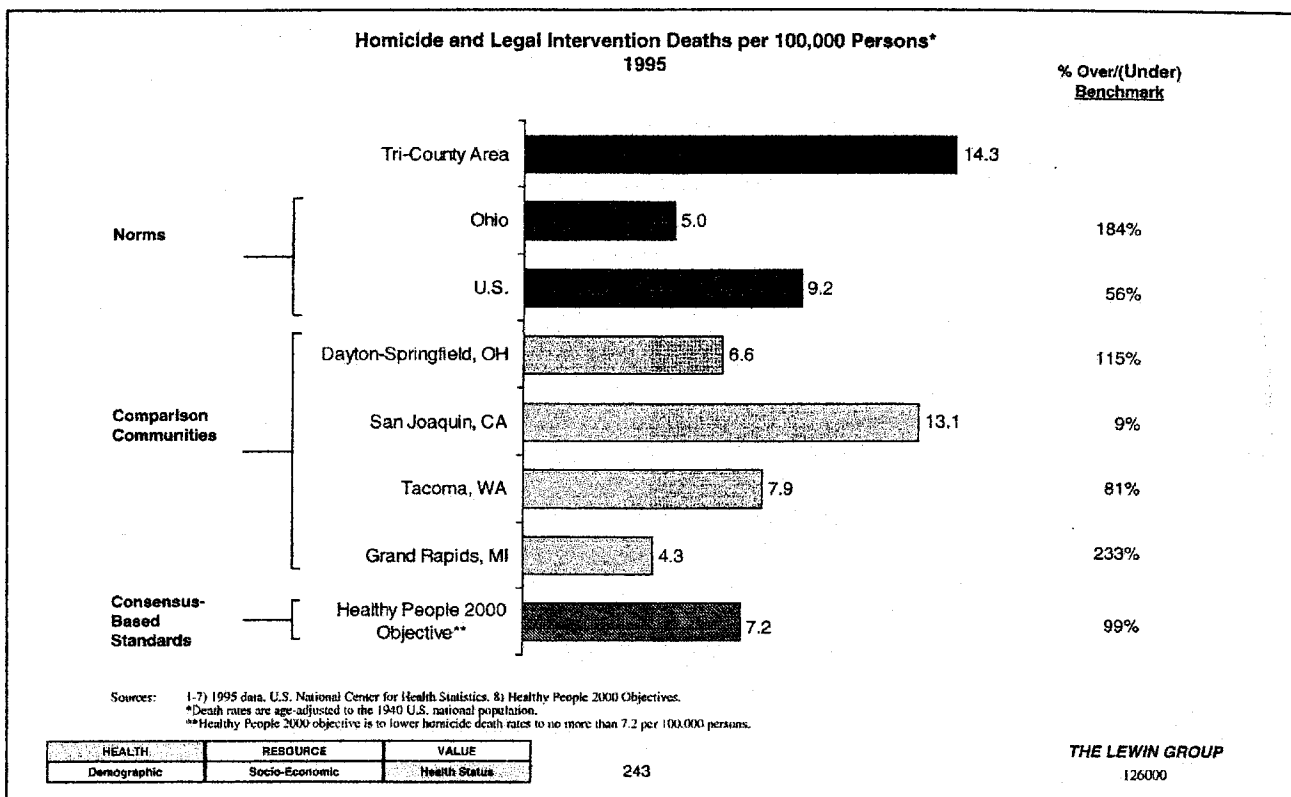
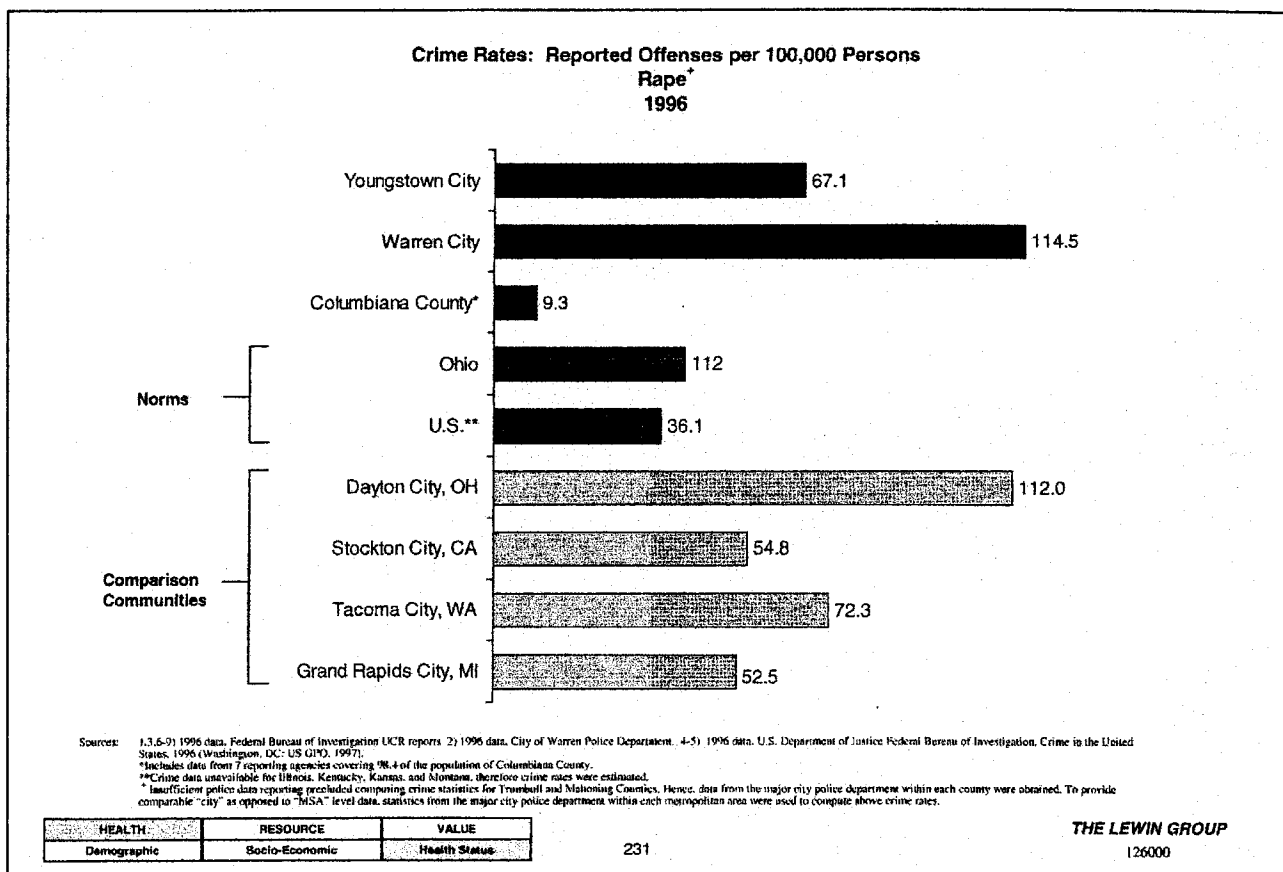


Figure 18



Rape rates in Youngstown City and Warren City (Trumbull County) are two and three-times the national rate, and are somewhat higher than the comparison communities (Figure 19). The Warren City aggravated assault rate is 6.5 times that of the state, with Youngstown's being 4 times that same statistic (Figure 20). Arrest rates for offenses against families and children are slightly higher than Ohio's average, but seven times greater than the national rate (Figure 21). Arrest rates for offenses against children and families consist of non-support, neglect, desertion, or abuse. The arrest rates of juveniles (10-17 years of age) in Warren and Youngstown for major crimes remain slightly higher than the state and national rates, but are lower than the comparison communities (Figure 22).

These statistics can assist researchers in exploring *Violence Issues and Prevention*, addressed in Section III of the handbook. This area looks at methods of recognizing aspects of and dealing with fostering resiliency, bullying, and victimization. A resilient child is one who “works well, loves well, and plays well” with others (Benard, 1991, pg. 3). Resiliency involves the ability of a child exposed to above normal stress and misfortune during life to overcome and avoid things such as school failure, substance abuse, mental health problems, and juvenile delinquency (Bernard, 2000). Presence of protective factors in family, school, and the community seems to help change or avoid negative outcomes and encourages the development of resilience. A child should be allowed a caring and supportive relationship with at least one important person, and should receive signals of clear, high expectations from that person.



**Figure 19**

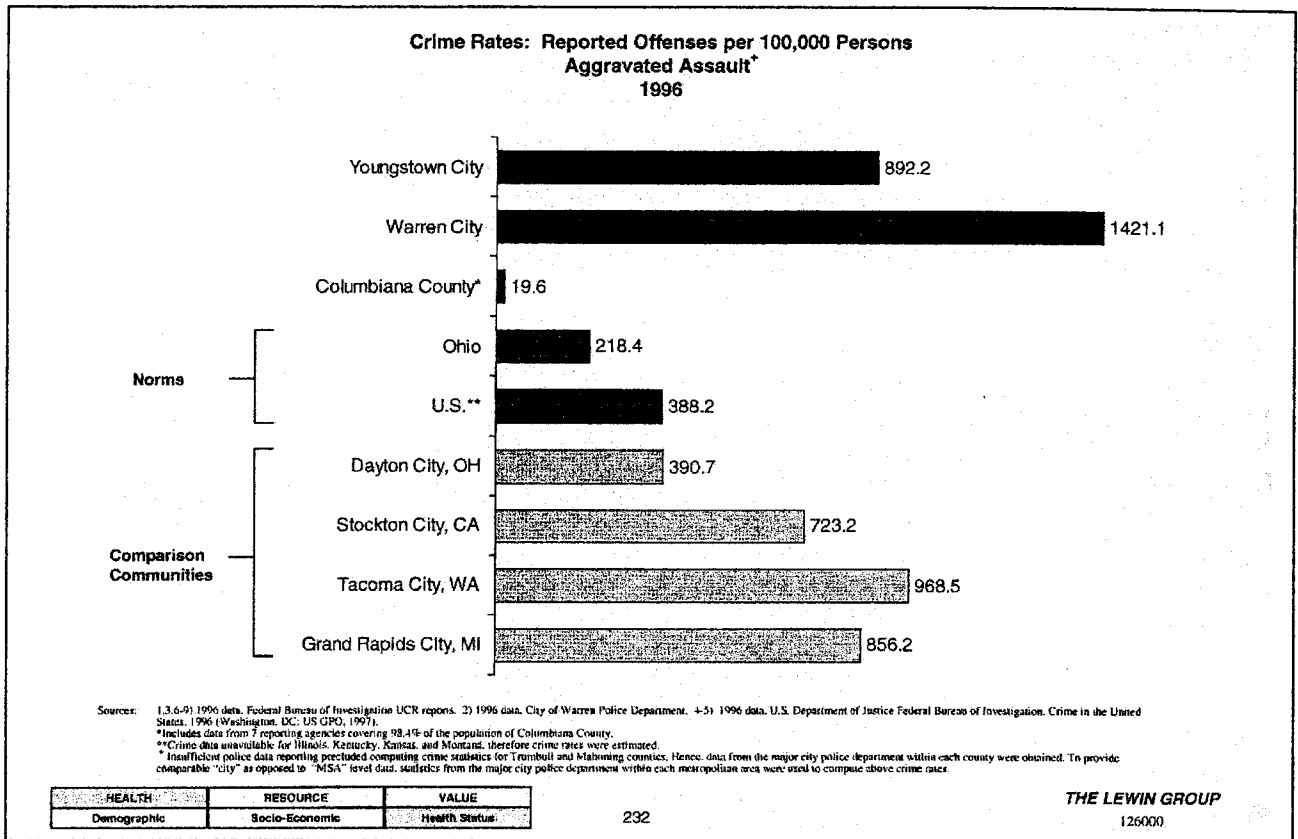


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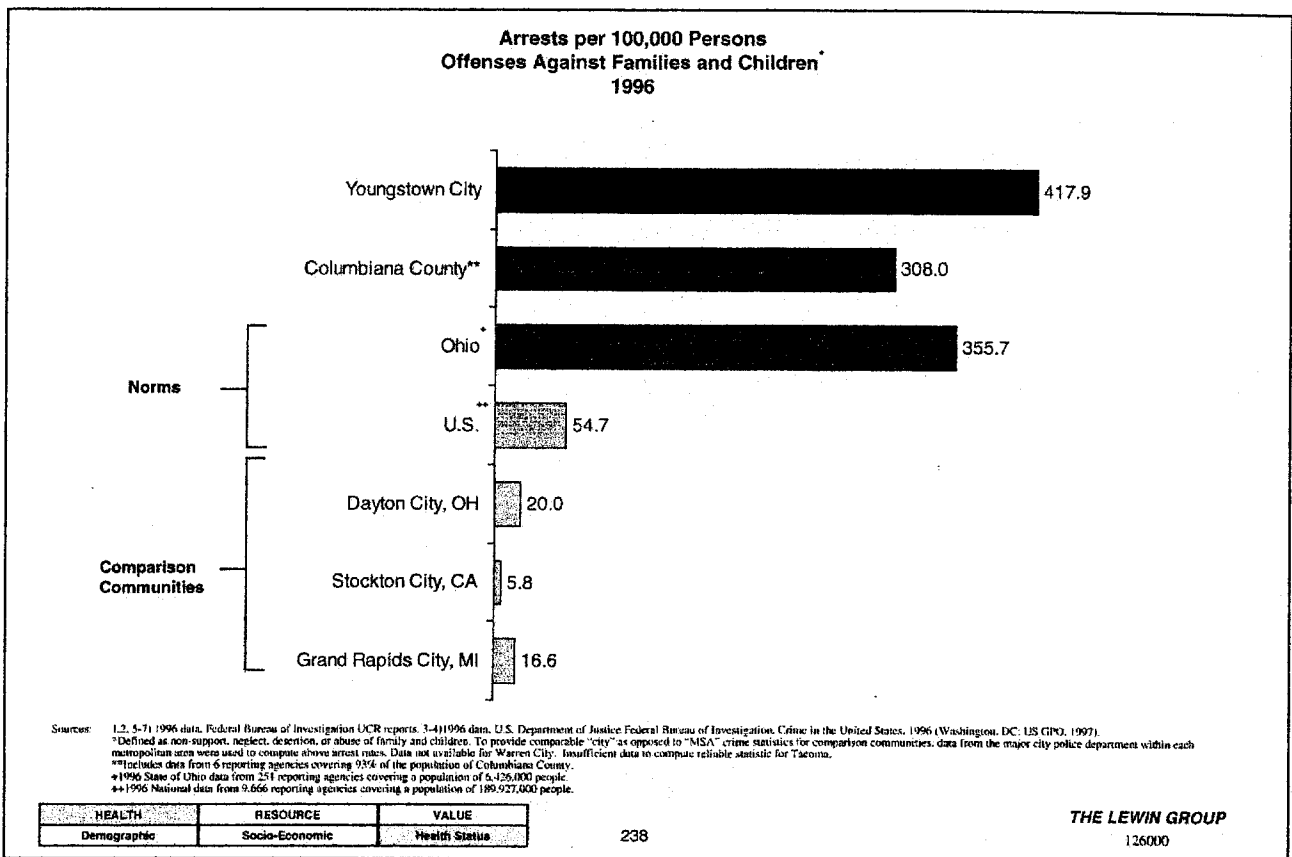


Figure 21

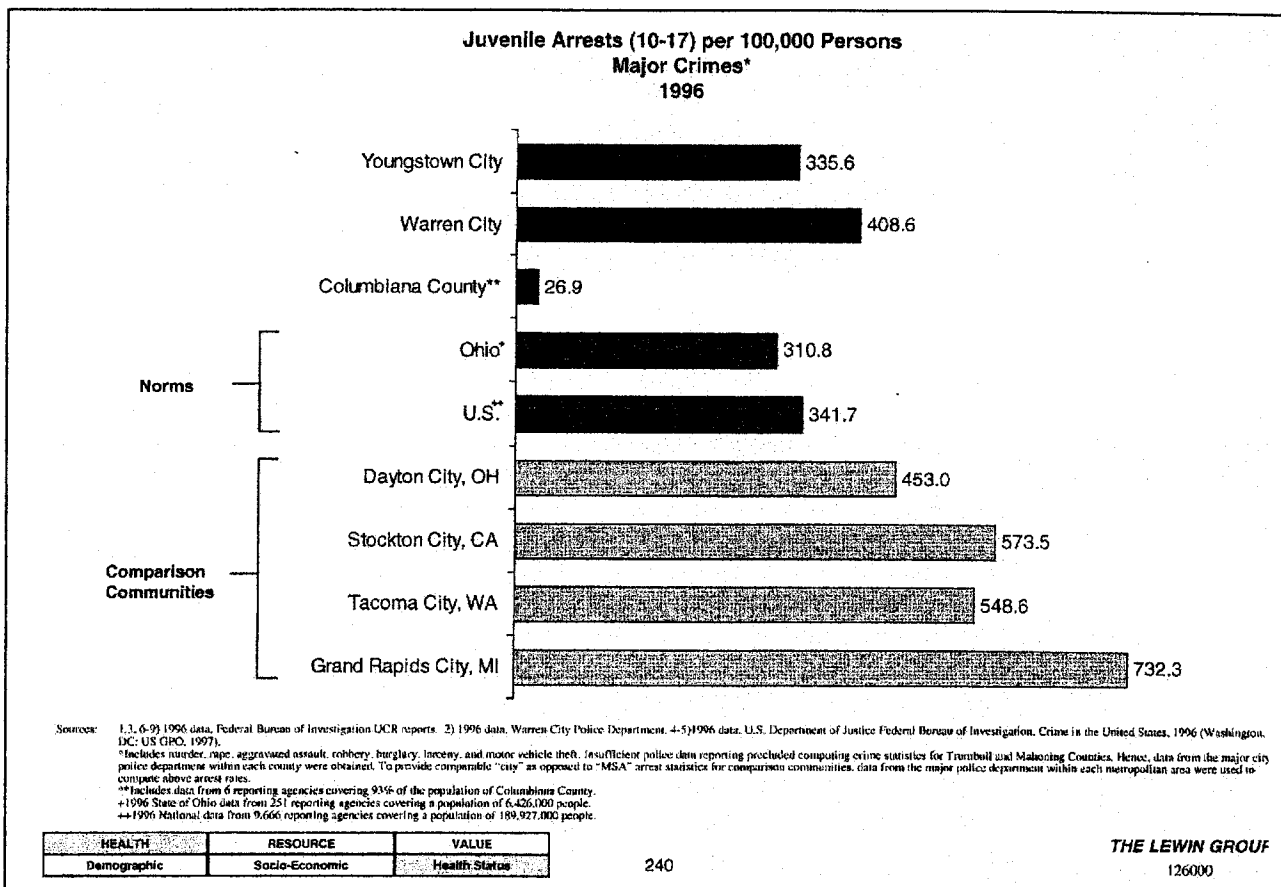


Figure 22

Bullying is a type of aggression. It is normally in the form of one or more youth physically, psychologically, and/or sexually harassing their *victim* repeatedly over a period of time. Researchers suggest, especially among adolescents, that bullying has become more common in our schools today. The evidence suggests that a bully at school is likely a victim at home, and aggressive behavior directed toward another is that child's way of acting out the rebellion (Canter, 2000). Victims of bullying are normally fearful and anxious in the environment in which the bullying took place, and may respond with avoidance, withdrawal, and/or escape. It is important that intervention be directed toward the person guilty of bullying as well as the victim of such acts. A strong message that bullying is inappropriate must be conveyed to all ages.

Victimization can be identified in a child who has directly or indirectly suffered as a result of confrontations or personal violations by another child (Canter, 2000). Victimization has been found to be a catalyst for other problems, such as peer rejection, misbehavior, delinquency, school dropout, depression, and suicide. Prevention is based on knowledge of the entire process and can prevent affective reaction, like fear and anxiety that occur as a result of the act.

*Death and Grief* and *Suicide* are outlined in sections IV and V of the handbook. While many children have had to face the death of a relative, friend, neighbor, or pet, grief does not always entail death. Grief is a known response to the loss of a loved one, but can also be a response characteristic of the loss of something held to be significant in a person's life. It can be something as simple as losing a favorite toy or as complex as losing one's home or family member. The most common mistake an adult makes in dealing with the grief of a child is to assume that the child thinks like an adult. Although

a child may go through similar stages of grief, a child's grief must be approached in a different way. How one deals with loss is directly related to the risk of long-term negative outcomes following the experience.

The way you reply to your child when a loved one is lost will have a major effect on how that child will react to death. Talking openly about death will allow a child to understand the natural feeling of grief. Adults need to reassure a child that it is okay to be sad and to cry. Stress that the hurt he or she feels won't last forever. A child should not be made to feel guilty of his or her grief (Channing L. Bete Co., 1997).

Although suicide rates in the Tri- County Area are lower than state, national, and comparison community rates (Figure 23), the condition exists, and the topic needs to be addressed. The Mahoning County, especially, experiences rates 93% higher than Trumbull, and 33% higher than Columbiana County (Figure 24). Suicidal behaviors involve thoughts of suicide but differ as far as the degree to which the individual acts upon his or her own thoughts. "As severity increases, behaviors become more lethal, less prevalent, and more strongly associated with psychopathology" (Canter, 2000, pg. 137). Being up to date on issues in prevention and intervention strategies enables adults to be better prepared for suicidal crises. Section V of the handbook stresses that parents must learn to recognize signs and symptoms of suicide, such as change in eating and sleeping patterns, withdrawal from family and friends, drug and alcohol use, neglect in personal appearance, loss of interest in fun activities, or giving away favorite possessions (National Association of School Psychiatrists, 1998). Parents must be aware of normal moods, feelings, and attitudes of each individual child so that they can be aware of any

changes that may lead to harm. It is extremely important to let a child know that, no matter what, you are there to love, support, and care for him or her.

Less than favorable results on several maternal and child health status indicators, including infant mortality, low and very low birth weight births, and maternal smoking rates were measured in the Tri-County Area. Overall, the women in the target community who received prenatal care during the first trimester of their pregnancy is comparable to state, national, and comparison community numbers (Figure 25). However, of the three counties, mothers in Mahoning County receive the lowest percentage of first trimester care (Figure 26). To complicate the problem, The African-American women living in the Tri-County Area were found to be even less likely to receive prenatal care (Figure 27), and those living in Mahoning County were least likely to seek care during the first trimester (Figure 28).

Typically, 10 to 14 year olds experience a period of discovery and questioning. It is important during this transition of puberty for all adolescents to be able to communicate openly and honestly with caring adults. It is the responsibility of parents, even if the discussion of sexuality is not entirely comfortable, to help young people make the change into adulthood in their quest of becoming responsible persons. During this time the question of relationships becomes a priority. Knowing the difference between friendship, dating, and love is important to establishing meaningful relationships. This may make a difference in deciding whether to become sexually active and/or to become a parent. Although teenage pregnancy is not the only cause of poor maternal and child health, the responsibilities learned during adolescence are very valuable when trying to prevent this situation.



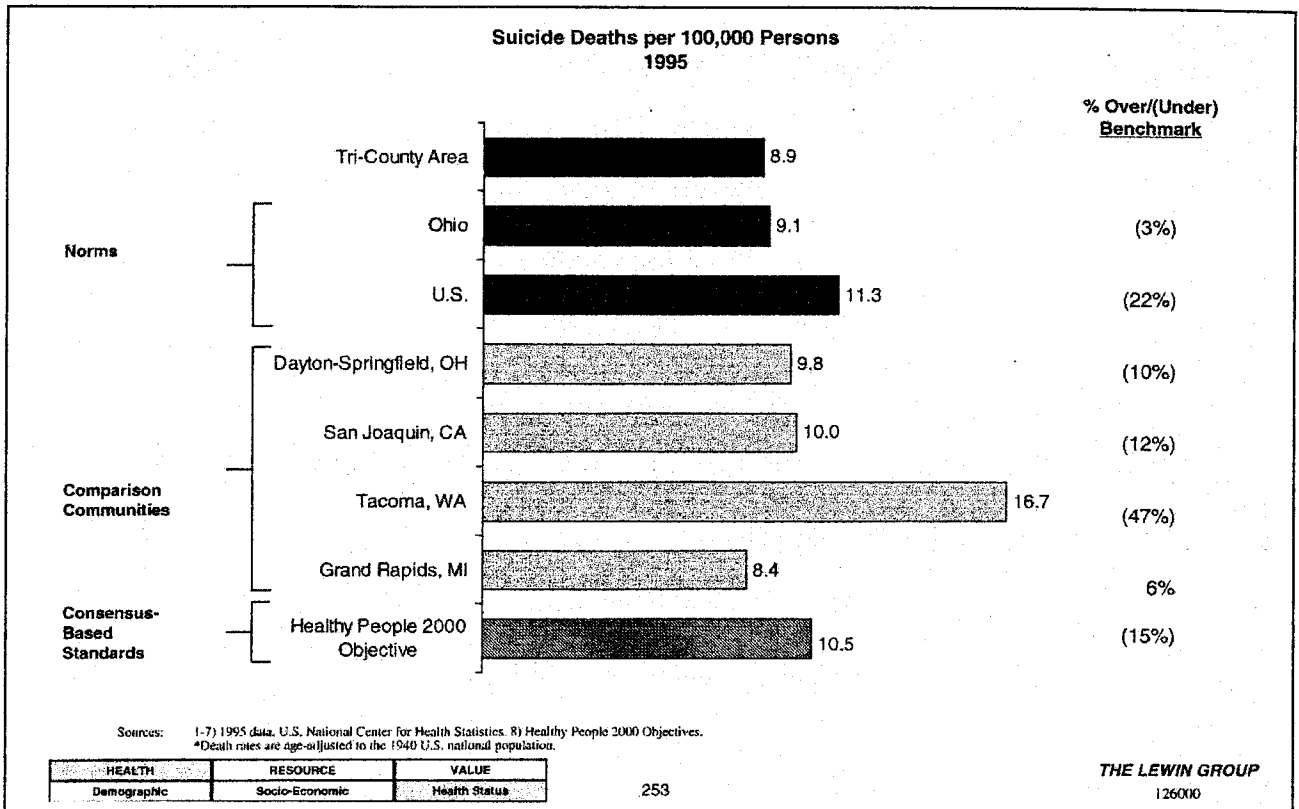


Figure 23

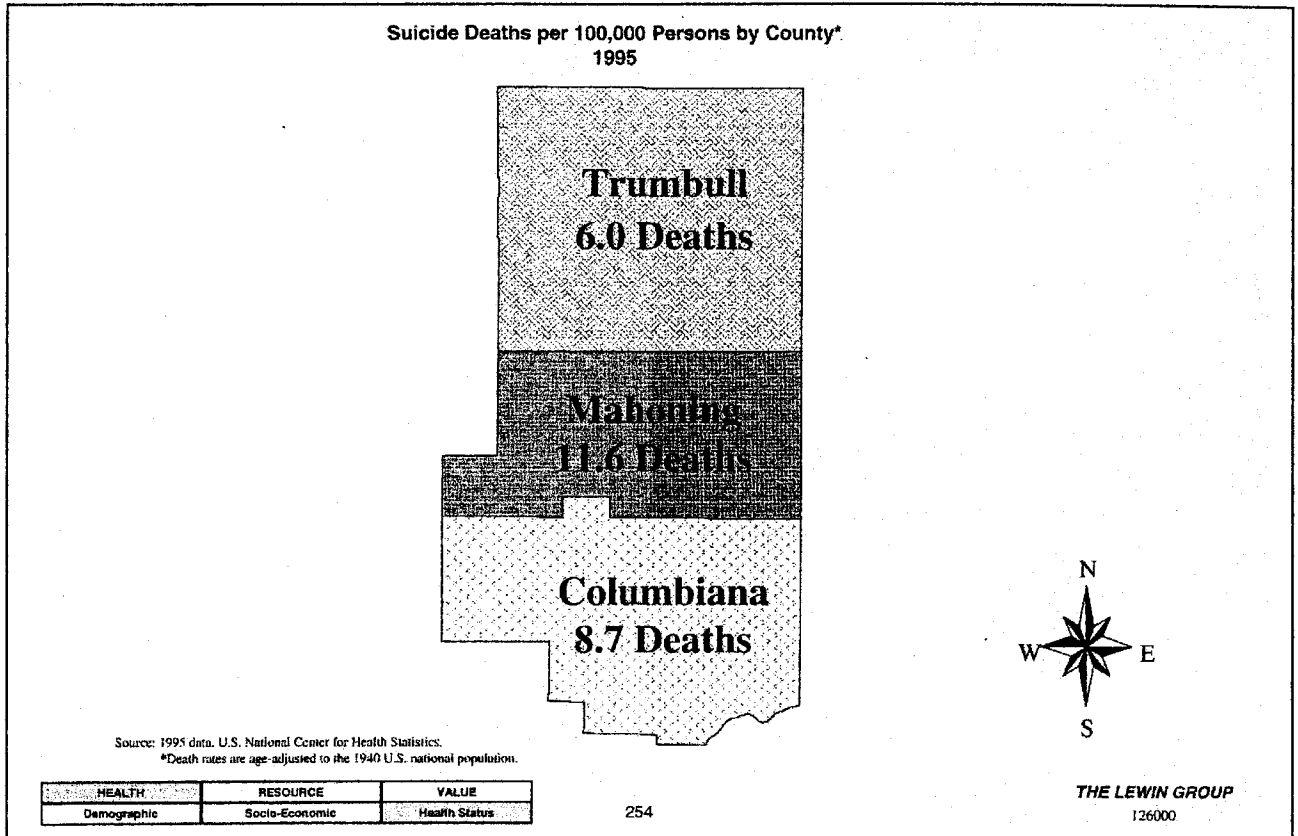


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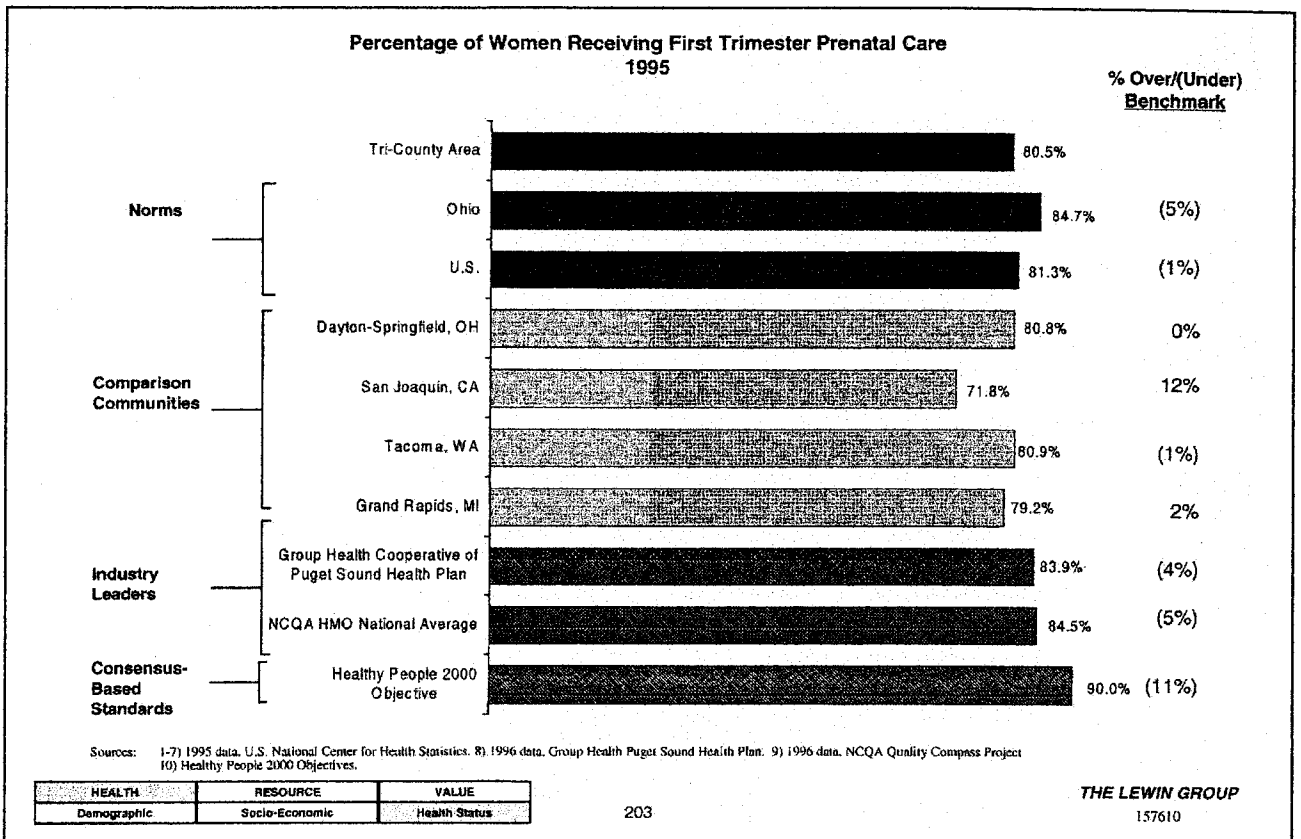


Figure 25

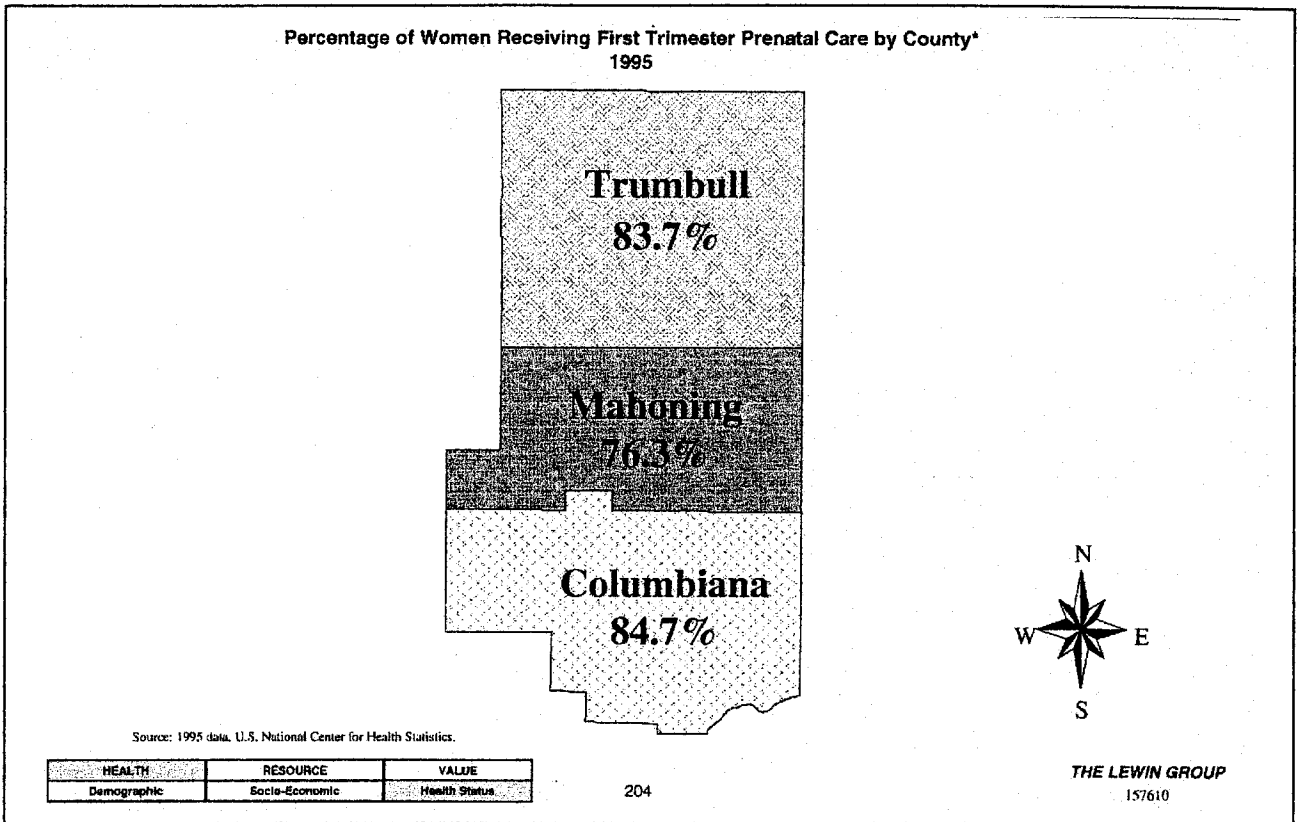


Figure 26

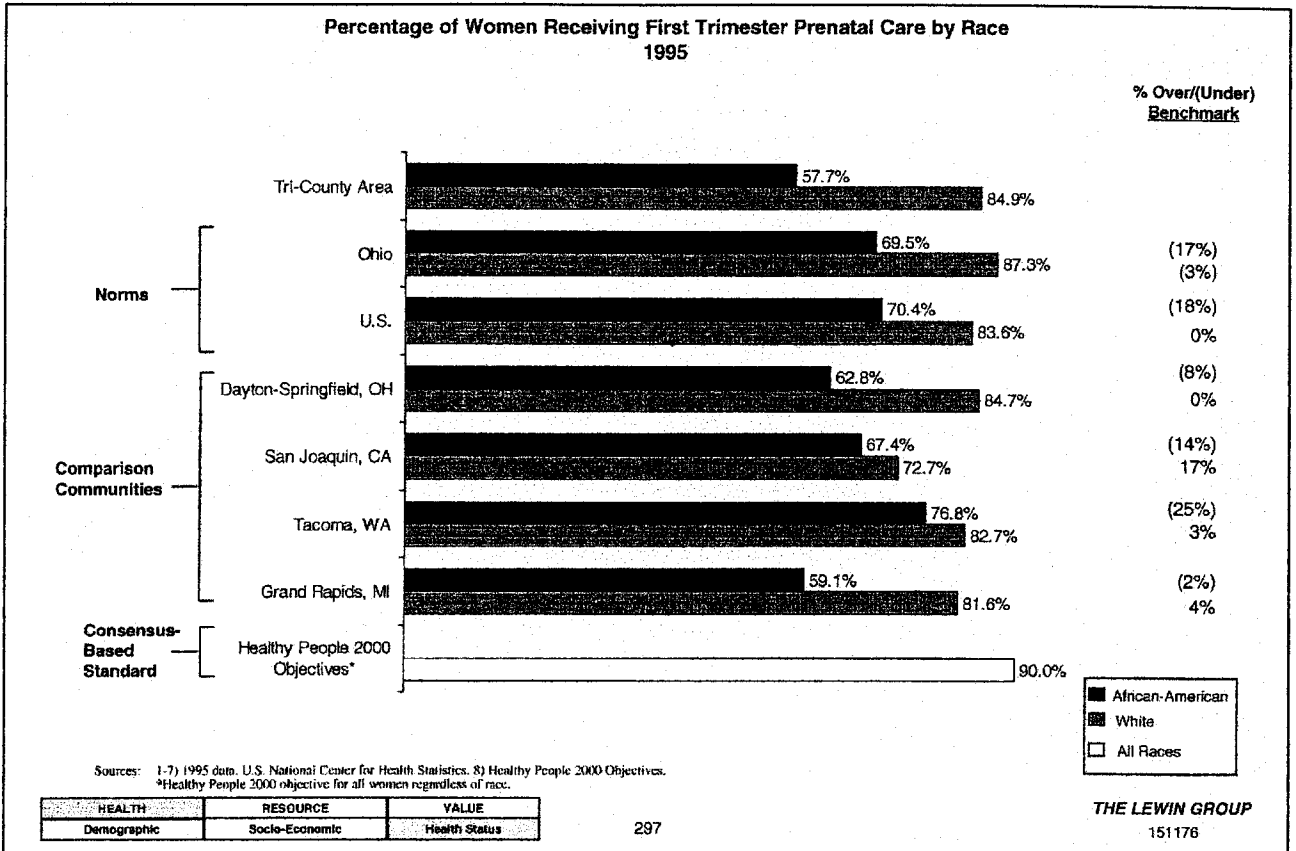
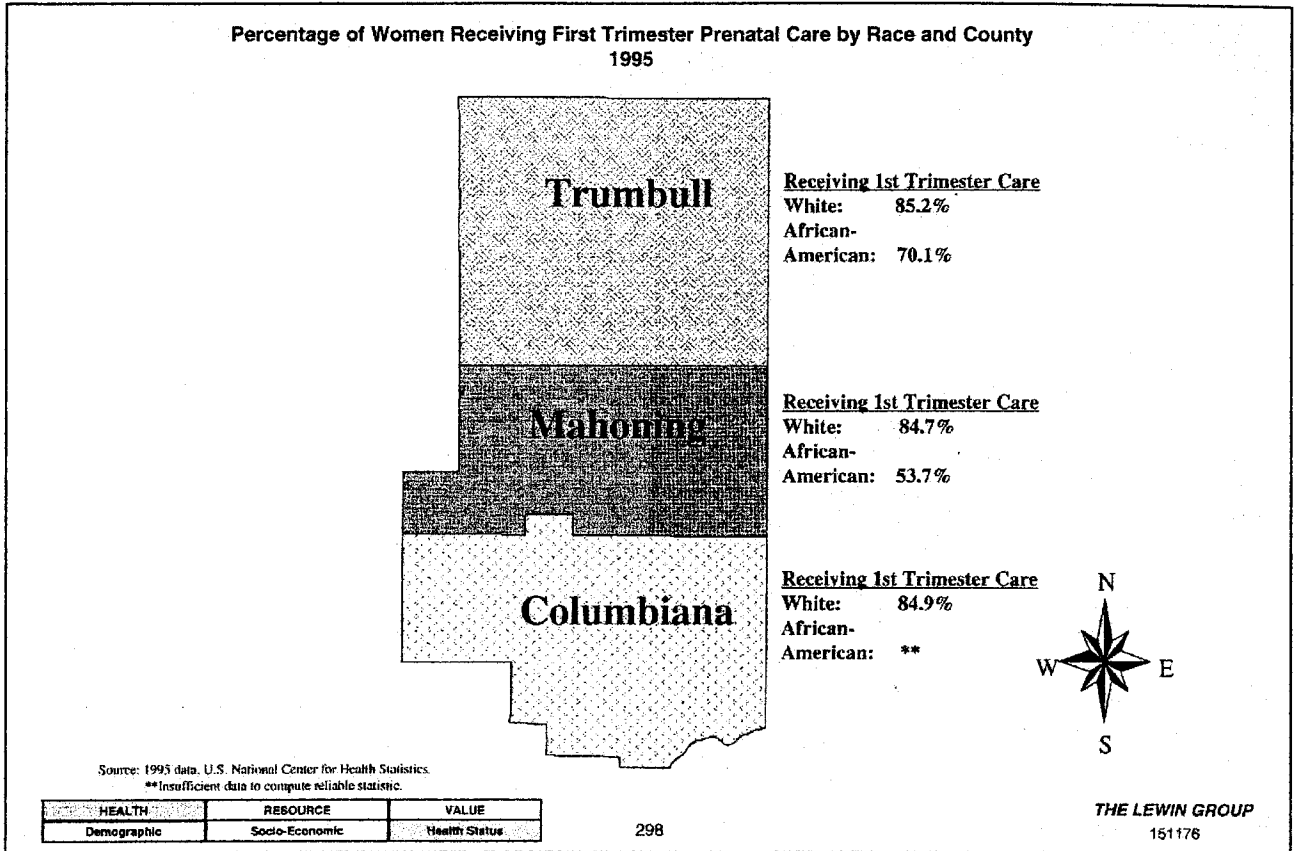


Figure 27



**Figure 28**

During the years 1995 to 1997, the infant mortality rate of the target population was substantially higher than the national, state, and comparison communities (Figure 29), with Columbiana County listing the highest rate (Figure 30).

Teenage birth rates among African-Americans are especially high in the target community when compared to national and state norms (Figure 31), with the disparity being especially pronounced in Mahoning County, where African-American teens were five times more likely to give birth than white teens (Figure 32).

Guttmacher (1999) reported that overall teenage pregnancy rates of African Americans and Caucasians have declined in the United States. The nationwide rate among black women, 15 to 19 years of age, declined by 20% between 1990 and 1996 (178.9 per 1,000); whereas the rate for Caucasians in the same age group declined by 16% (82.6 per 1,000). The pregnancy rate of Hispanic teenagers in the same age group fell by 6% in 1996 (153.3 per 1,000). However, birth rates for African American and Hispanic teens (15-19 years of age) remains substantially higher than those for non-Hispanic Caucasian teens (Advocates for Youth, 2000). These rates, when compared to the statistics given in the Lewin Report, emphasize the importance of increasing awareness in the Tri-County Area of risks and complications associated with teenage pregnancies, and of concentrating on reducing these rates through parent education.

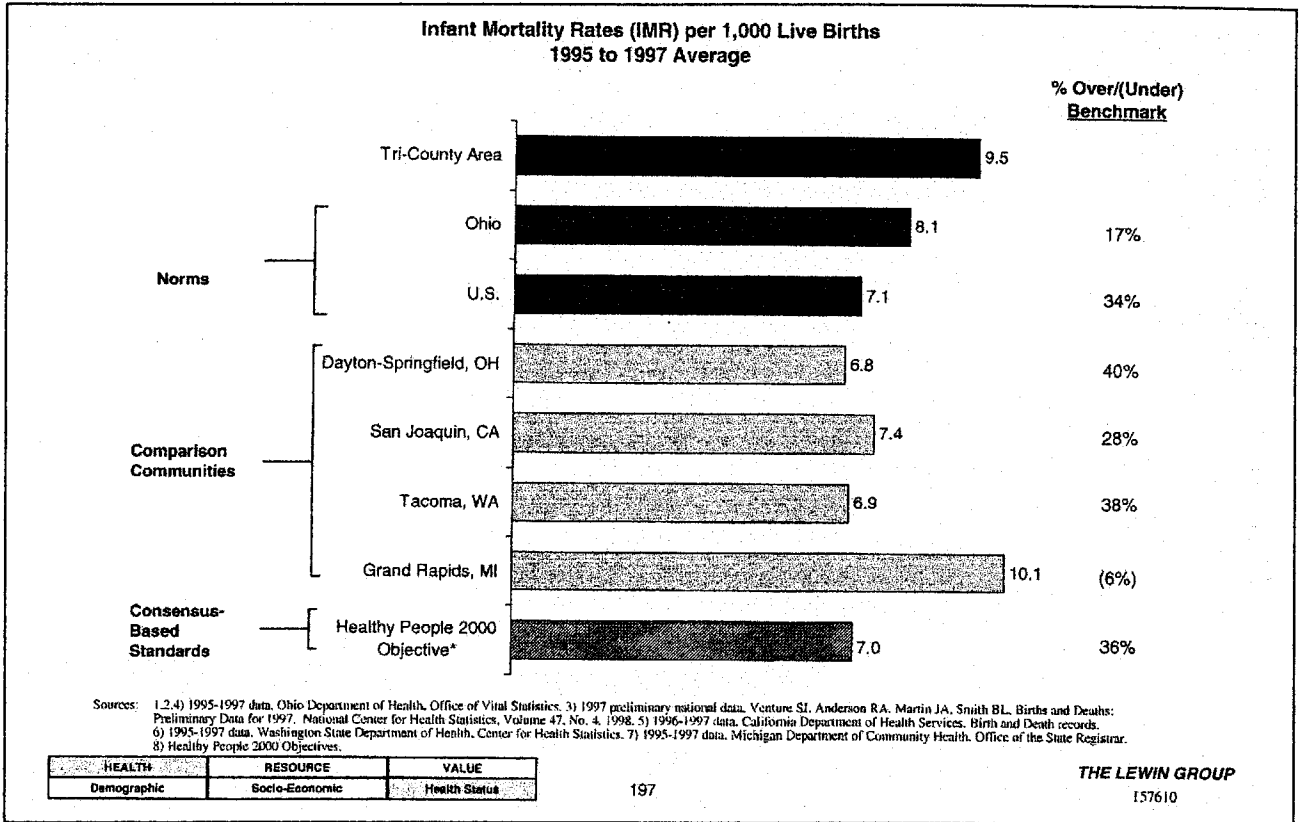


Figure 29



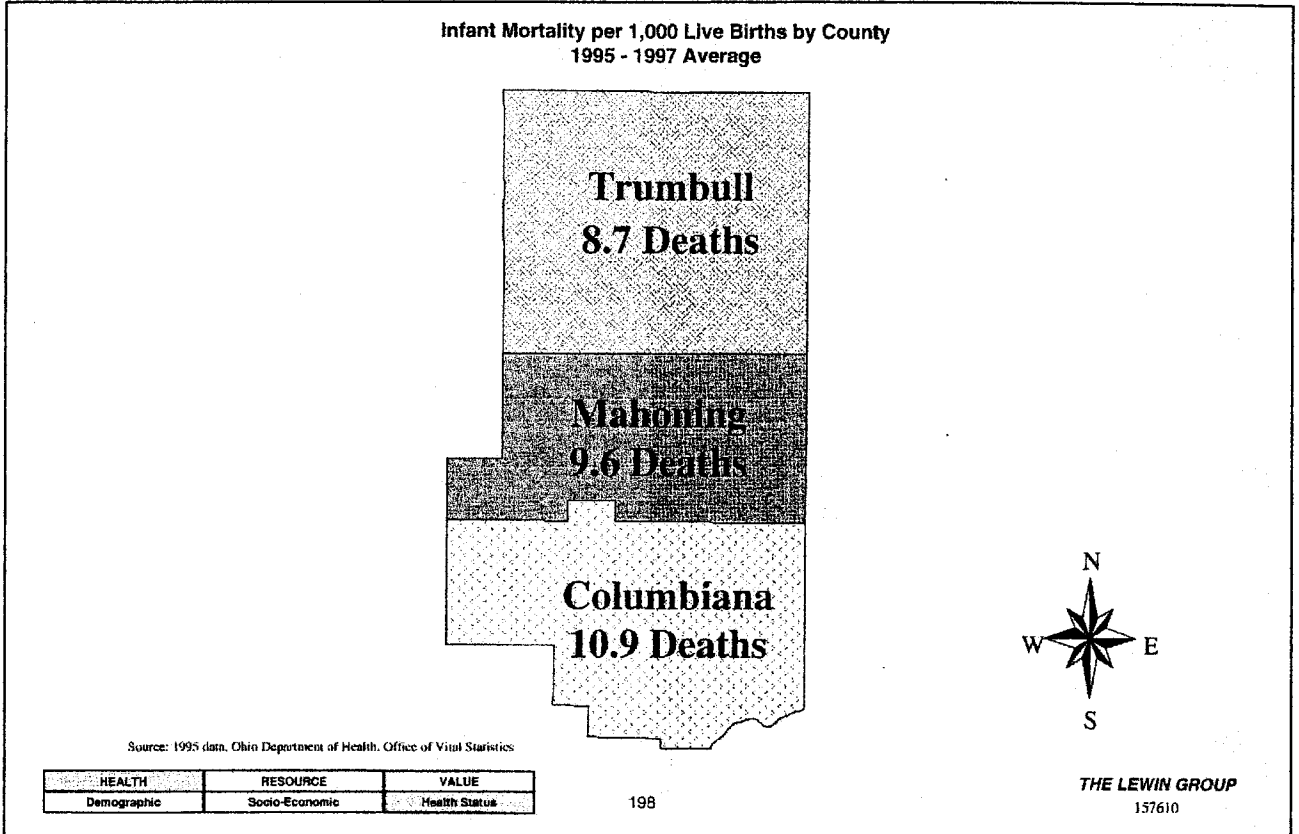


Figure 30

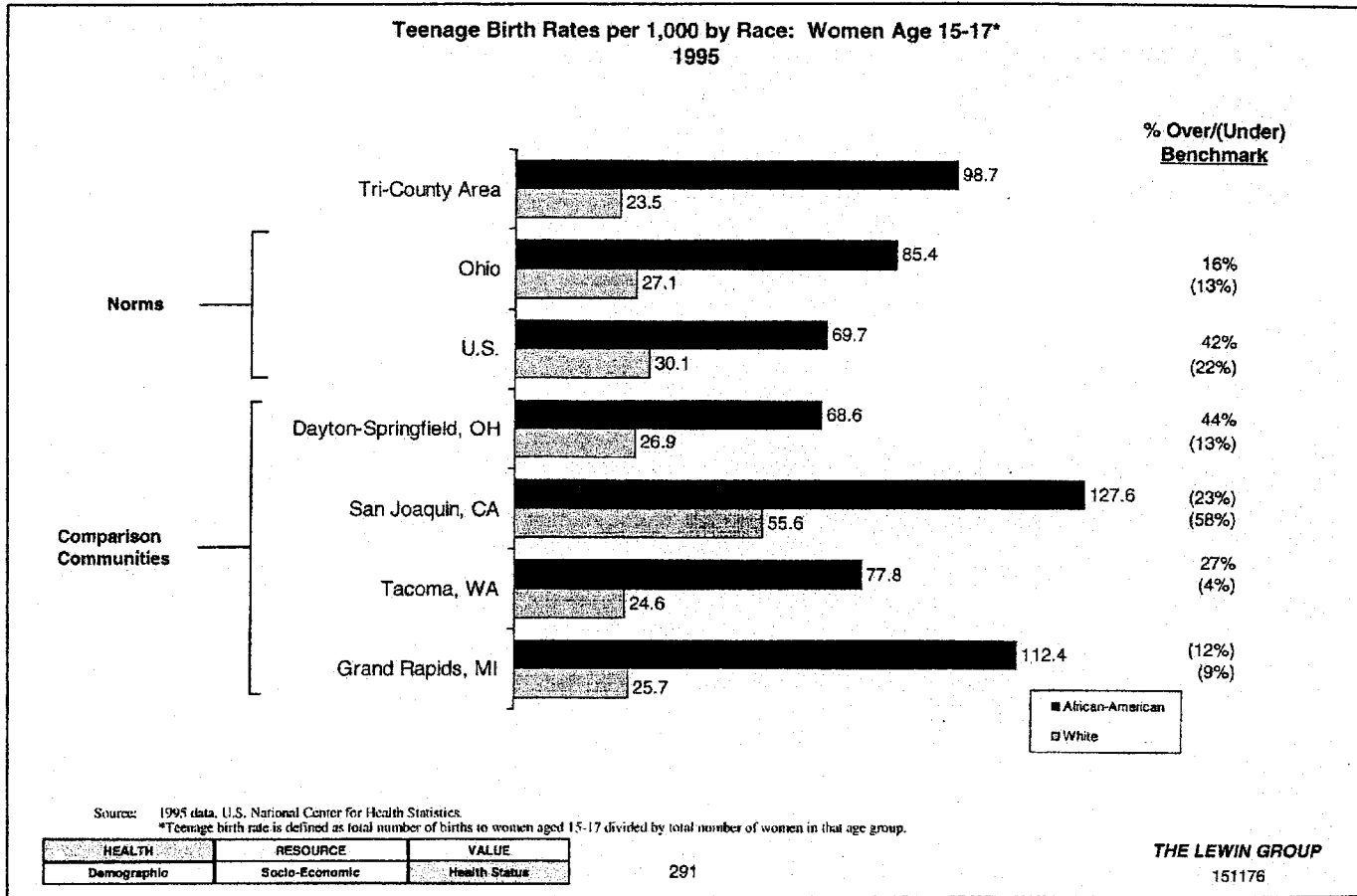


Figure 31

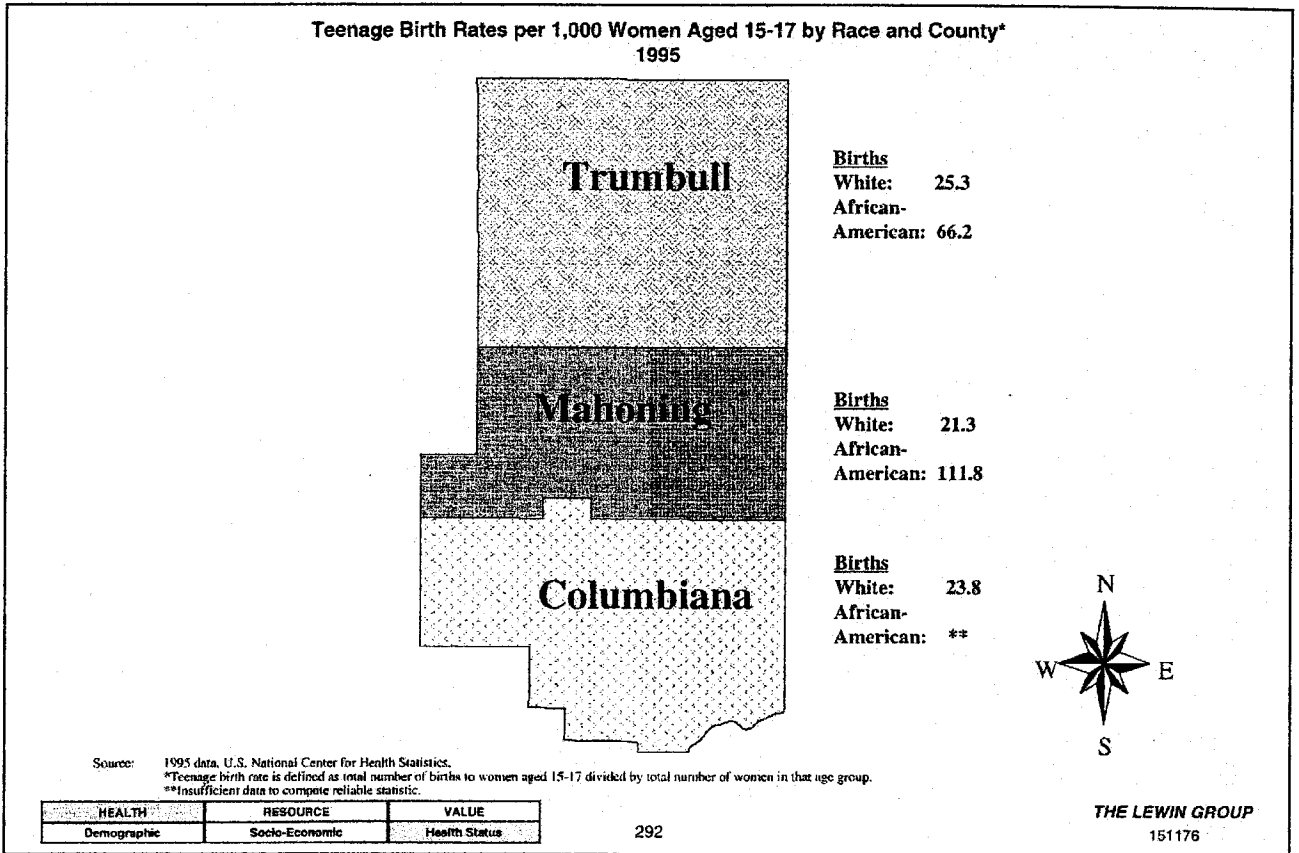


Figure 32

*Sexuality* (section VI of the handbook) examines relationships, abuse, and pregnancy. These areas are multi-factorial in the overall wellness of families. The development from one stage to another between childhood and adulthood can be a very frustrating transition for a youngster. While boys and girls develop at different ages, it is common to see changes in both sexes by about the fifth grade. It is natural for a child to become self-conscious of his or her physical appearance during this period when weight and/or complexion problems are apparent for the first time (Ups & Downs, 1998). The emotional and social changes that occur may not be as visible as the obvious structural developmental changes in body, but are every bit as important. It is the responsibility of the parent to recognize that the sexuality of adolescents embraces much more than physical acts of sex and the maturation of the body. The response of the body to maturation and the feelings about those responses are as important as knowing what is right and wrong related to sexuality. Decision-making and moral development are closely related at this time; therefore, parents must be prepared to answer confusing questions that may produce anxiety in both the adolescent and the parent (SIECUS, 2001). Above all, emphasizing the importance of safe and responsible behavior will contribute toward a satisfying, rewarding future as an adult.

Drug, alcohol and tobacco abuse and misuse by young people can destroy family communication, relationships, and overall wellness (NIAAA, 2000). The overall rate of arrest for drug abuse in Youngstown is lower than state and national rates; however, the rate in Warren City is twice the state and national norms, putting Warren at 43%-77% higher than the comparison community rates (Figure 33). The rates of juvenile arrests

(10-17 years of age) in both Youngstown and Warren fall slightly lower than both state and national norms (Figure 34).

The quarterly newsletter of Know (United Way, 2002) published results of a telephone survey, indicating that when asked about the greatest concern of a child's health and safety, few parents (3.9%) listed alcohol or other drugs. Additionally, among the parents who reported drug or alcohol abuse as a concern, many did not believe that their child was at risk. In the same survey, which represented parents from the Franklin County (Ohio) area, parents stressed that the need to learn how to talk effectively to their child was a grave concern. This survey is available at [www.HelpThemKnow.com](http://www.HelpThemKnow.com).

It is vital, however, that a parent's own actions and lifestyles match a parent's stated beliefs (National Family Partnership, 2002). If one does not know how to give a good example, how can one expect a child to display responsible behavior?

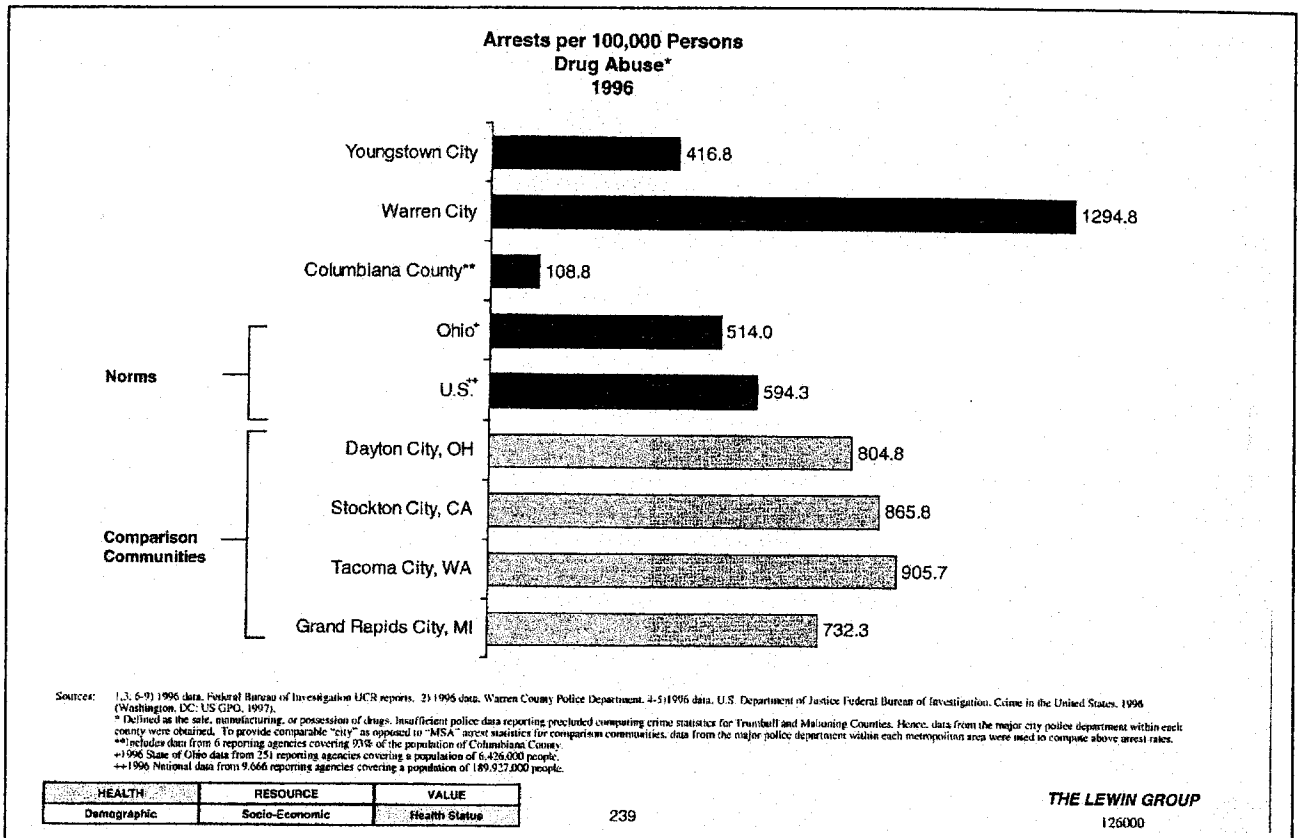


Figure 33

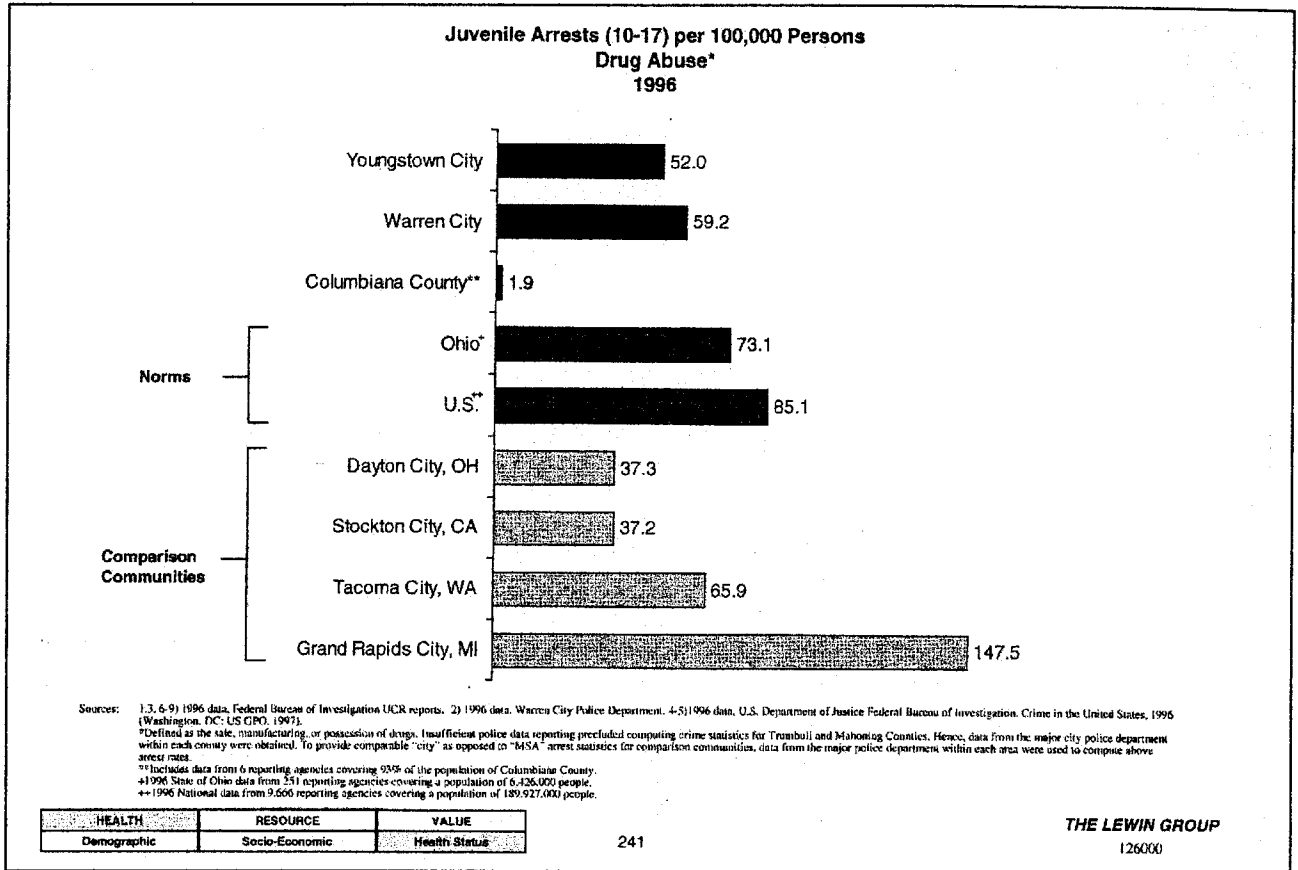


Figure 34

An additional problem lies in the fact that the use of drugs, alcohol and tobacco contributes to low and very low birth weight babies. One in every 14 babies born in the United States is low birth weight, causing 60% of infant deaths (March of Dimes, 1999). The behavior of a mother before and during pregnancy affects birth weight.

Although rates of low birth weight and very low birth weight babies in the Tri-County area are comparable to state and national norms, they are 50% higher than the objective of Healthy People 2000 (Figure 35, 36). In comparisons of the three counties, Mahoning County recorded a rate of low birth weight babies at 36% higher than both Trumbull and Columbiana Counties (Figure 37). African-American women in the target community are twice as likely to have low birth weight babies as compared to white women of the same area, and their rate of low birth weight babies falls 13%-17% higher than state and national norms (Figures 38, 39).

Therefore, section VII of the parent handbook focuses on the importance of a nurturing environment for children and adolescents in reducing the incidence of these problems, addressing parenting and prevention in the areas of alcohol, tobacco, and other drugs. There is a distinct advantage for parents who enhance their nurturing skills over parents who simply do the best they can. Although parents carry the responsibility of protecting their children, others in the community can support these efforts by allowing overall support, respect, and encouragement for these important tasks. Effective programs should address knowledge, attitudes, and skills as a focused set. Materials and information used in recognizing, addressing, and educating in the fields of alcohol, tobacco, and drug abuse should be relevant and of interest to the audience in order for it to be well understood and accepted.



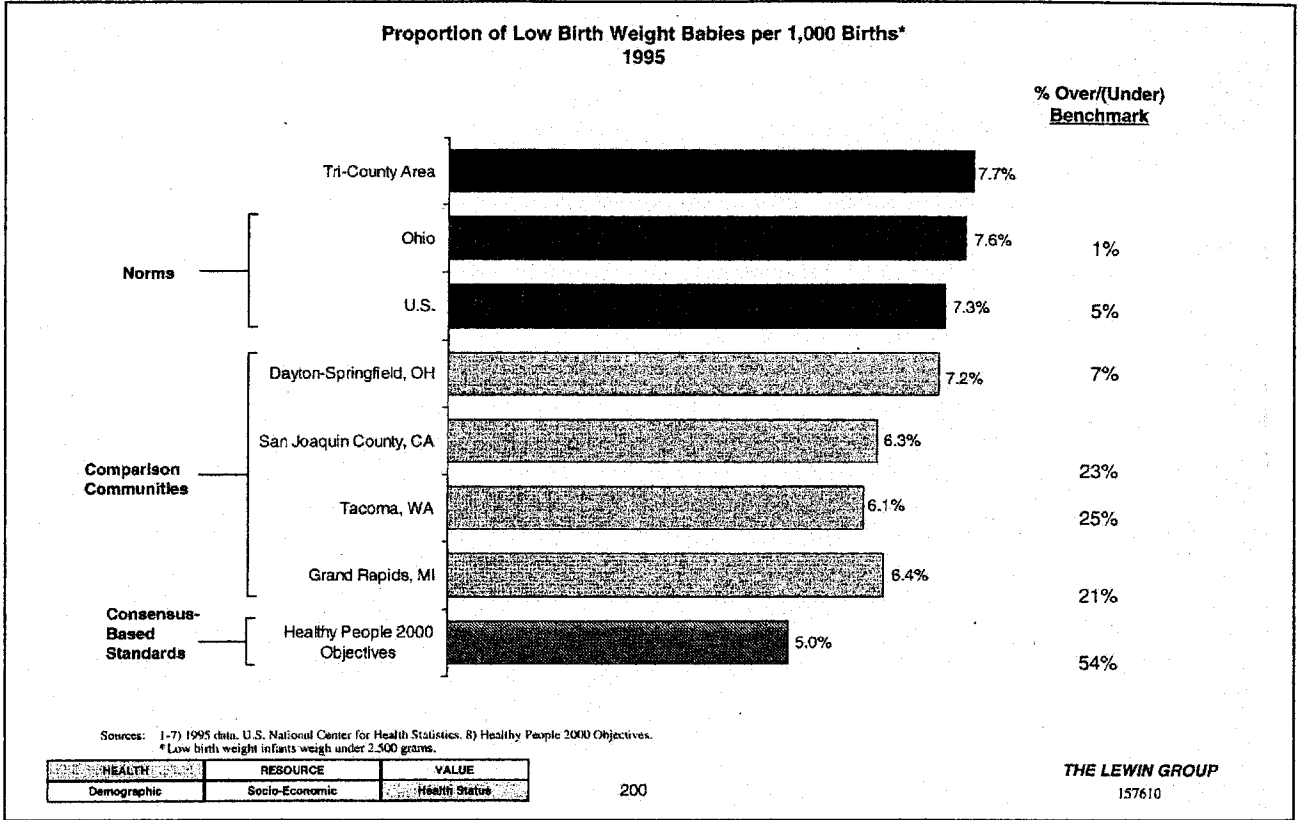


Figure 35

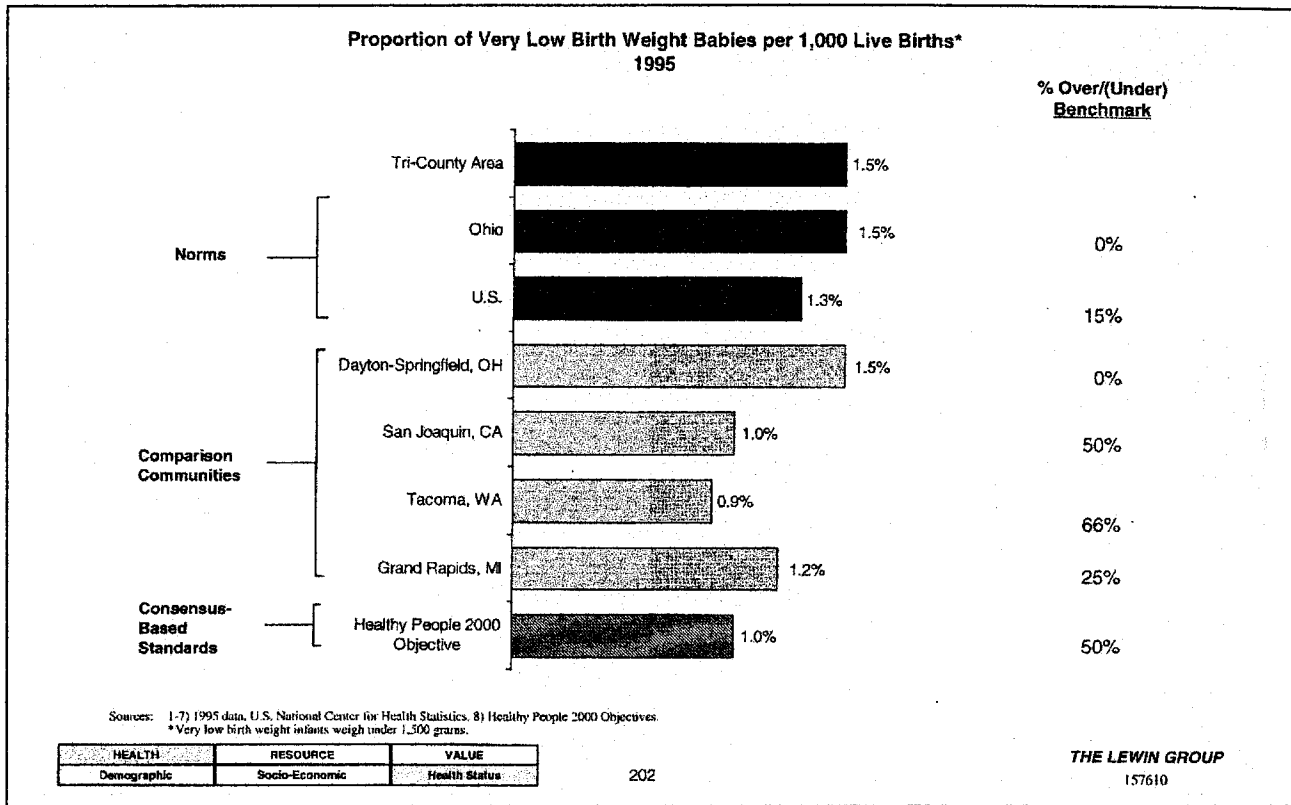


Figure 36

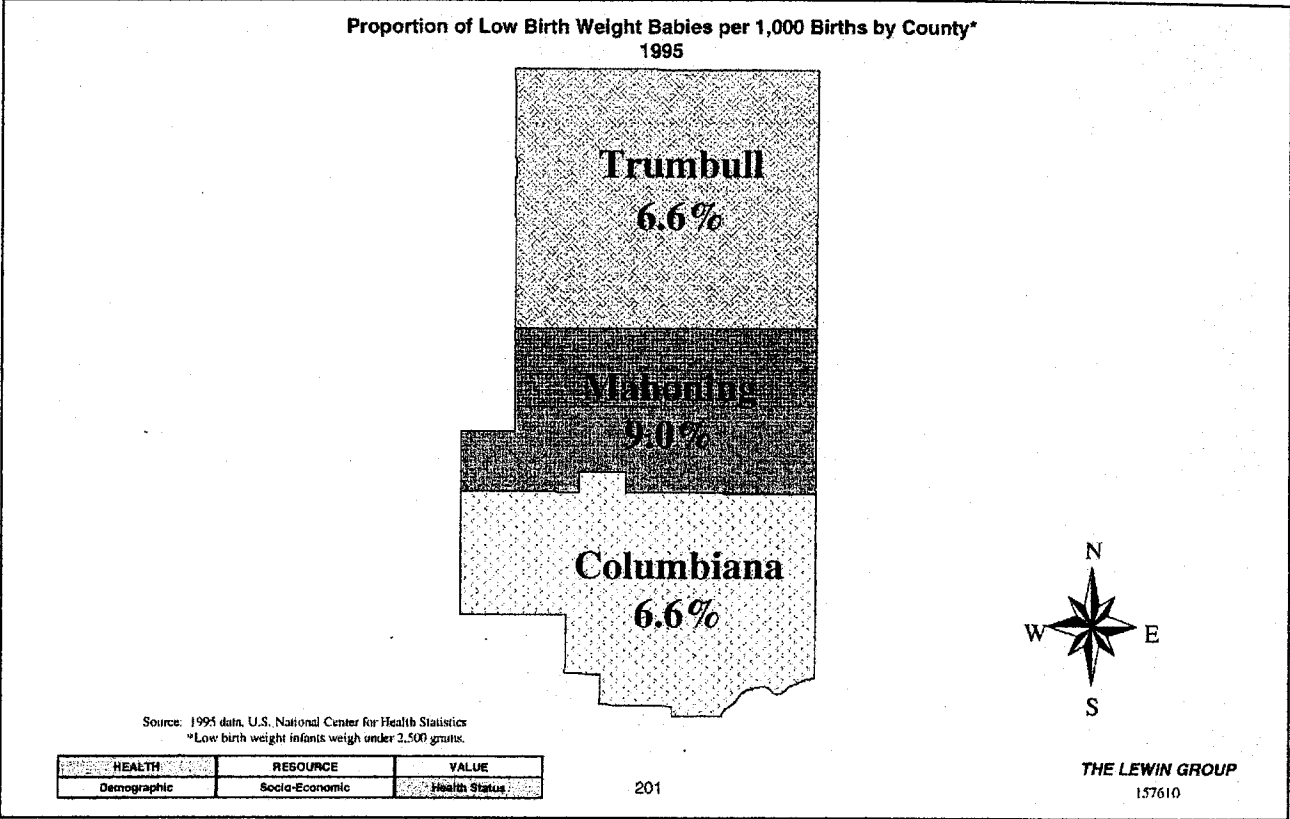


Figure 37

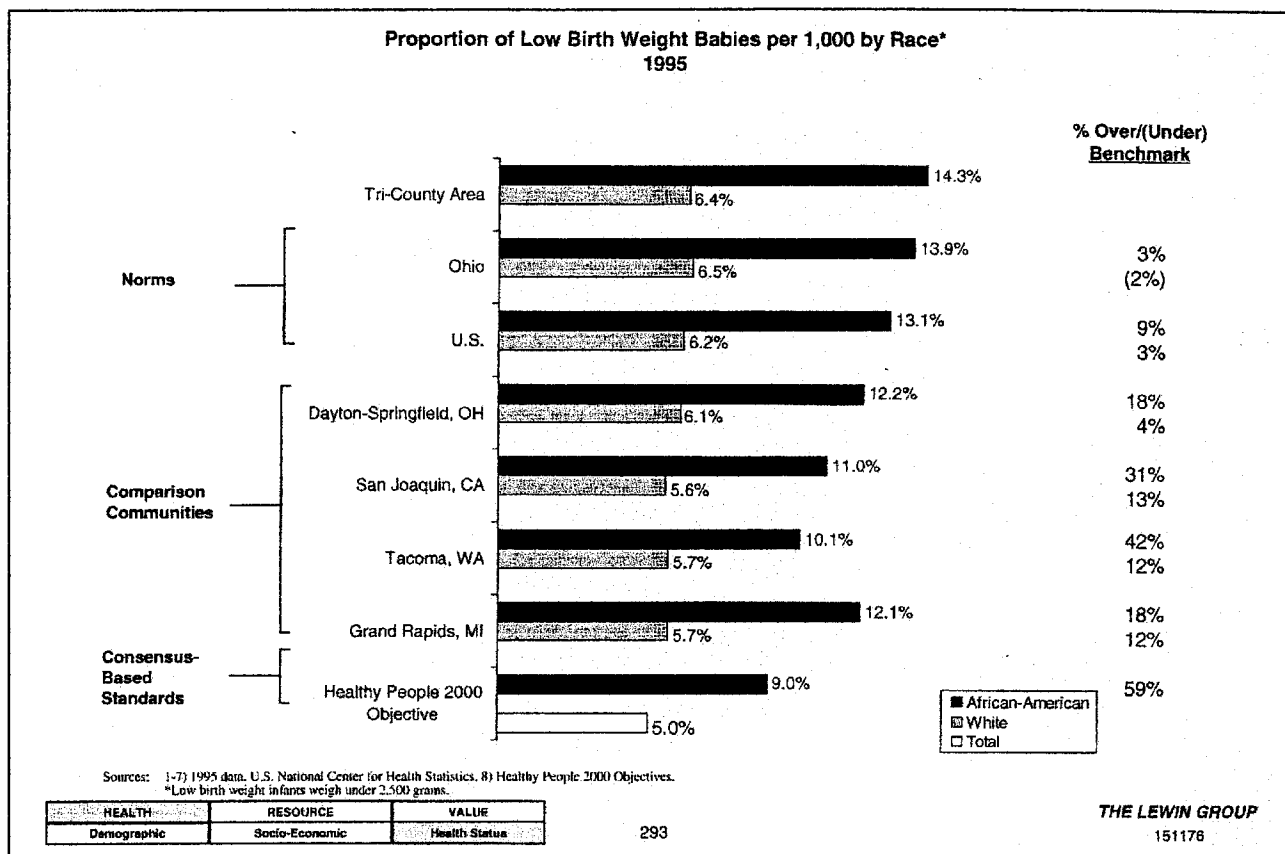


Figure 38

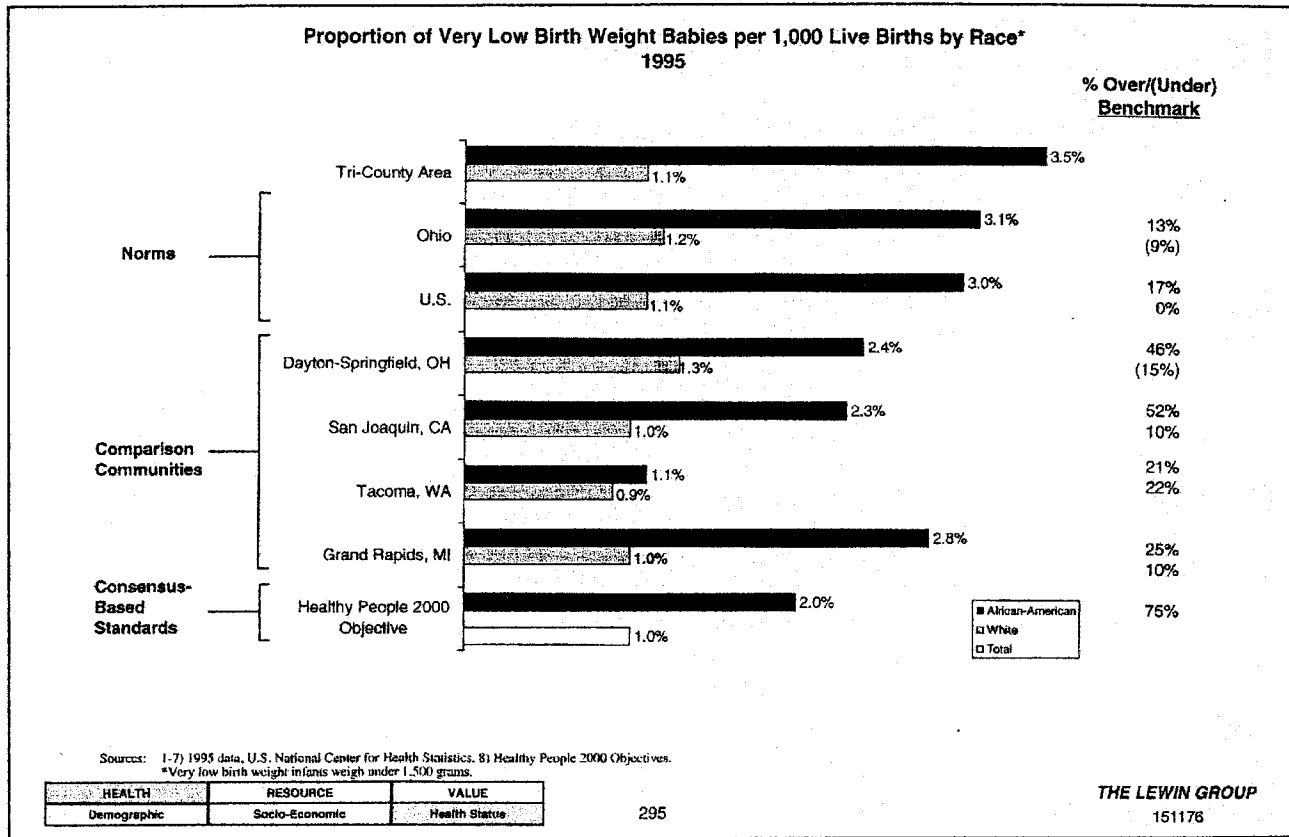


Figure 39

The Lewin Study researchers indicated a specific need in the Tri-County Area for education and awareness of the effects of smoking during pregnancy. Smokers (or those exposed to second hand smoke) have smaller babies than nonsmokers. Drugs, alcohol, and tobacco use interferes with normal fetal growth and can be the cause of birth defects ((March of Dimes, 1999).

Women of this area are almost twice as likely to use tobacco during pregnancy than women in the national average, and somewhat more likely than women in Ohio and the other comparison communities (Figure 40). Although the counties are similar in percentages, Columbiana reported slightly higher proportions of females who reported smoking during pregnancy (Figure 41). On the contrary, even though it is common for both Caucasian and African-American women to smoke during pregnancy in the Tri-County Area, African-American females are less likely to smoke (Figure 42). However, smoking still exists, and efforts must be made to provide specific educational programs to foster changes in previously construed attitudes.

Figures 43 and 44 display the proportion of women by race in the Tri-County Area who report alcohol use during pregnancy, compared to state, national, and comparison communities. According to the Lewin researchers, African-American women in the Tri-County Area are four times more likely to use alcohol during pregnancy than Caucasian females in the same area.

*Children with Special Needs* are an important part of our society today and are the focus of section VIII of the parent handbook. The system of support for families having a child with a developmental disability is an important aspect of improving the overall health of communities. Family empowerment is a key factor to these programs;

therefore, it is important that parents are enabled to participate in the diagnosis, evaluation, education, and management so that their special child can reach his or her highest potential. Children with various difficulties, including autism, Down syndrome, communication disorders, genetic developmental delay, Attention Deficit/Hyperactive Disorder (AD/HD), learning disabilities, and mental retardation should be encouraged from a very early age to expand their social and communication skills. Empowering the parents will allow them to understand and emphasize the strengths of their special needs children.

Wing (1998) describes three types of social impairments that are specifically linked with autism. They include social recognition, communication, and understanding and imagining. Social interactions with others are both physical (hugging, holding) and verbal (having a conversation). Communication involves both verbal (spoken) and nonverbal (unspoken) language. Understanding and imaging problems result in difficulties with routines or repetitive behaviors (repeating words/actions over and over again; arranging belongings in only one way, again and again). Autism commonly affects more boys than girls (ratio of 4:5); and autism spectrum disorders occur in approximately ten to fifteen out of every 10,000 children (NICHD, 2001).

Sebastian (2002) defines mental retardation as a state of developmental deficit that begins in childhood and results in a significant limitation of thought processes and poor adjustment to normal daily routines. Mental retardation can vary from mild to severe or profound retardation. Therefore, it is important to test levels of intellectual functioning separate from any other suspected disability (i.e. autism).

Michael Rutter (2002), a British child psychiatrist, recommends that goals, such as fostering normal development, promoting learning, and reducing stereotyping can be met through programs that are highly structured, encourage parent involvement, are communication based, have behavioral interventions, and positive social involvement.

The Harvard Mental Health Letter (2000) references Attention Deficit Hyperactivity Disorder (ADHD/ADD) as a medical disorder that makes it difficult for a child to pay attention and to control his or her actions. The exact cause of ADHD is not known; however, researchers indicate that is related to a chemical imbalance in the brain, which, in turn, interferes with processes of concentration and attention. Accurate diagnosis can only be made by qualified professionals (a physician, nurse, child psychologist, child psychiatrist, social worker (McNeil, 2002). Parents need patience! It takes a great deal of time and energy to learn to deal with any child who displays behavior other than that which is considered normal.



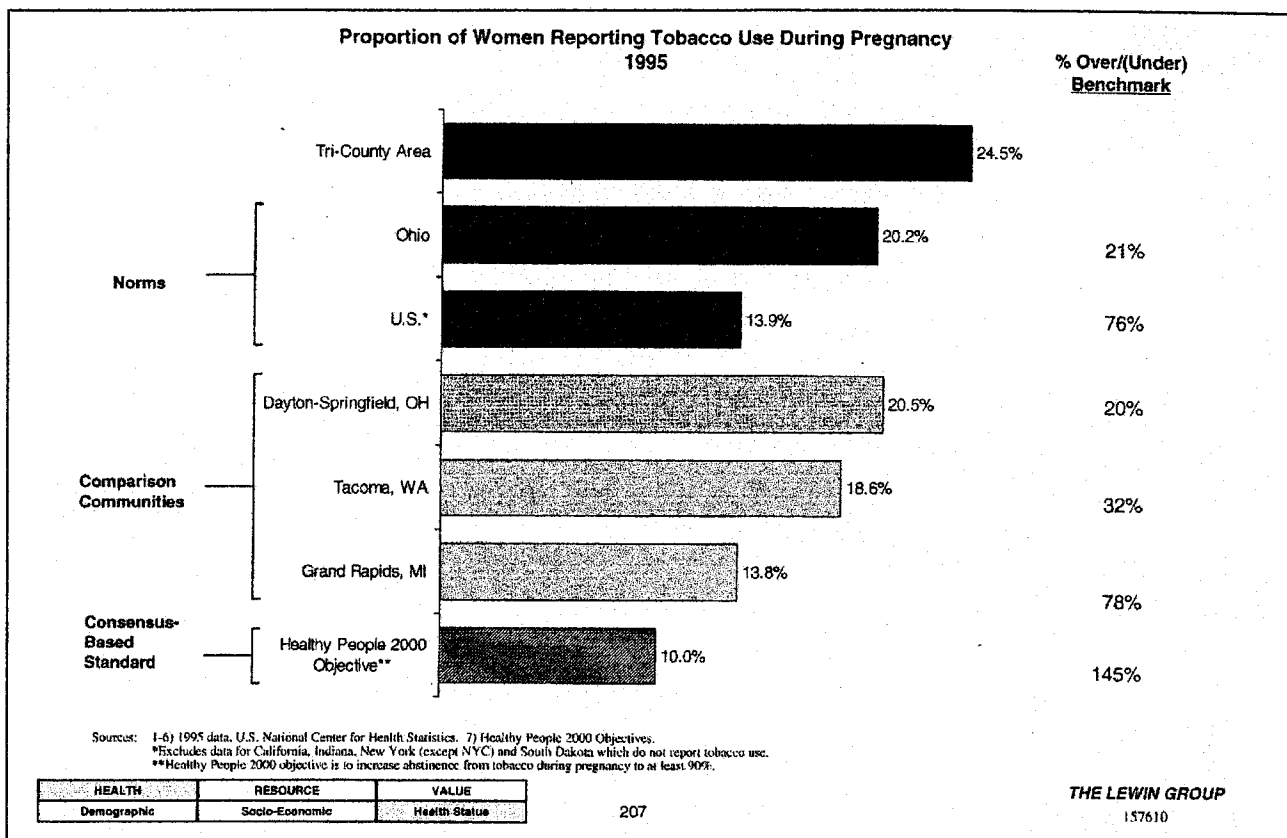
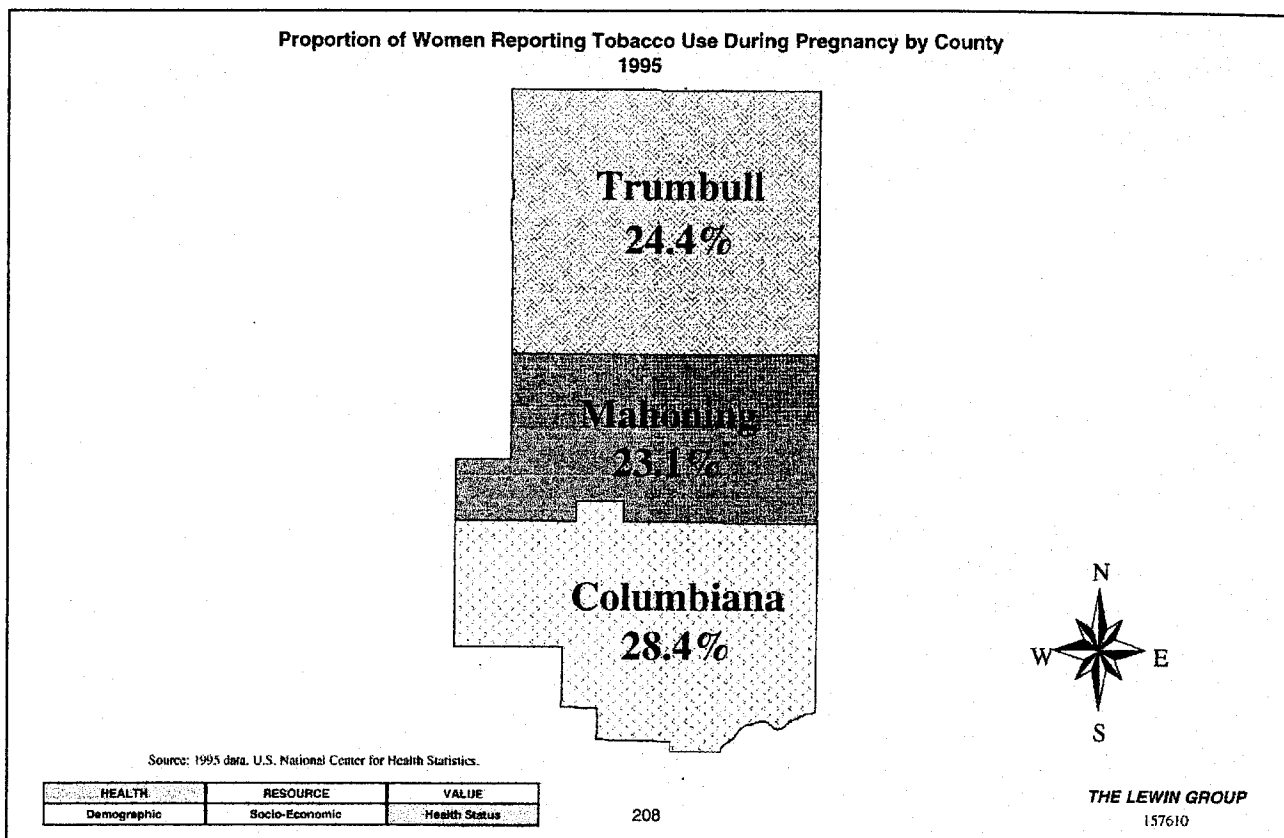


Figure 40



**Figure 41**

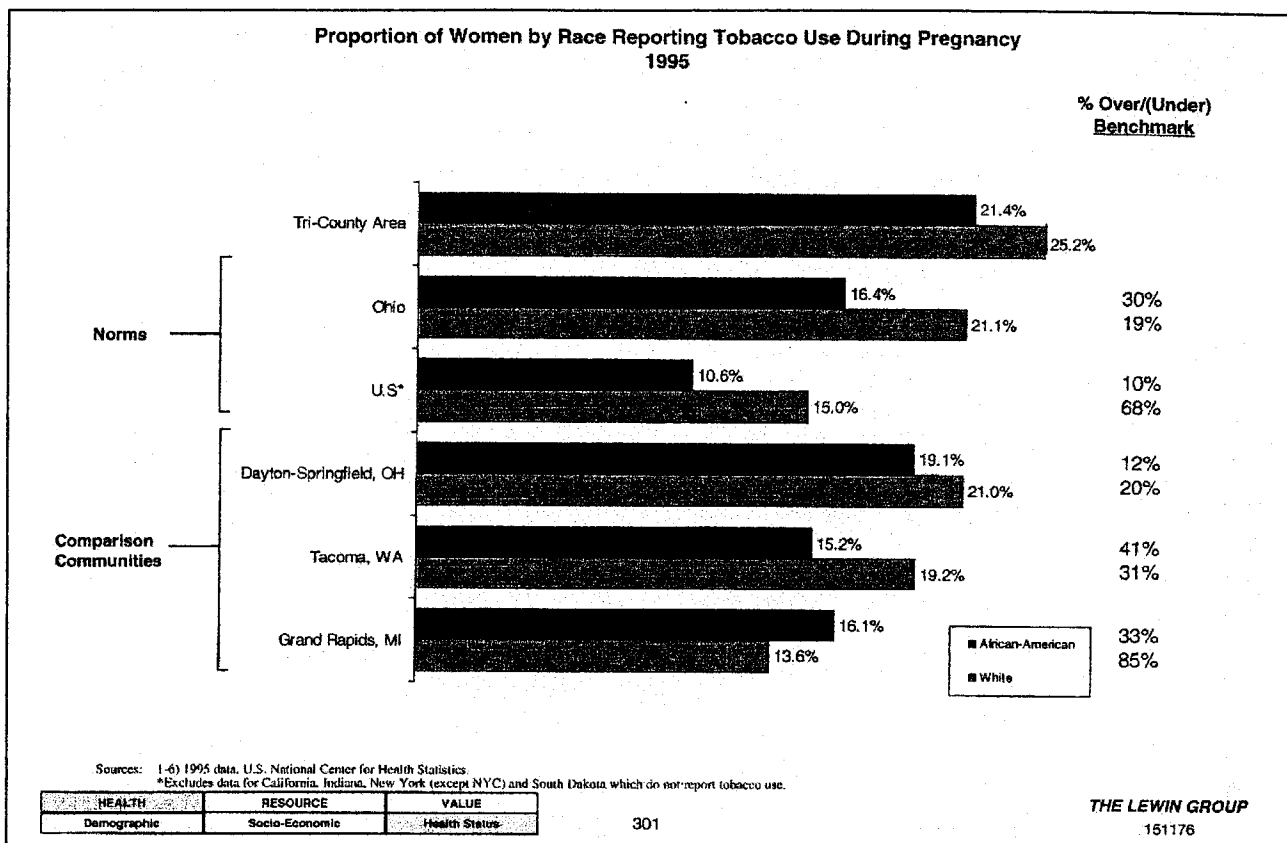


Figure 42

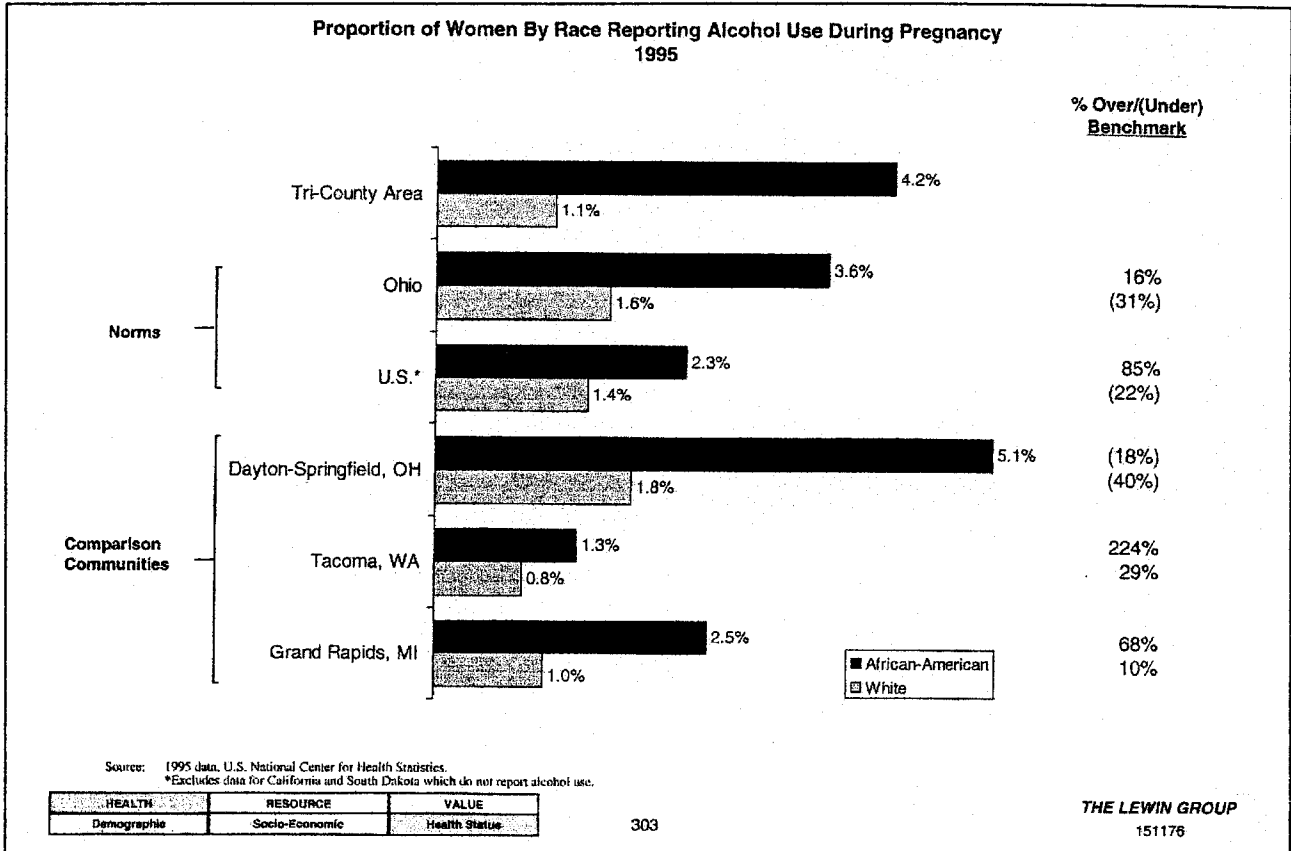
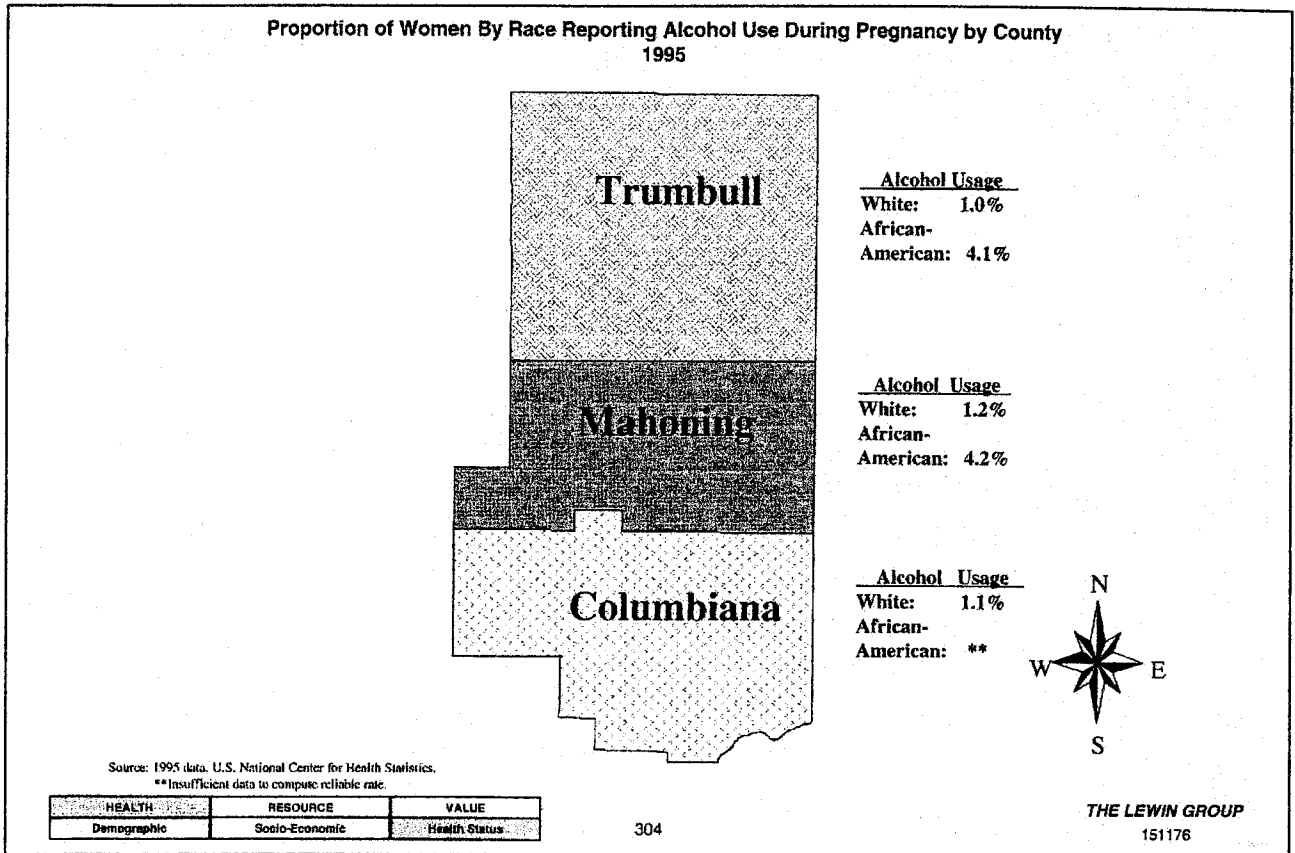


Figure 43



**Figure 44**

Local, state, and federal resources for prevention and treatment of mental health disorders and alcohol and substance abuse are available in section IX of the parent handbook. This area lists useful information about, and links to, service providers throughout the area for adults and children. The community agencies and programs will be listed in a format that is easily accessible for all.

## CHAPTER III

### PROCEDURES

#### Initial Meetings

The purpose of this study was to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research was to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook.

The Community Health Initiative of the Tri-County Area was established as a result of the study completed by the Lewin Group, Inc. in 1999, an international organization contracted for the purpose of surveying the healthcare status of the target population. Tim Schaffner, Director of Behavioral Healthcare, Forum Health and Richard Darkangelo, Executive Director of the Trumbull County Board of Alcohol, Drug and Mental Health co-chaired the *initiatives* subcommittee.

The Lewin report emphasized a need for improvement in specific areas, such as circulatory and respiratory, racial disparities, cancer, maternal and child health, infectious disease, diabetes, and mental health and substance abuse. The initiative, in turn, formed a number of subcommittees to address the shortcomings cited in the Community Assessment Factbook.

January 2000 was set as the beginning of the program design phase for the Mental Health and Substance Abuse Subcommittee (MHSAS). An individual was to be selected to lead these efforts at that time. Members included treatment and prevention professionals from the fields of substance abuse and mental health, Alcohol Drugs and

Substance Abuse (ADAS) and Alcohol Drug and Mental Health (ADAM) Board staff, other health care professionals, as well as representatives from GM, UAW, and IUE.

The Mental Health and Substance Abuse Subcommittee made the decision to take on the task of reducing the high rates of substance abuse through early education and prevention, and to increase the communities' understanding of mental illness and the promotion of mentally healthy lifestyles and problem solving.

The subcommittee timeline was established as follows:

- Step One: Form Workgroup (months 1-3)
  - Identify stakeholders
  - Articulate beliefs, vision and mission
- Step Two: Develop Product (months 4-16)
  - Identify 3-5 priority risk and protective factors
  - Research *best practices*
  - Determine Target Audience
  - Determine scope and range of product
  - Develop package
  - Determine costs
- Step Three: Create Implementation Plan (months 17-24)
  - Select outcomes
  - Create evaluation mechanism
  - Implement and make necessary revisions.

The first initiative of MHSAS was to develop and implement a comprehensive, and integrated mental health and substance abuse prevention and educational package that is standardized across Columbiana, Mahoning, and Trumbull Counties.

The Mental Health and Substance Abuse Subcommittee goals include:

- To give added focus to depression, suicide and violence, which are at especially high rates among children, adolescents, and young adults;
- To focus on the continuum that is wellness in behavioral health and not one issue or idea in isolation; and,
- To focus on best practice models which are research based and data driven to enhance outcome evaluation.



Action to pursue included development of a standardized, comprehensive, and integrated behavioral health care prevention and education program by joining with and further extending the efforts of Healthy Valley 2000 and Comprehensive strategies. The timeline, initiative, and goals were established during January, February, and March 2000 with meetings that took place at Neil Kennedy Recovery Clinic, 2151 Rush Blvd., Youngstown, Ohio. Doug Wentz, Community Services Director – Prevention Partners Plus was asked to chair the committee/task group during the February 3, 2000 meeting, for the purpose of developing and implementing this exciting initiative.

Mr. Al Beynon, Valley Counseling Services, was asked to co-chair the Mental Health and Substance Abuse Subcommittee with Mr. Doug Wentz, Neil Kennedy Recovery Clinic Services Director, at the August, 2000 meeting. It was suggested that the families of clients in the Tri-County Area be the target population for the group effort. The committee presented topic ideas as follows:

- Support groups for families
- Pharmaceutical awareness and education
- Medical alert to physicians on use of particular drugs (i.e. Ritalin)
- Effective parenting
- Standardized Parent Resource Handbook

After discussing these issues, the committee decided that a standardized Parent Resource Handbook should be their focus. The handbook will contain information for parents on where to go and what to do when issues arise concerning their children. Each member was asked to submit five topics, to the chair or co-chair, which he or she felt should be included in that handbook. Ideas were to be submitted via email by September 1, 2000. The next meeting was scheduled for September 29, 2000 at Neil Kennedy Recovery

Clinic. It was the intention of the workgroup members that this initiative set a standard for comprehensive wellness plans throughout the State of Ohio and beyond.

At the September MHSAS 2000 meeting, members present held a brainstorming session to discuss the components of the resource handbook. Ideas included, but were not limited to:

- Where/when/how to get help
- What happens when you call? What is the cost?
- Serious warning signs of suicide, drugs, and depression
- Common problems of mental health and substance, and how to handle them
- Definitions of mental health and substance abuse concerns
- Sexual Abuse
- Family/parenting styles and consequences
- Communication styles (How to talk and how to listen to your kids)
- Sex
- Suicide
- Death, loss, grief
- Peer pressure
- Discipline styles and consequences
- Depression

Distribution of the handbook should include: local clergy, medical doctors, schools, parents, support groups, and Head Start. Members were asked to search and pull together their resources. The next meeting was scheduled for October 25, 2000 at Neil Kennedy.

At the October 2000 meeting, members present went over what was needed for the handbook, including:

- A forward and rationale
- Each chapter will be a question
- Title is needed
- Outline/Table of contents.

Five areas were chosen as main topics to be addressed: 1) resources, 2) parenting skills, 3) mental health, 4) drug abuse, and 5) adolescent developmental issues. The possibility of using a graduate student from the Youngstown State University Master of

Health and Human Services (MHHS) Program who would commit to undertaking the vast project of researching and compiling material to be used for parent education purposes was discussed. , Members agreed to provide continuous review and proof of content material. A decision was reached to contact Dr. Carolyn Mikanowicz, Director of the MHHS program.

Dr. Mikanowicz joined the Mental Health and Substance Abuse Subcommittee meeting in December 2000. She agreed to contact a graduate student, and suggested that that student meet with the subcommittee at the January 2001 meeting.

#### Development of Handbook

In January 2001, Linda Dolak, MHHS graduate student, joined the group at the Neil Kennedy Recovery Center, as the researcher. A review of subsequent meetings was held as an introduction process, and an agreement was reached to begin the handbook process.

In February 2002, the subcommittee listed core values and points of view that they would like to see in the handbook, in addition to agreeing that there was a need for a mission statement for the project. This researcher presented a list of nine topics proposed for use in the handbook, including:

- 1) Home and Family
- 2) Social and Emotional Development
- 3) Violence Issues and Prevention
- 4) Death and Grief
- 5) Suicide
- 6) Sexuality
- 7) Substance Abuse
- 8) Children with Special Needs
- 9) Resources for parents

The committee listed core values and points of view that they would like to see as subtopics of the nine topics. Those core values included:

- No use of illegal substances and no illegal use of legal substances,
- Abstinence,
- Children need to be valued,
- Catch your kids being good,
- Develop socialized children,
- Love your children,
- Learn from experience,
- Have an attitude of gratitude
- Discipline is expected
- Some things are worth waiting for
- Give choices with limits
- Perfection is not the good
- Belief in a bright future.

Using notes from previous meetings, committee goals and values, the researcher suggested a mission statement for the Mental Health and Substance Abuse

Subcommittee:

As members of Community Health Initiative, we will take it upon ourselves to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook, which we will make available to families in Columbiana, Mahoning, and Trumbull Counties, the communities we call home (Dolak for the Mental Health and Substance Abuse Subcommittee of Community Health Initiative 2001).

The mission statement was unanimously accepted at the March 2001 meeting. Prior to this meeting, the researcher sent, via email, a rough draft of information compiled for the first section of the book, *Home and Family*, to committee members. Comments by members had been prepared in advance, for review during the meeting, and suggestions for changes and or additions were shared. The subtopics included: Communication, Effective Discipline, Family Structure, Parenting Styles, and Values and Morals.

Revisions were made between meetings and sent to members to review prior to scheduled dates so that they were prepared to discuss material as it was researched. The next meeting was scheduled for May 2001 to allow more time for research and development of future sections.

The researcher commissioned the assistance of Amy Hasenyager, a graphic designer, to work on logos for the initiative. Amy's idea was to incorporate motion or movement because the logo was to represent an active group of people trying to make things happen. *Community* represents people; therefore, one of the logos illustrated a family. The leaves and butterfly icons symbolize *growing, change, new, resources, etc.* Six different logs were presented in Spring 2001. The one with people was chosen for the handbook, to represent the families for which this project is intended to assist; and the butterfly was selected to represent the Mental Health and Substance Abuse Subcommittee. Amy also offered her assistance in formatting the entire handbook upon completion.

In Spring 2001, Community Health Care Initiative organized a Report to the Community, where each of the organized subcommittees presented the status of their projects. At this time, the researcher presented Power Point slides outlining plans for the investigation of material to aid in poor parenting and the development of the parent handbook. There were approximately 200 people, representing state and local organizations and businesses, present at Leo's Restaurant in Warren, Ohio for the committee presentations. There was a short question and answer period following each of the presentations. The Mental Health and Substance Abuse presentation was very well accepted, and received encouragement and feedback from a number of individuals present.

At the May 24, 2002 MHSAS meeting at Neil Kennedy, Mr. K. Senter, UAW, and Community Initiative Director, voiced that feedback from the Community Report was “positive-outstanding job”. The committee reviewed the table of contents (APPENDIX A) provided by the researcher and made necessary changes and/or additions. Members were also advised to e-mail her between scheduled meetings with any information that would be beneficial to the research.

On June 21, 2001, members met to review two draft sections (Parenting Styles and Communication) that the researcher had prepared for the meeting, and offered their suggestions. At this time, a request was made for all members to send reliable resources for all sections of the handbook via email. The members had copies of the handbook Table of Contents for reference. The June meeting offered a “summer shut down”, during which time all correspondence will take place through email.

Meetings were scheduled to convene in August 2001. It was suggested that the committee pull in a larger work group to continue with the project. The same six to eight people actively attended meeting and continue to offer suggestions for the handbook, where as the group began the process with approximately twenty persons.

The August meeting was rescheduled due to appointment conflicts. The September 2001 meeting saw the completion of Section II, *Social and Emotion Development*, which includes the areas of Anxiety, Depression, and Stress. MHSAS members suggested few changes; therefore, this section was accepted as presented.

In October 2001, research was done on *Fostering Resiliency*, a subtopic of *Violence*. MHSAS members felt so strongly on the importance of resiliency, that they agreed it

would be a good idea to include an introduction to the topic in the beginning of the handbook, along with the committee mission statement and a list of goals.

Meetings were regularly scheduled at about two to three month intervals. However, the attempt to encourage more active participation by the absent members was unsuccessful. It did not, however, interfere with the research of materials and the progress of the handbook. The subcommittee agree to follow this schedule until the research is completed, the contents finalized, and the book is designed, formatted, and printed, with a target date of January 2003. The research has been progressing at approximately one section, or main topic each meeting. Each main topic has three to five subtopics. Amy Hasenyager, Graphic Designer, Wadsworth, Ohio, (Mango Graphic Design, Inc.) offered to donate her time involved in formatting the parent handbook.

Research and development were accomplished by an in-depth study into the various topics selected for research during the MHSAS meetings, using exploration and description of previous studies, as cited in the *Literature Review*.

#### Follow-up/Current Meetings

The subsequent meetings of the MHSAS served as planning sessions for feedback, questions, evaluation, and comments. The goal for completion of the project was set for January 2003.

The November 2001 meeting saw the end of the year and the completion of research Bullying, a subtopic of Section III. An active member of the MHSAS enlisted the help of Barbara Oehlberg, author and professional speaker on *Bullying*. Ms. Oehlberg stressed

the importance of addressing the causes of bullying more so than the symptoms. She was extremely helpful by offering comments on the rough draft, and also by supplying numerous references. The restructuring of this information involved revamping the language, which was considered by most committee members to be somewhat higher than the educational level of most parents in the target area.

Members regularly participating in meetings of the MHSAS were asked to send the proper listing of their credentials, along with their affiliation for their professions, to the researcher prior to the next meeting, scheduled for January 2002.

The meeting in January 2002 provided the opportunity for review of material completed for Section II of the handbook, *Social and Emotional Development* (Anxiety, Depression, and Stress). Several comments were noted. (1) Anxiety and fear are normal human experiences. Learning how to cope with these experiences is a part of becoming a responsible adult. It is the intensity of the anxiety and fear, the sequence of events, or the extent to which they interfere or disrupt our lives that makes them pathological. (2) It is important for people to understand that stress is an internal reaction, not the event itself. The event is the stressor. Stress is our fight or flight response; and, as such, generates powerful emotional and physical reactions. Signs of stress may be more effectively referred to as stages of stress. (3) Depression is so common that it has been nicknamed the *common cold* of mental health. Depression is not necessarily difficult to diagnose, but is often difficult to recognize as depression.

MHSAS members brought comments with them to the March 2002 meeting, concerning *Death and Grief* (Loss of a Parent and Loss of a Sibling). The material was sent to them via email during February and March for review. Bete (1997) refers to grief



as being a healthy response of human, to situations of loss, such as death, separation, or divorce. Comments enclosed in language caption boxes in grief sections of the handbook, such as *this isn't really happening to me; why me; if only I'd done something; and, I can't do this on my own* (Bete, 1997), were very well received. Members felt that they added to true-life situations, and were an important part of explaining reactions that were commonly experienced with the loss of a loved one.

In May and June 2002, the MHSAS discussed Suicide and the importance of recognizing suicidal behavior in children and young adults. The American Academy of Child & Adolescent Psychiatry [AACAP] reported (1998) that suicide stands as the third leading cause of death for young people, 15-24 years of age, and is the sixth leading cause of death for 5-14 year olds. Because symptoms of suicide are similar to the symptoms of depression, responsible adults need to learn how to recognize differences. Symptoms discussed during the meeting as important included: withdrawal from family, friends, and activities, unusual neglect in appearance, change in eating and sleeping habits, drug and alcohol use, and violent, rebellious behavior. It was suggested by a committee member, to add the following information: suicidal behavior can be seen as a continuum from depression to vague thoughts of suicide, to specific plans of suicide, to gestures, to attempts, and then to actual fatal efforts.

A discussion of possible financial supporters for the cost of printing and distribution of the parent handbook in the Tri-County Area was initiated at the March meeting, and members were asked to bring suggestions to the following meeting. The next meeting was scheduled for August 2002, following a summer break, during which time research and email correspondence would continue.

The August 2002 meeting was rescheduled for September 2002 because of schedule conflicts of the majority of members. Committee members gathered at Neil Kennedy In September to discuss work that had been done over the summer months. Research and rough drafts of Sections VI and VII had been sent to the Mental Health and Substance Abuse Subcommittee members. Several members responded with suggestions prior to the meeting; others brought their suggestions to the September meeting.

“Sexuality education is the lifelong process of building a strong foundation for sexual health. Sexuality education takes place on a daily basis in homes, schools, faith-based institutions, and through the media” (SIECUS, 2001). Committee members agreed that the ability to communicate with a child is a first step. “Talk, talk, talk, until you’re blue in the face (co-chair of MHSAS).” Furthermore, children learn to enjoy healthy, happy, and trusting relationships through observation; therefore, it is important for them to be able to model themselves after a stable relationship (AboutHealth.com. 2002). Suggestions would be taken into consideration and completed for the following meeting.

The *Substance Abuse* section of the handbook required more in-depth research because of the broad scope of topics. In addition to the original topics of alcohol, tobacco, and other drugs, asset building was found to be a unanimous topic. The Director of Community Healthcare Initiative , General Motors, Lordstown, suggested considering the fact that parents need to share information with children, develop an understanding of the children’s issues, and empower their children to resolve these issues. Roehlkepartain (1999), in You Can Make a Difference for Kids, listed eight areas of importance related to asset building. These areas are incorporated in the handbook.

- 1) Support with your love and care
- 2) Empower with opportunities to make a difference

- 3) Establish clear boundaries and have high expectations
- 4) Help make use of constructive time
- 5) Nurture a commitment to learning
- 6) Instill positive values and morals
- 7) Help develop social skills and competencies
- 8) Nurture and encourage a positive identity.

Asset building and empowerment of every child can establish a sound foundation to understanding the risks associated with alcohol, tobacco, and other drugs. The next meeting was scheduled for October 2002.

The Neil Kennedy Center was the location again of the meeting for the MHSAS on October 28, 2002, at which time an in-depth discussion took place on children with special needs. The attention deficit material was shared with a Work/Family Representative, UAW Local 1714, who was kind enough to add suggestions and comments in the area of ADHD. She also expressed interest in the material as helpful, factual, and easy to read. (APPENDIX C) Final thoughts were expressed on the entire of the handbook. Members agreed that, even though they had some doubts at the enormity of the project, thankfully, they had been proven wrong. (APPENDIX C) They did not, for instance, realize the depth of research required or the time involved in compiling that research. "The product is awe-inspiring and hopefully is what the County(s) Leadership was looking for when launching the idea". (APPENDIX C)

A co-chair of the MHSAS, contacted a representative from the Mahoning County Family and Children First Council regarding funding. The agency has committed a portion of their budget for printing and distribution. (APPENDIX C) The Director of Youth Services and Management Planning, Columbiana County, committed to contacting the same organization in Columbiana County for similar support.

A copy of the notice issued to area professionals working with families in the target area is in APPENDIX B. This notice was sent to these professionals, along with copies of the parent handbook draft, in Spring 2002 by a co-chair of the MHSAS. He requested their help in reviewing the material and sharing it with the families they are associated with. He asked that comments be sent to him. He, in turn, would pass them to the author and researcher of the parent handbook. Comments regarding the two-year process and the contents of the parent handbook are included in APPENDIX B.

In October 2002 MHSAS members decided that, due to the fact that the major part of the project had been completed, the next meeting would be scheduled for January 2003. This date was within the original planned time frame.

MHSAS members were also asked to send a list of reliable references of local, state, and federal resources to be used in the last section of the handbook. Additional financial assistance for handbook publication was again checked, and it was found that none of the members remembered to inquire. Finances would be addressed at the next meeting.

Members were asked to seek feedback from parents and other professionals in the Tri-County Area and mail that feedback to the researcher prior to November 11, 2002, in letter format. These letters are contained in APPENDIX C.

## CHAPTER IV

### FINDINGS OF THE STUDY

The purpose of this study was to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate aim of this research was to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook.

#### Research Questions

The research questions addressed were:

1. Can a Mental Health and Substance Abuse Subcommittee of Community Health Initiative stimulate effective networking of a variety of existing but independent services to children?
2. Can a Community Mental Health and Substance Abuse Subcommittee of Community Health Initiative promote improvement of parenting styles through support and guidance of community professionals to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook?

#### Summary of Findings

1. Can a Mental Health and Substance Abuse Subcommittee of Community Health Initiative stimulate effective networking of a variety of existing but independent services to children?

This was evident throughout the entire MHSAS two-year process. The research for the parenting manual was undertaken to assist the MHSAS of the Community Health Initiative to reach the goal of improving the health of the Tri-County Area, through parent education. The subcommittee was formed as a result of the final document of the Lewin Study that cited areas of concern to be addressed within the target population. The MHSAS was compiled of a variety of professionals from the target area who had a common goal. They met to hold an initial brainstorming session to decide the focus and direction of the project undertaken by the group. The researcher was asked to join the subcommittee to investigate and author the proposed parent resource handbook. A second brainstorming session was held where members used nominal group processing to determine areas they felt would improve parenting within the communities. The members reached a unanimous decision to address those topics in the parent handbook. Local businesses and community stakeholders agreed to sponsor the printing and distribution of the final document, in the form of a parent handbook, for use within Columbiana, Mahoning and Trumbull counties. The handbook will be distributed to a number of healthcare professionals practicing among the target population, who, in turn will give copies of individual topics to families having problems with that specific area of parenting. The Lewin Group identified existing problems. The subcommittee addressed these problems.

While working with the MHSAS, the researcher was able to gain a better understanding of the need for improving parent education in the Tri-County Area. The members are an exemplary example of a community effort designed to meet the needs of

families in the target population. The group was given the responsibility for maintaining the vision and direction of the Community Health Initiative by helping to bear the necessary resources and community support, insuring quality products and effective implementation. The enthusiastic participation from all three counties was justification of the assumption that a Mental Health and Substance Abuse Subcommittee could stimulate effective networking of a variety of existing but independent services to children.

2. Can a Community Mental Health and Substance Abuse Subcommittee of Community Health Initiative promote improvement of parenting styles through support and guidance of community professionals to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook?

The time-line for the completion of the project of developing and implementing a comprehensive and integrated mental health and substance abuse prevention and education program will be met as stated in the original proposal. Research of material has progressed as scheduled. Although the committee members, as a group, did not write the parent handbook, their expertise and wide scope of knowledge contributed greatly to the finished product. The fact that the committee successfully worked together to select outcomes, create the evaluation mechanism, and implement and make necessary revisions shows the enormous success of the entire process. Their belief that this initiative will become a model for comprehensive wellness plans throughout Ohio was proven in the completion of the standardized parent resource handbook, which is due to be printed in early 2003, the planned target date.

## CHAPTER V

### CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

#### Significance of the Study

The purpose of this study was to examine parenting skills by addressing mental health issues and substance abuse issues. The ultimate goal of this research was to provide parents a resource tool with the goal of improving the continuum of wellness in behavioral health, in the form of a parent handbook.

The completion of research and development of the parent handbook, allows the realization of the original initiative set by the MHSAS: to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program that is standardized across Columbiana, Mahoning, and Trumbull Counties. The researcher was able, with the assistance of MHSAS members, to provide useful information about some of the more difficult and troubling aspects of childrearing as well as guidance and suggestions on how to handle these issues. The parent handbook is a summary of social, mental health, substance abuse, and other issues relevant to today's families.



## Conclusions and Discussions

The research questions addressed in this project came to fruition. The research illustrated that a Mental Health and Substance Abuse Subcommittee could stimulate effective networking of a variety of existing but independent services to children, fulfilling the first question. The expertise and wide scope of knowledge contributed by members of the committee contributed to the fulfillment of the second research question, to promote improvement of parenting styles through support and guidance of community professionals to develop and implement a comprehensive and integrated mental health and substance abuse prevention and education program, in the form of a standardized parent resource handbook.

The parent handbook will be used as a final tool by parents and professionals to break the cycle of mental health disorders and alcohol and drug abuse. It is to be used to promote the academic and social achievements of the children living in the area, while improving developmental and educational experiences within the community, and interventions in the home, neighborhood, and school that will produce measurably positive results for children at risk.

The use and evaluation of the parent resource manual by both healthcare professionals and families within the target population will allow the realization of the five major goals established by the Community Health Initiative subcommittee of Mental Health and Substance Abuse. The resource tool can help to improve the continuum of wellness in behavioral health by increasing knowledge of substance abuse through early education and prevention, increasing the communities' understanding of mental illness,

promoting mentally healthy lifestyles and problem solving techniques, giving added focus to depression, suicide, and violence, and applying proven practice models.

### Recommendations for Further Study

The statistics used to establish areas of research were based on the Lewin Group assessment. The Community Health Initiative intended it to be used as a first step in defining the need for changes in the target population health system. Although the latest statistics available were used, it should be noted, that information was several years old. For this project to be ongoing and successful, the mental health/substance abuse professionals actively working with families in Columbiana, Mahoning, and Trumbull Counties should undertake continuous review of the parent progress, in the areas of education and awareness.

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APPENDIX A

PARENT HANDBOOK TABLE OF CONTENTS

## Table of Contents

### I Home and Family

- Communication
- Effective Discipline
- Family Structure
- Parenting Styles
- Values and Morals

### II. Social and Emotional Development

- Anxiety
- Depression
- Stress

### III. Violence: Issues and Prevention

- Bullying
- Fostering *resiliency*
- Victimization

### IV. Death and Grief

- Loss of a parent or guardian
- Loss of a sibling

### V. Suicide

- Attempts, Gestures, and Thoughts

### VI. Sexuality

- Emerging sexuality
- Relationships
- Child Sexual Abuse
- Pregnancy

## VII. Substance Abuse: Definitions and Signs/Symptoms

- Alcohol
- Tobacco
- Other Drugs
- Asset Building: Parenting and Prevention

## VIII. Children with Special Needs

- Disability Conditions Defined
- Developmental Disabilities
  - Autism
  - Speech Disorders/Language Delays
- Disruptive Behaviors
  - Attention Deficit Disorder

## IX. Treatment

- Local
- State
- Federal

## Resiliency in Families and Children

It is the goal of this parent handbook to promote resiliency.

- In order to accomplish this, we need to be able to assess each family for the traits that promote or inhibit *resiliency*.
- More importantly, we need to know how to help these families to maintain or obtain their ability to “*bounce back*”.
- This will accomplish this through “*They’re Your Children...Be Their Parents*”.

APPENDIX B

COMMUNITY HEALTHCARE INITIATIVE REQUEST FOR HELP  
AND FEEDBACK

## COMMUNITY HEALTHCARE INITIATIVE OF THE MAHONING VALLEY

**THEY'RE YOUR CHILDREN...BE THEIR PARENTS**  
**A Handbook for Parents**

The Community Healthcare Initiative of the Mahoning Valley consists of a number of private, non-profit community mental health and substance abuser provider organizations. Our goal is to develop and distribute a handbook (free) for parents that will give them useful information about some of the more difficult and troubling aspects of childrearing as well as guidance and suggestions on how to handle these issues. The trouble is that we, as behavioral healthcare professionals, are trying to guess what problems are causing concern for parents and we are also trying to write the material in a way that is relatively free of jargon: that's a difficult task for us!!

We are asking for your help. Please read as much of this material as you can. It is still not complete and is in DRAFT form. The Table of Contents lists all the proposed topics. We would particularly like your reactions and response to:

1. Are these, in fact, the issues and concerns that are sources of major concerns to most parents today? Are we talking about the "right" things?
2. Have we written the material in a way that you can understand it, or is it too "wordy" or too much professional jargon? Have we given too much info or not enough?
3. Does the material presented make sense to you? Do you find the suggestions and ideas to be useful or "on target" or are they excessively academic or unrealistic?

We are taking this opportunity to do a "reality check" before we go any further. If this material does not make sense to you, it's not going to make sense to other parents! If, on the other hand, we are pretty much on target, we will proceed.

After reading the material, please call or write to me with your reactions. Can also contact me via the Internet. I will pass on your response to the author of the material. Thanks for your help.

Al Beynon, President & CEO  
Valley Counseling Services, Inc.  
150 E. Market St  
Warren, OH 44481  
Phone: 330/394-6244  
E-mail: AWBeynon@vcsinc.org

**Hotmail**<sup>®</sup> [ldolakrt@hotmail.com](mailto:ldolakrt@hotmail.com)**Inbox** | **Previous Page**

**From :** "Al Beynon" <AWBeynon@vcsinc.org>  
**To :** "Linda Dolak" <ldolakrt@hotmail.com>  
**CC :** "Doug Wentz" <doug@ohioteeninstitute.com>, "Al Beynon" <awbeynon@vcsinc.org>  
**Subject :** Parent Handbook  
**Date :** Tue, 23 Jul 2002 09:29:52 -0400

Linda,

I just rec'd my first telephone call feedback on our Parent Handbook. The woman who called was Donna Alcorn from Child Rehab Center in Howland. Her staff reviewed it and also have 5 parents looking at it, with comments in writing within the next week.

Donna was very positive. Called it "very impressisve!" Thought any parent would find it useful. She noted 3 gaps in material (1. substance abuse, 2. children with special needs, and 3. treatment resources). I directed her to the Table of Contents and that those were planned topics. She was pleased. She asked for the opportunity to review the Draft on Special Needs Kids as that is their business, which could be a helpful source of accurate material for you.

I haven't finished my complete read and mark-up yet. Will try to finish today and get it in the mail to you. Just thought you might like to hear some outside feedback.

Al



**Hotmail**® [ldolakrt@hotmail.com](mailto:ldolakrt@hotmail.com)111  
Inbox | [Previous Page](#)

---

**From :** "Joe Shorokey" <[joes@dandecenter.com](mailto:joes@dandecenter.com)>  
**Reply-To :** <[joes@dandecenter.com](mailto:joes@dandecenter.com)>  
**To :** <[Lcdolak@cc.ysu.edu](mailto:Lcdolak@cc.ysu.edu)>  
**Subject :** "Bullying"  
**Date :** Fri, 4 Oct 2002 09:47:35 -0400

Hi Linda,

It's been awhile since I've been able to come to a HealthCare Initiative Meeting due to a string of scheduling conflicts, so I hope you remember me. The reason I'm writing is that I sit on a regional state committee that focuses on school based mental health services. The name of the committee is the "North Central Action Network". At our most recent meeting, there was discussion about the need for our region to submit an article to the statewide committee's newsletter in June, 2003. Our topic is bullying. While I didn't mention it at the meeting, I thought about your chapter on bullying because it was well written. I'm wondering how you would feel about me submitting it to our regional committee at our December meeting for their consideration. Please let me know your thoughts and feel free to decline if you would like. The thought just came to me during our meeting and I thought I would give you the opportunity to share your work. Keep up the good work!

Joe Shorokey  
Outpatient Director  
D&E Counseling Center

APPENDIX C

LETTERS FROM MENTAL HEALTH AND SUBSTANCE ABUSE  
SUBCOMMITTEE MEMBERS



# Valley Counseling Services

*Recovery... For a Better Tomorrow.*

Alvin W. Beynon, LISW  
President and CEO

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October 21, 2002

Linda C. Dolak  
8476 Morningside Drive  
Poland, OH 44514

RE: "They're Your Children, Be Their Parents"

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Dear Ms. Dolak:

I am writing to express my appreciation for your accomplishment in the completion of your parent handbook entitled "They're Your Children, Be Their Parents."

Having worked with you on the project for the last year, I am aware of your efforts to get feedback and critical reviews on each section, and your efforts to make sure that the text was understandable and useful to the "average" parent. I have shared your work with several people within the Trumbull County Family and Children First Council, including several parents. All of them were most appreciative of your effort and agreed with the value and need for such a handbook. Several professionals in the Council were also informed of the project and agreed with the need. I have also shared it with my professional staff at Valley Counseling Services and have gotten useful, positive feedback.

Parents are confronted with a variety of problems, questions, and concerns as they struggle with the task of raising their children, and they are faced with making decisions about a wide range of often conflicting advice and suggestions. You managed to pull all of that together in a single source book with a single, clear message that is consistent from topic to topic.

I congratulate and thank you for your hard work and your accomplishment. I have enjoyed working with you throughout the process.

Sincerely,

  
Alvin W. Beynon, LISW  
President & CEO

The GM logo consists of the letters "GM" in a bold, white, sans-serif font, centered within a solid black square.

October 24, 2002

Dear Linda Dolak,

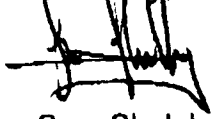
I have had the opportunity to review many of the chapters that you wrote to develop the Mental Health & Substance Abuse (MH & SA) Standardized Parent Manual for the Tri-County residents of North East Ohio. I found the material to be extremely helpful in education and prevention, well focused on best practice models and entirely supportive of the MH & SA Workgroup Mission.

I want to thank you for your diligent efforts to research the topics, collect the data, share the material with workgroup and incorporate the suggested changes into the manual.

I believe that this product will increase the community's understanding of mental illness and the promotion of mentally healthy lifestyles. This should be a win-win for the parents, children and all the residents of the Tri-County area.

Your continued efforts and support is crucial to the success of this project. Ken Senter and Nick Border, UAW/IUE Community Initiatives Directors, join me in sending you our gratitude and thanks.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Shalaby", with a horizontal line drawn through the middle of the signature.

Sam Shalaby  
GM's Director of Community Healthcare Initiatives

**UAW-GM-IUE  
COMMUNITY HEALTH CARE INITIATIVE  
258 E. Market St., Suite C  
Warren, Ohio 44481**

October 28, 2002

Dear Linda,

I have reviewed and had the opportunity to share the Parenting Guide with others. I would like to offer the following comments as a validation of the expert and professional accomplishment of the project.

From Grace Brackin, Work/Family Representative, UAW Local 1714: I found the work to be helpful, factual and easy to read. I would use it in the course of my duties representing the people I service.

From Helena Senter, parent: The material was concise and easy to follow. I would like to see something on body image included.

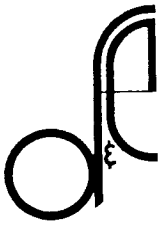
Finally, let me say that I had my doubts when the project started and thankfully have been proven wrong. The product is awe-inspiring and hopefully is what the County(s) Leadership was looking for when launching the idea. It is a well-designed product and I hope the experts in the field will get a lot of mileage from the effort.

Thank you,



Ken Senter

UAW, Community Initiative Director



# D & E COUNSELING CENTER

*"The Youth and Family Specialists"*

116

GREGORY CVETKOVIC, M.A.  
Executive Director

HARVEY KAYNE, Ph.D.  
Clinical Director

WILLIAM P. FIKTER, M.D.  
Medical Director

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## CCREDITED/CERTIFIED BY

Ohio Department of Mental Health

October 28, 2002

Linda Dolak  
8476 Morningside Dr.  
Poland, Ohio 44514

Dear Linda:


I would like to take this opportunity to thank you for your hard work in developing the handbook for the Community Healthcare Initiative of Mahoning Valley. As a provider of mental health services to children, adolescents, and families I have found the topics covered in "They're Your Children...Be Their Parents; A Handbook For Parents" to be well written, well researched and functional.

Staff at our Center who have read drafts of sections to be included in the Handbook have found the information to be a great resource for parents. The Handbook appears to be a very nice summary of social, mental health, substance abuse, and other issues that are very relevant to today's families.

As a member of the North Central Action Network, a sub-group of the Ohio Mental Health Network for School Success, I can also say that our group is quite interested in your chapter on "Bullying". It is one of several "articles" that the group is considering for it's statewide newsletter in the spring on this topic.

Thanks again for your efforts and we are looking forward to the final document being available to the parents of Mahoning Valley.

Sincerely,

  
Joe Shorokey, LPCC  
Outpatient Director

## SUPPORTED BY

- Mahoning County Mental Health Board
- Mahoning County Alcohol and Drug Addiction Services Board
- Children's Circle of Friends Foundation

November 07, 2002

Linda Dolak  
8476 Morningside Drive  
Poland, Ohio 44514

Re: "They're Your Children, Be Their Parents"

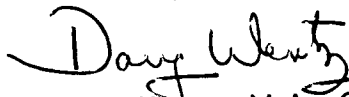
Dear Linda,

I am writing to you to express my gratitude for your amazing efforts on behalf of the GM/UAW/IUE Community Health Intuitive. It has been a formidable challenge to create a standardized mental health and substance abuse education and prevention program for the residents of Mahoning, Trumbull and Columbiana Counties. I believe that the parent handbook "They're Your Children, Be Their Parents", which you have so competently and diligently created, will be a great asset in support of that intuitive.

You have done an excellent job of researching and laying out the topics that our committee has worked with you on. Standardizing the format for each topic and making it readable for parents has been a real accomplishment. I have shared your work with Rachilla Basista from the Mahoning County Family and Children First Council and she has committed a portion of her budget for printing and distribution. I recently provided Erica Brown M.S. Ed., LPCC the Executive Director of ACLD with a copy of the chapter on ADHD and she edited and commented on it. I am enclosing hard copy of her work.

I offer my sincere thanks and congratulate you for your exemplary work. I also look forward to working with you in the future.

Sincerely,



Doug Wentz M.A., OCPS II  
Community Services Director





## Columbiana County Mental Health and Recovery Services Board

Patricia A. Baumgarner  
*Executive Director*

November 8, 2002

Linda C. Dolak  
8476 Morningside Dr.  
Poland, OH 44514

RE: "They're Your Children,  
Be Their Parents"

Dear Ms. Dolak:

Please accept my appreciation for the fine work you have done over the last year in the development of the parent handbook, "They're Your Children, Be Their Parents".

Your work has successfully integrated the input of parents and professionals into a practical guide for parenting in the 21<sup>st</sup> century. Your research and writing has brought the best practices and current knowledge into an easily understood format for parents. I appreciate the many efforts you made to re-think and revise the handbook, based on a wide variety of suggestions and critique from many individuals.

Thank you for your inclusiveness, willingness to partner with a diverse interest group, and dedication to completing a useful resource for parents.

Sincerely,

A handwritten signature in cursive script that reads "Jean M. McQuilkin".

Jean M. McQuilkin, Director  
Youth Services and Management Planning

c: Board file





Ken Lloyd, *President*  
 Dr. John D. Robertson,  
*Chairman, Board of Trustees*

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 Fax (330) 394-8163  
 TTY (330) 394-7612  
 CONTACT 24 hours  
 (330) 393-1565

November 8, 2002

Linda C. Dolak  
 8476 Morningside Drive  
 Poland, Ohio 44514

Dear Ms. Dolak:

I am writing this letter to share some reactions to your book "They're Your Children, Be Their Parents". Several parents from the Trumbull County Children and Family First Council were given a rough draft of your book and the following are their comments:

**A parent and early intervention specialist** – "Overall I feel this handbook has been put together very well. A lot of very important topics are addressed that concern all families. The handbook was fairly "reader friendly some terminology may be difficult."

**A parent and an early intervention professional** – "All the information is accurate and useful. Educated parents would get a lot out of the material. Most likely they would refer to it often."

**A parent representative** – "This is good it gives parents ideas and ways to approach certain situations with their kids."

Linda, I can't tell you how satisfying it is to see this project finally come to fruition after all these years. I admire the way you took charge of the project and persevered despite the difficulties presented by writing a book with not just one editor, but many editor-professionals looking over your shoulder and offering suggestions.

You were always gracious and responsive to the feedback the committee offered most freely. Thank you for your determination and single-minded dedication you gave this project.

Sincerely,

Barbara Kubiak, LSW, OCPS II  
 Prevention Coordinator

*The combined strength of Family Service Association and 2 North Park.*