

S D

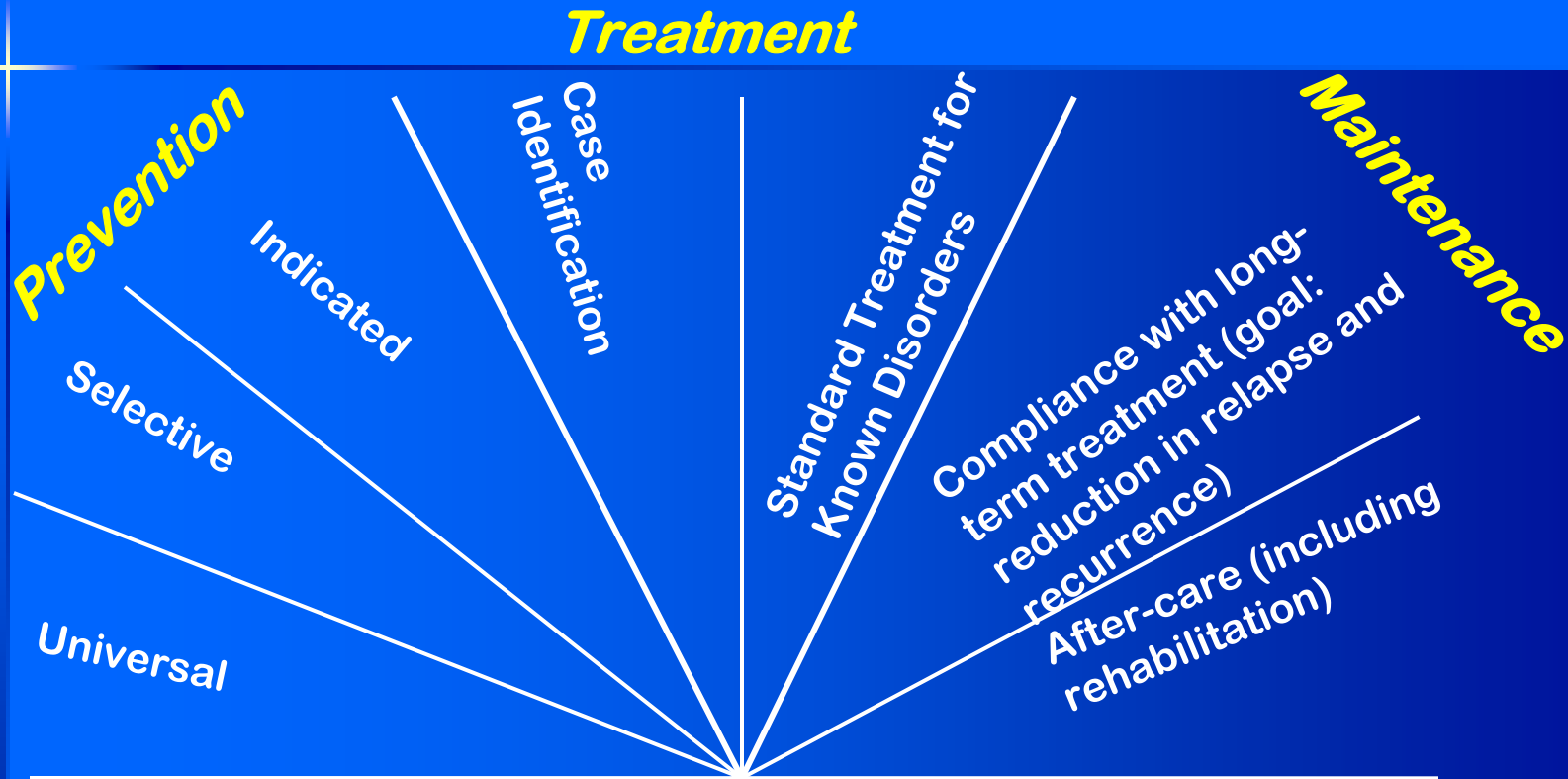
R G

Addictive Behaviors Pro Seminar Lecture
May 7, 2008
University of WA

**Research Advances in Prevention Science:
Children and Adolescents**

Richard F. Catalano, Ph.D
Director
Social Development Research Group
School of Social Work
University of Washington
www.sdrdg.org

Intervention Spectrum



Source: Institute of Medicine (1994). Reducing risks for mental disorders: Frontiers for preventive intervention research. Patricia J. Mrazek & Robert J. Haggerty, Eds. Washington DC: National Academy Press

S D
R G

Prevention Makes Sense!



YOU NEVER KNOW HOW LONG YOU'VE GOT! YOU COULD STEP INTO THE ROAD TOMORROW AND -WHAM- YOU GET HIT BY A CEMENT TRUCK! THEN YOU'D BE SORRY YOU PUT OFF YOUR PLEASURES!

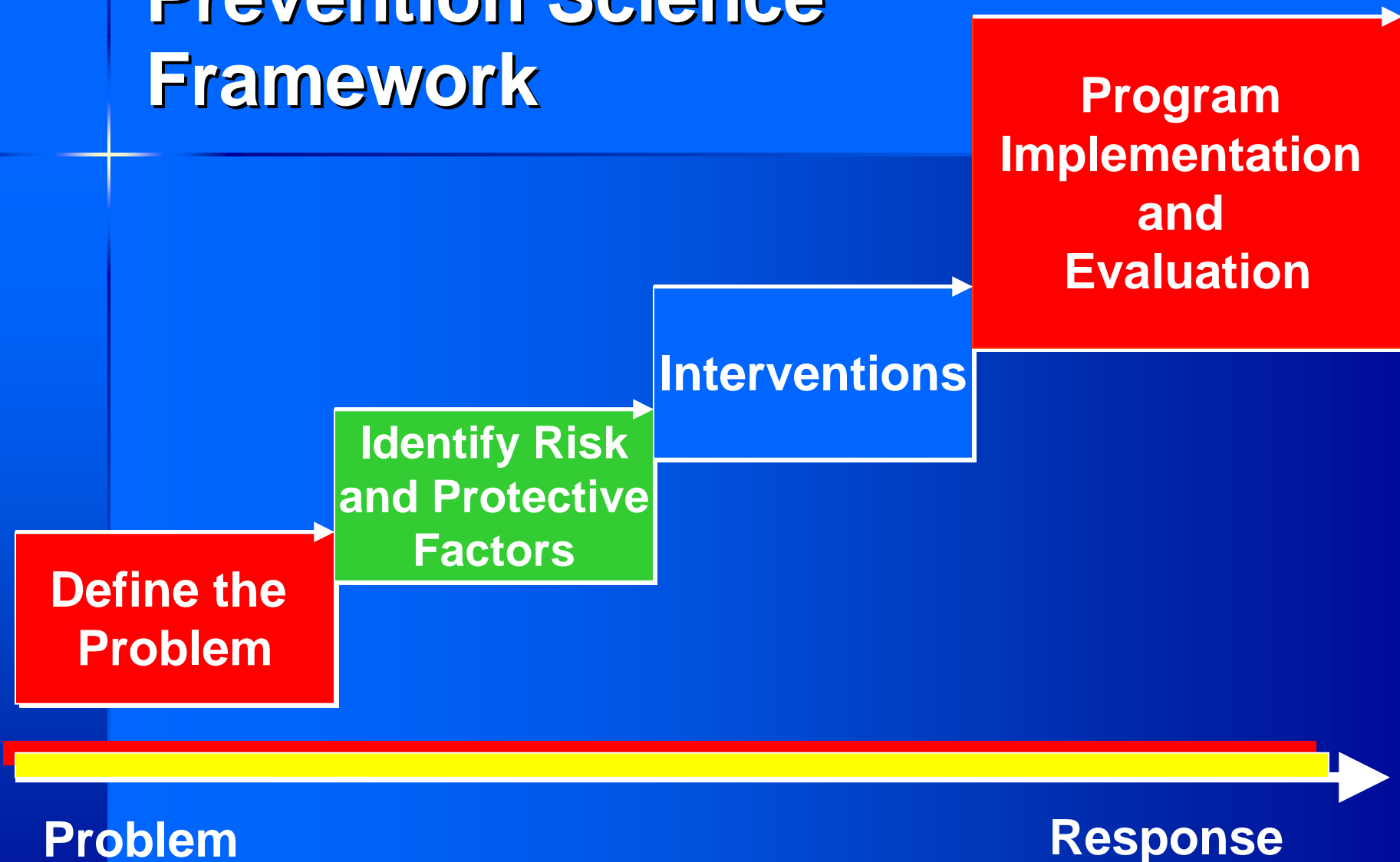


"LOOK DOWN THE ROAD."



S D
R G

Promotion and Prevention Science Framework



Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

Prevention Services Research

- Apply lessons learned about etiology and effective interventions in real world settings.

Research Advances in Prediction

- Longitudinal studies have identified the predictors of substance abuse, violence, and other problem behaviors...
- As well as the predictors of positive outcomes like success in school and work.



Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals of Violence					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	



Risk Factors for Adolescent Problem Behaviors

Risk Factors

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	



Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	



Risk Factors for Adolescent Problem Behaviors

Risk Factors

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Individual/Peer						
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

Protective Factors

Individual Characteristics

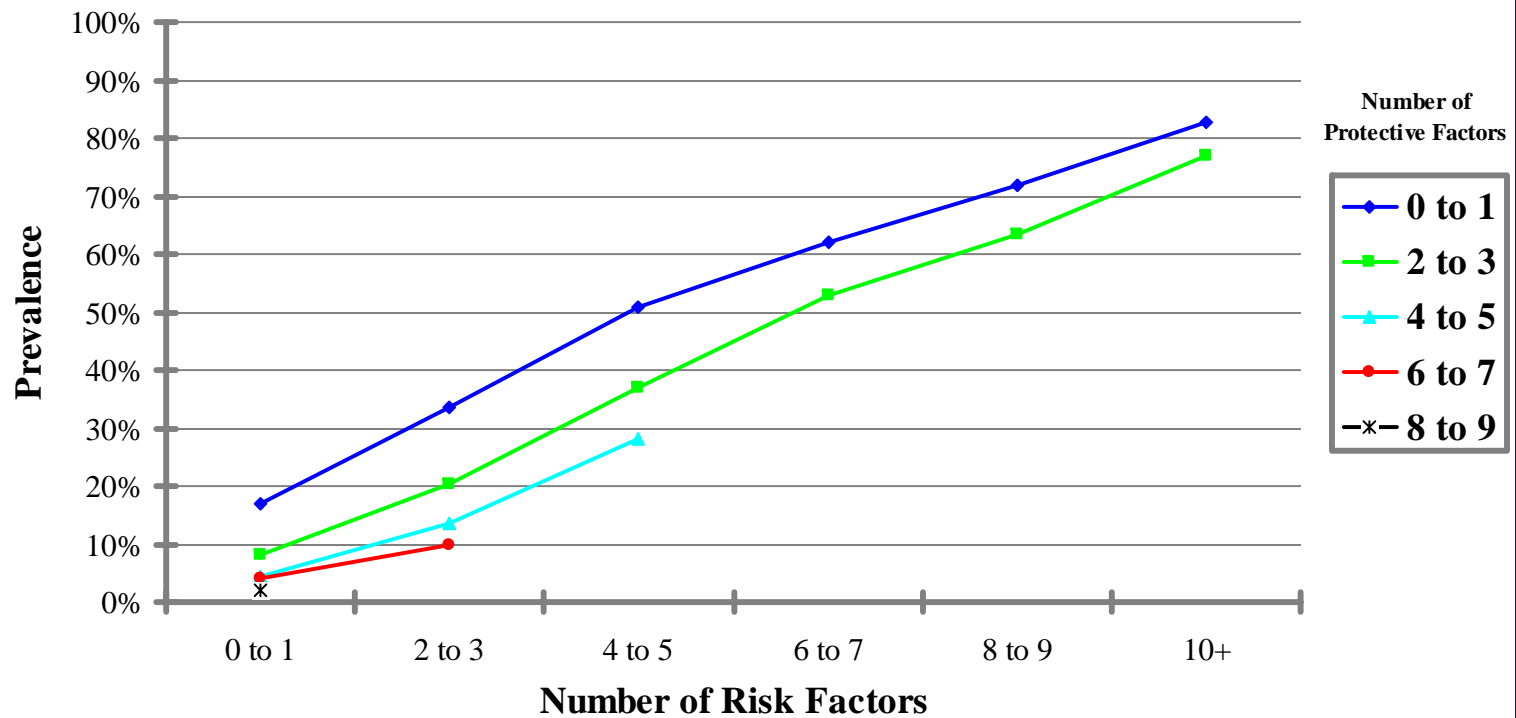
- High Intelligence
- Resilient Temperament
- Competencies and Skills

In each social domain (family, school, peer group and neighborhood)

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards

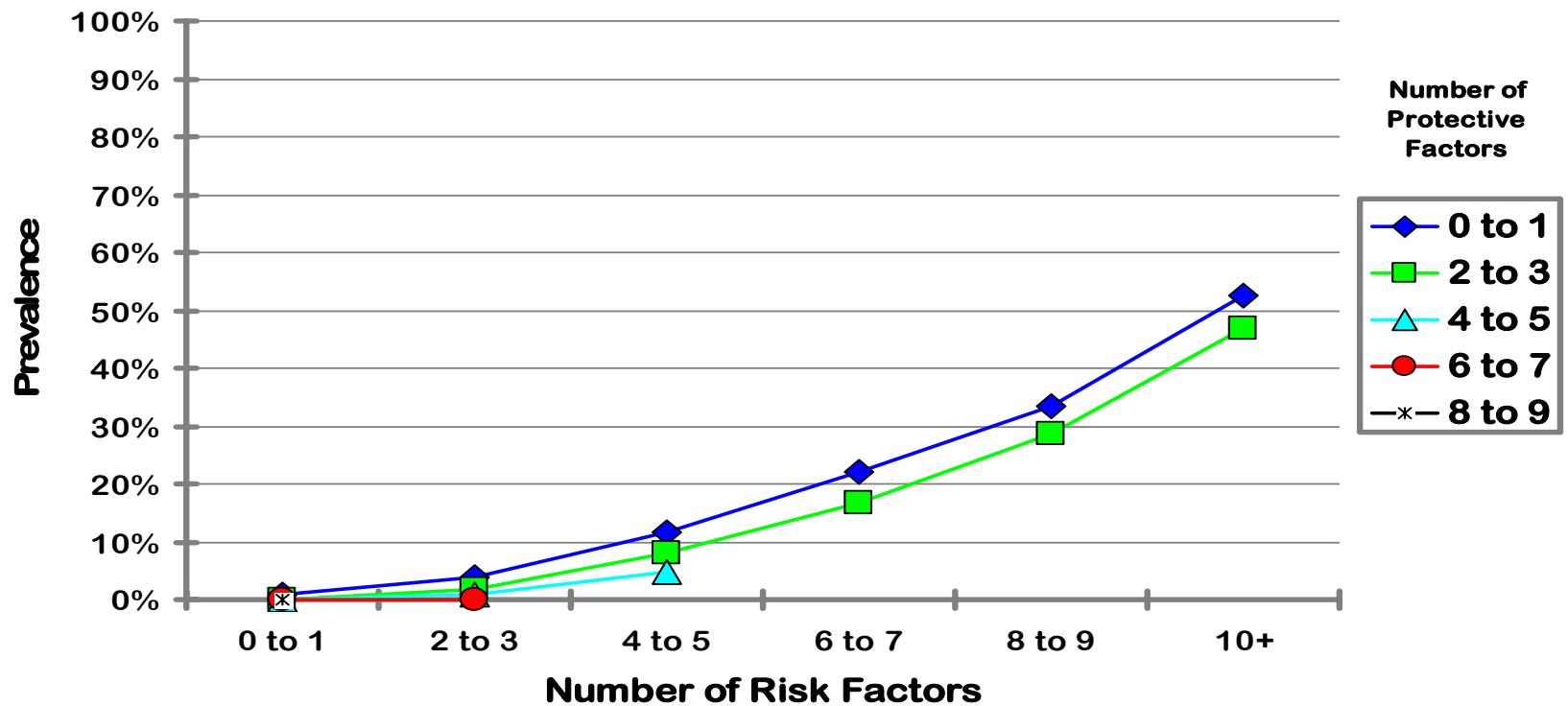
Prevalence of 30 Day Alcohol Use by Number of Risk and Protective Factors

Six State Student Survey of 6th-12th Graders, Public School Students



Prevalence of 30 Day Marijuana Use By Number of Risk and Protective Factors

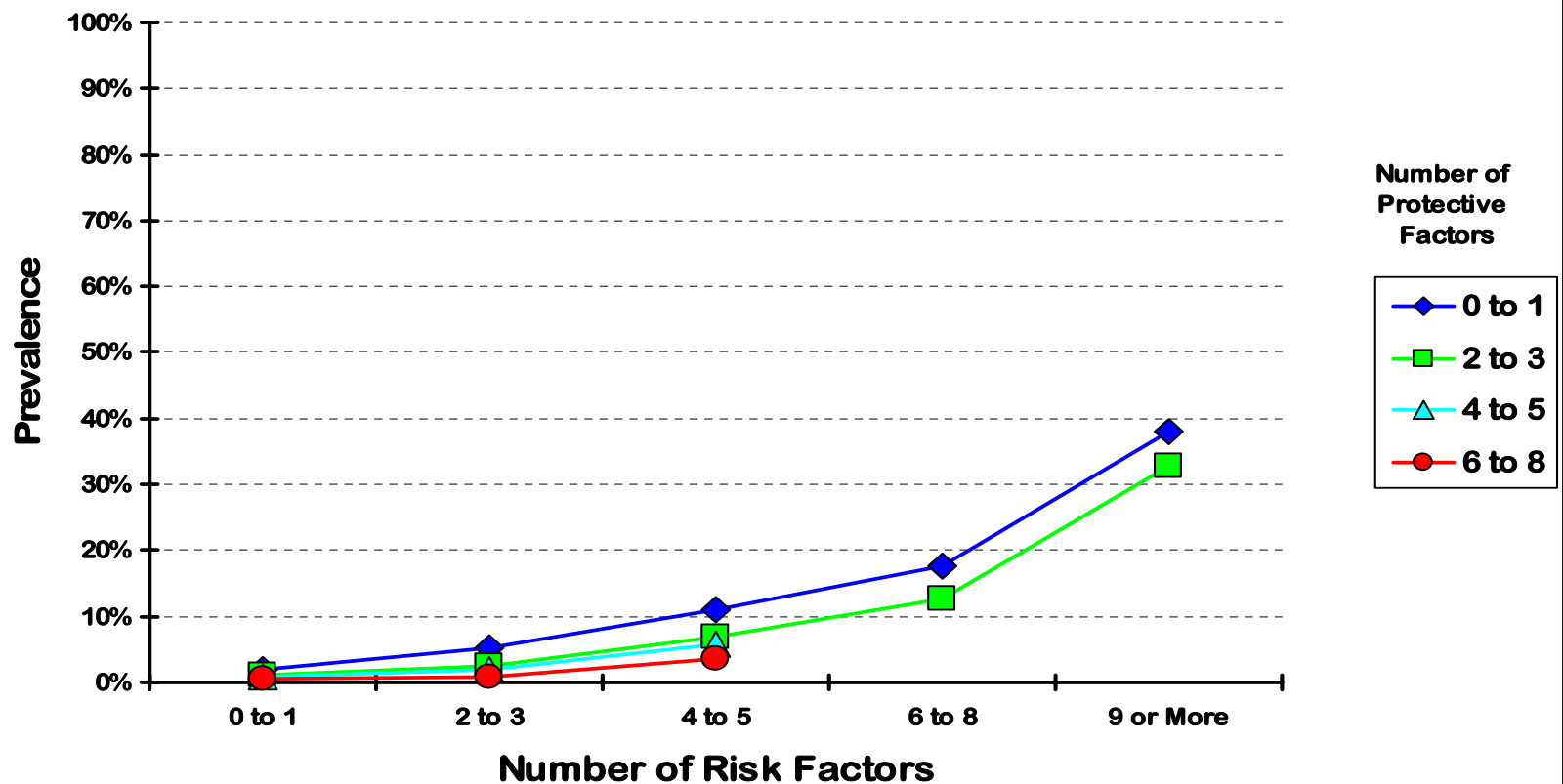
**Six State Student Survey of 6th-12th Graders,
Public School Students**





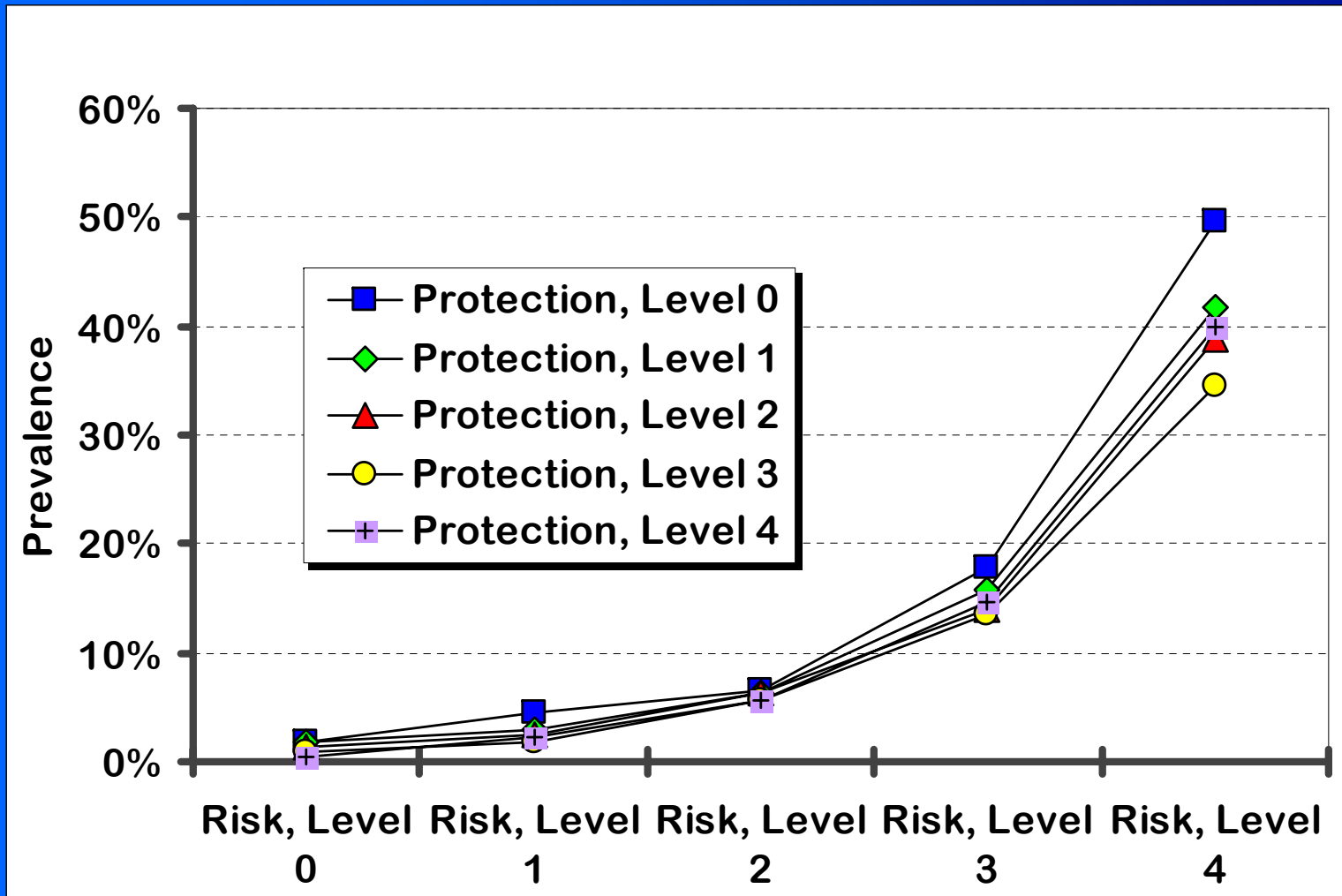
Prevalence of Any Other Illicit Drug Use (Past 30 Days) By Number of Risk and Protective Factors

Six State Student Survey of 6th - 12th Graders,
Public School Students

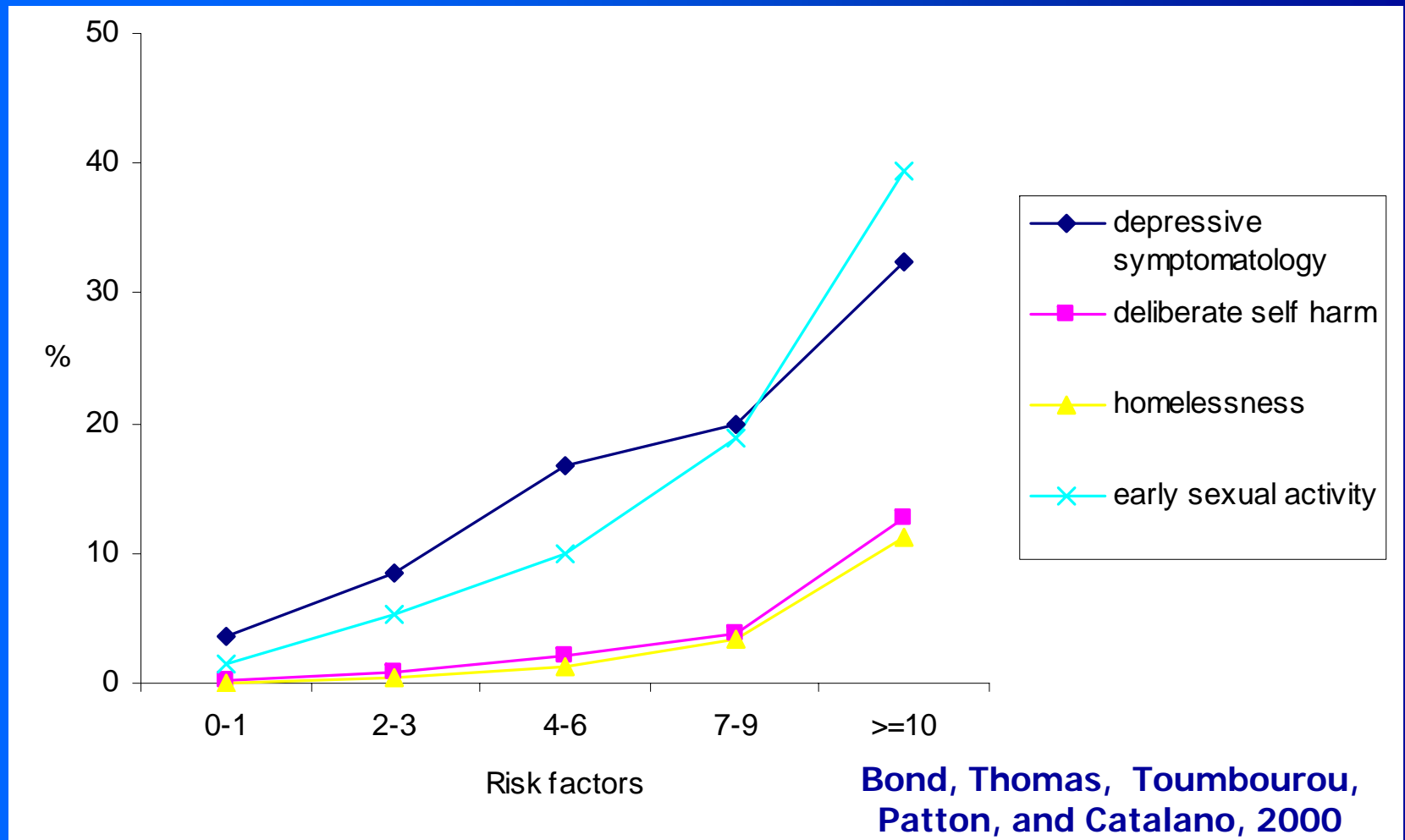




Prevalence of "Attacked to Hurt" By Number of Risk and Protective Factors



Prevalence of Other Problems by Number of Risk Factors



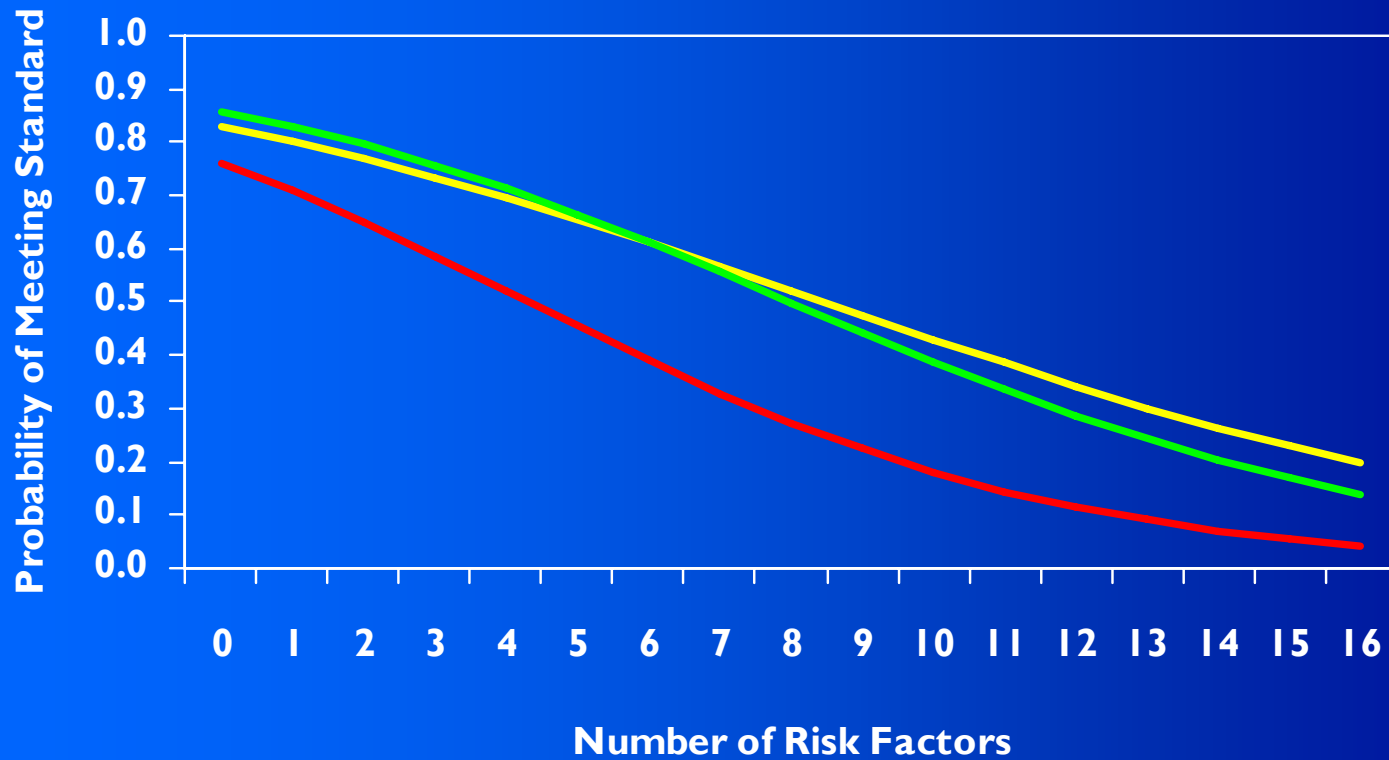
Building Level Exposure to Risk and Protection Predicts Standardized Achievement Test Scores

Washington Assessment of Student Learning (WASL) standardized achievement test scores of the school's 10th grade students

Healthy Youth Survey measures of a school's average number of elevated risk and protective factors among their 10th grade students

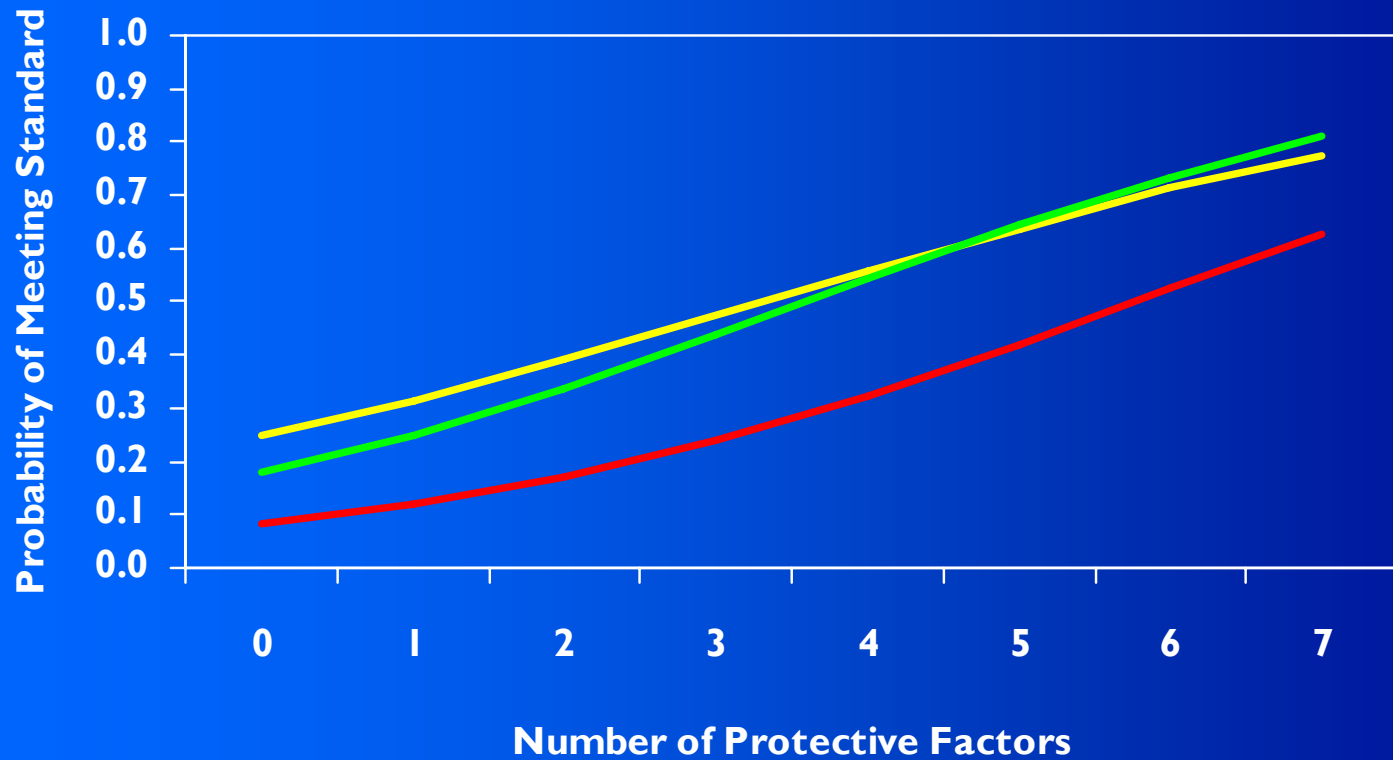
Data on 82,030 students in 423 schools and 156 school districts collected in 2002-03 at the school building level

Number of School Building Risk Factors and Probability of Meeting WASL Standard (10th Grade Students)



— **Math** — **Reading** — **Writing**

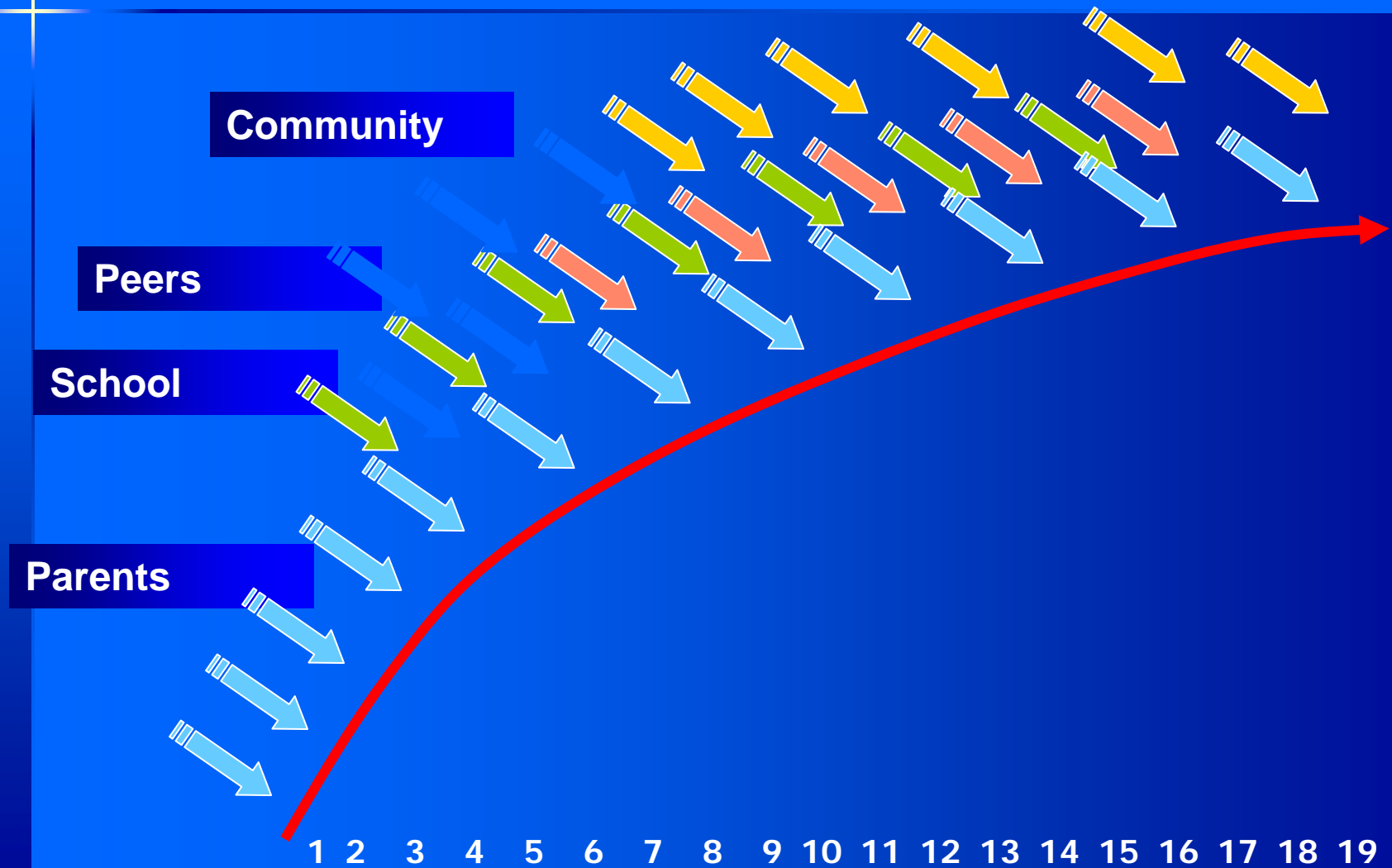
Number of School Building Protective Factors and Probability of Meeting WASL Standard (10th grade students)



— Math — Reading — Writing

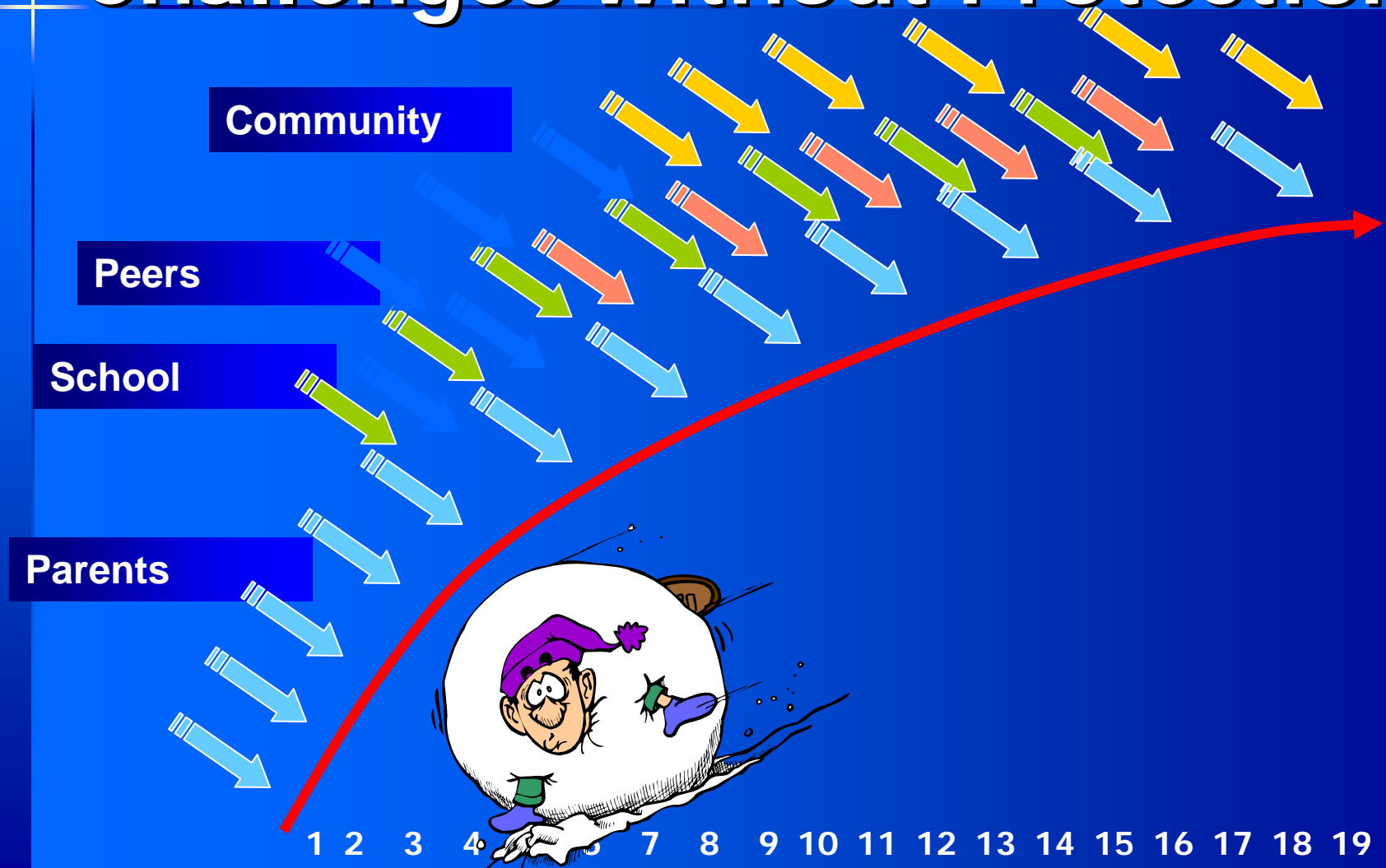
S D
R G

Factors Shaping Child and Adolescent Development



S D
R G

Snowball: Risk Accumulates through Early Developmental Challenges without Protection



S D
R G

Snowstorm: Extended Exposure to Positive Norms and Models of Problem Behavior without Protection

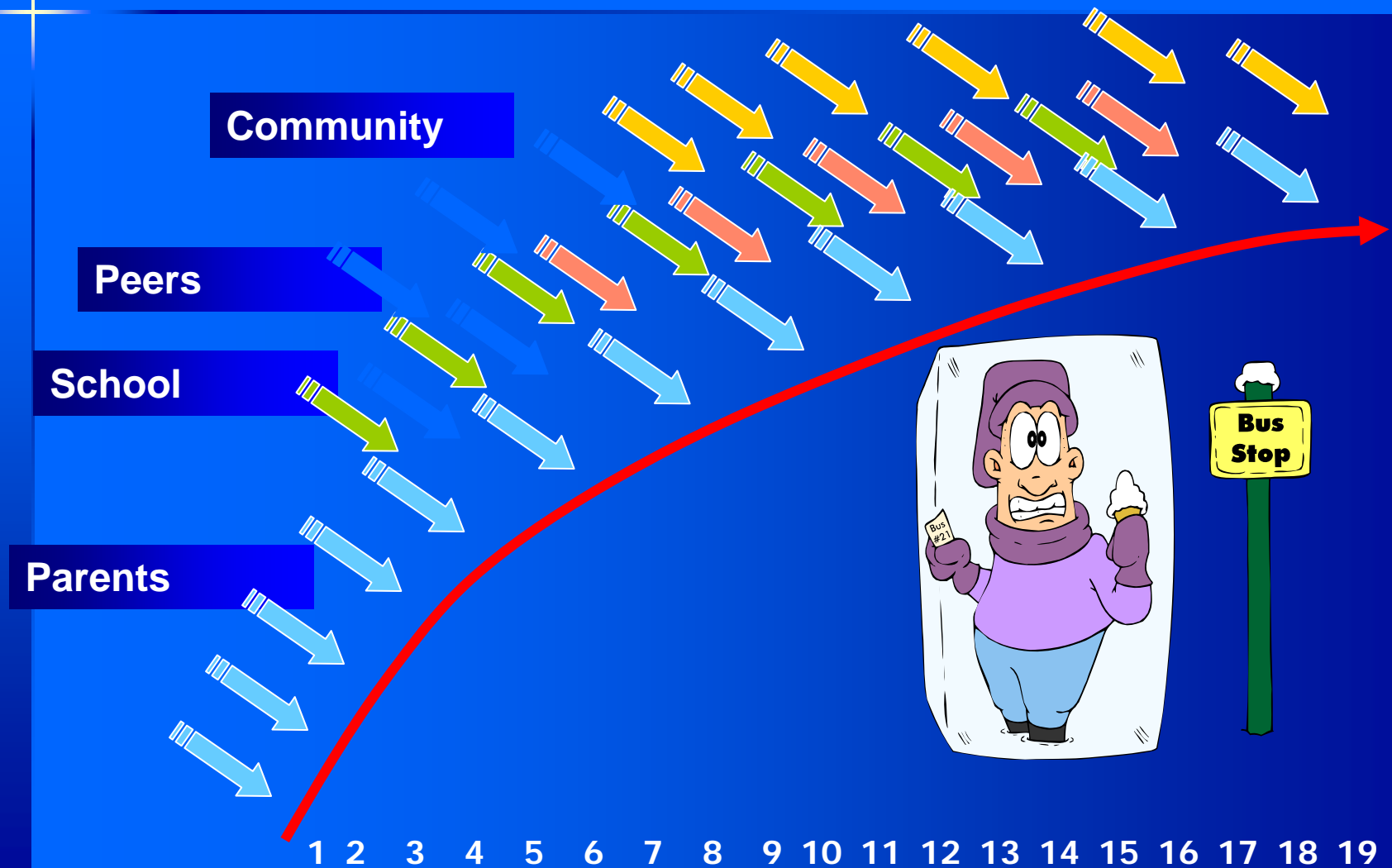
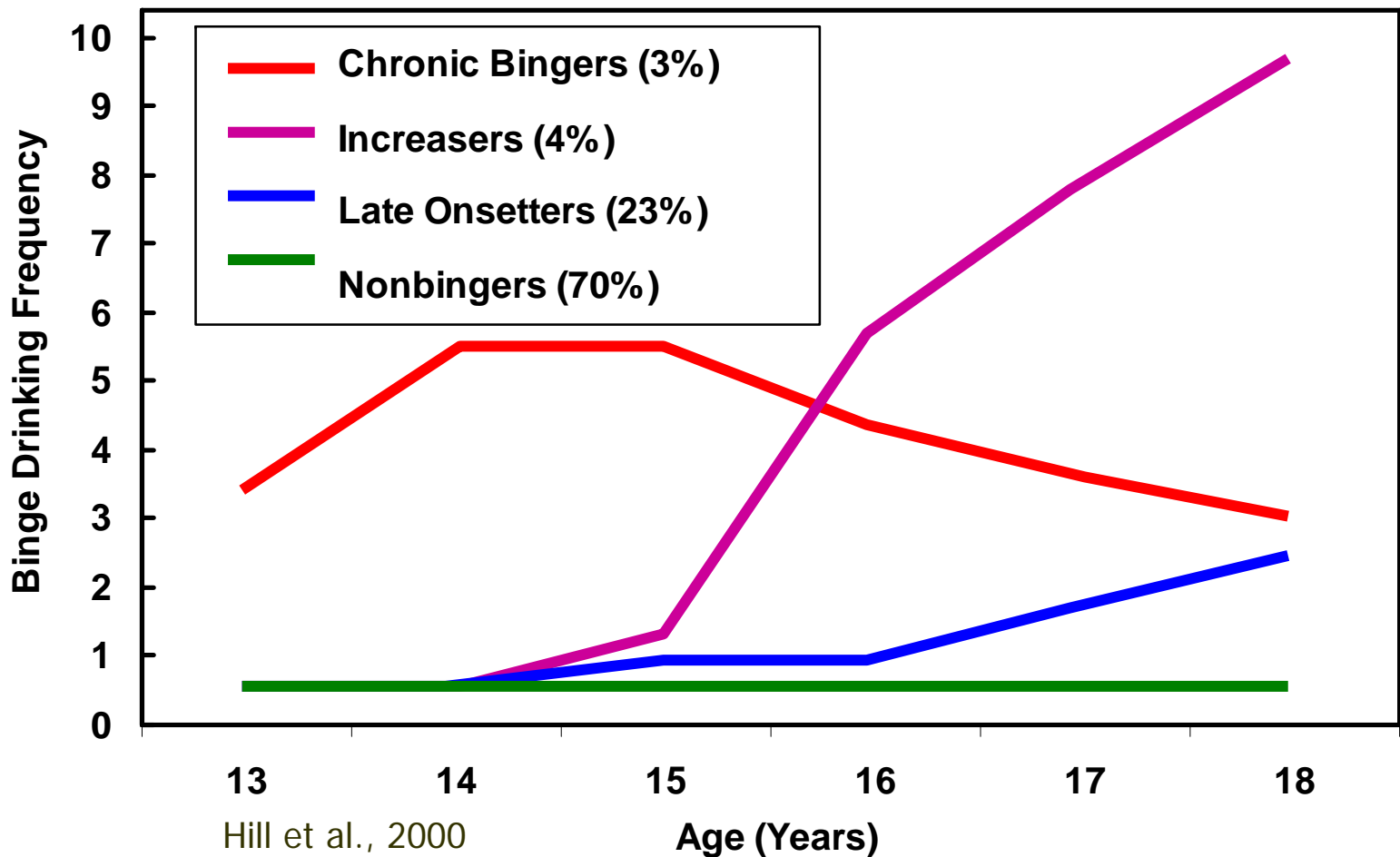


Illustration of Snowball and Snowstorm Patterns of Risk Using Binge Drinking Trajectories



S D

R G

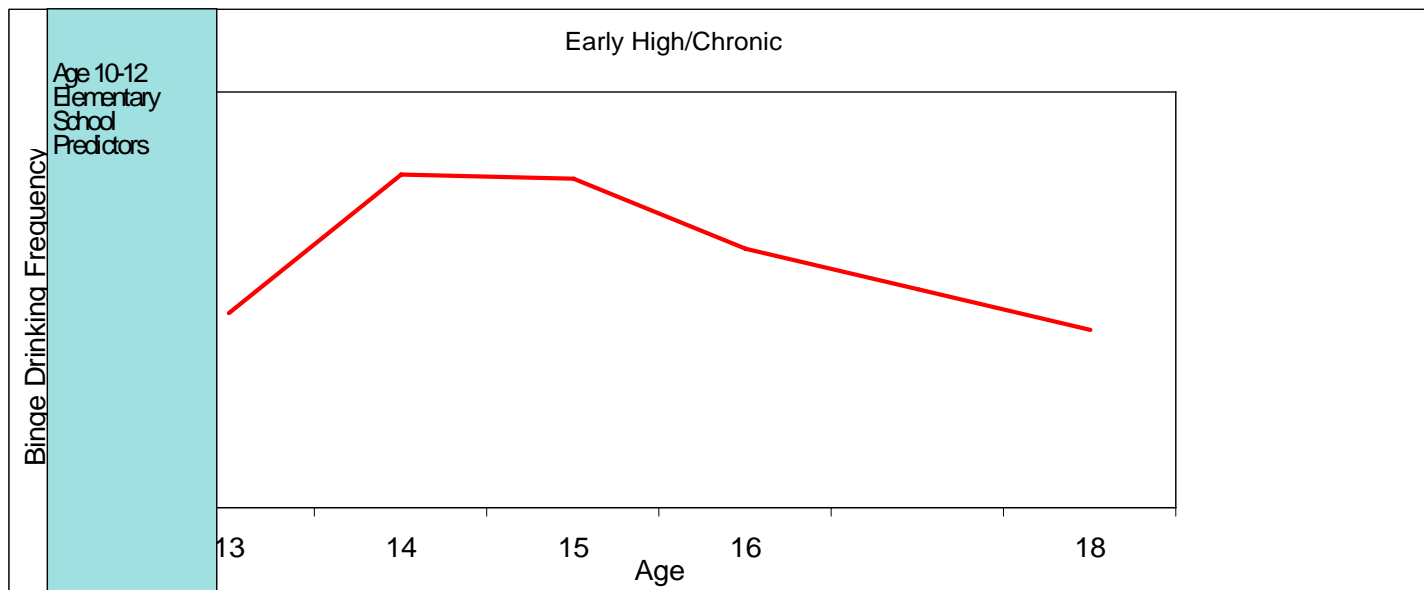
Both Early Chronic Bingers and Increasers had Problems at Age 21

- Early Chronic Bingers fewer completed high school, more were obese, and more had hypertension
- Increasers were more likely to have a diagnosis of alcohol abuse or dependence

S D
R G

What Predicted Being an Early Chronic Binger?

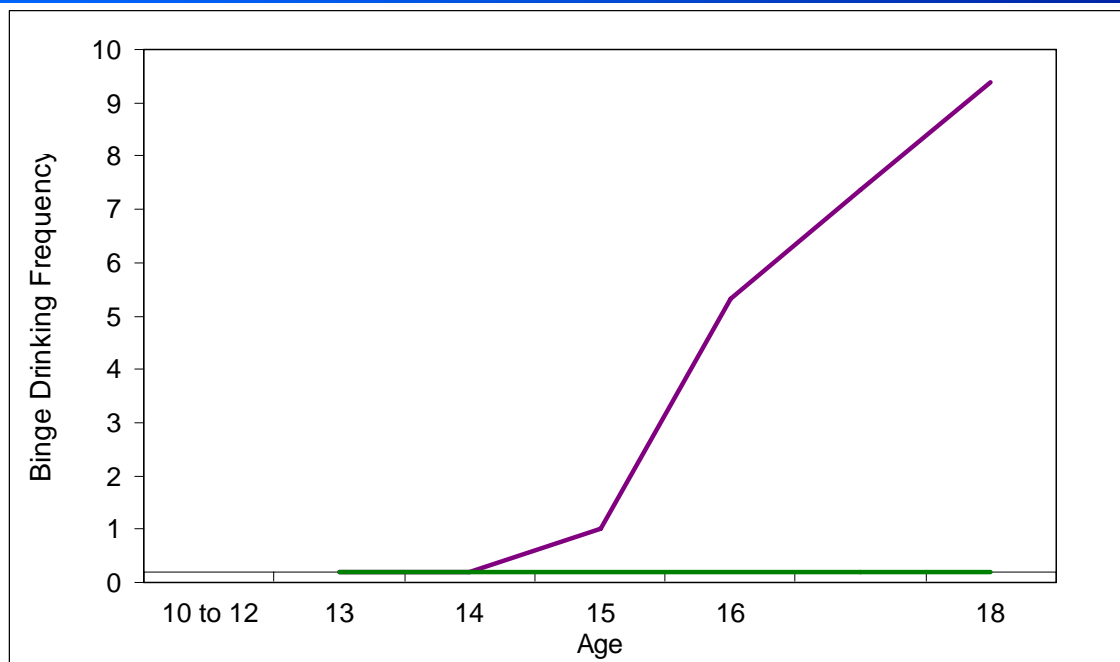
Early Chronic Bingers had Snowball Pattern of Risk
Broad Array of Childhood Predictors (individual, family, school and peer)





What Predicted Being an Increaser type of Binge Drinker?

Increasers had Snowstorm Pattern of Risk-Predictors were Alcohol Availability, Friends Use, Favorable Attitudes



Prevention Implications of Binge Drinking Trajectories

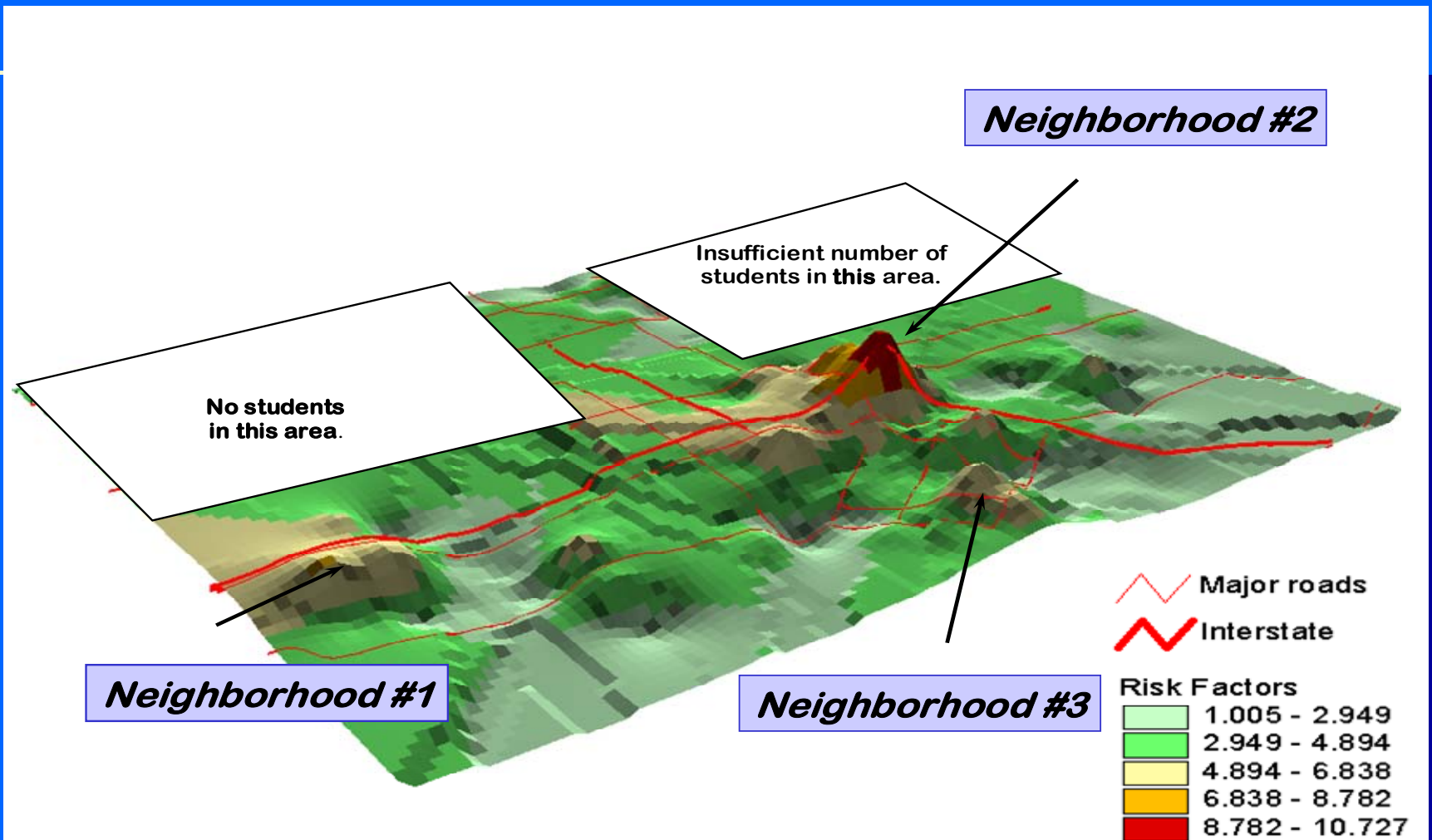
- Both early chronic binge drinkers and increasers had later problems
- Implications of Snowball pattern of risk to prevent early chronic binge drinking
 - Intervene in childhood to reduce risk and enhance protection in multiple domains family, school, peer and individual
- Implications of Snowstorm pattern of risk to prevent increasers' binge drinking
 - Intervene in early adolescence to reduce positive norms and models of drinking and enhance protection

S	D
R	G

Epidemiology

- Different neighborhoods have different profiles of risk, protection, and outcomes.

Distribution of Risk in a City



What We Now Know About Risk and Protective Factors

- Both an individual's level of risk and level of protection make a difference
- Common risk and protective factors predict diverse problems and academic outcomes
- Risk and protective factors show much consistency in effects across diverse groups
- Different factors affect youth as they develop, some are affected by accumulated early challenges (**Snowball**), others by extended exposure to positive norms and models of problems with little protection (**Snowstorm**)
- Different neighborhoods have different levels of risk and protection

Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

Prevention Services Research

- Apply lessons learned about etiology and effective interventions in real world settings

Ineffective Prevention Strategies

Universal Prevention

- Peer counseling, mediation, positive peer culture
- Non-promotion to succeeding grades
- After school activities with limited supervision, programming
- Drug information, fear arousal, moral appeal.
- DARE

Selected, Indicated Prevention

- Gun buyback programs
- Firearm training
- Mandatory gun ownership
- Redirecting youth behavior
- Shifting peer group norms
- Neighborhood Watch

Wide Ranging Approaches Have Been Found To Be Effective

1. Prenatal & Infancy Programs
2. Early Childhood Education
3. Parent Training
4. After-school Recreation
5. Mentoring with Contingent Reinforcement
6. Youth Employment with Education
7. Organizational Change in Schools
8. Classroom Organization, Management, and Instructional Strategies
9. School Behavior Management Strategies
10. Classroom Curricula for Social Competence Promotion
11. Community & School Policies
12. Community Mobilization

S D
R G

Benefits and Costs of Prevention and Early Intervention Programs for Youth

Steve Aos, Associate Director

Washington State Institute for Public Policy

Phone: (360) 586-2768

E-mail: saos@wsipp.wa.gov

Institute Publications: www.wa.gov/wsipp

Selected Findings

Summary of Benefits and Costs (2003 Dollars)			
Dollars Per Youth (PV)	Benefits	Costs	B - C
<u>Early Childhood Education</u>	\$17,202	\$7,301	\$9,901

Over 30 well-researched studies, mostly of programs for 3 & 4 year olds from low income families.

Key findings:

- improved education outcomes,
 - increased high school graduation
 - higher test scores
 - lower special education
 - lower grade repetition
- reduced crime,
- reduced child abuse & neglect.

Evidence of decay in early test score outcomes, but still statistically significant by high school graduation.

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
<u>Nurse Family Partnership</u>	\$26,298	\$9,118	\$17,180

A home visitation program, with active nationwide dissemination. NFP is delivered by nurses and is for low income, soon-to-be first time mothers.

Evidence of:

- reduced crime for mothers and children,
- reduced child abuse & neglect,
- improved education outcomes.

Website: www.nursefamilypartnership.org/

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
<u>Life Skills Training</u>	\$746	\$29	\$717

A three-year program for middle school youth designed to prevent tobacco, alcohol, and marijuana use. Delivered by classroom teachers.

Key findings: Delayed initiation of

- tobacco,
- alcohol,
- illicit drugs.

Website: www.lifeskillstraining.com/

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
Seattle Soc. Dev. Project	\$14,246	\$4,590	\$9,837

A multi-year grade school and middle school training program for parents (family management training) and teachers (classroom management, interactive teaching) for children with low socioeconomic status.

Evidence of:

- reduced crime,
- increased high school graduation,
- reduced grade repetition

Website: <http://depts.washington.edu/sdrg/>

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
Guiding Good Choices	\$7,605	\$687	\$6,918

A multimedia training program (parenting skills, peer pressure refusal skills for students) implemented with families of middle school children.

Evidence of:

- reduced crime,
- reduced alcohol initiation

Website: www.channing-bete.com/positiveyouth/pages/FTC/FTC-GGC.html

Selected Findings

Summary of Benefits and Costs (2003 Dollars)			
Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
Multi-D Treat. Foster Care	\$26,748	\$2,459	\$24,290

Multidimensional Treatment Foster Care is an alternative to group facilities for youth with chronic & severe criminal behavior. Delivered by trained families, the goal is to return the youth to the family; the primary family also receives therapy.

Evidence of: reduced crime Website: www.oslc.org/

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
Intensive Juv. Supervision	\$0	\$1,482	-\$1,482

We meta-analyzed 19 studies of intensive supervision programs for juvenile offenders.

No statistically significant effect on recidivism rates.

Selected Findings

Summary of Benefits and Costs (2003 Dollars)			
Dollars Per Youth (PV lifecycle)	Benefits	Costs	B - C
Big Brothers/Sisters (all costs)	\$4,058	\$4,010	\$48

Mentoring program. Evidence: increased test scores, delayed alcohol and drug initiation. Website: www.bbbsa.org

Selected Findings

Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV)	Benefits	Costs	B - C
Early Childhood Education	\$17,202	\$7,301	\$9,901
<u>Nurse Family Partnership</u>	\$26,298	\$9,118	\$17,180
<u>Life Skills Training</u>	\$746	\$29	\$717
<u>Seattle Soc. Dev. Project</u>	\$14,246	\$4,590	\$9,837
<u>Guiding Good Choices</u>	\$7,605	\$687	\$6,918
<u>Multi-D Treat. Foster Care</u>	\$26,748	\$2,459	\$24,290
<u>Intensive Juv. Supervision</u>	\$0	\$1,482	-\$1,482
<u>Big Brothers/Sisters</u> (all costs	\$4,058	\$4,010	\$48
(taxpayer costs only)	\$4,058	\$1,283	\$2,775

S D

R G

Developmental Prevention: An Example

Seattle Social Development Project
in Seattle Public Schools



Seattle Social Development Project (SSDP)

Investigators:

J. David Hawkins, Ph.D.

Richard F. Catalano, Ph.D.

Karl G. Hill, Ph.D.

Richard Kosterman, Ph.D.

Robert Abbott, Ph.D.

Social Development Research Group

School of Social Work

University of Washington

9725 3rd Avenue NE, Suite 401

Seattle, Washington 98115

Funded by:

*National Institute on Drug Abuse, National Institute on Mental Health,
Office of Juvenile Justice and Delinquency Prevention, Robert Wood
Johnson Foundation*

SSDP: Intervention Components

- Component One: *Teacher Training in Classroom Instruction and Management*
- Component Two: *Parent Training in Behavior Management and Academic Support*
- Component Three: *Child Social and Emotional Skill Development*

Teacher Education

Proactive classroom management (grades 1-6)

- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

Interactive teaching (grades 1-6)

- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary

Cooperative learning (grades 1-6)

- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance

Parent Education

Raising Healthy Children (grades 1-2)

- **Observe and pinpoint desirable and undesirable child behaviors**
- **Teach expectations for behaviors**
- **Provide consistent positive reinforcement for desired behavior**
- **Provide consistent and moderate consequences for undesired behaviors**

Supporting School Success (grades 2-3)

- **Initiate conversation with teachers about children's learning**
- **Help children develop reading and math skills**
- **Create a home environment supportive of learning**

Guiding Good Choices (grades 5-6)

- **Establish a family policy on drug use**
- **Practice refusal skills with children**
- **Use self-control skills to reduce family conflict**
- **Create new opportunities in the family for children to contribute and learn**



Social, Cognitive and Emotional Skills Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills



Support Structures

■ School Staff

- 5 days of teacher training
- Coaching by teacher trainer
- Principal support

■ Family

- Training in each parenting curriculum
- Family support coordinator



SSDP Design

- Initiated in 1981 in 8 Seattle elementary schools.
- Expanded in 1985, to include 18 Seattle elementary schools to add a late intervention condition and additional control students.
- **Quasi-experimental study**

Full treatment (grades 1-6) = 149

Late treatment (grades 5-6) = 243

Control = 206

S	D
R	G

SSDP Panel Retention

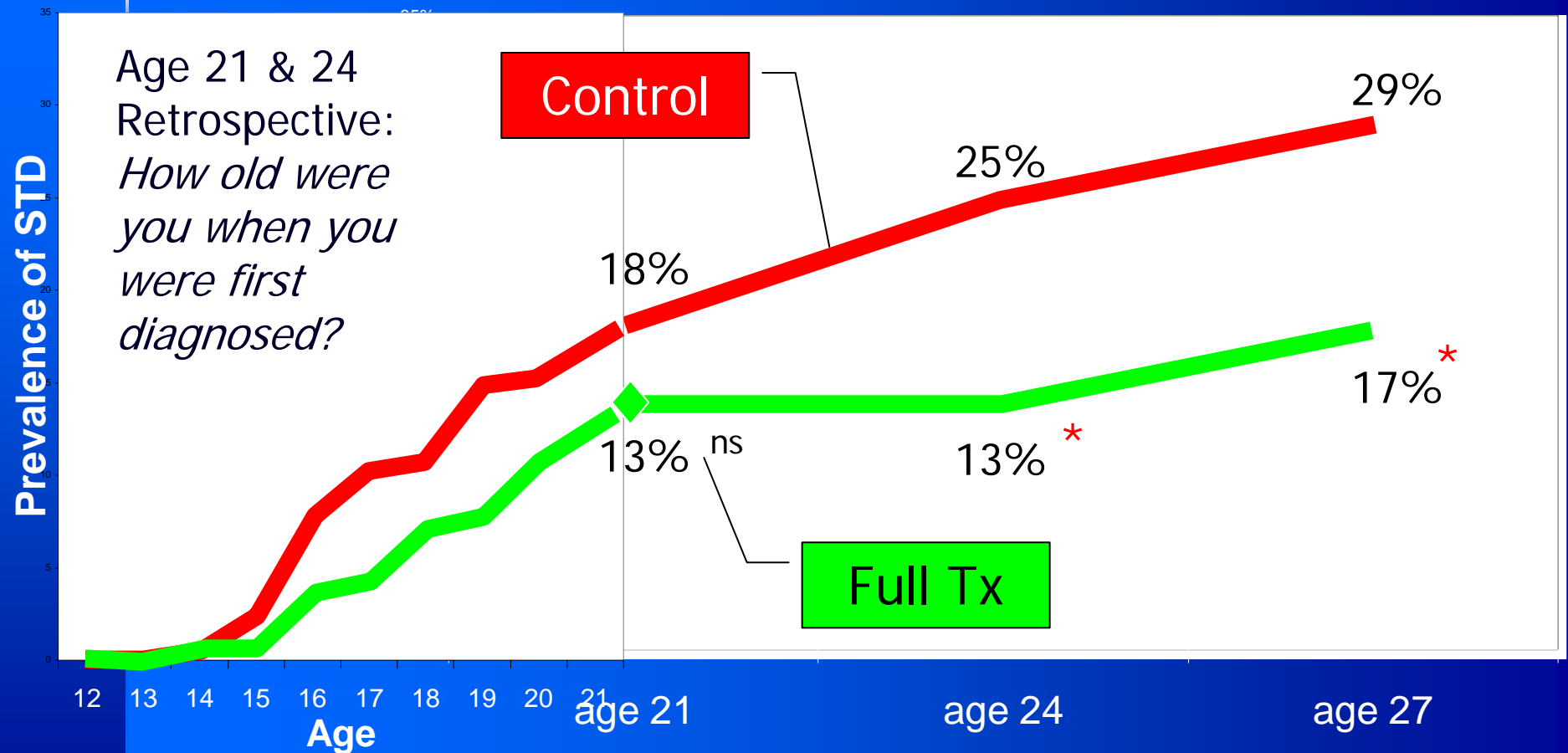
	Elementary			Middle		High			Adult				
MEAN AGE G2	10	11	12	13	14	15	16	(17)	18	21	24	27	30
N	808	703	558	654	778	783	770	--	757	766	752	747	720
%		87%	69%	81%	96%	97%	95%	--	94%	95%	93%	93%	91%

Interview completion rates for the sample have remained above 90% since 1989, when subjects were 14 years old.

SSDP Attrition and Internal Validity at Ages 18 and 21

- No significant differences for those lost to attrition versus those retained with respect to distribution of participants into the intervention conditions at age 18, 21, 24 or 27.
- No significant differences between the intervention and control groups with respect to:
 - Gender, ethnicity, or childhood poverty
 - Mean years living in Seattle by grade 6
 - Mean number of residences lived in from age 5 to 14
 - Proportion of single-parent homes during grade 5
 - Living in a disorganized neighborhood at age 16
 - Family size, mother's education, or age at time of survey at age 21

SSDP Effects at Ages 21, 24 and 27 on Lifetime STI Diagnosis

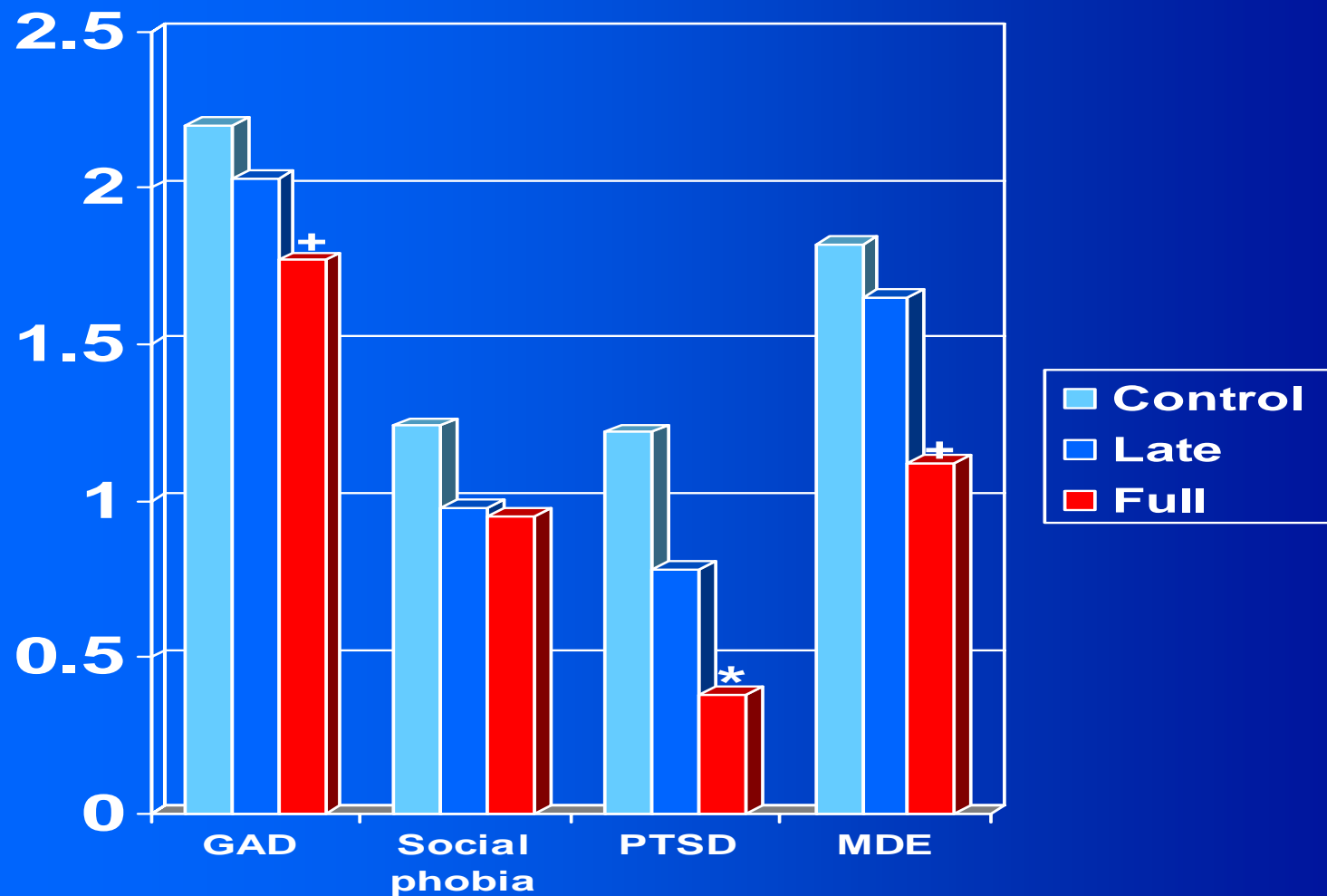


* p < .05

Lonczak, et al. (2002); Hawkins, et al. (in press)

S D
R G

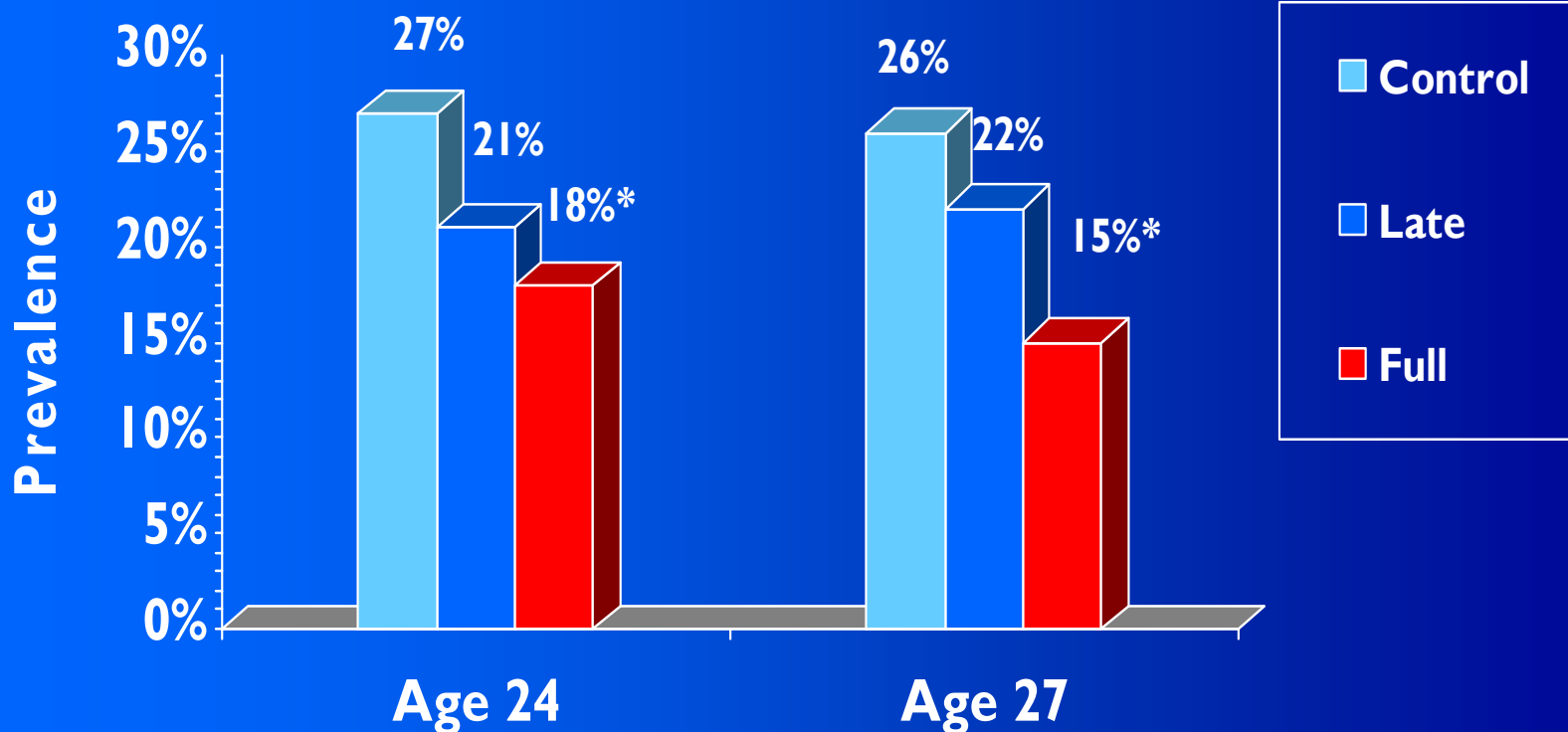
SSDP Age 27 Mental Health Symptom Criterion Count



* $p < .05$
+ $p < .10$

S D
R G

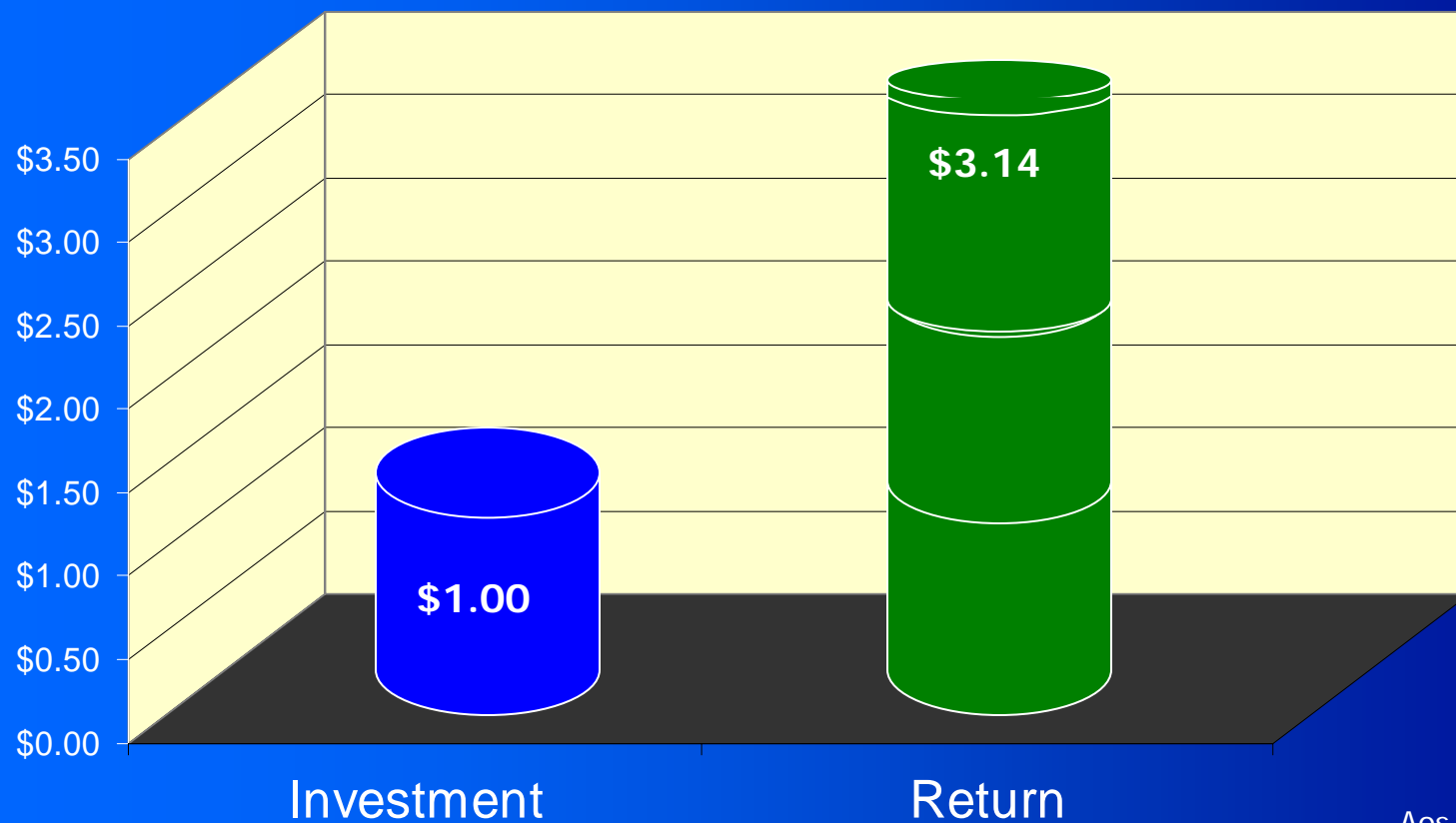
SSDP: Proportion Who Met Criteria for GAD, Social Phobia, MDE, or PTSD Diagnosis at Ages 24 and 27



* $p < .05$

Cost-Benefit

An independent cost-benefit analysis estimated that projected benefits resulting from the SSDP intervention would produce a net positive return per participant.



Conclusions from SSDP

- In the elementary years, parents and teachers can make a demonstrable difference that lasts into adulthood.
- Increasing opportunities, skills and recognition for children in the elementary grades can put more children on a positive developmental path.

Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to substance abuse and other problems.

Prevention Services Research

- Apply lessons learned about etiology and efficacious interventions in real world settings.

Keys to Diffusion of Innovation

- Effective Program that makes a difference



- Capacity to disseminate with fidelity



- Market demand-funders, practitioners and consumers must want it.

S	D
R	G

Implementation Fidelity is
Required if Efficacious
Programs are to be Effective in
Community Settings

What Boosts Implementation Fidelity?

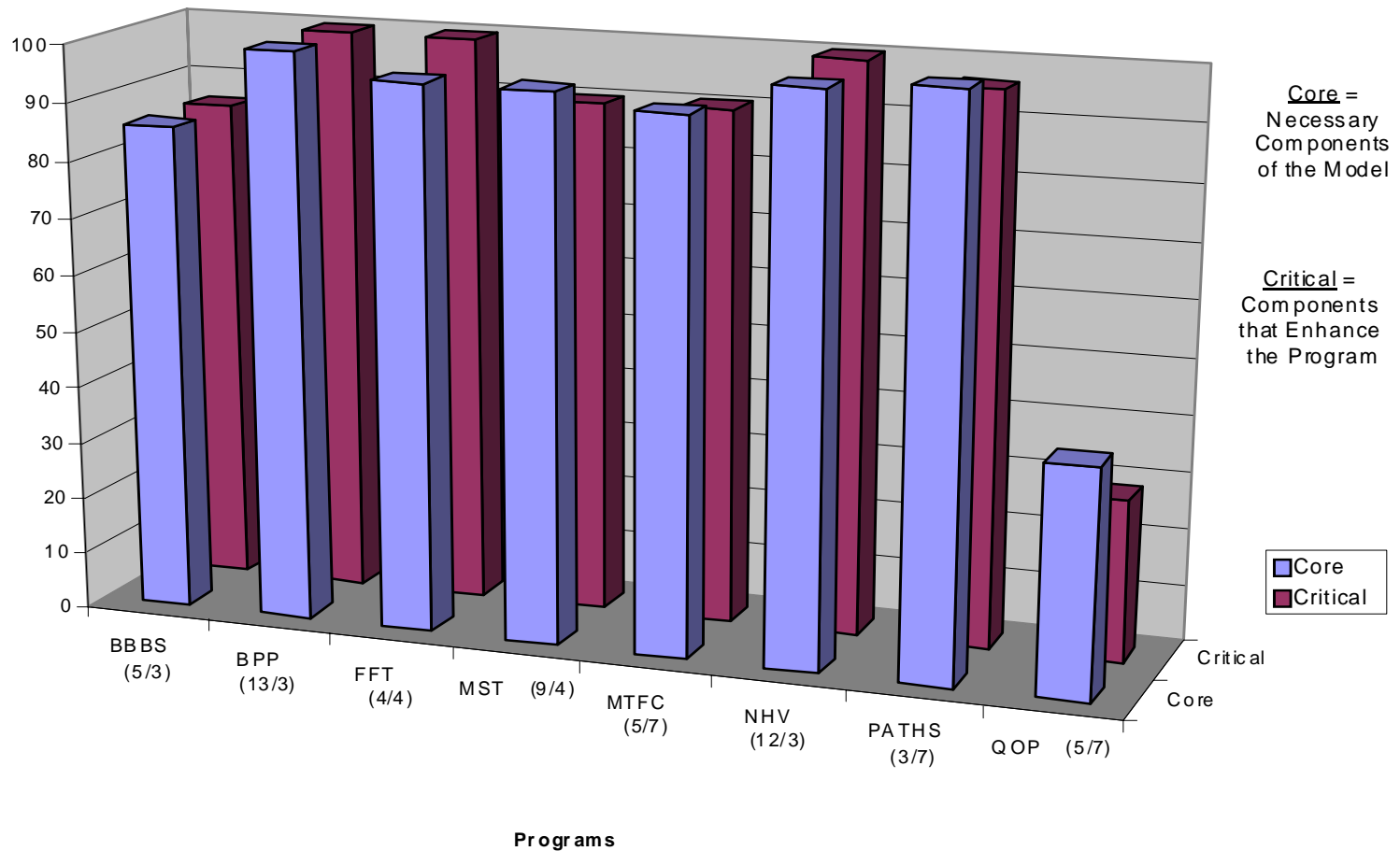
- Published material including manuals, guides, curricula.
- Certification of trainers.
- High quality, readily available technical assistance.
- Dissemination organization committed to distribution and delivery of tested program.
- Data monitoring system to provide feedback on implementation fidelity and outcomes.



With these elements in Place Implementation Fidelity Can Be Achieved

(Elliott & Mihalic –Blueprints Project)

Chart 2
Core and Critical Component Progress - 2 years
Percentage of All Core and Critical Components Achieved



But...

- **Prevention approaches that do not work or have not been evaluated have been more widely used than those shown to be effective.**

(Gottfredson et al 2000, Hallfors et al 2000, Hantman et al 2000, Mendel et al 2000, Silvia et al 1997; Smith et al 2002)

Challenges for States and Communities in Using Prevention Science

- Matching tested, effective programs to local need
- Tested, effective programs/systems compete with “best practice” or usual practice
- Tested, effective programs require training, technical assistance, and monitoring to be delivered with fidelity

History of Models for Achieving the Vision of Science Informing Practice-Early Models



- **Scientists know best-Experts inform communities what to do**
- **Communities know best-Providing resources to support community coalitions without a structure or process**



History of Models for Achieving the Vision of Science Informing Practice-More Recent Models



- Mutual self interest, collaboratively identifying, generating and testing potential solutions to salient social problems
- Providing the skills and tools for community decision making
 - Education and tools to empower communities to become advocates for tested, effective programs to meet their needs
 - Changes the paradigm from single program dissemination to dissemination of tested programs, and creation and testing of new innovations to meet community needs



What Has NOT Worked in Community Based Preventive Trials ?

Providing resources to support community coalitions without a structure or process (community knows best)

Sources of failure (Hallfors et al. 2002; Klerman et al. 2005; Merzel & D'Afflitti, 2003):

- clearly defined goals based in data, with high-quality data sources to monitor progress;
- use of tested and effective programs, with attention to monitoring of implementation quality and fidelity;
- evaluation of impacts on outcomes meaningful to the community

S	D
R	G

What Has Worked in Randomized Community- Based Prevention Trials?

Preventive interventions focused on malleable community level risk/protective factors (mutual self interest)

Examples

- Communities Mobilizing for Change on Alcohol- (Wagenaar et al., 2000)
- Community Trials Intervention to Reduce High Risk Drinking- (Holder et al., 2000)
- Project Northland- (Perry et al., 2002)
- Midwestern Prevention Project – (Pentz et al., 2006)

S D
R G

What Has Worked in Randomized Community-Based Prevention Trials?

Strategies that build local partnerships or coalitions to promote use of tested and effective programs to address community prevention needs (skills and tools for community decision making)

Examples

**PROSPER - PROmoting School–
community university Partnerships
to Enhance Resilience- (Spoth et al.,
2007)**

**Communities that Care- (Hawkins et al., in
press; Feinberg, Greenberg, and Osgood, 2007)**

Communities That Care (CTC) Activation and Education

- Activates and educates communities about prevention science advances
 - Key leaders
 - Key implementers/planners in multiple sectors and grass roots
- Asks them to decide whether to apply this research base to address community health and behavior issues

S	D
R	G

CTC Tools for Decision Making

- Organize and influence decision makers
- Assess need (risk and protection), set priorities and goals
- Match need with effective programs
- Match need with tested, effective practices, programs and policies
- Assess fidelity and outcomes to monitor goal achievement

S D

R G

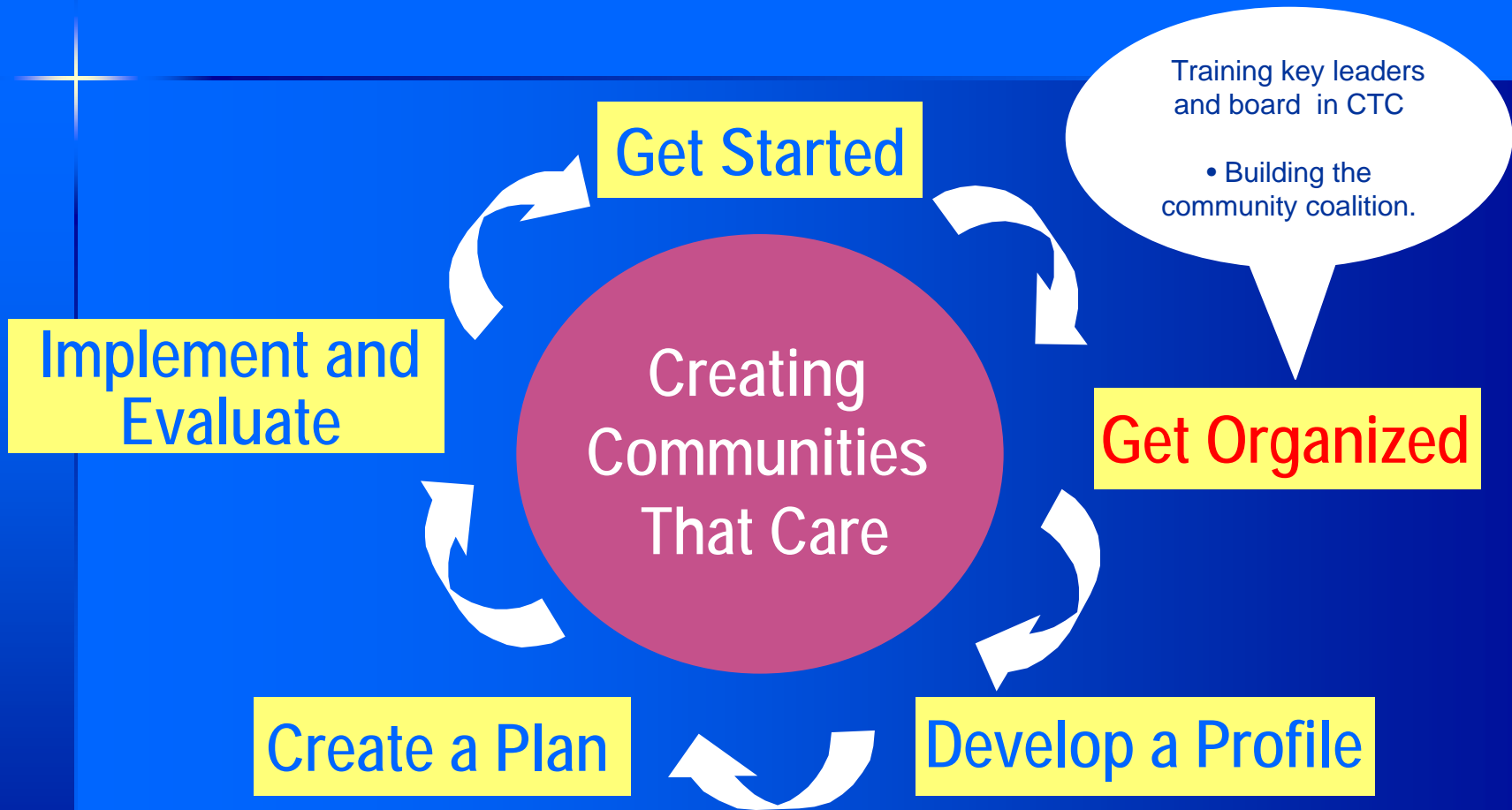
The *Communities That Care* Operating System



The *Communities That Care* Operating System



The *Communities That Care* Operating System



S	D
R	G

The *Communities That Care* Operating System



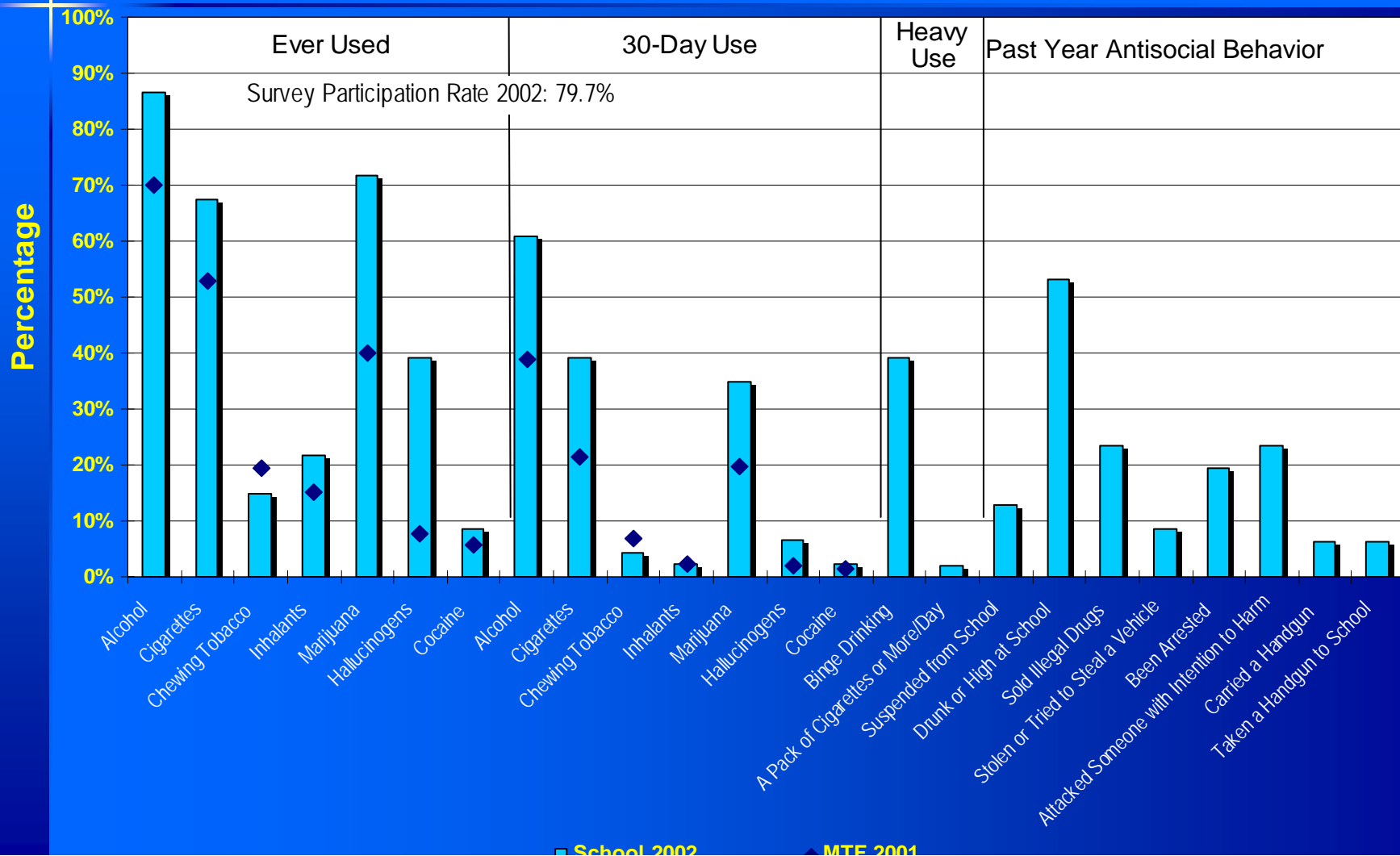
S D
R G

The CTC Youth Survey Tool Helps Match Need to Tested, Effective Programs

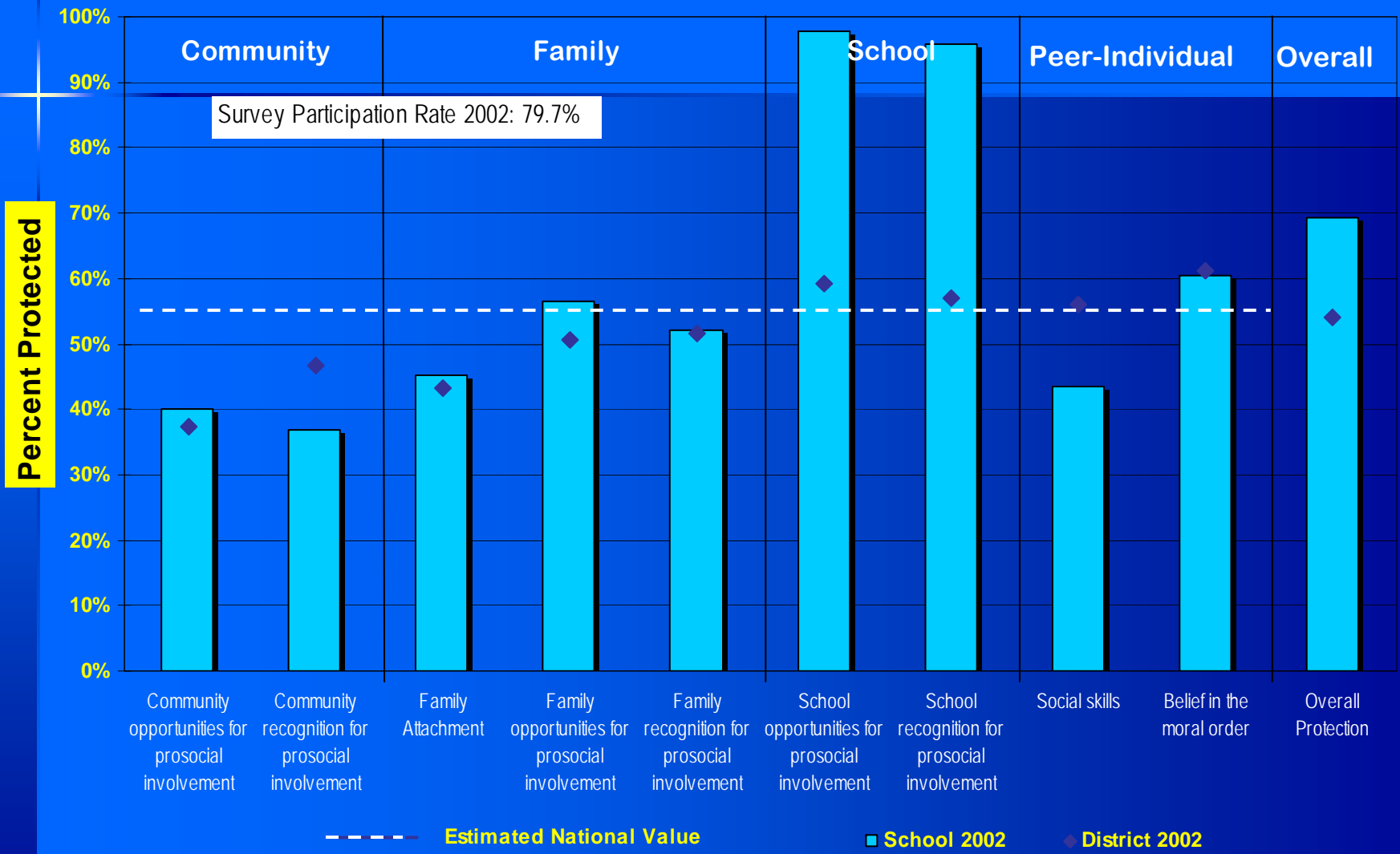
- Identifies levels of 21 risk and 9 protective factors and academic and behavioral outcomes
- Guides planners to select tested, effective actions
- Monitors the effects of chosen actions

Nova High School Substance Use & Antisocial Behavior

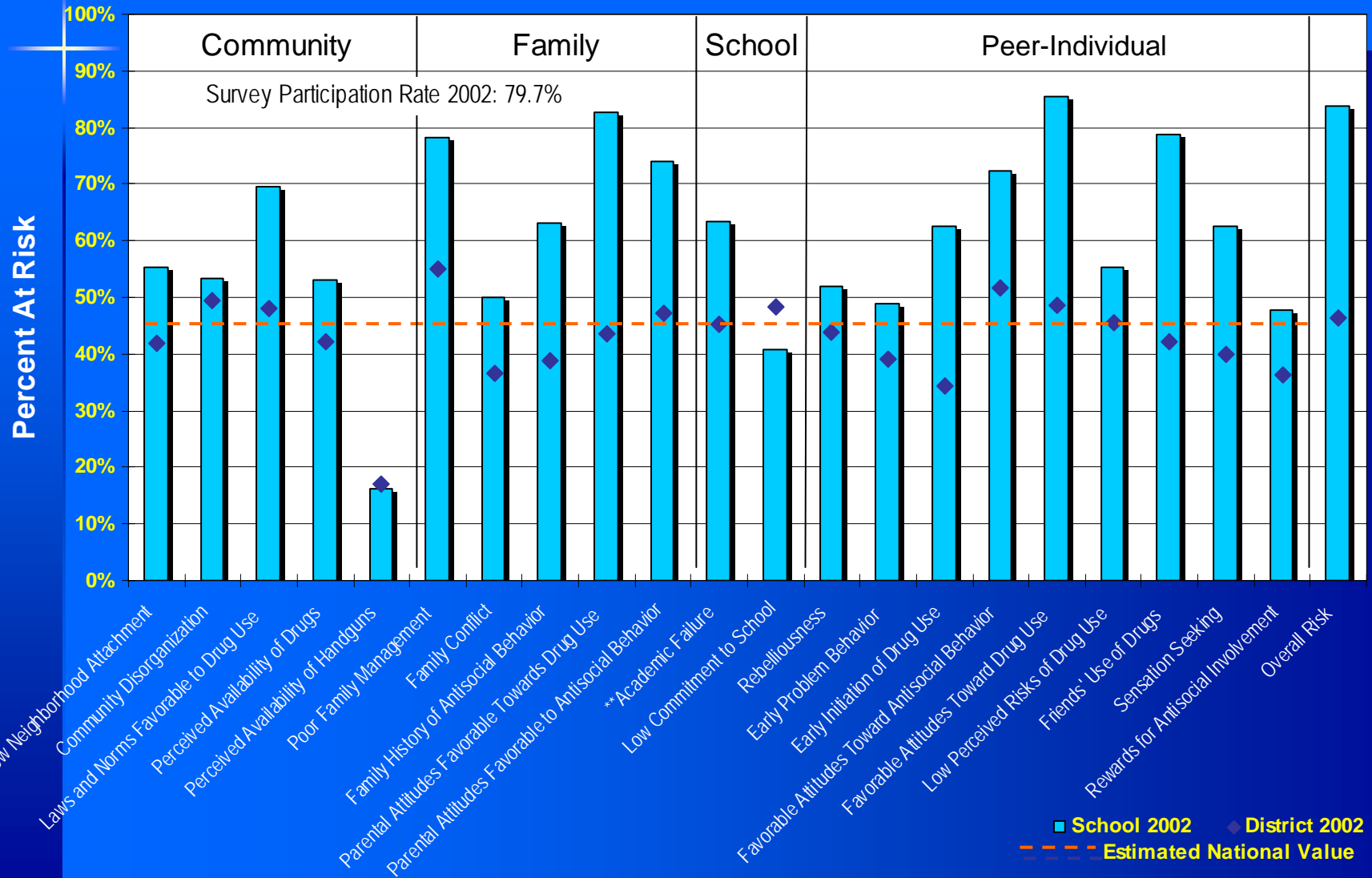
10th Grade: 2002



Nova High School Protective Profile 10th Grade
2002



Nova High School Risk Profile 10th Grade 2002

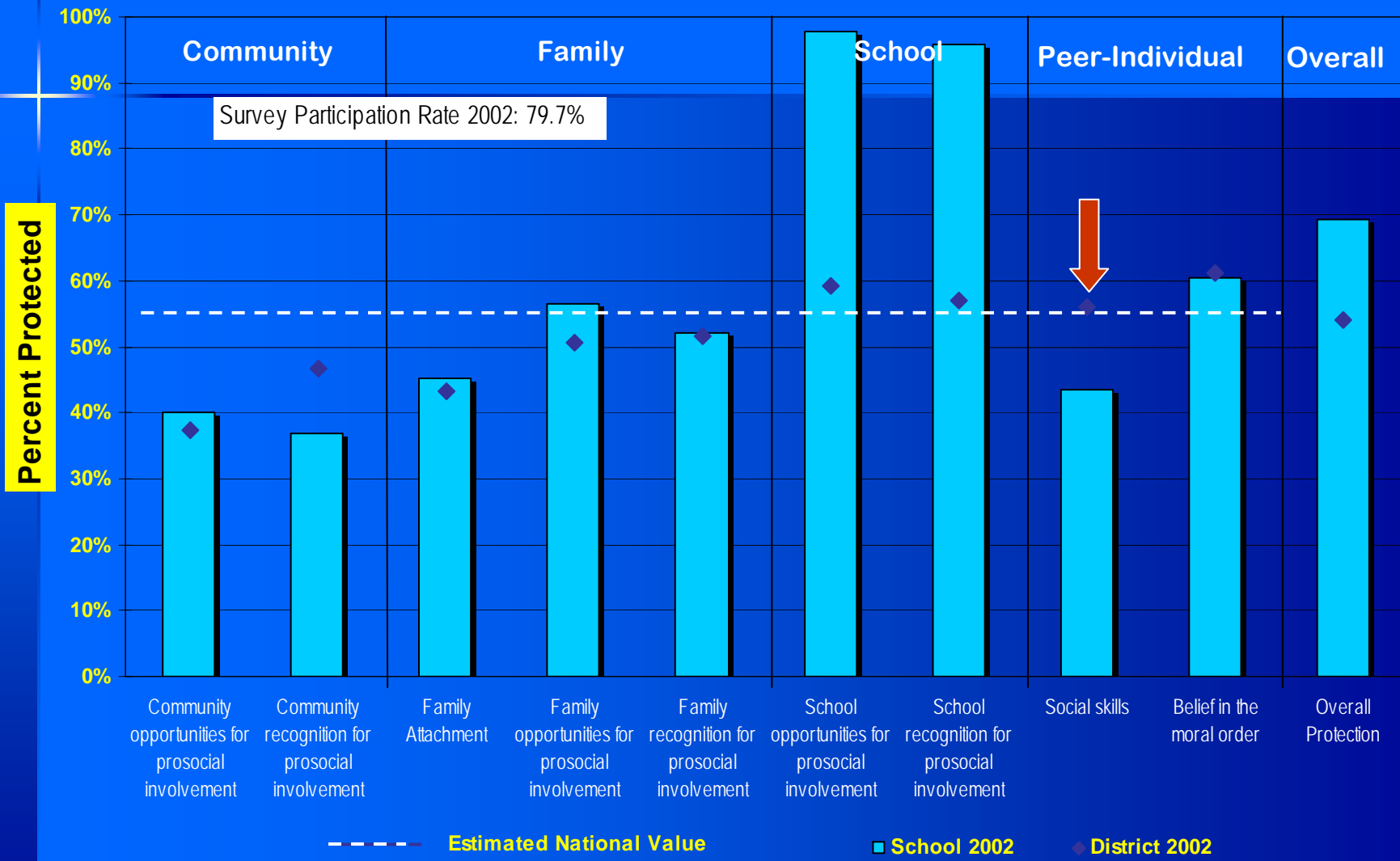


S	D
R	G

The *Communities That Care* Operating System

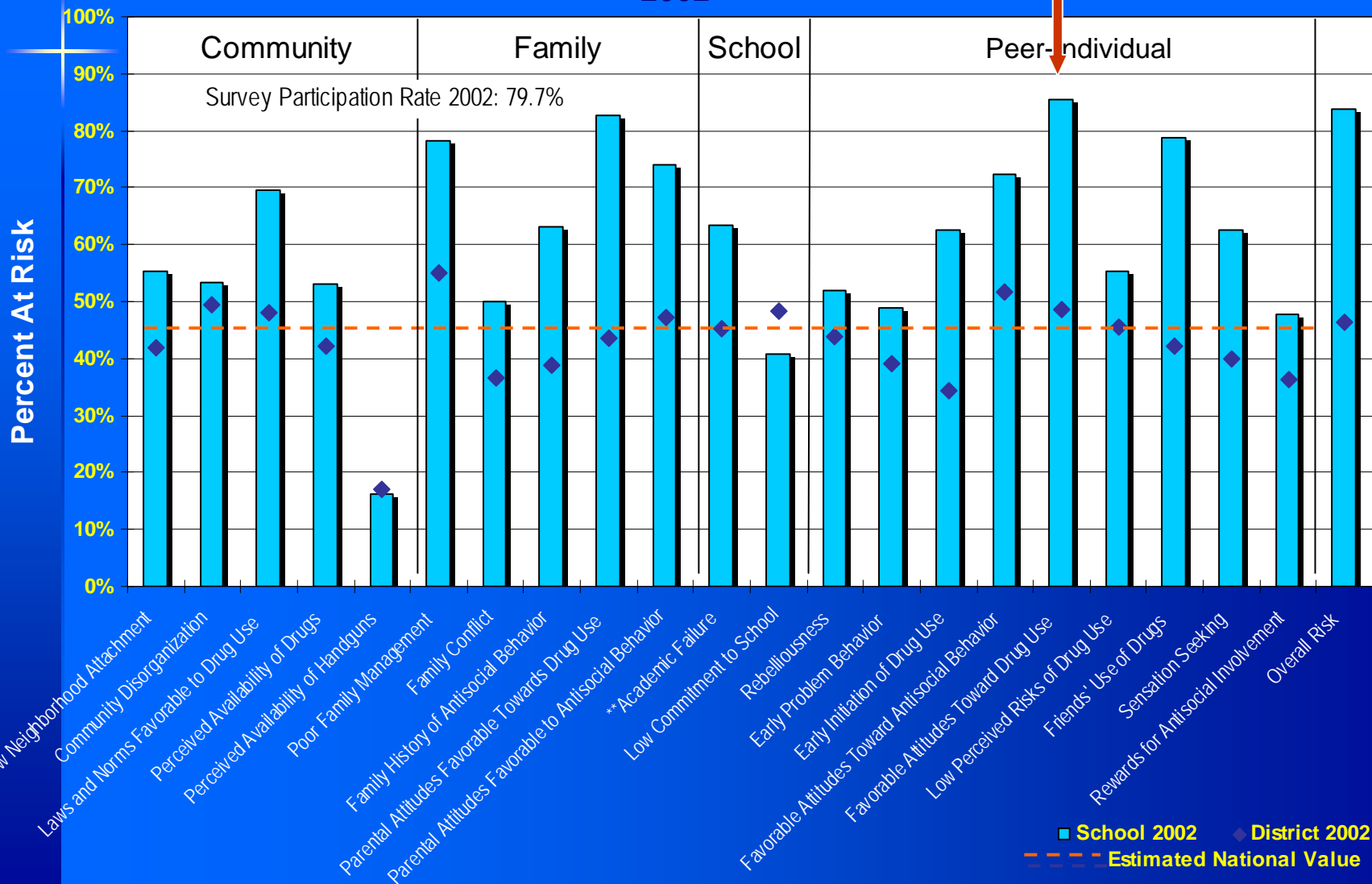


Nova High School Protective Profile 10th Grade
2002



Nova High School Risk Profile 10th Grade

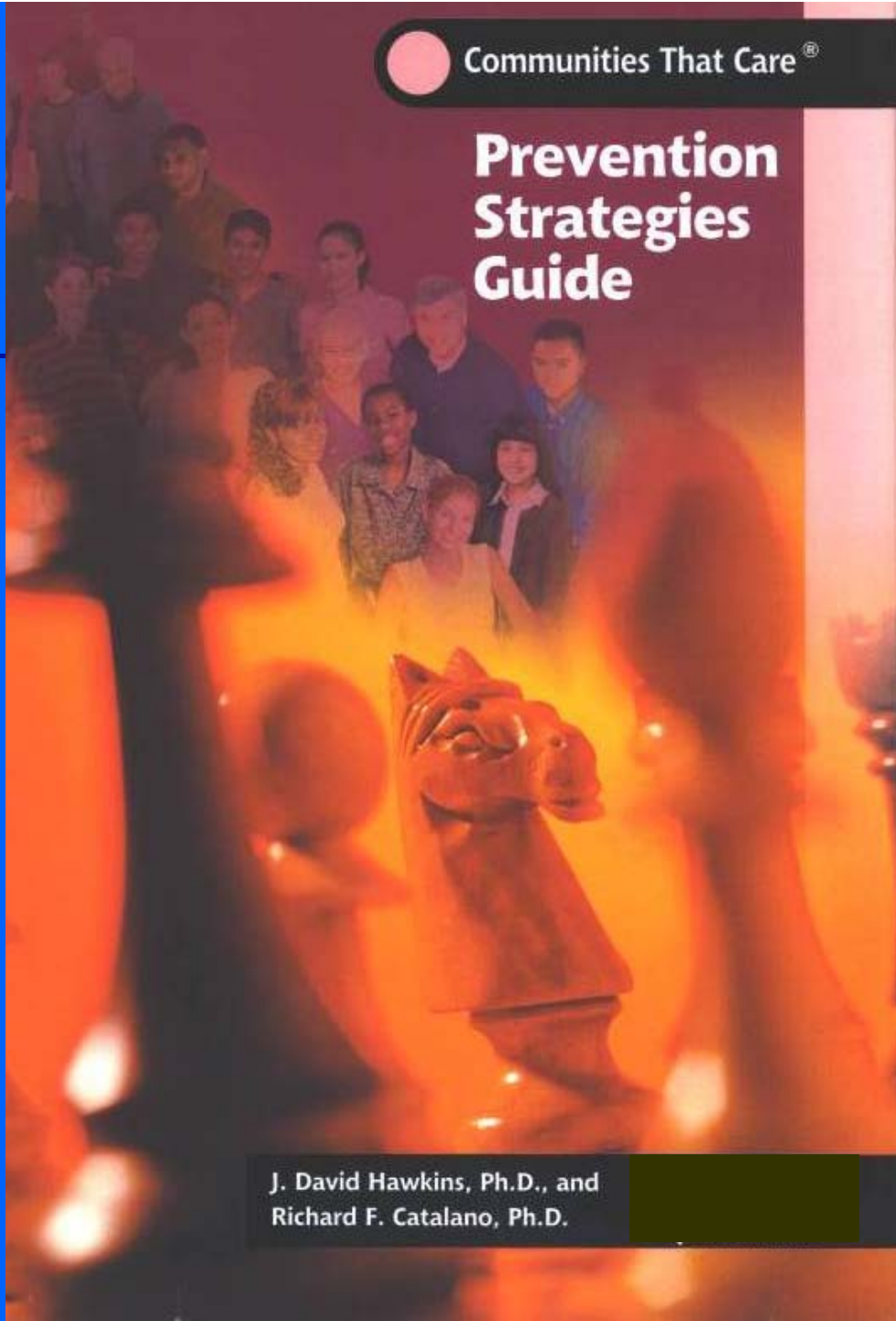
2002





Communities That Care[®]

Prevention Strategies Guide



J. David Hawkins, Ph.D., and
Richard F. Catalano, Ph.D.

Protective Factors

	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Individual/Peer Domain	Rebelliousness	Family Therapy	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		School Behavior Management Strategies	☐		☐		☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-10
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
		Youth Employment with Education	☐	☐	☐	☐	☐	15-18
	Friends Who Engage in the Problem Behavior →	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-14
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
	Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Community/School Policies						
	Early Initiation of the Problem Behavior	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Organization Management and Instructional Strategy	☐	☐	☐	☐	☐	6-10
		Classroom Curricula for Social Competence	☐	☐	☐	☐	☐	6-14
		Community/School Policies	☐					all
	Constitutional Factors	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2

S D

R G

Classroom Curricula for Social and Emotional Competence Promotion

- The Life Skills Training Program (Botvin et al., 1995)
- Project Alert Drug Prevention Curriculum (Ellickson et al., 1993; Ellickson and Bell, 1990)
- Alcohol Misuse Prevention (Maggs et al., 1998)
- ■ Towards No Drug Use (Sussman et al. 2003; 2003)



THE PREVENTION STRATEGIES GUIDE

[New Search](#)

[Program Name](#) | [Recognition](#) | [Target Age](#) | [Protective Factors](#) | [Risk Factors](#) | [Components](#) | [Domains](#) | [Target Audience](#)
| [Summary](#) | [References](#) | [Contact Information](#)

Program Name:

Project Towards No Drug Abuse (Project TND)

[Return to top](#)

National Recognition:

- * SAMHSA Model Program
- * NIDA Research-Based Prevention Program
- * Blueprints for Violence Prevention Model Program

[Return to top](#)

Target Age Range:

14-18 years

[Return to top](#)

Protective Factors Addressed:

- * Skills
- * Healthy beliefs and clear standards

[Return to top](#)

Risk Factors Addressed:

- * Favorable attitudes toward the problem behavior

[Return to top](#)



Program Materials Available:

- * Program description
- * Videotapes
- * Evaluation tools
- * Technical assistance
- * Curriculum/program manual
- * Implementation guide

[Return to top](#)

Operating Domains:

- * School

[Return to top](#)

Target Audience:

- * Indicated
- * Universal
- * Selective

[Return to top](#)

Summary:

Background

Project Towards No Drug Abuse is a school-based program designed to help high school students resist substance use. It was originally developed for students in California's continuation high schools, which are for students who have transferred out of standard high schools because of academic or disciplinary problems. These schools typically have higher rates of substance use among students than do other schools. The project has since been replicated at standard high schools.





How does it work?

Project Towards No Drug Abuse consists of twelve 40- to 50-minute lessons, which can be delivered by a health educator or through self-guided learning. The program motivates young people to reject drugs through:

- helping them correct their own perceptions and the perceptions of others that continuation high school students are more likely to use drugs
- teaching them the social skills that will help them bond with peers who are at low risk of using drugs
- teaching them decision-making skills that will help them channel their motivation and skills into positive actions.

The program is interactive and includes group discussions, games, role-playing, videos and student worksheets. It also includes information on tobacco cessation for students who already are smokers (Sussman, Dent, Craig, Ritt-Olsen, & McCuller, 2002; Sussman, Sun, McCuller, & Dent, 2003).

Program effectiveness

Evaluations of program effectiveness at continuation high schools showed that, relative to members of a comparison group:

- after one year, students in the program were less likely to use marijuana and hard drugs (all drugs except for alcohol, tobacco and marijuana), and students who had been using alcohol were less likely to continue to do so (Sussman, Dent, Stacy, & Craig, 1998; Sussman, Dent, & Stacy, 2002)
- after one year, male students in the program were less likely to be victims of violence (Simon, Sussman, Dahlberg, & Dent, 2002)
- after two years, students who were in health-educator-led sessions (as opposed to self-guided sessions) were less likely to have used tobacco or hard drugs in the past 30 days. In addition, boys who had not used marijuana before being exposed to the health-educator-led program were still significantly less likely to have used marijuana in the past 30 days (Sussman et al., 2003).

A similar evaluation at standard high schools showed that students who used alcohol or hard drugs before the program were less likely to continue to do so after the program than were students in a comparison group (Dent, Sussman, & Stacy, 2001).

[Return to top](#)



References:

Dent, C. W., Sussman, S., & Stacy, A. W. (2001). Project Towards No Drug Abuse: Generalizability to a general high school sample. *Preventive Medicine, 32*, 514-520.

Simon, T. R., Sussman, S., Dahlberg, L. L., & Dent, C. W. (2002). Influence of a substance-abuse-prevention curriculum on violence-related behavior. *American Journal of Health Behavior, 26*, 103-110.

Sussman, S., Dent, C. W., Craig, S., Ritt-Olsen, A., & McCuller, W. J. (2002). Development and immediate impact of a self-instruction curriculum for an adolescent indicated drug abuse prevention trial. *Journal of Drug Education, 32*, 121-137.

Sussman, S., Dent, C. W., & Stacy, A. W. (2002). Project Towards No Drug Abuse: A review of the findings and future directions. *American Journal of Health Behavior, 26*, 354-365.

Sussman, S., Dent, C. W., Stacy, A. W., & Craig, S. (1998). One-year outcomes of Project Towards No Drug Abuse. *Preventive Medicine, 27*, 632-642.

Sussman, S., Sun, P., McCuller, W. J., & Dent, C. W. (2003). Project Towards No Drug Abuse: Two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine, 37*, 155-162.

[Return to top](#)



Contact Information:

Steve Sussman, Ph.D.
Professor of Preventive Medicine and Psychology
Institute for Health Promotion and Disease Prevention Research and Research Center for
Alcoholic Liver and Pancreatic Diseases
1000 South Fremont Avenue, Unit 8
Building A-4, Room 4124
Alhambra, CA 91803
Phone: (626) 457-6635
Fax: (626) 457-4012
E-mail: ssussma@hsc.usc.edu

Ordering contact:

Stephen Hauk
Institute for Health Promotion and Disease Prevention Research and Research Center for
Alcoholic Liver and Pancreatic Diseases
1000 South Fremont Avenue, Unit 8
Building A-4, Room 4124
Alhambra, CA 91803
Phone: (626) 457-4045
E-mail: hauk@usc.edu

[Return to top](#)

New Search

The *Communities That Care* Operating System

- Form task forces.
- Identify and train implementers.
- Sustain collaborative relationships.
- Evaluate processes and outcomes for programs annually.
- Evaluate community outcomes every two years.
- Adjust programming.

Implement and Evaluate

Get Started

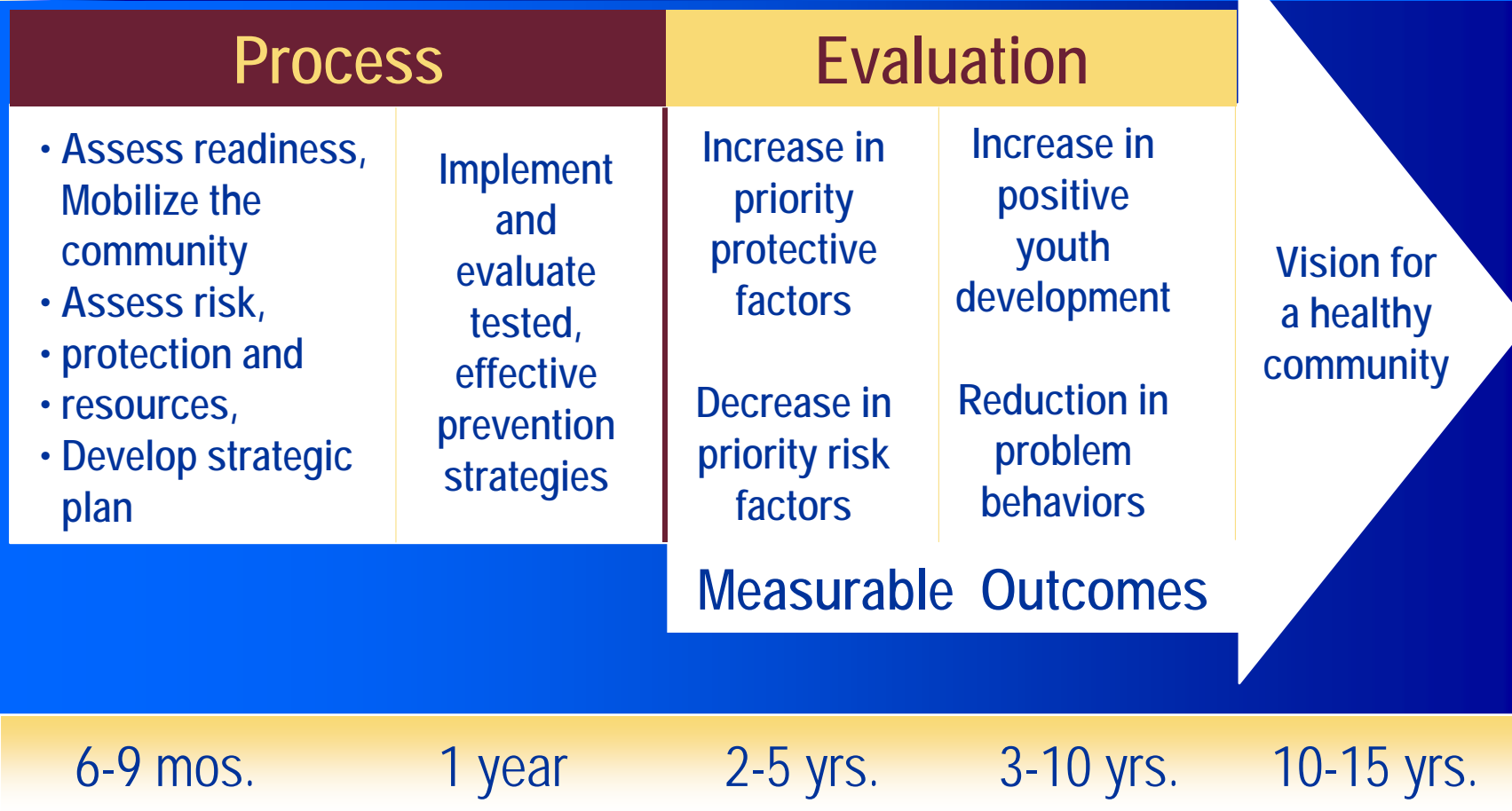
Get Organized

Create a Plan

Develop a Profile

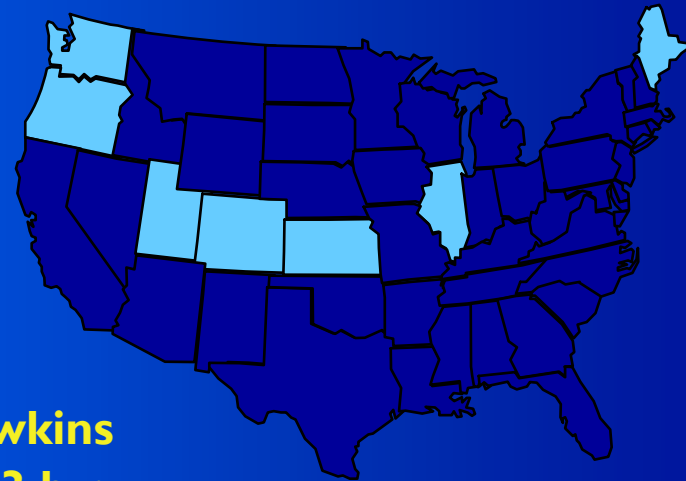


Process and Timeline



S D
R G

Community Youth Development Study A 24 Community Randomized Trial of CTC



PI: J. David Hawkins

Funded in 1993 by:

National Institute on Drug Abuse

Center for Substance Abuse Prevention

National Cancer Institute

National Institute on Child Health and Development

National Institute on Mental Health

S D
R G

Tools Assisted Community Coalitions to Prioritize Risk Factors

- Family management problems
- Parental attitudes favorable to problem behavior
- Family conflict
- Low commitment to school
- Favorable attitudes toward problem behavior
- Friends who engage in problem behavior
- Academic failure
- Rebelliousness
- Laws and norms favorable toward drug and alcohol use



Tools Assisted Communities to Choose Tested, Effective Programs to Address Prioritized Risk/Protective Factors

CTC Community Board members selected prevention programs from a menu of programs* that:

- ~ Showed significant effects on prioritized risk/protective factors, drug use, delinquency, or violence in at least one high-quality research study
- ~ Targeted children or families in grades 5-9
- ~ Provided materials and training

**As described in the CTC Prevention Strategies Guide*

S	D
R	G

Programs Selected in 2004-2007

<u>PROGRAM</u>	<u>2004-05</u>	<u>2005-06</u>	<u>2006-07</u>
All Stars Core	1	1	1
Life Skills Training	2	4*	5*
Lion's-Quest Skills for Adolescence	2	3	3
Project Alert	-	1	1
Olweus Bullying Prevention Program	-	2*	2*
Program Development Evaluation Training	1	1	-
Participate and Learn Skills (PALS)	1	1	1
Big Brothers/Big Sisters	2	2	2
Stay SMART	3	3	1
Tutoring	4	6	6
Valued Youth Tutoring Program	1	1	1
Strengthening Families 10-14	2	3	3
Guiding Good Choices	6	7*	8*
Parents Who Care	1	1	-
Family Matters	1	1	2
Parenting Wisely	-	1	1
TOTAL	27	38	37

*Program funded through local resources in one or two communities



Exposure in the Community

Program Type	2004-05	2005-06	2006-07
School Curricula	1432	3886	5165
After-school*	546	612	589
Parent Training	517	665	476

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Tools Assisted Community Members to Assess Fidelity

- Used to assess attendance, adherence and dosage of all 16 programs implemented.
- Over 6,000 checklists completed by program implementers and observers in 12 intervention communities.

Participant Attendance

Percent attending >60% of the total number of sessions

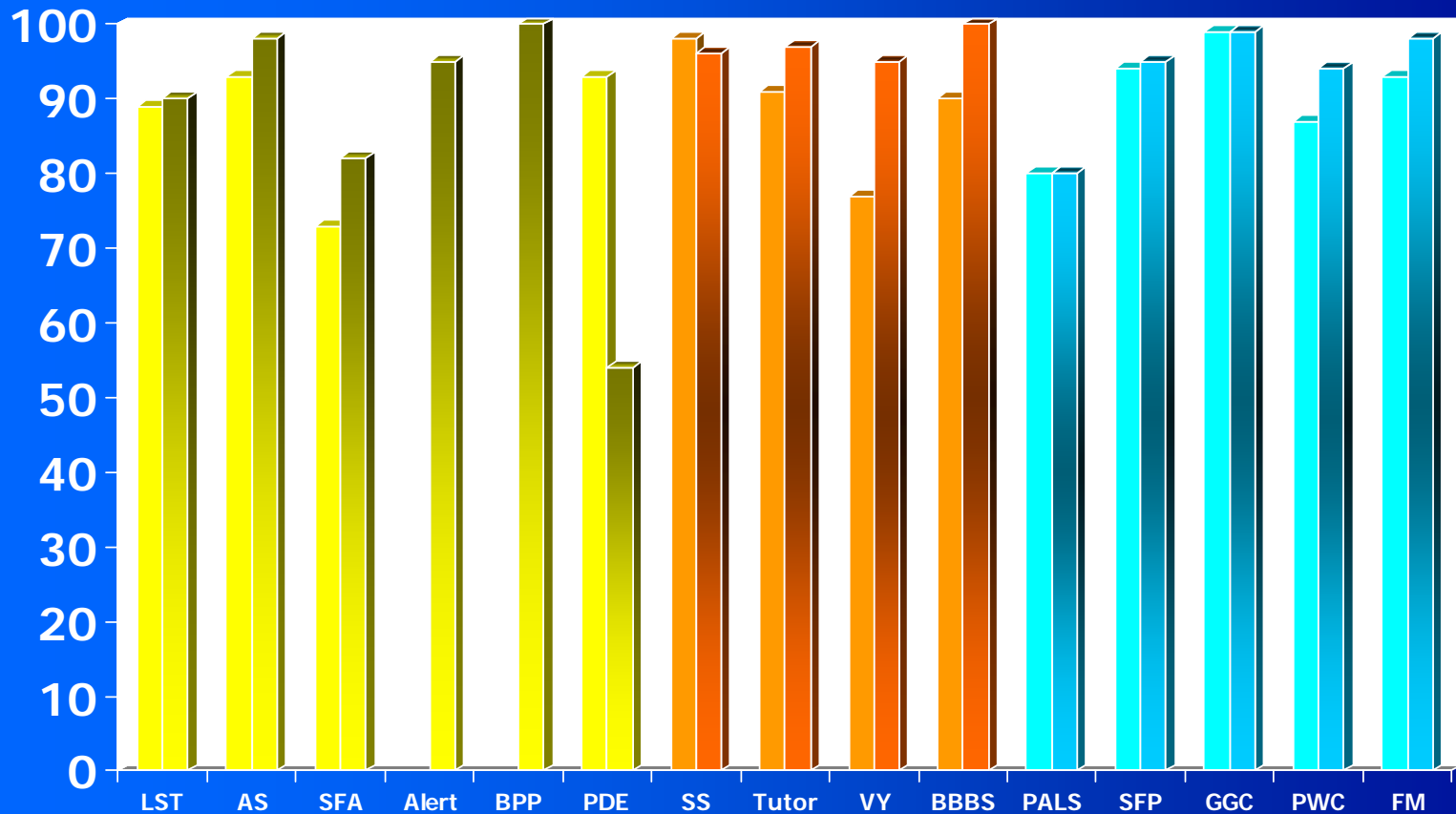
Program Type	2004-05	2005-06	2006-07
School Curricula	96%	91%	94%
After-school*	77%	81%	72%
Parent Training	79%	78%	79%

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Adherence Rates

2004-05 and 2005-06 school years

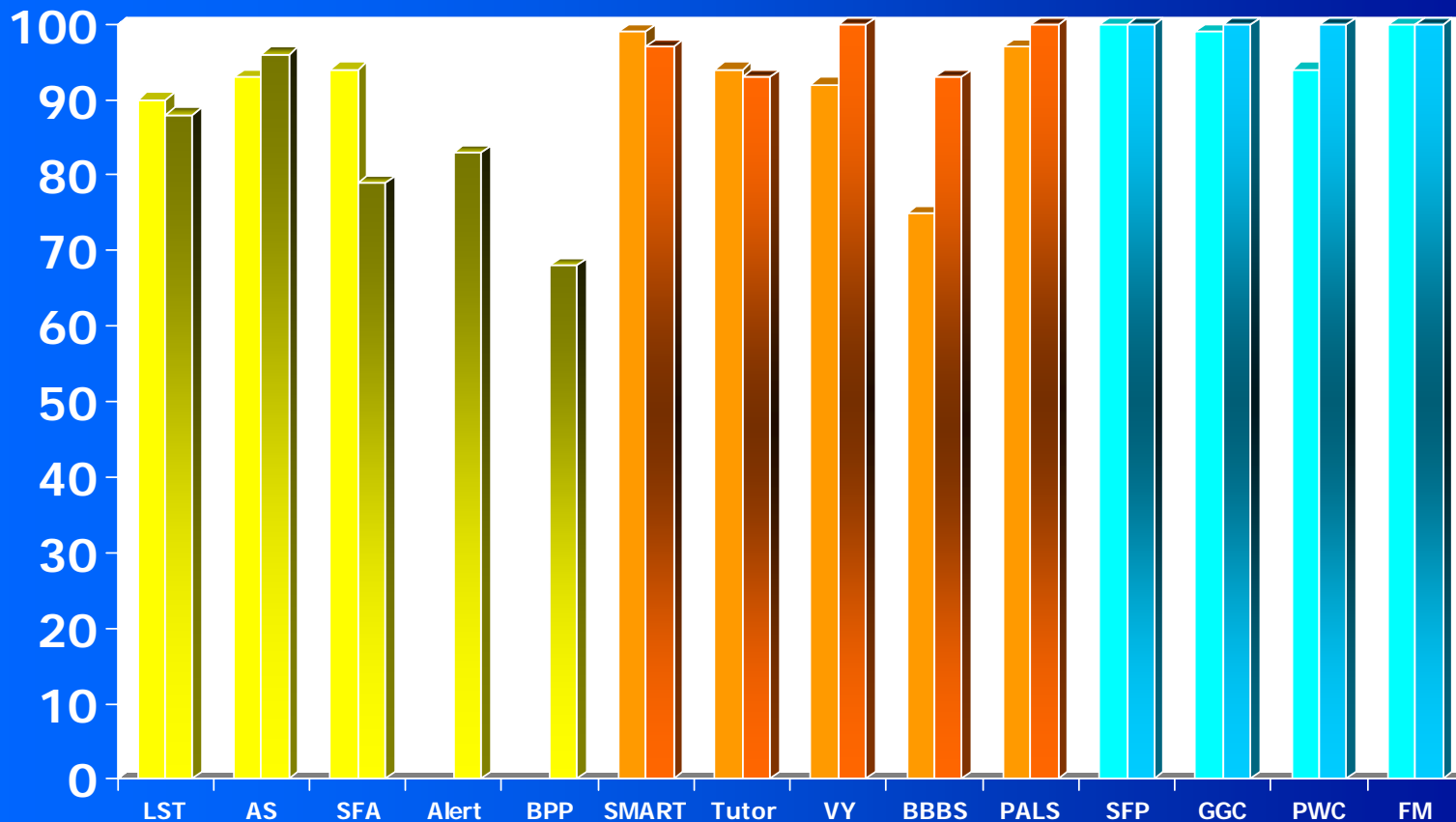
Percentage of material taught or core components achieved



Dosage/Exposure

2004-05 and 2005-06 school years
(number, length, and frequency of required sessions)

Percentage of delivery requirements met



S D

R G

CTC Outcomes 3 and 4 Years Post Intervention Initiation

Intervention communities had:

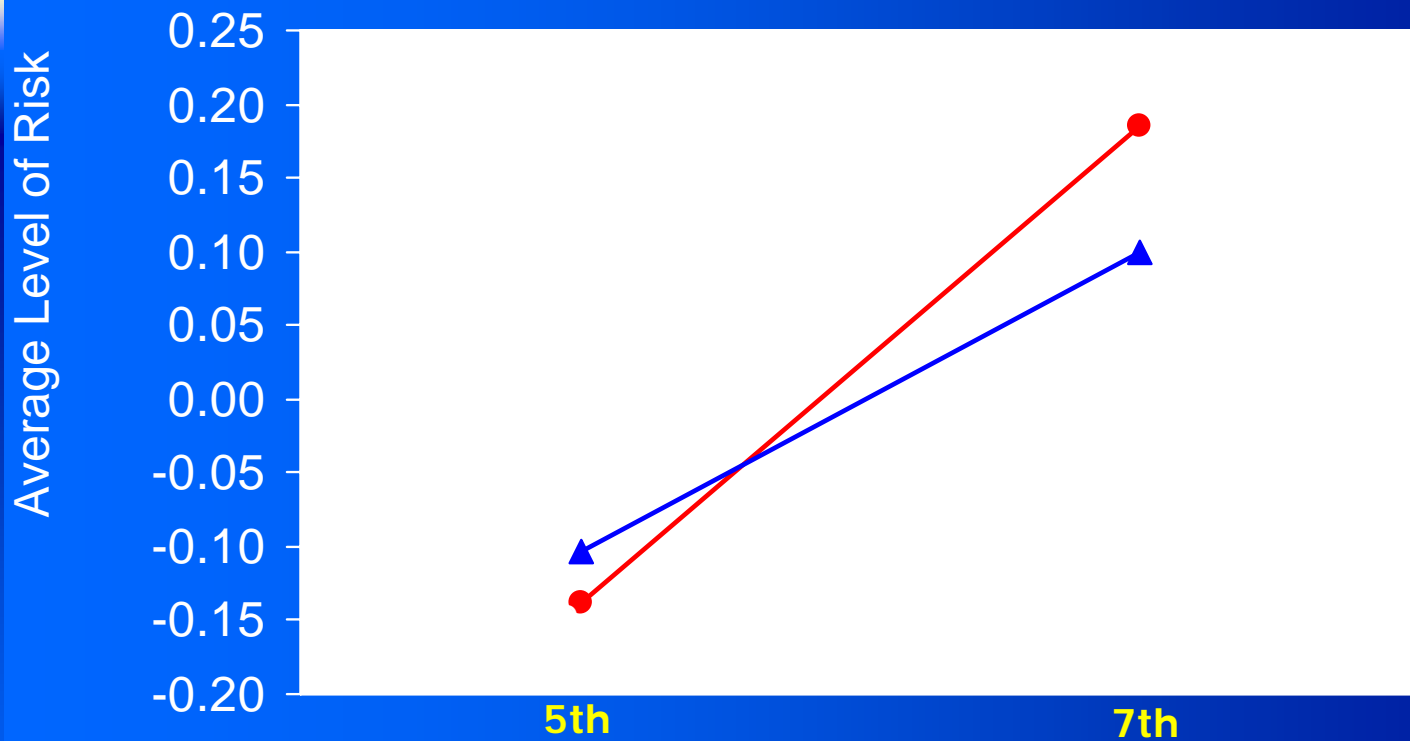
(Hawkins et al., in press; 3 years post)

- Lower growth in targeted risk factors
- Lower rates of initiation of delinquency

(Hawkins et al., in preparation; 4 years post)

- Lower growth in prevalence of 30 day alcohol use
- Lower rates of binge drinking in past 2 weeks
- Lower rates of tobacco use

CTC Changed Prioritized Risk Factors



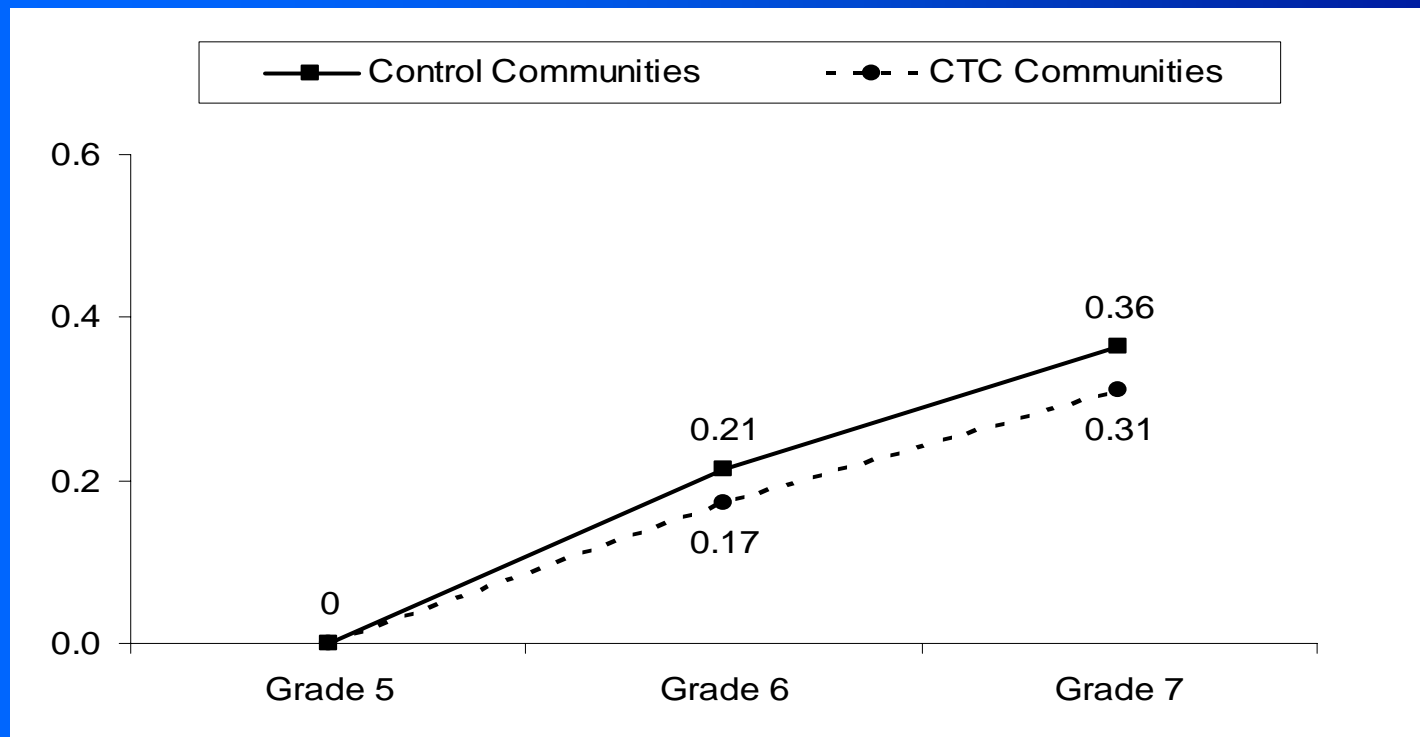
● Control Communities
 ▲ CTC Communities

Hawkins et al., in press

Note. Values are model-fitted levels of standardized average risk for students in the Youth Developmental Study panel sample. Nonsignificant difference in means at Grade 5, $t(11) = 0.61, p > .05$. Significant difference in means at Grade 7, $t(11) = -3.13, p = .01$.

S D
R G

CTC Reduced Initiation of Delinquency among Non-delinquents at Baseline



Hawkins et al., in press

Summary

- There is a strong research base of predictors of substance and other problems as well as positive outcomes like academic success.
- Both early prevention and prevention during adolescence are needed to address Snowball and Snowstorm patterns of risk and protection
- Programs and policies that address these risk and protective factors have demonstrated efficacy
- Prevention approaches that do not work or have not been evaluated have been more widely used than those shown to be effective.
- A system is needed to support states, schools, and communities to apply the research base for prevention science



Research Advances in Prevention Science: Children and Adolescents

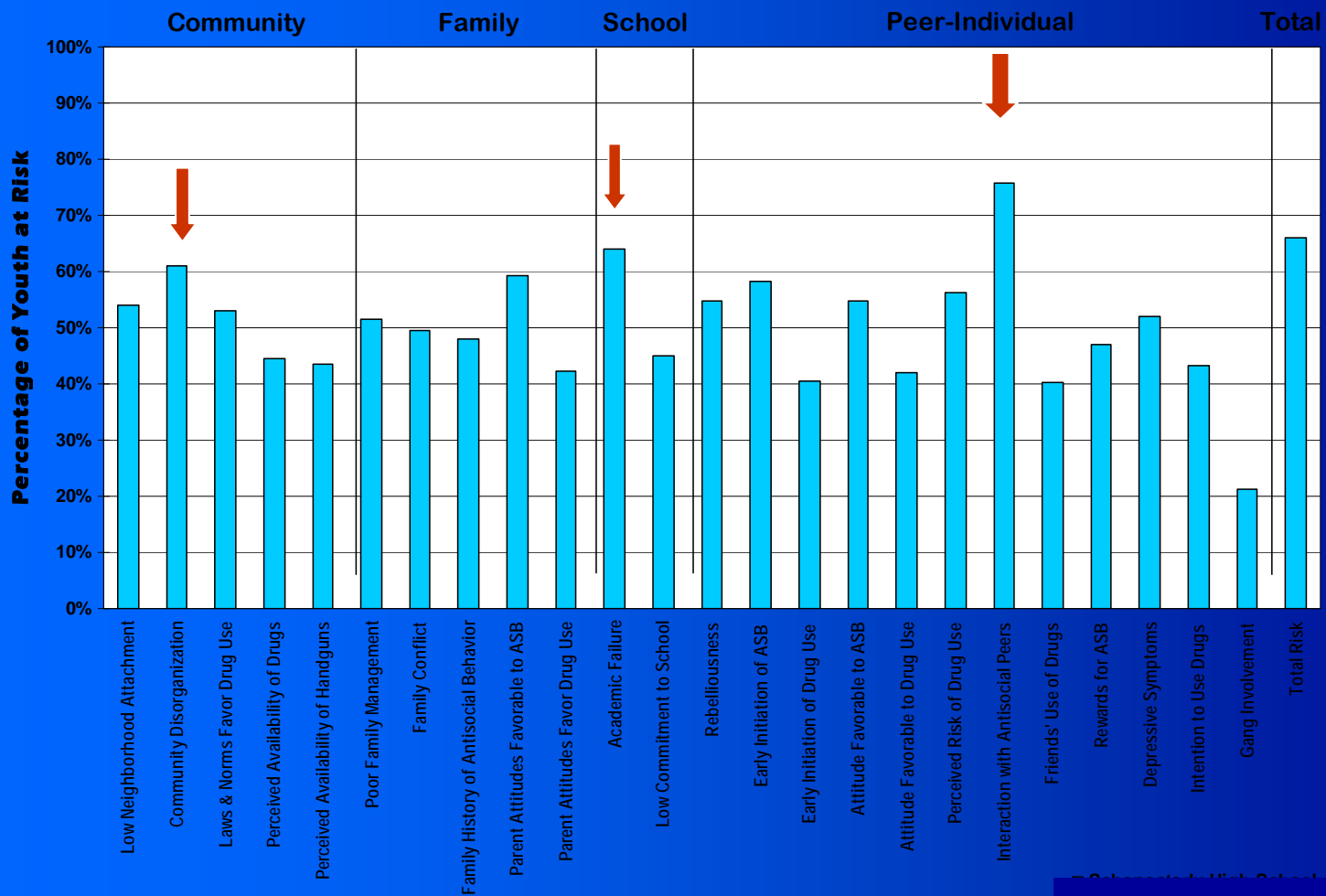
Richard F. Catalano, Ph.D
Director

Social Development Research Group
School of Social Work
University of Washington

www.sdrdg.org

School A

2005 Risk Profile



Protective Factors

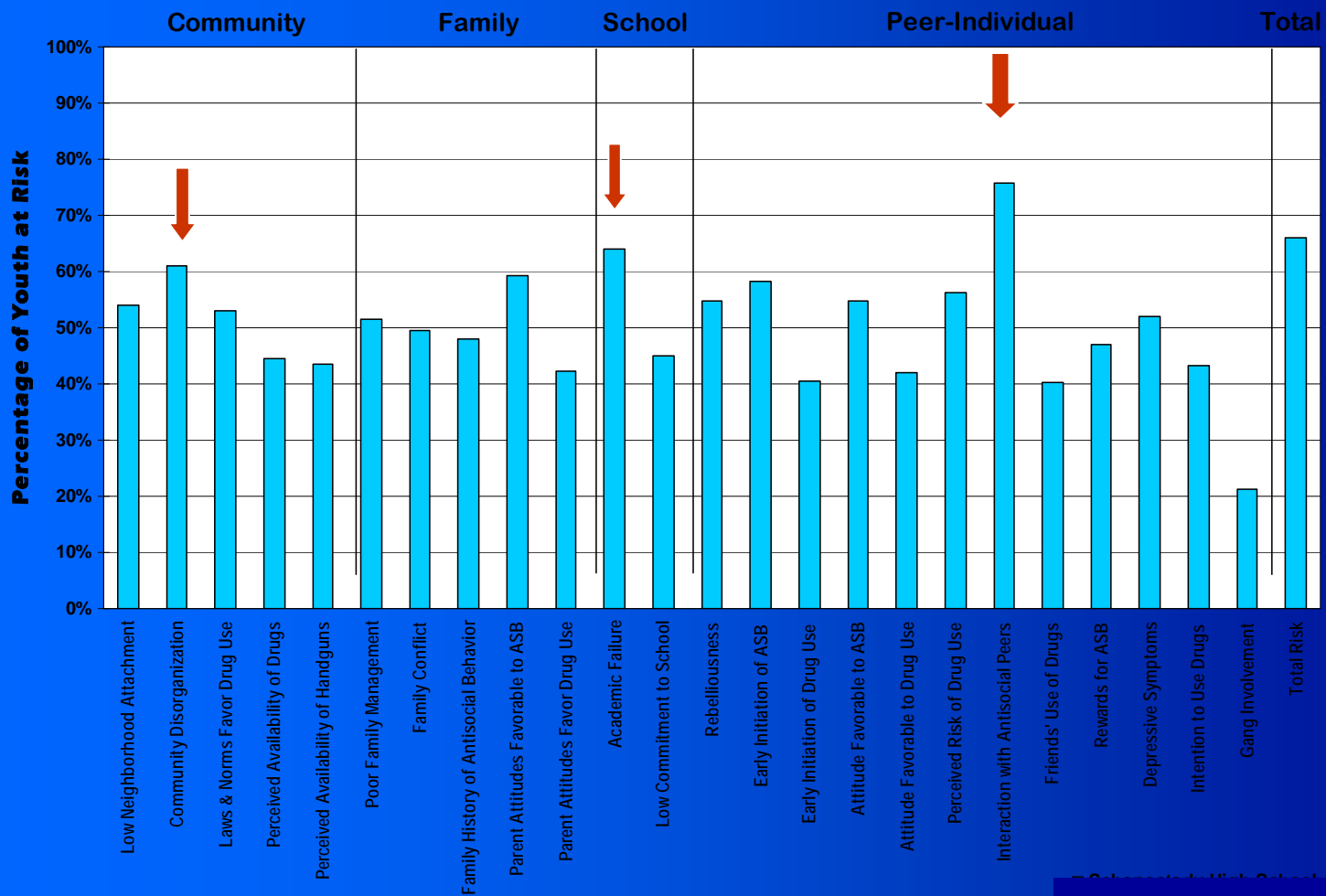
	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Individual/Peer Domain	Rebelliousness	Family Therapy	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		School Behavior Management Strategies	☐		☐		☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-10
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
		Youth Employment with Education	☐	☐	☐	☐	☐	15-18
	Friends Who Engage in the Problem Behavior →	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-14
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
	Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Community/School Policies						
	Early Initiation of the Problem Behavior	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Organization Management and Instructional Strategy	☐	☐	☐	☐	☐	6-10
		Classroom Curricula for Social Competence	☐	☐	☐	☐	☐	6-14
		Community/School Policies	☐					all
	Constitutional Factors	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2

Tested, Effective Classroom Curricula for Social and Emotional Competence Promotion-Secondary School

- The Life Skills Training Program (Botvin et al., 1995)
- Project Alert Drug Prevention Curriculum (Ellickson et al., 1993; Ellickson and Bell, 1990)
- Alcohol Misuse Prevention (Maggs et al., 1998)
- ➔ ■ Towards No Drug Use (Sussman et al. 2003; 2003)


School A

2005 Risk Profile



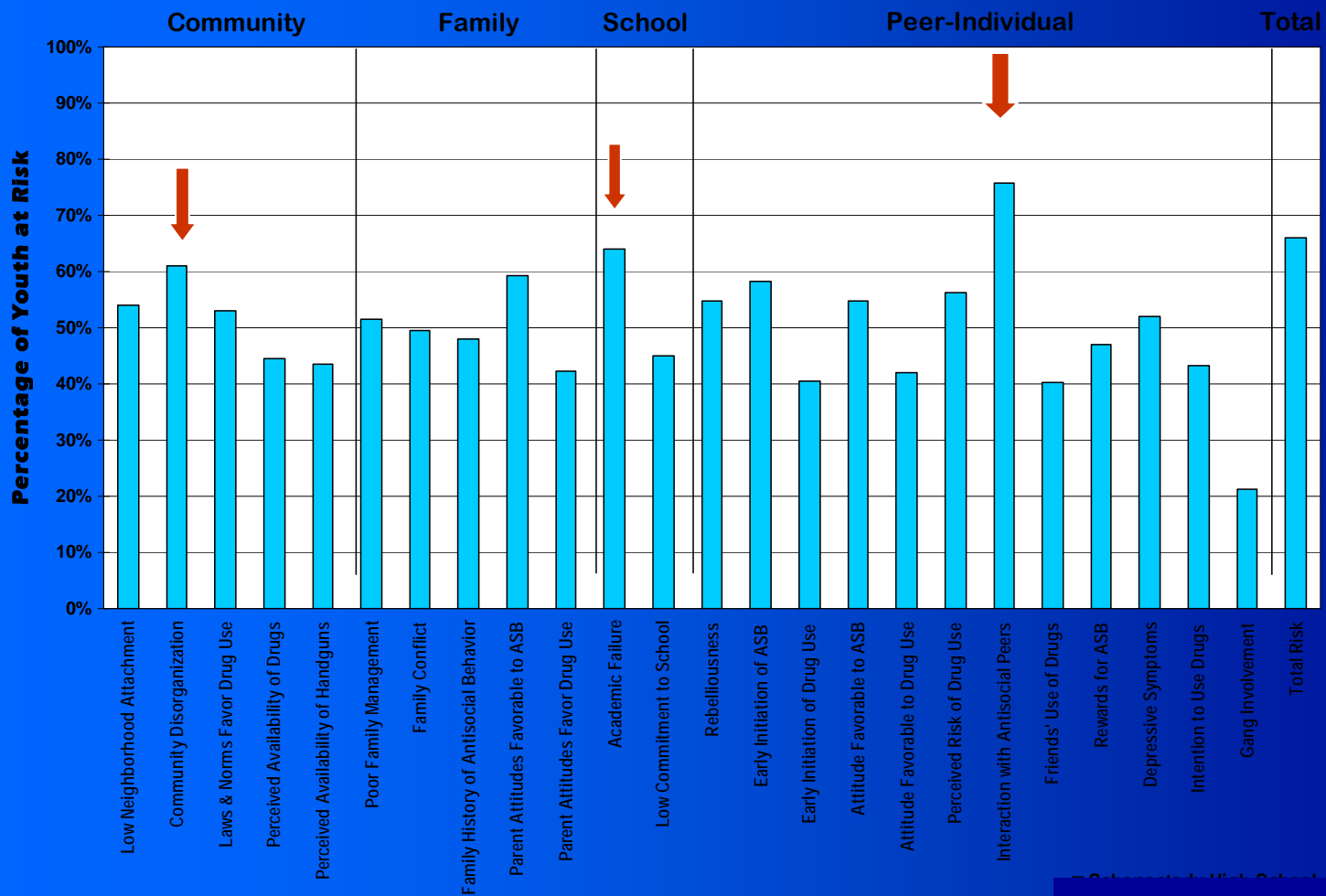
S	D
R	G

Protective Factors

Risk Factor Addressed		Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
School Domain	Academic Failure (continued) 	Classroom Organization, Management and Instructional Strategies						6-18
		Classroom Curricula for Social Competence Promotion						6-14
		School Behavior Management Strategies						6-14
		Youth Employment with Education						15-21
	Lack of Commitment to School	Early Childhood Education						3-5
		Organizational Changes in Schools						6-18
		Classroom Organization, Management and Instructional Strategies						6-18
		School Behavior Management Strategies						6-14
		Mentoring with Contingent Reinforcement						11-18
		Youth Employment with Education						15-21

School A

2005 Risk Profile



Community Policing Strategies

- Intensified Motorized Patrol (Sherman et al., 1995)
- Community Policing Strategies (Pate et al., 1985)