

Alcohol Awareness

as identified by the Texas Education Agency

and distributed

by the Texas Impaired Driving Task Force





The following is a list of evidence-based programs for alcohol awareness as identified by the Texas Education Agency. The Texas Impaired Driving Task Force has compiled additional information and details regarding each program. This booklet is intended to serve as a resource in your decision-making to implement an alcohol awareness program.

Caring School Community (CSC)

### Target Age/Grade: K - 6

**Program Description:** CSC is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. By creating a caring school community, the program seeks to promote prosocial values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based programs and Practices (NREPP)
- National Institute on Drug Abuse (NIDA)

**Program Affects Change by:** CSC has four components designed to be implemented over the course of the school year: (1) Class Meeting Lessons, which provide teachers and students with a forum to get to know one another and make decisions that affect classroom climate; (2) Cross-Age Buddies, which help build caring cross-age relationships; (3) Homeside Activities, which foster communication at home and link school learning with home experiences and perspectives; and (4) Schoolwide Community-Building Activities, which link students, parents, teachers, and other adults in the school. Schoolwide implementation of CSC is recommended because the program builds connections beyond the classroom.

Outcome	Finding	P-Value	
	Reported use of alcohol declined significantly over time among students		
Alcohol Use	that demonstrated high program implementation, while it increased	(p < .05)	
	slightly among students in matched comparison schools.		
	Reported use of marijuana declined significantly over time among	(p < .01)	
Marijuana Uso	students in schools that demonstrated high program		
wanjuana use	implementation, while it increased slightly among students in		
	matched comparison schools.		
	Over 4 academic years, students in high-implementation schools across six		
Concorn for Others	school districts showed a small increase from baseline in their self-	(n ( 01)	
concern for others	reported concern for others, while students in matched comparison	(h < .01)	
	schools showed a decrease in their concern for others.		
	An evaluation conducted in a single school district demonstrated a		
	program effect on reading scores, with students in program schools	(n < 05)	
	achieving higher scores than students in matched comparison schools 1	(p < .03)	
	year following implementation.		
	A second evaluation conducted in the same schools 2 years later showed		
	that high-implementation schools outperformed comparison schools in		
Academic Achievement	reading gains. Specifically, the high-implementation schools reduced the	(n < 01)	
	percentage of students reading at the novice level from 29% to 16%, while	(p < .01)	
	the comparison schools reduced the percentage of students reading at the		
	novice level from 26% to 21%.		
	A third evaluation conducted in another school district found program	(n < 05)	
	effects for both math and reading achievement. Based on State	$(\mu < .03)$	
	performance categories, approximately 45% of students in the program		

Outcome	Finding	P-Value
	schools were categorized as proficient or advanced in math, compared	math and
	with 37% of students in control schools. Effects were even more	reading
	pronounced for reading achievement, with longer duration of	
	implementation associated with greater performance: 56% of students in	
	schools with 3 years of implementation were categorized as proficient or	
	advanced, compared with 50% in schools with 2 years of implementation,	
	46% in schools with 1 year of implementation, and 38% in control schools.	
	An evaluation conducted in a single school district demonstrated a	
	program effect on student discipline referrals. The number of referrals	
	across program schools decreased from 214 to 142 over 1 school year. All	(p < .05)
Student Discipline	but one program school showed a decrease in the annual number of	
Referrals	referrals.	
Kerendis	A second evaluation conducted in another school district also found a	
	program effect on referrals. Over a 2-year period, a significant 24% decline	(n < 0.1)
	was found in student discipline referrals in 20 program schools, while	(p <.01)
	referrals increased 42% in 4 control schools.	

Item Description	Cost	Required by Developer
Teacher's package (includes quality assurance materials)	\$225 per grade level, or \$1,500 for K-6 combined	Yes
Principal's package (includes quality assurance materials)	\$425 each	Yes
Read-aloud libraries (10 trade books)	\$61-\$72 per grade level	No
1-day workshops	\$2,600 per day	No
Follow-up visits	\$2,600 per day	No

### **Contact Information:**

To learn more about implementation, contact: Developmental Studies Center (800) 666-7270 pubs@devstu.org

To learn more about research, contact: Peter Brunn (510) 533-0213 ext 269 pbrunn@collaborativeclassroom.org

Program Website: <u>http://www.devstu.org/csc/videos/index.shtml</u>

Good Behavior Game (GBG)

### Target Age/Grade: 6-12 year olds

**Program Description:** GBG is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** GBG is built around four core elements: (1) Classroom rules, (2) Team membership, (3) Monitoring of behavior, and (4) Positive reinforcement to individuals and the group. Children work together to create a positive learning environment by monitoring their own behavior as well as that of their classmates. Teachers use GBG as a learning strategy that does not compete with instructional time.

Program Outcome	Group	GBG Classroom	Standard Classroom
Drug Abuse and Dependence Disorders	All Males	19%	38%
Drug Abuse and Dependence Disorders	Highly Aggressive Males	29%	83%
Dogular Smoking	All Males	6%	19%
Regular Smoking	Highly Aggressive Males	0%	40%
Alcohol Abuse and Dependence Disorders	All Males and Females	13%	20%
Antisocial Personality Disorder (ASPD)	Highly Aggressive Males	40%	100%
Violent and Criminal Behavior (and ASPD)	Highly Aggressive Males	24%	50%
Service Use for Problems with Behavior, Emotions,	All Males	25%	42%
drugs, or alcohol			
Suisidal Thoughts	All Females	9%	19%
	All Males	11%	24%

#### **Program Outcomes:**

### **Program Costs:**

Item Description	Cost	Required by Developer
Implementation material set (includes teacher manuals	\$600 per teacher	Yes
poster, 50 student desk rule cards, 50 student booklets,		
50 parent letters, a rubber stamp, and a timer)		
Manual for administrators	\$75 per administrator	No
Coach material set (includes manuals and training DVD)	\$200 per coach	Yes
Student desk rule cards	\$30 for 50	No
Student booklets	\$175 for 50	No
Parent letters	\$15 for 50	No

Item Description	Cost	Required by Developer
Rubber stamp	\$25 each	No
1- to 5-day, on-site readiness visit	\$2,000 per day plus travel	Yes
	expenses	
2-day, on-site initial teacher training	\$2,000 per day per trainer plus	Yes
	travel expenses (1 trainer per 16	
	trainees)	
1-day, on-site teacher booster session	\$2,000 per trainer plus travel	Yes
	expenses (1 trainer per 16	
	trainees)	
1-day, on-site initial coach training	\$2,000 per trainer plus travel	Yes
	expenses	
Three 1-day, on-site implementation audits	\$2,000 per audit, per trainer, per	Yes
	coach plus travel expenses	
Technical assistance by phone and email	\$200 per hour	Yes
Quality assurance tools	Included with implementation and	No
	training materials	

### **Contact Information:**

To learn more about implementation, contact: Jeanne M. Poduska, Sc.D. (410) 347-8553 jpoduska@air.org

To learn more about research, contact: Sheppard G. Kellam, M.D. (410) 614-0680 <u>skellam@jhsph.edu</u>

C. Hendricks Brown, Ph.D. (305) 243-2529 <u>chbrown@med.miami.edu</u>

Program Website: <u>http://www.air.org/goodbehaviorgame</u>

<u>Guiding Good Choices (GGC)</u>

### Target Age/Grade: Grades 4-8 (9-14 year olds)

**Program Description:** GGC strives to prevent substance abuse among teens by teaching parents of preteens and younger adolescents the skills they need to improve family communication and family bonding. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Promising Practices Network (PPN)
- National Institute on Drug Abuse (NIDA)

**Program Affects Change by:** The current intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills. Families also receive a family guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting.

**Program Outcomes:** Schools were randomly assigned to the intervention group, which implemented GGC with the parents of 6th-grade students, or to a minimal-contact control group, which provided the parents of 6th-grade students with factsheets about adolescent development.

Program Outcome	Finding	P-Value
Alcohol Abuse Disorder	Alcohol abuse disorder was assessed when the students reached age 22. At this assessment, the proportion of women meeting the criteria for alcohol abuse disorder was smaller in the intervention group than in the control group (6% vs. 16%). There was not a significant difference between the intervention and control group for men.	(p < .04)
Drunkenness Frequency	Drunkenness frequency was assessed at several intervals between the 6th and 12th grades and again at age 21. Compared with control group students, students in the intervention group were significantly less likely to have progressed to reporting drunkenness more than once per month by age 21.	(p < .05)
Alcohol-Related Problems	Alcohol-related problems were assessed at several intervals between the 6th and 12th grades and again at age 21. Compared with control group students, students in the intervention group were significantly less likely to have progressed to reporting more than one alcohol-related problem (at any level of frequency) by age 21.	(p < .05)
Illicit Drug Use Frequency	Illicit drug use frequency was assessed at several intervals between the 6th and 12th grades and again at age 21. Compared with control	(p < .05)

Program Outcome	Finding	P-Value
	group students, students in the intervention group were significantly less likely to have progressed to reporting any illicit	
	drug use by age 21.	
Substance Use	Substance use was assessed at several intervals between the 6th and 12th grades and again at age 21. Compared with control group students, students in the intervention group were significantly less likely to have progressed to reporting any substance use by age 21	(p < .05)

Item Description	Cost	Required by Developer
Core program kit	\$881 each, with discounts available for 10 or more	Yes
Family guide	\$14.69 each, with discounts available for 10 or more	Yes
3-day, on-site training	\$4,200 for up to 12 people, plus travel expenses	No
Consultation by phone, email, or Skype	\$100 per hour	No
On-site technical assistance	\$1,200 per day or \$600 per half-day, plus travel expenses	No
Pre- and posttests	Included in core program kit	No

### **Contact Information:**

To learn more about implementation, contact: Channing Bete Company, Inc. (877) 896-8532 custsvcs@channing-bete.com

To learn more about research, contact: Richard F. Catalano, Ph.D. (206) 543-6382 catalano@uw.edu

J. David Hawkins, Ph.D. (206) 543-7655 jdh@uw.edu

Program Website: <u>http://www.channing-bete.com/ggc</u>

<u>Keepin' It REAL (KIR)</u>

## Target Age/Grade: 12 – 14 year olds

**Program Description:** KIR is a multicultural, school-based substance use prevention program. The curriculum places special emphasis on resistance strategies represented in the acronym REAL: *Refuse* offers to use substances, *Explain* why you do not want to use substances, *Avoid* situations in which substances are used, and *Leave* situations in which substances are used.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** KIR uses a 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. The curriculum is designed to help students assess the risks associated with substance abuse, enhance decision-making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The narrative and performance-based curriculum draws from communication competence theory and a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use.

Program Outcomes	Finding	P-Value
	<ol> <li>Intervention students who received the Mexican American or the multicultural versions of the curriculum reported lower alcohol use than control students. (2) Students who received the multicultural version of the curriculum also reported a slower increase in marijuana use over time compared with control students.</li> </ol>	1 (p = .0018 and p = .0001, respectively) 2 (p = .0061)
Alcohol, Cigarette, and Marijuana Use	(1) Forty percent of participants who used alcohol at baseline reported reductions in alcohol use after receiving the curriculum, compared with 30% of control students who were baseline users. (2) Thirty-two percent of intervention students who used alcohol at baseline reported discontinuation of use, compared with 24% of control students who were baseline users.	1 (p < .001) 2 (p < .01)
	Positive outcomes occurred primarily among students who saw four or five of the curriculum videos. For example, compared with control students, intervention students who saw four or more intervention videos reported (1) fewer days of alcohol use, (2) fewer drinks consumed, (3) fewer days of marijuana use, and (4) fewer "hits" of marijuana. Curriculum participants who saw fewer than four videos did not report lower rates of substance use.	1 (p < .001) 2 (p = .029) 3 (p = .007) 4 (p = .007)

Program Outcomes	Finding	P-Value
Anti-Substance Use Attitudes	At the 8- and 14-month follow-ups, students who received the curriculum reported lower expectations of positive consequences of substance use compared with students who did not receive the intervention.	
Normative Beliefs About Substance Use	Compared with control students, students receiving the curriculum reported lower personal acceptance of drug use 2 and 8 months after the intervention (but not 12 months afterward). The intervention group also reported smaller increases in estimates of the number of peers who experimented with drugs occasionally and used drugs regularly at 2, 8, and 12 months after the intervention compared with the control group. The intervention had no effect on perceptions of parental or peer norms. Researchers found that students who received the Mexican American version of the curriculum, compared with control students, reported smaller increases in estimates of the number of their friends and peers who used drugs.	
Substance Use Resistance	Students in the intervention group reported greater use of these strategies to resist marijuana use 2 months after the intervention and to resist cigarette use 2 and 8 months after the intervention. The effect was not found 12 months after the intervention.	

Item Description	Cost	Required by Developer
Implementation materials for schools and communities participating in D.A.R.E. America	Free for first year, \$0.98 per unit thereafter	Yes (one implementation option is required)
Implementation materials purchased through Pennsylvania State University	\$500 per school	Yes (one implementation option is required)
80-hour D.A.R.E. officer training seminar	Free	Yes (for implementers using the D.A.R.E. materials only)
1-day training	\$1,000 plus travel expenses	No
D.A.R.E. Technical Assistance (for implementers using the D.A.R.E. materials only)	Free	No
Data analysis services through Pennsylvania State University	Varies depending on site needs	No
Sample youth questionnaire	Free	No

## **Contact Information:**

To learn more about implementation, contact: Scott Gilliam (800) 223-3273 scott.gilliam@dare.org

To learn more about research, contact: Michael Hecht, Ph.D. (814) 863-3545 mhecht@psu.edu

Program Website: http://www.dare.org and http://www.kir.psu.edu/index.shtml

LifeSkills Training (LST)

### Target Age/Grade: Grades 3-12

**Program Description:** LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist prodrug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Promising Practices Network (PPN)
- Safe and Drug Free Schools United States Department of Education
- National Institute on Drug Abuse (NIDA)

**Program Affects Change by:** Promoting healthy alternatives to risky behaviors through activities designed to:

- Teach students the necessary skills to resist social pressures to smoke, drink, and use drugs
- Help students develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

Program	Finding	P-Value
Outcomes		
Substance Use (Alcohol, Tobacco, Inhalants, Marijuana, and Polydrug)	In one study, junior high schools were assigned to one of three conditions: LST with annual provider training workshops and ongoing consultation, LST with videotaped training and no consultation, or a usual care control group. Follow-up data were collected 6 years after the intervention. (1) This study found a significant decrease in cigarette smoking, alcohol use (drunkenness), and polydrug use (concurrent tobacco, alcohol, and marijuana use) at follow-up for the two groups of students who received LST. The strongest intervention effects were observed among students exposed to at least 60% of the LST program (operationally defined as the "fidelity sample"). (2) At follow-up, the LST fidelity sample had significantly lower rates than controls on nearly every measure of tobacco, alcohol, marijuana, and polydrug use.	1 (all p values < .05) 2 (all p values < .05)
	In another study, middle school students receiving LST were compared	1 (p values ranging
	with a control group of students who received a program that was	from < .001 to < .05)

Program	Finding	P-Value
Outcomes		
	normally in place in New York City schools. (1) Results at posttest and 1- year follow-up indicated that students who received LST reported less smoking, less alcohol use, less inhalant use, and less polydrug use relative to those in the control group. (2) The LST group had a 50% smaller proportion of binge drinkers relative to the control group at both the 1- and 2-year follow-up assessments. In addition, among a subsample of youth at high risk for substance use initiation (participants with poor grades and friends who engage in substance use), those who received LST were found to engage in (3) less smoking, (4) less drinking, (5) less inhalant use, and (6) less polydrug use compared with similarly matched controls who did not receive the intervention.	2 (p < .05) and (p < .01), respectively 3 (p < .01) 4 (p < .01) 5 (p < .05) 6 (p < .01)
	(1) In a third study, 7th-grade students who received LST had a significantly slower rate of increase in substance initiation (tobacco, alcohol, and marijuana) from pretest to posttest and 1-year follow-up compared with students from a minimal contact control condition. Five and a half years past baseline (i.e., when the participants were in 12th grade), LST participants reported (2) significantly lower scores on the overall substance use initiation index (3) as well as less cigarette use initiation and (4) less marijuana use initiation relative to controls. When growth over time was examined in the higher risk subsample, (5) the LST group had slower increases in the rates of frequency of marijuana use and (6) monthly and advanced polydrug use compared with the control group.	1 (p < .01) 2 (p < .01) 3 (p < .05) 4 (p < .05) 5 (p < .01) 6 (all p values < .01)
Normative Beliefs About Substance Use and Substance Use Refusal Skills	In one study, middle school students receiving LST were compared with a control group of students receiving a program that was normally in place in New York City schools. At the 3-month posttest, LST participants reported (1) lower normative expectations than control students for peer smoking and drinking and (2) for adult smoking, (3) drinking, (4) cocaine/hard drug use, and (5) inhalant use. Similarly, at the 1-year follow-up, LST participants reported lower normative expectations than control students for (6) peer smoking and (7) drinking and for (8) adult smoking and (9) drinking. (10) LST participants also scored higher than control students on drug refusal skills at 1-year follow-up. (11) Significant effects on normative expectations for peer drinking were seen at 2-year follow-up, with LST participants reporting lower normative expectations than controls.	1 (both $p < .05$ ) 2 ( $p < .05$ ) 3 ( $p < .05$ ) 4 ( $p < .01$ ) 5 ( $p < .05$ ) 6 ( $p < .001$ ) 7 ( $p < .01$ ) 8 ( $p < .01$ ) 9 ( $p < .05$ ) 10 ( $p < .05$ ) 11 ( $p < .05$ )
	Another study found that the rate of decrease in drug refusal skills was significantly slower from pretest to posttest and 1-year follow-up for 7th- grade students who received LST program compared with students from a minimal contact control condition.	(p < .01)
Violence and Delinquency	<ul> <li>(1) Results of a study among middle school students demonstrated significant reductions in violence and delinquency at 3-month follow-up for LST participants relative to the control group of students who received a standard heath education curriculum. Stronger effects were found for students who received at least half of the LST program. These effects included decreased (2) verbal aggression, (3) physical aggression, (4) fighting, and (5) delinquency.</li> </ul>	1 (all p values < .05) 2 (p < .01) 3 (p < .01) 4 (p < .001) 5 (p < .05)

Item Description	Cost	Required by Developer
Grade level curriculum set	\$175-\$275 depending on grade level	Yes
Additional student guides	\$40-\$60 for 10 depending on grade level	No
Elementary Program CD-ROM (available for some grade levels)	\$45.95 each	No
Smoking and biofeedback DVD	\$20 each	Yes (for middle school program only)
Stress management techniques audio CD	\$10 each	Yes (for middle school program only)
1-day, on-site workshop	\$200 per participant for up to 20 participants, plus travel expenses	No
2-day, on-site workshop	\$250 per participant for up to 20 participants, plus travel expenses	No
Off-site and online trainings	\$235 per participant	No
1-day, on-site consultation	\$1,000 for up to 20 participants, plus travel expenses	No
Half-day, on-site consultation	\$500 for up to 20 participants, plus travel expenses	No
Phone and online consultation	\$75 per hour	No
Email consultation	Free	No
Pre- and posttest instruments	Free	No
Fidelity checklists	Free	No

## **Contact Information:**

To learn more about implementation, contact: Craig Zettle (914) 421-2525 <u>czettle@nhpamail.com</u>

To learn more about research, contact: Gilbert J. Botvin, Ph.D. (646) 962-8056 gjbotvin@med.cornell.edu

Program Website: www.lifeskillstraining.com

Media Detective

## Target Age/Grade: Grades 3-5

**Program Description:** Media Detective is a media literacy education program. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by enhancing the critical thinking skills of students so they become adept in deconstructing media messages, particularly those related to alcohol and tobacco products, and by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** The program consists of 10 lessons, approximately 45 minutes each in length, which have been based on established models of decision-making and research on message interpretation. Students discover the media world around them and apply these skills to better understand what messages are being sent to them, particularly pro-drug messages about alcohol and tobacco products. Students are taught to deconstruct product advertisements by looking for five "clues": (1) the product, (2) the target audience, (3) the ad hook, (4) the hidden message, and (5) missing information about the health-related consequences of using the product.

Outcome	Finding	P-Value
Media Deconstruction Skills for Alcohol	At posttest, students in the intervention group had higher mean scores for media deconstruction skills compared with students in the wait-list control group (6.31 vs. 4.59).	(p < .0001)
Understanding of Persuasive Intent of Advertising	At posttest, students in the intervention group had higher mean scores for understanding of the persuasive intent of advertising compared with students in the wait-list control group (3.93 vs. 3.58).	(p < .05)
Interest in Alcohol-Branded Merchandise	At posttest, boys in the intervention group had lower mean scores for interest in alcohol-branded merchandise compared with boys in the wait-list control group (1.56 vs. 1.76). The scores for girls did not differ significantly between groups.	(p < .05)
Intentions to use Alcohol and Tobacco	At posttest, among students who had previously used alcohol and tobacco, those in the intervention group had lower mean scores for intentions to use alcohol and tobacco compared with those in the wait-list control group (0.30 vs. 0.41). The scores for students who had not previously used alcohol or tobacco did not differ significantly between groups.	(p < .05)
Self-Efficacy related to Drinking and Smoking Behaviors	(1) At posttest, students in the intervention group had higher mean scores for self-efficacy compared with students in the wait-list control group (4.79 vs. 4.69). (2) Among students who previously used alcohol or tobacco, those in	1 (p < .05)

Outcome	Finding	P-Value
	the intervention group had higher mean scores for self-	
	efficacy compared with those in the wait-list control group	
	(4.73 vs. 4.50). The scores for students who had not	
	previously used alcohol or tobacco did not differ significantly	
	between groups.	

Item Description	Cost	Required by Developer
Curriculum kit (includes teacher manual, 5 posters, CD with multimedia presentation, 30 student detective notebooks, and 30 bookmarks)	\$400 each	Yes
Additional student detective notebooks (pack of 10)	\$55 per pack	No
1-year license for on-demand, Web-based teacher training (includes teacher certification test)	\$100 per participant	No
1-day, on-site teacher training workshop	\$2,800 for up to 20 participants, plus travel expenses	No
Teacher certification test	\$25 each	No
Limited phone and email consultation	Free	No
Pre- and posttest outcome assessment instruments	Free	No
Fidelity checklists	Free	No
Implementation design and monitoring consultation	\$175 per hour	No
Evaluation services consultation	\$175 per hour	No
Contractual evaluation services	Varies depending on the number of participants, types of services, and number of evaluation reports needed	No

### **Contact Information:**

To learn more about implementation, contact: Tracy Scull, Ph.D. (919) 493-7700 tscull@irtinc.us

To learn more about research, contact: Janis Kupersmidt, Ph.D. (919) 493-7700 jkupersmidt@irtinc.us

Program Website: <a href="http://www.irtinc.us/Products/MediaDetective.aspx">http://www.irtinc.us/Products/MediaDetective.aspx</a>

<u>Media Ready</u>

## Target Age/Grade: Grades 6 – 8

**Program Description:** A media literacy program designed to delay or prevent the onset of substance abuse, particularly with respect to underage alcohol and tobacco use by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use and by enhancing the ability to apply critical thinking skills in interpreting media messages, particularly those related to alcohol and tobacco products.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** Media Ready consists of 10 lessons, about 45-minutes each based on established models of decision-making and research on the message interpretation process. The program includes homework and extension assignments to further students' understanding of media literacy and to provide additional opportunities for practicing newly learned skills.

Outcome	Finding	P-Value
Intentions to Use Alcohol	At posttest, boys in the intervention group had lower mean scores for intentions to use alcohol compared with boys in the wait-list control group (0.48 vs. 0.65.) The scores for girls did not differ significantly between groups.	(p < .05)
Intentions to Use Tobacco	(1) At posttest, students in the intervention group had lower mean scores for intentions to use tobacco compared with students in the wait-list control group (0.08 vs. 0.23). (2) Among students who had previously used tobacco, those in the intervention group had lower mean scores for intentions to use tobacco compared with those in the wait-list control group (0.42 vs. 0.96). The scores for students who had not previously used tobacco did not differ significantly between groups.	1 (p < .0001) 2 (p <.001)
Media Deconstruction Skills for Alcohol and Tobacco	At posttest, students in the intervention group had higher mean scores for deconstruction skills compared with students in the wait-list control group (10.78 vs. 9.00).	(p < .005)

Item Description	Cost	Required by Developer
Curriculum kit (includes teacher manual, CD with	\$300 each	Yes
multimedia presentation, 1 Key Questions poster, 30		
student workbooks, and 30 bookmarks)		
Additional student workbooks (pack of 10)	\$30 per pack	No
1-day, on-site teacher training workshop	\$2,800 for up to 20 participants, plus travel	No
	expenses	
Teacher certification test	\$25 each	No
Limited phone and email consultation	Free	No
Pre- and posttest outcome assessment instruments	Free	No
Fidelity checklists	Free	No
Implementation design and monitoring consultation	\$175 per hour	No
Evaluation services consultation	\$175 per hour	No
Contractual evaluation services	Varies depending on the number of	No
	participants, types of services, and number	
	of evaluation reports needed	

### **Contact Information:**

To learn more about implementation, contact: Tracy Scull, Ph.D. (919) 493-7700 tscull@irtinc.us

To learn more about research, contact: Janis Kupersmidt, Ph.D. (919) 493-7700 jkupersmidt@irtinc.us

Program Website: <a href="http://www.irtinc.us/Products/MediaReady.aspx">http://www.irtinc.us/Products/MediaReady.aspx</a>

Positive Action

## **Target Age/Grade:** Grades Pre-K – 12

**Program Description:** Positive Action is an integrated and comprehensive curriculum-based program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent–child bonding, family cohesion, and family conflict.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** The skills, or positive actions, are taught within six units and are the basis of all materials, which provides coherence and consistency within the whole program. The program components include grade-specific toolkits for prekindergarten through 12th grade, with 15-minute scripted lessons. Also available are drug education kits, a conflict resolution kit, sitewide climate development kits for elementary and secondary school levels, a counselor's kit, a family kit, and a community kit. All the components and their parts can stand alone or be seamlessly combined with any other components.

Outcome	Finding	P-Value
	Student self-reported, lifetime-substance-use prevalence rates were significantly lower for students in intervention schools than for students in control schools.	(p = .007)
Substance Abuse	Students who had received 3 to 4 years of the program had significantly lower reports of substance use than did students receiving a lower dose of the program.	(p < .001), student self- report (p = .043), teacher report
	(1) By the end of 8th grade, students in schools randomly assigned to participate in the Positive Action program reported less overall substance use than students in control schools. (2) The effects of Positive Action on substance use were completely mediated by changes in social–emotional and character development (SECD). That is, a slower rate of decline in SECD was related to less substance use at grade 8.	1 (p < .01) 2 (p < .05)
Social-Emotional Mental Health	(1) By the end of 8th grade, students in schools randomly assigned to participate in the Positive Action program reported better SECD scores than students in control schools. (2) Further, although SECD tended to decline overall, attending Positive Action schools significantly mitigated this decline.	1 (p < .01) 2 (p < .01)
Problem Behaviors (Violence, Substance Use, Disciplinary Referrals,	(1) In Study 1, student self-report of violent behaviors was significantly lower for students in intervention schools than for students in control schools, (2) with teacher reports confirming this effect.	1 (p = .002) 2 (p = .004) 3 (p < .001), student self- report

Outcome	Finding	P-Value
Suspensions, and	(3) Further, students who had received 3 to 4 years of the program had	(p = .001) teacher
Bullying)	significantly lower reports of violent behaviors than did students	report
	receiving a lower dose of the program.	
	(1) In Study 2, students in intervention schools had a slower rate of	
	increase in self-reported bullying and disruptive behaviors over time	
	compared with students in control schools.	
	(2) At the 8th-grade assessment point, students in intervention schools	1 (p < .01)
	reported a lower rate of violence-related behavior compared with	2 (p < .05)
	students in control schools.	3 (p < .05)
	(3) For each year in the study, parents of students in intervention	
	schools reported fewer bullying behaviors by their children compared	
	with students in control schools.	
	In Study 1, from baseline through 1-year follow-up, there were larger	
	achievement increases in intervention schools than in control schools (1)	
	math TerraNova, (2) math HCPS II, (3) reading TerraNova, (4) reading	
	HCPS II. These effects indicate about a 2-percentage point advantage per	1 (p < .05)
	year for the intervention schools compared with the control schools, or	2 (p < .001)
Academic	about a 12-percentage point advantage across the 6-year period. In	3 (p < .01)
Achievement	addition, school-level means for both math and reading achievement	4 (p < .05)
	demonstrated that intervention schools, which were below state	
	averages at baseline, nearly met or exceeded state averages by posttest	
	and 1-year follow-up.	
	In Study 2, using the value-added metric of the ISAT, students in	
	intervention schools transitioning from 7th to 8th grade performed	(p = .013, 1-tailed)
	significantly better in reading than students in control schools.	
		Study 1: (p < .001)
		at both posttest
Absenteeism	In both studies, there was lower absenteeism at intervention schools	and 1-year follow-
	than control schools.	up
		Study 2: (p =
		.015), 1-tailed

Item Description	Cost	Required by Developer
Instructor kits: Kindergarten	\$450 each	Yes
Instructor Kits: Grades 1-6	\$400 each	Yes
Instructor's Kits: Grades 7 and 8, and High School 1,	\$450 each	Yes
2, 3, and 4		
Instructor's Kits: Elementary Bullying Prevention	\$250 each	No
Supplement or Grade 5 Drug Education Supplement		
Instructor's Kits: Middle School Drug Education,	\$450 each	No
Elementary Climate Development, or Secondary		
Climate Development		
Counselor's Kit	\$200 each	No
Conflict Resolution Kit or Family Kit	\$75 each	No
Family Classes Instructor's Kit for 10 families	\$1450 for full kit or \$880 for condensed kit	No
Parenting Classes Instructor's Kit for 10 families	\$980 for full kit or \$430 for condensed kit	No
Community Kit	\$550 each	No

Item Description	Cost	Required by Developer
1-to-5 day, Onsite Training or Train-the-Trainer	\$3,000 per day for up to 50 participants, plus travel expenses	No
Webinar Training or Train-the-Trainer	\$300 per hour for up to 30 participants	No
Self-Training Orientation Workshop Kit (Elementary [Pre-K–6], Middle School [6–8], High School [9–12], or Comprehensive [PreK–12]	\$550-\$1500 per school/site	No
1-to 5-day, Ongoing In-Service Training Workshop or Train-the-Trainer Ongoing In-Service Training Workshop	\$3,000 per day for On-site for up to 50 participants, plus travel expenses, <b>or</b> \$300 per hour for Webinar for up to 30 participants, plus the cost of a Self-Training Ongoing In-Service Workshop Kit and a Media Training Workshop Kit per school/site	No
Self-Training Workshop Kit: Ongoing In-Service Workshop Kit	\$300	No
Self-Training Workshop Kit: Media Self-Training Workshop Kit	\$200	No
1-to-5 day, Professional Development or Train-the- Trainer Professional Development	\$3,000 per day plus travel expenses if on-site, maximum 50 participants, plus travel expenses, <b>or</b> \$300 per hour for Webinar, maximum 30 participants Plus the cost of the grade-level appropriate, self-training orientation workshop kit(s), and ongoing in-service and media training workshop kits per school/site.	No
Implementation Design and Monitoring Consultation	\$300 per hour	No
Evaluation Services Consulting	\$500 per hour	No
Needs Assessment Surveys: Teacher, Principal, and Administrator Surveys	Free to download/print from website to administer and analyze the data, <b>or</b> \$500 per teacher/class for online administration and data analysis completed by PA evaluator	No
Monitoring Fidelity: Weekly and Unit Implementation Reports	Free to download/print from website to administer and analyze, <b>or</b> \$500 per teacher/class for online administration and data analysis completed by PA evaluator	No
Process Measures: End-of-Year Teacher Process Evaluation, End-of-Year Coordinator Process Evaluation and Student Process Surveys	Free to download/print from website to administer and analyze, <b>or</b> \$500 per teacher/class for online administration and data analysis completed by PA evaluator	No
Screening and Monitoring of Students: Behavior Rating Scale and Skills for Greatness Surveys for Student/Youth, Teacher, Counselor, Parent, Principal	Free to download/print from website to administer and analyze, <b>or</b> \$5.00 per student for online administration and data analysis completed by PA evaluator	No
Outcome Measures: Pretest/Posttest Surveys	Free to download/print from website to administer and analyze the data, <b>or</b> \$10.00 per student for online administration and data analysis completed by PA evaluator	No

## **Contact Information:**

To learn more about implementation, contact: Keri Metzger (800) 345-2974 ext 100 keri@positiveaction.net

To learn more about research, contact: Carol Gerber Allred, Ph.D. (208) 733-1328 carol@positiveaction.net

Website: <a href="http://www.positiveaction.net">http://www.positiveaction.net</a>

<u>Project Alert</u>

## Target Age/Grade: 7<sup>th</sup> & 8<sup>th</sup> Grade

**Program Description:** Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist prodrug social influences.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Promising Practices Network (PPN)
- Safe and Drug Free Schools United States Department of Education
- National Institute on Drug Abuse (NIDA)

**Program Affects Change by:** The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist prodrug pressures.

Outcome	Finding	P-Value
Substance Use	Analyses at the end of grade 8 (15 months after baseline) assessed students by risk level for future drug use. Among students who had tried neither cigarettes nor marijuana at the beginning of 7th grade, Project ALERT participants were nearly 50% less likely than other students to become current marijuana users by 8th grade. (1) After incorporation of the 8th- grade booster sessions, this figure increased to more than 60%. Project ALERT participants were 30% less likely than other students to begin using marijuana. All of these findings were statistically significant.	1 (p < .05)
(Alcohol, Tobacco, and Marijuana)	For alcohol use, Project ALERT initially produced only modest, short-lived reductions. However, the revised Project ALERT, which incorporated additional material on alcohol, reduced the likelihood of alcohol use by 24%. Participants in the revised Project ALERT schools were also less likely to suffer alcohol-related consequences such as fighting and getting in trouble at home or school because of drinking. These effects continued into the 8th grade.	(p < .05)
	The revised Project ALERT curriculum also had preventive effects on alcohol, cigarette, and marijuana use among students who had tried these substances by 7th grade.	(p < .05)
Attitudes and Resistance Skills Related to Alcohol, Tobacco, and Other Drugs	In multiple randomized control group studies, analyses of program effects on attitudinal risk factors showed that Project ALERT dampened prodrug beliefs about cigarette and marijuana use (low resistance self-efficacy, low perceived consequences of use, tolerance of drugs, expectations of future use, and low estimates of peer drug use). Effect sizes for beliefs about	

Outcome	Finding	P-Value
	cigarette and marijuana use, calculated as the standardized adjusted mean	
	difference between groups, were small for all students combined (0.07-	
	0.17) and for students at different risk levels (0.07-0.27). The curriculum	
	had a more limited impact on beliefs about alcohol.	
	Although Project ALERT's effects on drug use dissipate in high school, its	
	effects on knowledge and beliefs persist during the high school years. In	
	10th grade, former ALERT participants were more likely than other students	
	to believe that drug use has negative social consequences and produces	
	dependency, that resistance has benefits, and that fewer peers use and	
	approve of use. Effects on beliefs about the risk of dependency, social	
	consequences of use, and lower peer use continued into 12th grade.	

Item Description	Cost	Required by Developer
Curriculum in e-reader format with online videos and files for posters that can be projected	Free	Yes
Online training	Free	No
Toll-free phone support, online resources, and ALERT Educator newsletter	Free	No
Fidelity instrument and alignment and assessment tools	Free	No

### **Contact Information:**

To learn more about implementation, contact: Christy Inberg (800) 253-7810 <u>cinberg@projectalert.best.org</u>

Leslie Thompson Aguilar (800) 253-7810 Itaguilar@projectalert.best.org

To learn more about research, contact: Phyllis Ellickson, Ph.D. (310) 393-0411 ext 7638 phyllis\_ellickson@rand.org

Program Website: http://www.projectalert.com

Project Northland

## Target Age/Grade: Grade 6 – 8

**Program Description:** Project Northland was designed by prevention researchers to delay the age when youth begin drinking, to reduce use among young people who have tried alcohol, to limit the use of other drugs, and to reduce alcohol-related problems.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Promising Practices Network (PPN)
- Safe and Drug Free Schools United States Department of Education

**Program Affects Change by:** Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Project Northland employs grade-specific tasks, exercises, and activities in a variety of highly engaging, interactive formats--such as comic books and posters--to reach young people at an age when they are most likely to try alcohol. Because this program includes important community components, it can be effectively implemented by schools as well as by community programs.

Outcome	Finding	P-Value
Tendency to Use Alcohol	(1) By the end of the intervention, students who participated in Project Northland were less likely to drink alcohol than other students, as measured by lower mean scores on the Tendency To Use Alcohol Scale (16.0% vs. 17.5%). (2) In addition, students who did not use alcohol before participating in Project Northland were less likely to use alcohol after the intervention than similar youth who did not participate (13.8% vs. 15.3%,).	1 (p<.05) 2 (p<.01)
Past-Week Alcohol use	(1) By the end of the intervention, fewer students who participated in Project Northland reported any alcohol use during the past week than comparable students (10.5% vs. 14.8%). (2) This finding was especially strong among students who never used alcohol before participating in Project Northland (5.9% vs. 9.8%).	1 (p<.05)
Peer Influence to Use Alcohol	Among young adolescents, peer influence was shown to have a statistically significant effect on the tendency to use alcohol. This finding suggests that some of Project Northland's effectiveness on individual alcohol use decisions was due to its impact on peer influences.	(p < .05)
Reasons Not to Use Alcohol	Among young adolescents, the perceived "functional meaning" of alcohol use was shown to have a statistically significant effect on the tendency to use alcohol. This finding suggests that Project Northland increased "functional meanings" that supported nonuse.	

Outcome	Finding	P-Value
Parent-Child Communication About Alcohol	Among young adolescents, two parent-child communication items were shown to have statistically significant effects on the tendency to use alcohol. (1) These items were "My parents talk with me about problems drinking alcohol can cause young people," and (2) "My parents have told me what would happen if I were caught drinking alcohol." This finding suggests that Project Northland increased these types of parent-child communication around alcohol use.	1 (p<.05) 2 (p<.05)

Item Description	Cost	Required by Developer
Grade 6-8 curricula	<ul> <li>\$195 each</li> <li>\$429 for grade 6-8 curriculum set</li> <li>\$549 for grade 6-8 curriculum set plus program guide</li> </ul>	Yes
3-day, on-site basic or refresher training	\$6,200 per site plus travel expenses	No
3-day, off-site basic or refresher training	\$600 per participant	No
Technical assistance	\$100 per hour	No
Scope and sequence document, research information, and fidelity checklist	Included with curricula	No

### **Contact Information:**

To learn more about implementation, contact: Kaylene McElfresh (651) 213-4324 <u>kmcelfresh@hazelden.org</u>

To learn more about research, contact: Kris Van Hoof-Haines (651) 213-4331 kvanhoof-haines@hazelden.org

Program Website: <u>http://www.hazelden.org/web/go/projectnorthland</u>



## Target Age/Grade: 11 – 14 year olds

**Program Description:** Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth. The program is founded on the Multi-Component Motivational Stages (McMOS) prevention model, which is based on the stages of behavioral change found within the Transtheoretical Model of Change. The McMOS model posits a continuum of five stages in the initiation of alcohol use: pre-contemplation (has not tried alcohol in the past year), contemplation (is thinking about trying alcohol soon), preparation (is planning to start drinking soon), action (started drinking in the past 6 months), and maintenance (has been drinking for longer than 6 months). STARS for Families intervention materials are tailored to the individual's stage of alcohol use initiation.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

**Program Affects Change by:** STARS for Families has three components. Youth who participate in the program receive brief individual consultations in school or in after-school programs about why and how to avoid alcohol use, and they may also receive a follow-up consultation. These standardized sessions are provided by trained adults guided by protocols. A series of eight postcards are mailed to parents/guardians providing key facts about how to talk to their children about avoiding alcohol. In addition, the family completes four take-home lessons designed to enhance parent-child communication regarding prevention skills and knowledge. These three components can be implemented separately or in various combinations. In addition to its implementation in school and after-school settings, the program also has been used in health clinics, youth organizations, and homes.

Outcome	Finding	P-Value
	In one study, at the 3-month posttest, fewer intervention participants reported drinking heavily during the past 30 days than participants in the comparison group, who received alcohol education booklets to read independently.	(p < .05)
Heavy Alcohol Use	In another study, at the 6-month posttest, fewer intervention participants reported drinking heavily during the past 30 days than participants in the no-treatment control group.	(p < .05)
	In a third study, from baseline to the 3-month posttest, heavy drinking decreased in the intervention group and increased in the no-treatment control group.	(p < .05)
Quantity of Alcohol Use	At the 10-week follow-up, intervention participants reported having consumed less alcohol than participants in the comparison group, who received alcohol education booklets to read independently.	(p < .05)
Frequency of Alcohol Use	Three studies compared the intervention to a comparison condition in which participants received alcohol education booklets to read independently. In one study, at the 3-month	1 (p < .05) 2 (p < .05)

Outcome	Finding	P-Value
	posttest, fewer intervention participants reported drinking	
	alcohol in (1) the past 7 days and (2) the past 30 days than	
	participants in the comparison group.	
	In another study, of participants who had already started	
	using alcohol, those in the intervention group reported less	(n < 05)
	frequent alcohol use at the 1-month posttest than those in	(p < .03)
	the comparison group.	
	In a third study, at the 10-week follow-up, intervention	
	participants reported significantly less frequent alcohol use	(p < .05)
	over the past 30 days than comparison group participants).	
	In another study, fewer participants in the intervention group	
	than in the no-treatment control group reported at the 6-	(p < .05)
	month posttest that they had consumed alcohol in the past	(p 100)
	30 days.	
	Three studies compared the intervention to a comparison	
	condition in which participants received alcohol education	
	booklets to read independently. In one study, at the 3-month	1 (p < .05)
	posttest, fewer intervention participants reported drinking	2 (p < .05)
	alcohol in (1) the past 7 days and (2) the past 30 days than	
	participants in the comparison group.	
	In another study, of participants who had already started	
Quantity of Alcohol Use	using alcohol, those in the intervention group reported less	(p < .05)
	frequent alcohol use at the 1-month postfest than those in	
	the comparison group.	
	In a third study, at the 10-week follow-up, intervention	$(n < 0\Gamma)$
	participants reported significantly less frequent alcohol use	(p < .05)
	In another study, fower participants in the intervention group	
	than in the no-treatment control group reported at the 6-	
	month postfest that they had consumed alcohol in the past	(p < .05)
	30 days	
	At the 3-month postcest fewer intervention participants were	
	in the advanced stages of alcohol use initiation (i.e.	
Stage of Alcohol Use Initiation	preparation action maintenance) than participants in the	(n < 05)
	comparison group, who received alcohol education booklets	(p 100)
	to read independently.	
	In one study, at the 3-month posttest, intervention	1 (p<.01)
	participants reported having (1) significantly fewer intentions	2 (p < .01)
	to drink alcohol in the future than students in the comparison	
	group, who received alcohol education booklets to read	
Intentions to Use Alcohol in the	independently. (2) This finding remained significant at the 1-	
Future	year follow-up.	
	In another study, at the 6-month posttest, fewer participants	(p < .05)
	in the intervention group than in the no-treatment control	,
	group reported intentions to use alcohol in the next 6	
	months.	

Item Description	Cost	Required
		by Developer
Curriculum	\$299 (\$250 for training participants)	Yes
Additional parent postcards	\$49.95 for 50	No
Additional family take-home lessons	\$129.95 for 50	No
1- to 2-hour audio training	\$499 per participant	Yes
Implementation consultation	\$599 per hour	No
Scannable outcome survey	\$5 each	No
Evaluation services (includes scanning/analyzing data	\$10 per adolescent	No
and providing a brief written report of the overall		
findings)		

## **Contact Information:**

To learn more about implementation, contact: Dinky Hicks (800) 962-6662 ext 191 <u>dinky@nimcoinc.com</u>

Paula Jones (800) 962-6662 ext 114 paula@nimcoinc.com

## To learn more about research, contact:

Chudley E. Werch, Ph.D. (904) 472-5022 <a href="mailto:cwerch@preventionpluswellness.com">cwerch@preventionpluswellness.com</a>

Program Website: <a href="http://nimcoinc.com">http://nimcoinc.com</a>

<u>Strengthening Families Program: For Parents and Youth 10 - 14</u>

## Target Age/Grade: 10 – 14 years old

**Program Description:** The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models.

### Identified as Evidence-Based by:

- National Registry of Evidence-Based Programs and Practices (NREPP)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Safe and Drug Free Schools United States Department of Education
- National Institute on Drug Abuse (NIDA)

**Program Affects Change by:** The program includes seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances. Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff.

**Program Outcomes:** Sixth-grade students participated in an intervention group receiving SFP 10-14 or a minimal contact control group receiving four mailed leaflets on adolescent development and parent-child relationships.

Outcome	Finding	P-Value
Substance Use	At the 4-year follow-up, the proportion of new substance users in the intervention group was significantly lower than that in the control group for all five measures of the lifetime substance use. (1) 50% of students who received the intervention reported having ever tried alcohol, compared with 68% of control group students, representing a relative reduction of 26.4%. (2) 40% of students who received the intervention reported using alcohol without parental permission, compared with 59% of control group students, representing a vertice due to a students, representing a relative reduction of 32%. (3) 26% of students who received the intervention reported having ever been drunk, compared with 44% of control group students, representing a relative reduction of 40.1%. (4) 33% of students who received the intervention reported having ever smoked cigarettes, compared with 50% of control group students, representing a relative reduction of 55.4%. (6) Also at the 4-year follow-up, the frequency of alcohol and cigarette use was lower among the intervention group than the control group. (7) At the 6-year follow-up, no students who received the intervention reported using methamphetamine, whereas 3.21% of the control group reported using it.	1 (p < .01) 2 (p < .01) 3 (p < .01) 4 (p < .01) 5 (p < .01) 6 (p < .05) 7 (p = .04)

Outcome	Finding	P-Value
School Success	Participants provided data at three time points: in grades 6 (at posttest), 8, and 12. (1) Increased parenting competency and reduced student substance use-related risk measured in the 6th grade were associated with positive effects on school engagement measured in the 8th grade, (2) which in turn was associated with positive effects in academic performance in the 12th grade.	1 (p < .05) 2 (p < .05)
Aggression	At the 4-year follow-up, (1) students who received the intervention exhibited fewer aggressive and hostile behaviors on the OIAHB (39.7%) than control group students (49.2%). In addition, (2) students in the intervention group exhibited significantly less aggressive and hostile behavior toward their mothers compared with those in the control group. Also at the 4-year follow-up, students who received the intervention reported lower levels of aggressive and destructive conduct on the ARIADC (14.6%) than control group students (24.5%). The percentage of students reporting breaking and entering was higher among the control group than the intervention group (7.9% vs. 2.0%), a difference that represents a relative reduction of 74.7%. The relative reduction rates for physical fighting, throwing items to cause injury, and purposely damaging property were 31.7%, 53.5%, and 77.0%, respectively. There were no statistically significant findings on aggressive or destructive behaviors as measured by the PARAHB.	1 (p < .05) 2 (p = .04)
Cost Effectiveness	Data were analyzed for age of alcohol use onset at each of seven data collection points ending at the 12th grade. Using the estimated costs of the intervention, number of cases of alcohol use disorders prevented by the intervention, cost per case of alcohol use disorders prevented by the intervention, and average benefit realized by preventing one case of an alcohol use disorder, researchers estimated the SFP 10-14 benefit-cost ratio to be 9.60 (i.e., \$9.60 saved for every dollar invested) and the net benefit for each participating family to be \$5,923.	

**Program Costs:** The initial implementation cost per family is \$373-\$398, based on estimated costs for expendable family materials (\$18), child care (\$35), transportation (\$20), and facilitators (\$180), assuming the sessions are not taught by agency staff. Other costs per family included in this estimate are for snacks (\$25) or meals (\$50) and monetary incentives (\$150). The costs are based on 10 families per 7-week session. An additional option is hiring a program coordinator, which costs approximately \$400 per family. The program coordinator estimate is based on 10 7-week sessions implemented over a 1-year period.

Item Description	Cost	Required by Developer
Program materials	\$1,109 per set for 6-10 facilitators	Yes
3-day, on-site or off-site staff	\$6,000 for up to 30 people,	Yes
training and technical assistance	including travel expenses	
Fidelity observation checklists	Free	No

## **Contact Information:**

To learn more about implementation, contact: Cathy Hockaday, Ph.D. (515) 294-7601 hockaday@iastate.edu

Catherine Webb (515) 294-1426 <u>cwebb@iastate.edu</u>

To learn more about research, contact: Richard Spoth, Ph.D. (515) 294-9752 <u>rlspoth@iastate.edu</u> or <u>denisej@iastate.edu</u>

Program Website: <u>http://www.extension.iastate.edu/sfp</u>

Too Good for Drugs

## **Target Age/Grade:** K – 12 grades

**Program Description:** Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups.

### Identified as Evidence-Based by: NREPP, OJJDP

**Program Affects Change by:** TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

Outcome	Finding	P-Value
Intentions to Use Alcohol, Tobacco, and Marijuana and to Engage in Violence	In one study, from pre- to posttest, the proportion of students with intentions to drink alcohol was significantly reduced in the treatment group compared with the control group, which received a standard physical education curriculum. The proportions of students with intentions to smoke, use marijuana, or engage in fighting also were reduced in the treatment group compared with the control group, but the differences between the two groups were not statistically significant.	(p < .05)
	In a second study, from pre- to posttest, the proportions of students with (1) intentions to drink alcohol and (2) smoke were significantly reduced for the treatment group compared with the wait-list control group. During the same time, the intention to use marijuana also was reduced for the treatment group compared with the control group, but the difference between the two groups was not statistically significant. At 20-week follow-up, the proportions of students with intentions to drink alcohol, smoke, and use marijuana were reduced in the treatment group compared with the control group were not statistically significant.	1 (p = .02) 2 (p = .04)
Risk and Protective Factors for Substance Use and Violence	In one study, from pre-to post-test, students in the treatment group had significantly increased scores in eight of nine protective areas compared with students in the control group, who received a standard education curriculum. Although the treatment group had improvement in parent- child interactions and discussions, the difference between the treatment and control groups at the post-test was not statistically significant.	(all p values < .01)
	In another study, from pre- to posttest, (1) students in the treatment group had significantly increased scores in all six risk and protective areas compared with students in the wait-list control group. (2) At 20-week follow-up, the difference between the groups remained statistically significant in only four of the six risk and protective areas (i.e., perceived	1 (all p values < .01) 2 (all p values < .01)

Outcome	Finding	P-Value
	peer resistance skills, perceived peer normative substance use, perceived	
	peer disapproval of substance use, locus of control/self-efficacy).	
	In a third study, from pre- to posttest, (1) students in the treatment	
	group had significantly increased scores in four of five protective areas	1 (all p values < .01) 2 (p < .01)
	(i.e., emotional competency, social and peer resistance skills, goal-setting	
	and decision-making skills, perceived harmful effects of substance use)	
	compared with students in the wait-list control group. (2) At 4-month	
	follow-up, the difference between the groups remained statistically	
	significant in only goal-setting and decision-making skills.	
Personal and Prosocial Behaviors	From pre- to posttest, students in the treatment group showed	
	significantly increased use of personal and social skills, increased	
	engagement in prosocial behaviors, and decreased engagement in	(all p values < .01)
	inappropriate social behaviors compared with students in the wait-list	
	control group. These results were maintained at 4-month follow-up.	

Item Description	Cost	Required by Developer
Too Good for Drugs K-8 grade-specific kit (each includes the teacher's manual; 50 student workbooks; and age-appropriate teaching materials including posters, puppets, CDs, DVDs, and/or games)	\$100 - \$130 each	Yes
Too Good for Drugs & Violence high school kit (each includes the teacher's manual; 50 student notebooks; age-appropriate teaching materials including posters, puppets, CDs, DVDs, and activities; and TGFDV staff development program and 12 core infusion lessons)	\$750 each	Yes
Too Good for Drugs & Violence After-School Activities kit (each includes the facilitator's guide and age-appropriate teaching materials including posters, puppets, CDs, DVDs, and games)	\$595 each	Yes
Too Good for Drugs & Violence Staff Development kit (includes the facilitator's guide and 50 participant workbooks)	\$250 each	Yes
1-day, on-site curriculum training	\$2,000 for groups of 10-50 participants, plus travel expenses	No
Train-the-trainer session	\$400 per person per day	No
1-day, off-site curriculum training	\$295 per person per day	No
Implementation design and technical assistance before, during, and following program implementation	Free	No
Student behavior checklist, student outcome survey, student knowledge test, teacher implementation instrument, and classroom observation checklist	Included with kits	No

## **Contact Information:**

To learn more about implementation, contact: Regina Birrenkott, M.Ed., CAPP (800) 750-0986 <u>rbirrenk@mendezfoundation.org</u>

Christianne Powell, M.A. (800) 750-0986 cpowell@mendezfoundation.org

**To learn more about research, contact:** Christianne Powell, M.A. (800) 750-0986 <u>cpowell@mendezfoundation.org</u>

Program Website: http://www.mendezfoundation.org