



# Texas Impaired Driving Task Force

## Recommendations for Alcohol and Drug Prevention Programs K–12th Grades



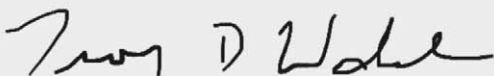
## Dear Texas School Administrators and Staff:

School-based prevention programs, beginning in elementary school and continuing through secondary school and beyond, can play a pivotal role in preventing underage drinking and impaired driving. If children can learn healthy attitudes towards alcohol and drugs, then they may be able to adopt safe behaviors that they carry with them into adolescence and beyond.

Currently, Texas does not have a standard mandatory traffic safety or impairment curriculum. To that end, the Texas Impaired Driving Task Force (TxIDTF) has developed the *Texas Impaired Driving Task Force Recommendations for Alcohol and Drug Prevention Programs K-12th Grades* for your reference as you consider implementing alcohol and drug prevention programs in your schools. The purpose of this reference book is to provide Texas K-12th grades with current impaired driving information for inclusion in health and other curriculum. This reference book provides an overview of alcohol and drug prevention programs that vary in cost, time, and materials so that you can select the program that is best suited for the needs of your students, staff, and schools.

We recognize that spare time in the classroom is limited. Each of the programs listed in this reference book meets a Texas Education Knowledge and Skills (TEKS), so that your teachers, instructors, and mentors can continue to teach to state standards while instilling valuable lessons about alcohol, drugs, and impaired driving. This reference book is split into two sections, including 1) evidence-based educational programs and 2) programs funded by the Texas Department of Transportation that address impaired driving. We hope that you find this reference book beneficial as you consider implementing alcohol and drug prevention programs. The TxIDTF's mission is to eliminate impaired driving fatalities, injuries, and crashes on Texas roadways. The TxIDTF recognizes that education continues to play a pivotal role in impaired driving prevention strategies.

Respectfully,



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## Evidence-Based Programs





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## Using Evidence-Based Practices and Programs to Reduce Youth Alcohol and Drug Use

When it comes to preventing and reducing youth alcohol and drug use, there is no silver bullet. In the absence of a single cure-all, it is best to use policies, programs, and practices that have a demonstrated effectiveness in solving or addressing the issue at hand. Using evidence-based strategies not only yields greater positive outcomes, but also provides a more effective means of using limited resources.

Because there is not a single approach that works in all cases, a comprehensive prevention system addressing intervening variables that lead and contribute to alcohol use is most effective. According to the Substance Abuse Mental Health Services Administration, the variables to address include:

- Low enforcement (of existing policies or laws)
- Easy retail access (sales to minors or alcohol outlet density)
- Social access (getting alcohol through parties and friends)
- Promotion (ad placement and product/brand sponsorships)
- Pricing (low excise taxes or sales on products/bar specials)
- Social norms (rite of passage, perception that peers are doing it and perception of risk – e.g., *will I get in trouble if I get caught using this product?*)

These variables exist in every community, though each community experiences the intervening variables in its own way and has its own specific issues that it must address. A strong prevention system consists of strategies that are tailored to a community's needs and focus on both individual behavioral change and community environmental change.

When addressing the variables outlined above, selecting strategies that have been proven by sound research and evaluation methodologies offer the greatest likelihood of yielding the desired results.

This reference book provides information about school-based alcohol and drug education programs that have been proven to effect change on specific outcomes. According to research found in *Alcohol: No Ordinary Commodity*, school-based prevention programs aim to achieve one or more of the following:

- Change the adolescent's drinking beliefs, attitudes, and behaviors
- Modify factors (e.g., general social skills, self-esteem) which are assumed to underlie adolescent drinking
- Delay the onset of first use of alcohol
- Reduce the use of alcohol
- Reduce high-risk drinking
- Minimize the harm caused by drinking

Communities began implementing school-based programs focused on preventing and reducing underage alcohol use in the 1960s. In the early years, prevention was focused on increasing knowledge of alcohol use and the associated risks and dangers with the purpose of changing behavior (informational approach). In subsequent years affective education became popular which address self-esteem, general social skills, values clarification, or similar factors assumed to underlie underage alcohol use. There was also a focus on encouraging alternative activities assumed to be inconsistent with alcohol use such as playing sports or meditating. However, research has shown that a majority of the programs that employ informational approaches and/or affective education have been largely ineffective (Cuijpers, 2003).

Starting in the early 1980s, social influence programs were developed in response to the ineffectiveness of informational and affective education programs. Social influence programs assume that most adolescents have an unfavorable attitude towards alcohol, tobacco, and other drug use, yet when challenged about their beliefs they are easily swayed because they have had little practice resisting social pressure. The programs attempt to prepare students against challenges to

their beliefs through resistance skills that focus on short-term and immediate social consequences. In the early 1990s, it was recognized that adolescent alcohol use is determined less by direct pressure from others and more from a myriad of subtle social influences (as indicated in the intervening variables previously mentioned). Since the 1990s, there has been a shift from focusing primarily on refusal/resistance skills to focusing on normative education, which corrects a student's tendency to over-estimate the number of their peers that actually use and/or approve of alcohol use. Many school-based programs now include a combination of both normative education and resistance skills training.

It is also important to note that research assessing 207 universal school-based drug prevention programs, many of which had alcohol as their focus, found there was little effect from non-interactive programs, such as lectures focused on increasing alcohol knowledge or affective education (Tobler et al., 2007). However, interactive programs that fostered interpersonal skills development did show some positive effects.

There is research and scientific evaluation that indicates some resistance skills and normative education programs work at reducing alcohol use and some do not.

The programs presented in this reference book are social influence programs with demonstrated evidence of effecting change on specific outcomes. The document provides the reader with a target age group, program description, what entities deem the program as evidence-based, the change/s the program is intended to affect, outcomes, program costs, and contact information.

Again, because no two schools are exactly alike, and resources are often limited, it is important for a school to select evidence-based programs that 1) best address the intervening variables present at your school, and 2) offer the biggest "bang for the buck." It is also critical that schools honor the fidelity of the programs to observe the intended outcomes and results.

With evidenced-based programs and practices, school administrators and educators can maximize the impact their limited resources will have on reducing alcohol abuse while at the same time reducing unanticipated consequences. It may require a departure from current prevention practices or a greater investment of resources but using evidence-based programs and practices should generate greater outcomes making it worth the return on investment.

Cuijpers, P. (2003). Three decades of drug prevention research. *Drugs: education, prevention and policy*, 10(1), 7-20.

Tobler, N. S., Roona, M. R., Ochshorn, P., Marshall, D. G., Streke, A. V., & Stackpole, K. M. (2000). School-based adolescent drug prevention programs: 1998 meta-analysis. *Journal of primary Prevention*, 20(4), 275-336.

Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N. Graham, K. et al. (2010). *Alcohol: No Ordinary Commodity: Research and Public Policy*. Oxford Scholarship Online.



**During-School; After-School**  
**Program Description**

Across Ages is a school and community-based drug prevention program targeting youth through mentorship. The program matches adult mentors (55+) with youth aged 9-13 years old. Ultimately, the goal of Across Ages is to increase protective factors to prevent or delay substance use. The program includes four components, including mentoring, community service, social competence training, as well as family activities.

**Substances Addressed:** Alcohol, Drugs-General  
**Cost:** >\$2,250

**Cost Description:** The cost includes a training onsite for 1.5 days (\$2,250). Cost does not include travel and per diem to training site. In addition, the fees for manuals or program supplies is not stated.

**Optional Costs:** Technical support is available to those who receive training at \$150 per hour.

**School Subjects Covered:** None Identified

**Program Components**

Component	Description
<b>Student</b>	The program includes 26, 45-minute lessons which focus on life and resistance skills. Activities include journals and role-playing, as well as homework assignments.
<b>Parent</b>	Parents are involved through weekend events which include meals, entertainment, as well as transportation when possible.
<b>Mentor</b>	Mentors help develop awareness, self-confidence, and skills needed through spending at least 4 hours a week with youth. In addition, mentors are encouraged to keep contact with parents.
<b>Community</b>	Students serve the community through interactions with seniors in nursing homes.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), California Evidence-Based Clearinghouse for Child Welfare

**Program Evaluation**

- **Number of Evaluation Studies:** 2



- **Evaluation Study Citations:**

- o Taylor A., LoSciuto L, Fox M., & Hilbert S. (1999). The mentoring factor: An evaluation of Across Ages' intergenerational approach to drug abuse prevention. *Child & Youth Services*, 20(1-2), 77–99. doi: 10.1300/J024v20n01\_07
- o LoSciuto, L., Rajala, A. K., Townsend, T. N., & Taylor, A. S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research*, 11(1), 116–129.

- **Last Evaluation Year:** 1999

- **Description of Evaluation:** LoSciuto and colleagues (1996) utilized a randomized pre-test/post-test control group design. Pre-test and post-test data were collected at the beginning and end of each academic year from 1991 through 1994. Methods for Taylor and Colleagues (1999) were not readily available.

- **Findings:**

Outcome	Finding	Significant *
<b>General Functioning and Well-Being</b>	The intervention group scored higher on a measure of general mood and emotion state at post-test compared to the control group.	<input checked="" type="checkbox"/>
<b>General Substance Use</b>	The intervention group reported less frequent substance use at the post-test compared to the control group.	<input checked="" type="checkbox"/>
<b>Knowledge, Attitudes, and Beliefs About Substance Use</b>	The intervention group scored higher on situations surrounding drug-use compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Aseltine, R. H., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of Across Ages. *Adolescent and Family Health*, 1(1), 11-20.
- Taylor, A., LoSciuto, L., Fox, M., & Hilbert, S. (1999). The mentoring factor: An evaluation of Across Ages. Intergenerational program research: Understanding what we have created. *Binghamton, NY: Haworth*.
- Rogers, A. M., & Taylor, A. S. (1997). Intergenerational mentoring: a viable strategy for meeting the needs of vulnerable youth. *Journal of Gerontological Social Work*, 28(1-2), 125-140.
- LoSciuto, L., Rajala, A. K., Townsend, T. N., & Taylor, A. S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research*, 11(1), 116-129.

***Program Notes and Available Resources***

- Manuals are available at: <http://acrossages.org>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 5.**

- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (F)
- o (b) (6) (A)

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)

• **Health Education,  
Grades 7-8.**

- o (b) (5) (H)
- o (b) (5) (J)
- o (b) (5) (K)
- o (b) (10) (A)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)

## AI's Pals: Kids Making Healthy Choices

Ages 3-8



### During-School

#### Program Description

AI's Pals: Kids Making Healthy Choices is a school-based early childhood program designed to improve social emotional, self-control, and healthy decision-making skills. These skills are taught through short lessons and fun interactive activities.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** Not Readily Available

**Cost Description:** Not Readily Available

**Optional Costs:** Not Readily Available

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Through interactive lessons, AI's Pals focuses on how to positively express feelings, relate to others, communicate, problem solve, and identify safe and unsafe situations. Short lessons (15 to 20 minutes) are delivered twice a week.
Parent	To include parents, teachers send home letters to update parents on the current curriculum, as well as suggest potential at-home activities to reinforce lessons. In addition, parents receive "AI-A-Gram" messages when their children demonstrate an important skill.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools

• **Number of Evaluation Studies:** 3

• **Evaluation Study Citations:**

- o Lynch, K. B., Geller, S. R., & Schmidt, M. G. (2004). Multi-year evaluation of the effectiveness of a resilience-based prevention program for young children. *Journal of Primary Prevention*, 24(3), 335–353.
- o Lynch, K. B., & McCracken, K. (2001a) Highlights of findings of the AI's Pals: Kids Making Healthy

Choices intervention implemented in Hampton City Public Schools 1999–2000. Virginia Institute for Developmental Disabilities at Virginia Commonwealth University. With Addendum and Clarification for NREPP 2016 review prepared by M. E. Loos (2016). Unpublished document.

- o Lynch, K. B., & McCracken, K. (2001b) Highlights of findings of the AI's Pals: Kids Making Healthy Choices intervention implemented in Greater Des Moines, Iowa 1999–2000. Virginia Institute for Developmental Disabilities at Virginia Commonwealth University. With Addendum and Clarification for NREPP 2016 review prepared by M. E. Loos (2016). Unpublished document.

- **Last Evaluation Year:** 2004
- **Description of Evaluation:** The evaluation included multiple years and states to determine the effectiveness of the program on targeting children in preschool through early elementary. The evaluation looked at specific outcomes in children such as social skills, problem behaviors, and ability to cope.
- **Findings:**

Outcome	Finding	Significant *
<b>Social</b>	Students who received the intervention had significant positive changes in social-emotional competence and prosocial skills.	<input checked="" type="checkbox"/>
<b>Positive Coping</b>	Students who received the intervention had positive significant changes in positive coping and "distract/avoid" from the Teacher Report.	<input checked="" type="checkbox"/>
<b>Disruptive Behavior Disorders and Symptoms</b>	The program was effective at reducing disruptive disorders and behaviors.	<input checked="" type="checkbox"/>
<b>Attention Disorders and Symptoms</b>	The program was effective at reducing attention disorders and symptoms.	<input checked="" type="checkbox"/>
<b>Anxiety Disorders and Symptoms</b>	The program was effective at reducing anxiety disorders and symptoms.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

#### ***Publications Associated with Program:***

- See evaluation above

#### ***Program Notes and Available Resources***

- Program Information available at: <http://wingspanworks.com/healthy-al/>

#### **Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• <b>Health Education, Kindergarten.</b></li> <li>o (b) (2) (C)</li> <li>o (b) (3) (A)</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Health Education, Grade 1.</b></li> <li>o (b) (2) (C)</li> <li>o (b) (3) (A)</li> <li>o (b) (3) (B)</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Health Education, Grade 2.</b></li> <li>o (b) (2) (A)</li> <li>o (b) (2) (D)</li> <li>o (b) (2) (F)</li> </ul> |
|--|--|--|



## All Stars

Ages 6-12, 13-17



### During-School; After-School Program Description

All Stars uses a character-based approach for preventing high-risk behaviors (e.g., substance abuse, violence, premature sexual activity). The program is designed to reinforce positive qualities, including developing positive norms, building strong personal commitments, promoting positive parental attentiveness, developing positive future goals, and promotion of involvement in school and community organizations. All Stars is based on the social learning theory.

**Substances Addressed:** Alcohol, Inhalants, Marijuana, Tobacco

**Cost:** \$550 per classroom

**Cost Description:** The cost per student ranges from \$10-\$15 depending on the All Stars curriculum. The cost for each teacher manual is \$100. A 30-student class could anticipate paying \$550.

**Optional Costs:** Training is available, but a quote must be requested through the company website.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
<b>Student</b>	All Stars consists of the core, booster, and plus programs. Depending on the program, there are between 9 to 13 lessons that last approximately 45-minutes.
<b>Parent</b>	All Stars engages parents through a variety of activities through the core, booster, and plus programs. All Stars encourages children to have important conversations with parents to reinforce classroom lessons.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools, Texas Education Agency (TEA) – Evidence Based Programs for Alcohol Awareness

### **Program Evaluation**

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - o Harrington, N. G., Giles, S. M., Hoyle, R. H., Feeney, G. J., & Yungbluth, S. C. (2001). Evaluation of the All Stars character education and problem behavior prevention program: Effects on mediator and outcome variables for middle school students. *Health Education & Behavior*, 28(5), 533–546.
- **Last Evaluation Year:** 2001
- **Description of Evaluation:** A single-cohort longitudinal design was used in 14 middle schools. Schools were matched and randomized to three groups, including treatment, control, and a teacher-run treatment group. Pre- and post-tests, and a 1-year follow-up were done to evaluate the program.
- **Findings:**

Outcome	Finding	Significant *
School Engagement	At the post-test there were no between-group differences in bonding to prosocial institutions (e.g., school).	☒
Knowledge, Attitudes, and Beliefs About Substance Use	At the post-test, students in the teacher-led condition had statistically significant higher scores for 1) commitment to avoid substances and 2) perception that substance use would interfere with personal values and lifestyles compared to the controls.* However, there was no significant difference in beliefs regarding norms related to levels and acceptability of substance use between the groups.	Mixed
Disruptive Behavior Disorders and Symptoms	At the post-test there were no between-group differences in violent behaviors towards others.	☒
Health-Risk Behaviors	At the post-test there were no between-group differences in sexual activity.	☒
General Substance Use	At the post-test there were no between-group differences in past 30-day drug use.	☒
Note: *Indicates statistically significant finding at p-value <0.05.		

### **Publications Associated with Program:**

- Hansen, W. B., & Dusenbury, L. (2004). All Stars Plus: A competence and motivation enhancement approach to prevention. *Health Education*, 104(6), 371-381.
- McNeal Jr, R. B., Hansen, W. B., Harrington, N. G., & Giles, S. M. (2004). How All Stars works: An examination of program effects on mediating variables. *Health Education & Behavior*, 31(2), 165-178.
- Taylor, B. J., Graham, J. W., Cumsille, P., & Hansen, W. B. (2000). Modeling prevention program effects on growth in substance use: Analysis of five years of data from the Adolescent Alcohol Prevention Trial. *Prevention Science*, 1(4), 183-197.

### **Program Notes and Available Resources**

- A preview copy of the All Stars curriculum can be obtained by contacting the company.

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 6.**

- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (7) (H)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (8) (C)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)
- o (b) (9) (F)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (12) (A)

- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)
- o (b) (12) (H)
- o (b) (12) (I)
- o (b) (13) (A)
- o (b) (13) (B)
- o (b) (13) (C)
- o (b) (13) (D)
- o (b) (13) (E)
- o (b) (13) (F)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (14) (C)
- o (b) (14) (D)

• **Health Education,  
Grades 7-8.**

- o (b) (1) (A)
- o (b) (6) (E)
- o (b) (6) (H)
- o (b) (6) (J)
- o (b) (6) (L)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)

## ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)

Ages 13-17 Females



### During-School; After-School

#### Program Description

Athletes Targeting Healthy Exercise & Nutrition Alternatives (ATHENA) is a program designed specifically for female athletes. ATHENA addresses eating disorders and body-shaping drug use through health sports nutrition and strength-training alternatives to the use of alcohol, illicit and performance-enhancing drugs through a team-centered, peer-led program. The program covers important topics that influence females, including mental health, self-esteem, and the influence of media.

**Substances Addressed:** Alcohol, Illicit Drugs, Performance-Enhancing Drugs

**Cost:** \$530 for curriculum and training; \$11 per student for Athlete Package and/or Squad Leader Package

**Cost Description:** The cost includes curriculum (\$280), online training (\$250), and guides for athletes and squad leaders (\$11 per student).

**Optional Costs:** Onsite training \$2,000-\$3,000 plus travel

**School Subjects Covered:** Health, PE

### Program Components

Component	Description
Student	ATHENA is delivered during a team's sport season through 8, 45-minute lessons that are peer-led by squad leaders. The lessons include built-in activities that help apply new skills and abilities learned.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### Program Evaluation

- **Number of Evaluation Studies:** 2
- **Evaluation Study Citations:**
  - Elliot, D. L., Goldberg, L., Moe, E. L., DeFrancesco, C. A., Durham, M. B., McGinnis, W., & Lockwood, C. (2008). Long-term outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program for female high school athletes. *Journal of Alcohol and Drug Education*, 52(2), 73.
  - Elliot, D. L., Goldberg, L., Moe, E. L., DeFrancesco, C. A., Durham, M. B., & Hix-Small, H. (2004). Preventing substance use and disordered eating: initial outcomes of the ATHENA (Athletes Targeting Healthy Exercise and Nutrition Alternatives) program. *Archives of Pediatrics & Adolescent Medicine*, 158(11), 1043-1049.
- **Last Evaluation Year:** 2008



- **Description of Evaluation:** The first evaluation was a prospective randomized trial conducted in 18 high schools in Oregon. The schools were matched on size, student demographics, and socioeconomic status. The schools were randomly assigned to treatment or control groups. The treatment group was offered the ability to participate in the program, whereas, the control group received educational materials. The evaluation focused on short-term effectiveness of the program through a survey. Next, Elliot and colleagues (2008) conducted a one-year follow-up survey that was sent to all participants who had completed high school and were over 18 years old.
- **Findings:**

Outcome	Finding	Significant *
<b>Disordered Eating Behavior</b>	Students in the intervention groups reported they were less likely to participate in disordered eating behavior.* In addition, the second study found the self-reported use of disordered eating behaviors in both groups decreased.	<b>Mixed</b>
<b>Tobacco Use</b>	There were no significant differences between control and intervention groups on tobacco use.	<input checked="" type="checkbox"/>
<b>Alcohol, Tobacco, and Illicit Drug Use</b>	Compared to the control group, ATHENA graduates self-reported significantly less alcohol use in past 3 months and 1 year, less regular ongoing tobacco use in their lifetime (though it was not significant), less regular marijuana use, and less marijuana use in the past year.	<b>Mixed</b>
Note: *Indicates statistically significant finding at p-value <0.05.		

#### ***Publications Associated with Program:***

- Elliot, D. L., Moe, E. L., Goldberg, L., DeFrancesco, C. A., Durham, M. B., & Hix-Small, H. (2006). Definition and outcome of a curriculum to prevent disordered eating and body-shaping drug use. *Journal of School Health, 76*(2), 67-73.
- Elliot, D. L., Cheong, J., Moe, E. L., & Goldberg, L. (2007). Cross-sectional study of female students reporting anabolic steroid use. *Archives of Pediatrics & Adolescent Medicine, 161*(6), 572-577.
- Goldberg, L., & Elliot, D. L. (2005). Preventing substance use among high school athletes: The ATLAS and ATHENA programs. *Journal of Applied School Psychology, 21*(2), 63-87.
- Ranby, K. W., Aiken, L. S., MacKinnon, D. P., Elliot, D. L., Moe, E. L., McGinnis, W., & Goldberg, L. (2009). A mediation analysis of the ATHENA intervention for female athletes: prevention of athletic-enhancing substance use and unhealthy weight loss behaviors. *Journal of Pediatric Psychology, 34*(10), 1069-1083.

#### ***Program Notes and Available Resources***

- Program Information through Oregon Health and Science University is available at: <https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/medicine/divisions/hpsm/research/athena.cfm>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education,  
Grades 7-8.**

- o (b) (5) (H)
- o (b) (5) (J)
- o (b) (5) (K)
- o (b) (10) (A)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)

• **Health Education,  
Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (8) (A)
- o (b) (16) (D)

• **Health Education,  
Grades 11-12.**

- o (b) (4) (C)
- o (b) (7) (D)

## ATLAS (Athletes Training and Learning to Avoid Steroids)

Ages 14-17 Males



### During-School; After-School

#### **Program Description**

Athletes Training and Learning to Avoid Steroids (ATLAS) is a program designed for male athletes that provides healthy sports nutrition and strength-training alternatives to the use of alcohol, illicit drugs, and performance-enhancing drugs.

**Substances Addressed:** Alcohol, Anabolic Steroids, Illicit Drugs, Performance-Enhancing Drugs

**Cost:** \$1,280 curriculum and training; \$11 per student for Athlete Package and/or Squad Leader package

**Cost Description:** The cost includes curriculum (\$280), on-site training (\$1,000 plus travel), and guides for athletes and squad leaders (\$11 per student).

**Optional Costs:** None Identified

**School Subjects Covered:** Health, PE

### Program Components

Component	Description
Student	ATLAS is delivered during a team's sport season through 10, 45-minute sessions that are peer-led by squad leaders. Each session is composed of 3 to 5 interactive activities.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools, Blueprints

#### **Program Evaluation**

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Goldberg, L., MacKinnon, D. P., Elliot, D. L., Moe, E. L., Clarke, G., & Cheong, J. (2000). The adolescents training and learning to avoid steroids program: preventing drug use and promoting health behaviors. *Archives of Pediatrics & Adolescent Medicine*, 154(4), 332-338.
- **Last Evaluation Year:** 2000
- **Description of Evaluation:** The evaluation included 34 high schools in Portland, Oregon that were matched based on size, family socioeconomic status, as well as the football team's win-loss record. Each school was assigned to a control or treatment group. The treatment group received the program, while the control group received educational materials.

• **Findings:**

Outcome	Finding	Significant *
<b>Cognitive Functioning</b>	Students in intervention group had improved cognitive functioning.	✓
<b>Knowledge, Attitudes, and Beliefs About Substance Use</b>	Students in intervention group had improved knowledge, attitudes, and beliefs about substance use.	✓
<b>Knowledge, Attitudes, and Beliefs About Health</b>	Students in the intervention group had improved knowledge, attitudes, and beliefs about health.	✓
<b>Social Competence</b>	Students in intervention group had improved social competence.	✗
<b>Self-Concept</b>	Students in intervention group had improved self-concept.	✗
<b>Resilience</b>	Students in the intervention group had improved resilience.	✓
<b>Exercise and Nutrition</b>	Students in the intervention group had improvement in exercise and nutrition.	✓
<b>Attention Disorders and Symptoms</b>	Students in the intervention group had improvement in attention disorders and symptoms.	✓
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Goldberg, L., Elliot, D., Clarke, G. N., MacKinnon, D. P., Moe, E., Zoref, L., ... & Lapin, A. (1996). Effects of a multidimensional anabolic steroid prevention intervention: The Adolescents Training and Learning to Avoid Steroids (ATLAS) Program. *JAMA*, 276(19), 1555-1562.
- Goldberg, L., Elliot, D. L., Clarke, G. N., MacKinnon, D. P., Zoref, L., Moe, E., ... & Wolf, S. L. (1996). The Adolescents Training and Learning to Avoid Steroids (ATLAS) prevention program: background and results of a model intervention. *Archives of Pediatrics & Adolescent Medicine*, 150(7), 713-721.
- Goldberg, L., & Elliot, D. L. (2005). Preventing substance use among high school athletes: The ATLAS and ATHENA programs. *Journal of Applied School Psychology*, 21(2), 63-87.
- MacKinnon, D. P., Goldberg, L., Clarke, G. N., Elliot, D. L., Cheong, J., Lapin, A., ... & Krull, J. L. (2001). Mediating mechanisms in a program to reduce intentions to use anabolic steroids and improve exercise self-efficacy and dietary behavior. *Prevention Science*, 2(1), 15-28.

**Program Notes and Available Resources**

- Program Information through Oregon Health and Science University is available at: <https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/medicine/divisions/hpsm/research/atlas.cfm>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grades**

**9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (8) (A)
- o (b) (16) (D)



## Caring School Community

Grades K-6



### During-School

#### **Program Description**

The Caring School Community (CSC) program focuses on developing social and emotional learning skills through building classroom and schoolwide community. The program was designed to be delivered by teachers to enhance prosocial behavior and promote students' commitment to being fair, empathic, respectful, and responsible through building caring relationships and teaching social skills.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** \$225 per grade level or \$1,500 for K-6th combined

**Cost Description:** The package includes class meeting lessons, a teacher's calendar, a buddies' activity book, homeside activities, schoolwide community building activities, and quality-assurance materials.

**Optional Costs:** \$425 principal's package includes everything above and a principal's leadership guide

**School Subjects Covered:** None Identified

### Program Components

Component	Description
<b>Student</b>	Students participate in activities designed to improve classroom climate, such as setting class norms, goal setting, making decisions, and problem solving. Students also participate in school-wide activities that support interaction between parents and mentors.
<b>Parent</b>	Parents are provided with home activities (e.g., short conversational activities) to complete at home with parents or caregivers.
<b>Mentor</b>	Students are assigned cross-age buddies (older and younger students) during program activities.

**Reviewing Agenc (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools

**Program Evaluation**

- **Number of Evaluation Studies:** 3

- **Evaluation Study Citations:**

- Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the Child Development Project on students' drug use and other problem behaviors. *Journal of Primary Prevention*, 21(1), 75-99.
- Muñoz, M. A., & Petrosko, J. M. (n.d.). Character education in elementary schools: Effects of the child development project in a large urban district. Unpublished manuscript, University of Louisville, Louisville, Kentucky.
- Solomon, D., Watson, M. S., Delucchi, K. L., Schaps, E., & Battistich, V. (1988). Enhancing children's prosocial behavior in the classroom. *American Educational Research Journal*, 25(4), 527-554.

- **Last Evaluation Year:** 2000

- **Description of Evaluation:** Battistich and colleagues (2000) conducted a quasi-experimental study with 24 schools in the United States. Half of the schools received the treatment. Control schools were matched on size and student characteristics. Muñoz and Petrosko's evaluation was of 16 elementary schools from a large urban school district in Louisville, Kentucky. Schools were matched and randomized. Solomon and colleagues (1988) reviewed the program in a suburban school district in California in 67 classrooms. A quasi-experimental design was used. Schools were matched on characteristics and randomized.

- **Findings:**

Outcome	Finding	Significant *
School Climate	Those in the intervention group had an improvement in school climate.	<input checked="" type="checkbox"/>
School Engagement	Those in the intervention group had an improvement in school engagement.	<input checked="" type="checkbox"/>
Social Competence	Those in the intervention group had an improvement in social competence.	<input checked="" type="checkbox"/>
Employment and Work Readiness	Those in the intervention group had an improvement in employment status and work status.	<input type="checkbox"/>
Substance Use	Those in the intervention group that were high-change schools indicated the use of alcohol and marijuana declined compared to control schools.	<input type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring school communities. *Educational Psychologist*, 32(3), 137-151.

**Program Notes and Available Resources**

- Formerly known as the Child Development Program

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 1.**

- o (b) (2) (C)
- o (b) (3) (A)
- o (b) (3) (B)

• **Health Education, Grade 2.**

- o (b) (2) (A)
- o (b) (2) (D)
- o (b) (2) (F)

• **Health Education, Grade 3.**

- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)

• **Health Education, Grade 4.**

- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)

• **Health Education, Grade 5.**

- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (F)
- o (b) (6) (A)

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)





### During-School

#### Program Description

The Coping Power Program is a preventive intervention delivered to at-risk children in the late elementary school and early middle school years. The program addresses social competence, self-regulation, and positive parental involvement.

**Substances Addressed:** Substance Abuse-General

**Cost:** Free

**Cost Description:** Website states the program is free because it is federally funded.

**Optional Costs:** \$200 for a Program Intervention Kit which includes materials for up to 8 children; \$60 for Facilitators Guide; \$50 for Parent Group Facilitators Guide.

**School Subjects Covered:** Health

### Program Components

Component	Description
<b>Student</b>	The Coping Power Child Component consists of 34 sessions, as well as individual sessions. The sessions aim to positively address behaviors and build skills that increase the ability to cope, such as goal setting, organization, anger management, and problem-solving skills.
<b>Parent</b>	Parents participate in 16 group sessions, as well as individual conversations that promote the use of positive attention, discipline practices, family communication, as well as other topics aimed to reinforce the student's lessons.

**Reviewing Agenc (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints, California Evidence-Based Clearinghouse for Child Welfare Professionals

#### Program Evaluation

- **Number of Evaluation Studies:** 4

- **Evaluation Study Citations:**

- Lochman, J.E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the Coping Power Program: Importance of Intensity of Counselor Training. *Journal of Consulting and Clinical Psychology, 77*, 397-409.
- Peterson, M. A., Hamilton, E. B., & Russell, A. D. (2009). Starting well: Facilitating the middle school transition. *Journal of Applied School Psychology, 25*(3), 286-304.
- Cabiya, J. J., Padilla-Cotto, L., González, K., Sanchez-Cestero, J., Martínez-Taboas, A., & Sayers, S. (2008). Effectiveness of a cognitive-behavioral intervention for Puerto Rican children. *Revista Interamericana de Psicología, 42*(2), 195-202.
- Cowell, K., Horstmann, S., Linebarger, J., Meaker, P., & Aligne, C.A. (2008). Pediatrics in the Community: A “vaccine” against violence: Coping Power. *Pediatrics in Review, 29*, 362-363.
- Boxmeyer, C. L., Lochman, J.E., Powell, N. P., Windle, M., & Wells, K. (2009). School counselors’ implementation of Coping Power in a dissemination field trial: Delineating the range of flexibility within fidelity. *Report on Emotional and Behavioral Disorders in Youth, 8*, 79-95.
- van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., Maassen, G.H., Lochman, J.E., & van Engeland, H. (2007). The effectiveness of an experimental treatment when compared with care as usual depends on the type of care as usual. *Behavior Modification, 31*, 298-312.
- Zonneville-Bender, M.J.S., Matthys, W., van de Wiel, N.M.H., & Lochman, J. (2007). Preventive effects of treatment of DBD in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*, 33-39.
- Lochman, J.E., & Wells, K.C. (2004). The Coping Power Program for preadolescent boys and their parents: Outcome effects at the 1-year follow-up. *Journal of Consulting and Clinical Psychology, 72*(4), 571-578.
- Lochman, J.E., & Wells, K.C. (2003). Effectiveness study of Coping Power and classroom intervention with aggressive children: Outcomes at a one-year follow-up. *Behavior Therapy, 34*, 493-515.
- van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., & van Engeland, H. (2003). Application of the Utrecht Coping Power Program and care as usual to children with disruptive behavior disorders in outpatient clinics: A comparative study of cost and course of treatment. *Behavior Therapy, 34*, 421-436.
- Lochman, J. E., & Wells, K. C. (2002a). Contextual social-cognitive mediators and child outcome: A test of the theoretical model in the Coping Power Program. *Development and Psychopathology, 14*(4), 945-967.
- Lochman, J. E., & Wells, K. C. (2002b). The Coping Power Program at the middle school transition: Universal and indicated prevention effects. *Psychology of Addictive Behaviors, 16* (4S), S40-S54.
- Lochman, J.E., FitzGerald, D.P., Gage, S.M., Kannaly, M.K., Whidby, J.M., Barry, T.D., Pardini, D.A., McElroy, H. (2001). Effects of social-cognitive intervention for aggressive deaf children: The Coping Power Program. *Journal of the American Deafness and Rehabilitation Association, 35*, 39-61.

- **Last Evaluation Year:** 2009

- **Description of Evaluation:** See individual articles.



• **Findings:**

Outcome	Finding	Significant *
<b>Delinquency, Substance Use, and School</b>	There were mixed findings for delinquency, substance use, and school behavior.	<b>Mixed</b>
<b>Marijuana Use</b>	The intervention group had lower lifetime use of marijuana.	<input checked="" type="checkbox"/>
<b>Alcohol Use</b>	There were no significant differences between the intervention and control.	<input type="checkbox"/>
<b>Cigarette Use</b>	The intervention group had lower use of cigarettes in the past month.* However, there was no significant difference in lifetime cigarette use.	<b>Mixed</b>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Lochman, J.E., Wells, K.C., Qu, L., & Chen, L. (2013). Three year follow-up of Coping Power intervention effects: Evidence of neighborhood moderation? *Prevention Science*, 14, 364-37.
- Muratori, P., Bertacchi, I., Giuli, C., Lombardi, L., Bonetti, S., Nocentini, A., ... Lochman, J. E. (2015). First adaptation of Coping Power Program as a classroom-based prevention intervention on aggressive behavior among elementary school children. *Prevention Science*, 16, 432-439.
- Muratori, P., Bertacchi, I., Giuli, C., Nocentini, A., Ruglioni, L., & Lochman, J. E. (2016). Coping Power adapted as universal prevention program: Midterm effects on children's behavioral difficulties and academic grades. *Journal of Primary Prevention*, 37, 389-401.

***Program Notes and Available Resources***

- Program Overview Available at: <http://www.copingpower.com/practitioners.html>

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• <b>Health Education, Grade 4.</b> <ul style="list-style-type: none"> <li>o (b) (4) (C)</li> <li>o (b) (4) (D)</li> <li>o (b) (7) (A)</li> <li>o (b) (8) (A)</li> </ul> </li> <li>• <b>Health Education, Grade 5.</b> <ul style="list-style-type: none"> <li>o (b) (5) (A)</li> <li>o (b) (5) (B)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (D)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>English Language Arts and Reading, Grade 5.</b> <ul style="list-style-type: none"> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (4)</li> <li>o (b) (6) (B)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Health Education, Grade 6.</b> <ul style="list-style-type: none"> <li>o (b) (5) (B)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (E)</li> <li>o (b) (9) (B)</li> </ul> </li> <li>• <b>English Language Arts and Reading, Grade 6.</b> <ul style="list-style-type: none"> <li>o (b) (1)</li> </ul> </li> </ul> |
|--|--|--|

## Good Behavior Game (GBG)

Grades K-12



### During-School

#### **Program Description**

The Good Behavior Game (GBG) is a classroom-based program that teaches skills, such as self-control. The program aims to reduce aggressiveness and disruptive behavior which longterm should reduce future behavioral issues, such as drug and alcohol use. The program has variations for K to 12th grade; however, studies have focused on 1st and 2nd grades.

**Substances Addressed:** Alcohol, Tobacco, Drugs-General

**Cost:** Not Readily Available

**Cost Description:** Not Readily Available

**Optional Costs:** None Identified

**School Subjects Covered:** Health, PE

### Program Components

Component	Description
Student	Children are assigned to three teams following game guidelines. Basic classroom rules of student behavior are posted. The team is rewarded if team members break four or fewer game rules during the game period. The game periods are increased in length and frequency at regular intervals working towards playing every day.

**Reviewing Agenc (y/ies):** National Institute on Drug Abuse (NIDA); Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### **Program Evaluation**

- **Number of Evaluation Studies:** 3

- **Evaluation Study Citations:**

- Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., et al. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95(Suppl. 1), S5-S28.
- Mackenzie, A. C., Lurye, I., & Kellam, S. G. (2008). History and evolution of the Good Behavior Game. Supplementary materials for the article "Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes."
- Petras, H., Kellam, S. G., Brown, C. H., Muthen, B. O., Ialongo, N. S., & Poduska, J. M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent and criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence*, 95(Suppl. 1), S45-S59.

- **Last Evaluation Year:** 2008

- **Description of Evaluation:** The program was evaluated in African American poor to lower-middle class urban areas in schools that were matched on characteristics and randomly assigned to treatment, modified treatment, and control groups.

- **Findings:**

Outcome	Finding	Significant *
<b>Drug Abuse/Dependence Disorders</b>	Those in the intervention group had a lower percentage of participants at the 14-year follow-up with a drug abuse dependence disorder.	<input checked="" type="checkbox"/>
<b>Alcohol Abuse/Dependence Disorders</b>	Those in the intervention group had a lower percentage of lifetime alcohol abuse/dependence disorder.	<input checked="" type="checkbox"/>
<b>Regular Cigarette Smoking</b>	Males in the intervention group had a lower percentage of regular cigarette smokers.	<input checked="" type="checkbox"/>
<b>Antisocial Personality Disorder</b>	Those in the intervention group had lower percentage of antisocial personality disorder.	<input checked="" type="checkbox"/>
<b>Violent and Criminal Behavior</b>	Males in the intervention group had a smaller percentage of violent and criminal behavior at the 14-year follow-up.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Kellam, S. G., Mackenzie, A. C., Brown, C. H., Poduska, J. M., Wang, W., Petras, H., & Wilcox, H. C. (2011). The good behavior game and the future of prevention and treatment. *Addiction Science & Clinical Practice*, 6(1), 73.
- Kellam, S. G., Wang, W., Mackenzie, A. C., Brown, C. H., Ompad, D. C., Or, F., ... & Windham, A. (2014). The impact of the Good Behavior Game, a universal classroom-based preventive intervention in first and second grades, on high-risk sexual behaviors and drug abuse and dependence disorders into young adulthood. *Prevention Science*, 15(1), 6-18.
- Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., & Anthony, J. C. (2008). The impact of two universal randomized first-and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, 95, S60-S73.

**Program Notes and Available Resources**

- GBG Videos can be found at: <https://www.goodbehaviorgame.org/pax-library>

## Associated Texas Essential Knowledge and Skills (TEKS):

### • Health Education, Grade 6.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (1) (G)
- o (b) (1) (H)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (E)
- o (b) (5) (F)
- o (b) (5) (G)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (7) (H)
- o (b) (7) (I)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (8) (C)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)
- o (b) (9) (F)
- o (b) (10) (A)

- o (b) (10) (B)
- o (b) (10) (C)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)
- o (b) (12) (H)
- o (b) (12) (I)
- o (b) (13) (A)
- o (b) (13) (B)
- o (b) (13) (C)
- o (b) (13) (D)
- o (b) (13) (E)
- o (b) (13) (F)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (14) (C)
- o (b) (14) (D)

### • Health Education, Grades 7-8.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (2) (E)
- o (b) (2) (F)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (3) (D)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (4) (E)
- o (b) (4) (F)

- o (b) (4) (G)
- o (b) (4) (H)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (6) (D)
- o (b) (6) (E)
- o (b) (6) (F)
- o (b) (6) (G)
- o (b) (6) (H)
- o (b) (6) (I)
- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)

**Associated Texas Essential Knowledge and Skills (TEKS) continued:**

• **Health Education,  
Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (15) (A)
- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

• **Health Education,  
Grades 11-12.**

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (15) (A)
- o (b) (16) (A)
- o (b) (16) (B)
- o (b) (16) (C)

• **English Language Arts and  
Reading, English I (High  
School).**

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)



## Guiding Good Choices

Ages 9-14, Grades 4-8



### During-School; After-School

#### Program Description

Guiding Good Choices is a drug use prevention program for children that aims to provide the knowledge and skills needed for early adolescence. The program aims to teach children the skills to resist drug use as well as promote good behavior and family bonding.

**Substances Addressed:** Drugs-General

**Cost:** \$1,000

**Cost Description:** Core program is \$1,000.

**Optional Costs:** Additional family guides can be purchased for \$9-\$16 each.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	A five-session curriculum is conducted which focuses on preventing substance abuse through providing knowledge and skills, such as teaching schools to improve family bonds and reduce conflict.
Parent	Parents complete four-sessions that address identifying substance use risk factors, as well as developing parenting skills.

**Reviewing Agency(ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints

#### Program Evaluation

- **Number of Evaluation Studies:** 3
- **Evaluation Study Citations:**
  - Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: proximal outcomes from preparing for the drug free years. *Journal of Community Psychology*, 25(4), 337-352.
  - Spoth, R., Reyes, M. L., Redmond, C., & Shin, C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, 67(5), 619.
  - Spoth, R., Trudeau, L., Gyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. *Journal of Consulting and Clinical Psychology*, 77(4), 620.

- **Last Evaluation Year:** 2009
- **Description of Evaluation:** Kosterman et al (1997) enrolled six school districts in the central Midwest who were randomly assigned to intervention or control groups. Spoth et al. (1999) enrolled schools who were randomized using a block design into intervention, second intervention, or control group. Spoth and colleagues (2009) conducted a 10 year follow-up study.
- **Findings:**

Outcome	Finding	Significant *
<b>Substance Use</b>	The intervention group was significantly less likely to have initiated substance use at the 2-year follow-up compared to the control.	<input checked="" type="checkbox"/>
<b>Relationship Quality</b>	There were no significant differences in relationship quality between the intervention and control groups.	<input checked="" type="checkbox"/>
<b>Negative Interactions with Children</b>	Mothers in the intervention group had decreased negative interactions with their children compared to the control. This finding was not found for fathers.	<b>Mixed</b>
<b>Proactive Communication</b>	The intervention group mothers had significant increases in general family interactions and problem-solving interactions, whereas intervention group fathers had a significant increase in problem-solving interactions compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

#### ***Publications Associated with Program:***

- Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbott, R. D., & Catalano, R. F. (2008). Early effects of communities that care on targeted risks and initiation of delinquent behavior and substance use. *Journal of Adolescent Health, 43*(1), 15-22.
- Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R. L., & Redmond, C. (2007). Influence of a family-focused substance use preventive intervention on growth in adolescent depressive symptoms. *Journal of Research on Adolescence, 17*(3), 541-564.
- Park, J., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Duncan, T. E., Duncan, S. C., & Spoth, R. (2000). Effects of the "Preparing for the Drug Free Years" curriculum on growth in alcohol use and risk for alcohol use in early adolescence. *Prevention Science, 1*(3), 125-138.
- Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology, 69*(4), 627.

#### ***Program Notes and Available Resources***

- Program Overview Available at: <https://www.channing-bete.com/prevention-programs/guiding-good-choices/components-and-pricing.html>

#### **Associated Texas Essential Knowledge and Skills (TEKS):**

##### • **Health Education, Grade 4.**

- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)

##### • **Health Education, Grade 5.**

- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (F)
- o (b) (6) (A)

##### • **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)

##### • **Health Education, Grades 7-8.**

- o (b) (5) (H)
- o (b) (5) (J)
- o (b) (5) (K)
- o (b) (10) (A)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)

## LifeSkills Training (LST)

Grades K-12



### During-School; After-School

#### Program Description

LifeSkills Training is a school-based substance abuse curriculum that can be used from K-12th grades. The program aims to improve drug-related knowledge and attitudes, as well as teach students skills for resisting social influences and developing social skills.

**Substances Addressed:** Alcohol, Tobacco, Drugs-General

**Cost:** \$175-\$275 per curriculum

**Cost Description:** Each grade level curriculum has to be ordered separately.

**Optional Costs:** Additional materials can be purchased. In addition, training is available from \$235 to \$1,000 depending on length and type.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Students receive the program for several years through lessons and booster lessons that reinforce important messages. The curriculum is developmentally appropriate and includes a variety of activities, including lectures, discussions, activities, and practice.

**Reviewing Agenc (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints

#### Program Evaluation

- **Number of Evaluation Studies:** 2
- **Evaluation Study Citations:**
  - Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *JAMA*, 273(14), 1106-1112.
  - Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K. A. S. (2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. *Prevention Science*, 4(2), 109-122.

- **Last Evaluation Year:** 2003
- **Description of Evaluation:** Botvin et al. (1995) randomly assigned schools in New York State to intervention or control groups. Six year follow-up data was collected. Trudeau et al. (2003) randomly assigned schools in a rural Midwestern State to intervention or control groups.
- **Findings:**

Outcome	Finding	Significant *
Cigarette Use	The intervention groups had significantly lower weekly and monthly cigarette smoking than the control group.* Other measures of cigarette use had mixed results.	Mixed
Alcohol Use	The drinking until drunk measures was lower in the intervention group compared to the control groups. Other measures had mixed results.	Mixed
Drug Use	There was no significant difference in drug use between the intervention and control groups.	☒
Substance Initiation	The intervention group had reduced growth of substance initiation compared to the control group.	☑
Note: *Indicates statistically significant finding at p-value <0.05.		

#### ***Publications Associated with Program:***

- Botvin, G. J., & Griffin, K. W. (2004). Life skills training: Empirical findings and future directions. *Journal of Primary Prevention*, 25(2), 211-232.
- Botvin, G. J., Griffin, K. W., & Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7(4), 403-408.
- Gorman, D. M. (2005). Does measurement dependence explain the effects of the Life Skills Training program on smoking outcomes? *Preventive Medicine*, 40(4), 479-487.
- Griffin, K. W., Botvin, G. J., & Nichols, T. R. (2004). Long-term follow-up effects of a school-based drug abuse prevention program on adolescent risky driving. *Prevention Science*, 5(3), 207-212.
- Griffin, K. W., Botvin, G. J., & Nichols, T. R. (2006). Effects of a school-based drug abuse prevention program for adolescents on HIV risk behavior in young adulthood. *Prevention Science*, 7(1), 103.

#### ***Program Notes and Available Resources***

- Program Overview Available at: <https://www.lifeskillstraining.com/>



**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (2) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (1) (E)</li><li>o (b) (4)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (A)</li><li>o (b) (4) (B)</li><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (A)</li><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (E)</li><li>o (b) (9) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (1)</li></ul></li><li>• <b>Health Education, Grade 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (J)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 7.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li><li>o (b) (22) (A)</li></ul></li><li>• <b>Health Education, Grade 8.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li></ul></li><li>• <b>Health Education, Grade 9-10.</b><ul style="list-style-type: none"><li>o (b) (3) (C)</li><li>o (b) (7) (A)</li><li>o (b) (7) (C)</li><li>o (b) (16) (A)</li><li>o (b) (16) (B)</li><li>o (b) (16) (D)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (3) (C)</li><li>o (c) (7)(F)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>English Language Arts and Reading, English I (High School).</b><ul style="list-style-type: none"><li>o (b) (6)</li><li>o (b) (10) (A)</li><li>o (b) (10) (B)</li><li>o (b) (13) (A)</li><li>o (b) (13) (B)</li><li>o (b) (13) (C)</li><li>o (b) (13) (D)</li><li>o (b) (13) (E)</li><li>o (b) (19)</li><li>o (b) (23) (A)</li><li>o (b) (23) (B)</li><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (C)</li><li>o (b) (25)</li><li>o (b) (26)</li></ul></li><li>• <b>Social Studies (High School).</b><ul style="list-style-type: none"><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (D)</li></ul></li><li>• <b>Law Enforcement I.</b><ul style="list-style-type: none"><li>o (c) (11) (A) (B) (C)</li></ul></li></ul> |
|--|--|---|





### During-School

#### Program Description

Media Detective is a media literacy program aimed at alcohol and tobacco abuse prevention in elementary schools. The program is based on the Message Interpretation Process Model. The program focuses on media messages with the goal of changing how children process these messages. In addition, the program consists of several hands-on activities.

**Substances Addressed:** Alcohol, Tobacco

**Cost:** \$250 per instructor

**Cost Description:** The cost includes the teacher's manual, digital student resources, and digital presentations.

**Optional Costs:** Not Available

**School Subjects Covered:** None Identified

#### Program Components

Component	Description
Student	The program consists of 10 class sessions that last approximately 45-minutes. Each session includes lesson plans and student activities to teach students critical thinking skills related to media messages, with a focus on alcohol and tobacco products.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Kupersmidt, J. B., Scull, T. M., & Austin, E. W. (2010). Media literacy education for elementary school substance use prevention: study of media detective. *Pediatrics*, peds-2010.
- **Last Evaluation Year:** 2010
- **Description of Evaluation:** Elementary schools were randomly assigned to receive the Media Detective program (n=344 students) or as controls (n=335 students).

• **Findings:**

Outcome	Finding	Significant *
<b>Interest in Alcohol-Branded Merchandise</b>	There were no significant differences among the intervention and control students in regards to interest in alcohol-branded merchandise.	<input checked="" type="checkbox"/>
<b>Intentions to Use Alcohol and Tobacco</b>	There were no significant differences among the intervention and control students in regards to intentions to use alcohol and tobacco.	<input checked="" type="checkbox"/>
<b>Understanding Persuasive Intent</b>	Males in the intervention group had a lower percentage of regular cigarette smokers.	<input checked="" type="checkbox"/>
<b>Deconstruction Skills</b>	The intervention group had a higher ability to understand persuasive intent compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Kiili, K. (2008, June). Teacher's role in media detective game: Communication through non-player game characters. In *EdMedia: World Conference on Educational Media and Technology* (pp. 5248-5255). Association for the Advancement of Computing in Education (AACE).
- Scull, T. M., & Kupersmidt, J. B. (2011). An evaluation of a media literacy program training workshop for late elementary school teachers. *The Journal of Media Literacy Education*, 2(3), 199.

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• <b>Health Education, Grade 3.</b> <ul style="list-style-type: none"> <li>o (b) (2) (B)</li> </ul> </li> <li>• <b>English Language Arts and Reading, Grade 3.</b> <ul style="list-style-type: none"> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (1) (E)</li> <li>o (b) (4)</li> <li>o (b) (6) (A)</li> </ul> </li> <li>• <b>Health Education, Grade 4.</b> <ul style="list-style-type: none"> <li>o (b) (4) (A)</li> <li>o (b) (4) (B)</li> <li>o (b) (4) (C)</li> <li>o (b) (4) (D)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>English Language Arts and Reading, Grade 4.</b> <ul style="list-style-type: none"> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (4)</li> <li>o (b) (6) (B)</li> </ul> </li> <li>• <b>Health Education, Grade 5.</b> <ul style="list-style-type: none"> <li>o (b) (5) (A)</li> <li>o (b) (5) (B)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (D)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>English Language Arts and Reading, Grade 5.</b> <ul style="list-style-type: none"> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (4)</li> <li>o (b) (6) (B)</li> </ul> </li> </ul> |
|--|---|--|



### During-School

#### Program Description

Media Ready is designed to teach students to critically think about the media world around them with a focus on alcohol and tobacco products. Media Ready prepares students to stop and think about media messages, as well as make informed decisions.

**Substances Addressed:** Alcohol, Tobacco

**Cost:** \$250 per Instructor

**Cost Description:** Includes teacher's manual, digital student workbook, and digital presentations.

**Optional Costs:** Not Available

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	The program consists of 10 class sessions that last approximately 45-minutes. Each session includes lesson plans and student activities to teach students critical thinking skills related to media messages, with a focus on alcohol and tobacco products.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Kupersmidt, J. B., Scull, T. M., & Benson, J. W. (2012). Improving media message interpretation processing skills to promote healthy decision making about substance use: the effects of the middle school media ready curriculum. *Journal of Health Communication*, 17(5), 546-563.
- **Last Evaluation Year:** 2012
- **Description of Evaluation:** A total of 10 teachers participated with the classes being assigned to control or intervention groups. The evaluation of the program was done through pre- and post-tests.



• **Findings:**

Outcome	Finding	Significant *
<b>Interest in Alcohol-Branded Merchandise</b>	There were no significant differences among the intervention and control students in regards to interest in alcohol-branded merchandise.	<input checked="" type="checkbox"/>
<b>Intentions to Use Tobacco</b>	The intervention group reported a lower intention to use tobacco in the future compared to the control group.	<input checked="" type="checkbox"/>
<b>Intentions to Use Tobacco and Alcohol</b>	There were no differences between intent to use alcohol and tobacco between the groups.	<input checked="" type="checkbox"/>
<b>Deconstruction Skills</b>	The intervention group had higher deconstruction skills compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- None Identified

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (5) (E)
- o (b) (9) (B)

• **English Language Arts and Reading, Grade 6.**

- o (b) (1)

• **English Language Arts and Reading, Grade 7.**

- o (b) (1)
- o (b) (4)
- o (b) (22) (A)

• **Health Education, Grades 7-8.**

- o (b) (5) (J)

• **English Language Arts and Reading, Grade 8.**

- o (b) (1)
- o (b) (4)



### During-School

#### Program Description

The Michigan Model for Health (MMH) is a comprehensive health education curriculum that focuses on health issues for children, including social and emotional health, nutrition, physical activity, as well as tobacco and other drugs. The curriculum is designed using a building-block approach with age appropriate lessons and activities. In addition, the curriculum is intended to be part of the core school curriculum and is designed to be integrated into many subjects.

**Substances Addressed:** Tobacco, Drugs-General

**Cost:** \$500 per grade

**Cost Description:** \$50-\$75 manual; \$150-\$400 grade support kits

**Optional Costs:** Support Materials Available for Purchase

**School Subjects Covered:** Language Arts, Science, Social Studies

### Program Components

Component	Description
Student	Students complete weekly lessons with age appropriate lessons. Depending on the grade level, there are 23 to 36 lessons that take from 20 to 45 minutes to complete.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP); U.S. Department of Education—Office of Safe and Drug-Free Schools

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - O'Neill, J. M., Clark, J. K., & Jones, J. A. (2011). Promoting mental health and preventing substance abuse and violence in elementary students: a randomized control study of the Michigan Model for Health. *Journal of School Health*, 81(6), 320-330.



- **Last Evaluation Year:** 2011
- **Description of Evaluation:** The study included 52 schools that were randomly assigned to intervention or control groups. The evaluation was done through three surveys distributed pre-intervention, post-intervention, and 6 weeks post-intervention.
- **Findings:**

Outcome	Finding	Significant *
<b>Aggressive Behavior</b>	The intervention group had a significant change in aggressive behavior compared to the control group.	<input checked="" type="checkbox"/>
<b>Prosocial Behavior</b>	There was no significant change in prosocial behavior in the intervention group compared to the control group.	<input type="checkbox"/>
<b>Interpersonal Skills</b>	The intervention group had a significant change in interpersonal skills compared to the control group.	<input checked="" type="checkbox"/>
<b>Social and Emotional Health</b>	The intervention group had a significant change in social and emotional health compared to the control group.	<input checked="" type="checkbox"/>
<b>Drug Refusal Skills</b>	The intervention group had a significant effect for drug refusal skills compared to the control group.	<input checked="" type="checkbox"/>
<b>Drug Use Behavior</b>	The intervention group had a significant effect for measures of drug use compared to the control group. The intervention group had a greater odds of avoiding drug use compared to the control.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- O'Neill, J. M., Clark, J. K., & Jones, J. A. (2016). Promoting fitness and safety in elementary students: a randomized control study of the Michigan Model for Health. *Journal of School Health*, 86(7), 516-525.

***Program Notes and Available Resources***

- Formerly the Michigan Model for Comprehensive School Health Education
- Program information can be found at: [https://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_4912\\_74286---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912_74286---,00.html)

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li></ul></li><li>• <b>English Language Arts and Reading, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li><li>o (b) (2) (H)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>English Language Arts and Reading, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (2) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (1) (E)</li><li>o (b) (4)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (A)</li><li>o (b) (4) (B)</li><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>English Language Arts and Reading, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (A)</li><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li></ul> |
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## Peers Making Peace

Grades Pre-K-12



### During-School; After-School

#### **Program Description**

Peers Making Peace (PMP) program is designed to handle conflicts through peer-mediation. The goal of PMP is to improve school environments by reducing violence, assaults, discipline referrals, as well as maintaining drug-free schools.

**Substances Addressed:** Drugs-General

**Cost:** \$1350+

**Cost Description:** Implementation Kit (\$500) which includes a manual, and a site license to reproduce 30 student workbooks and two videos. Facilitator training (\$850) which includes a 3-day, 21-hour certification training.

**Optional Costs:** None Readily Available

### Program Components

Component	Description
Student	The program includes having schools identify peer mediators who serve as third-party mediators to help resolve conflicts among other students at the school. The mediators are trained in conflict resolution, as well as how to be drug-free role models.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools

#### **Program Evaluation Citations:**

- Landry, Robert. 2003. Peers Making Peace: Evaluation Report. Houston, Texas: Research and Educational Services.

- **Findings:**

Outcome	Finding	Significant *
<b>Assault</b>	The intervention group had significantly fewer assaults compared to the control group.	<input checked="" type="checkbox"/>
<b>Expulsion</b>	The intervention group had significantly fewer expulsions compared to the control group.	<input checked="" type="checkbox"/>
<b>Discipline Referrals</b>	The intervention group had significantly fewer discipline referrals compared to the control group.	<input checked="" type="checkbox"/>
<b>Absences</b>	The intervention group had significantly fewer absences compared to the control group.	<input checked="" type="checkbox"/>
<b>Self-Efficacy</b>	The intervention group had significantly greater improvement in self-efficacy compared to the control group.	<input checked="" type="checkbox"/>
<b>Academic Performance</b>	The intervention group had significantly greater improvement in their academic performance compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Program Notes and Available Resources***

- Program Resources can be found at: <http://www.paxunited.org/resources.aspx>

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (3) (A)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (3) (A)</li><li>o (b) (3) (B)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li><li>o (b) (2) (D)</li><li>o (b) (2) (F)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li><li>o (b) (7) (A)</li><li>o (b) (8) (A)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li><li>o (b) (7) (A)</li><li>o (b) (8) (A)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li><li>o (b) (5) (F)</li><li>o (b) (6) (A)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (7) (D)</li><li>o (b) (11) (A)</li><li>o (b) (11) (B)</li><li>o (b) (11) (C)</li><li>o (b) (11) (D)</li></ul></li><li>• <b>Health Education, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (H)</li><li>o (b) (5) (J)</li><li>o (b) (5) (K)</li><li>o (b) (10) (A)</li><li>o (b) (12) (C)</li><li>o (b) (12) (D)</li><li>o (b) (12) (E)</li></ul></li><li>• <b>Health 1, Grades 9-10.</b><ul style="list-style-type: none"><li>o (b) (3) (C)</li><li>o (b) (7) (A)</li><li>o (b) (7) (C)</li><li>o (b) (16) (A)</li><li>o (b) (16) (B)</li><li>o (b) (16) (D)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (3) (C)</li><li>o (c) (7) (F)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>English Language Arts and Reading, English I (High School).</b><ul style="list-style-type: none"><li>o (b) (6)</li><li>o (b) (10) (A)</li><li>o (b) (10) (B)</li><li>o (b) (13) (A)</li><li>o (b) (13) (B)</li><li>o (b) (13) (C)</li><li>o (b) (13) (D)</li><li>o (b) (13) (E)</li><li>o (b) (19)</li><li>o (b) (23) (A)</li><li>o (b) (23) (B)</li><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (C)</li><li>o (b) (25)</li><li>o (b) (26)</li></ul></li><li>• <b>Social Studies (High School).</b><ul style="list-style-type: none"><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (D)</li></ul></li><li>• <b>Law Enforcement I.</b><ul style="list-style-type: none"><li>o (c) (11) (A) (B) (C)</li></ul></li></ul> |
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### **During-School**

#### **Program Description**

Positive Action is designed to improve academic achievement; school attendance; and problem behaviors, such as substance use, violence, suspensions, and disruptive behaviors. It is also designed to improve parent and child bonding, family cohesion, and family conflict. Positive Action is based on six sub-concepts, including positive actions for the physical, intellectual, social, and emotional areas.

**Substances Addressed:** Alcohol, Tobacco, Drugs-General

**Cost:** \$400 - \$450

**Cost Description:** The overall cost of Positive Action is determined by the implementation design. An Instructor's Kit is necessary for each instructor who will implement the program.

**Optional Costs:** Positive Action provides many additional, optional materials that may be purchased and implemented with the standard Positive Action curriculum, such as counselor kits, family kits, community kits. In addition, a variety of trainings are available.

**School Subjects Covered:** None Identified

### **Program Components**

Component	Description
<b>Student</b>	The program addresses substance use, violence-related behaviors, and other problems through lessons that cover multiple skills, including problem-solving, study skills, self-control, and goal setting.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools, Texas Education Agency (TEA) – Evidence Based Programs for Alcohol Awareness

### **Program Evaluation**

- **Number of Evaluation Studies:** 8

- **Evaluation Study Citations:**

- Bavarian, N., Lewis, K. M., DuBois, D. L., Acock, A., Vuchinich, S., Silverthorn, N., Snyder, F. J., Day, J., Ji, P., & Flay, B. R. (2013). Using social-emotional and character development to improve academic outcomes: A matched-pair, cluster-randomized controlled trial in low-income, urban schools. *Journal of School Health, 83*(11), 771-9.
- Beets, M. W., Flay, B. R., Vuchinich, S., Acock, A. C., Li, K.-K., & Allred, C. (2008). School climate and teachers' beliefs and attitudes associated with implementation of the Positive Action program: A Diffusion of Innovations model. *Prevention Science, 9*, 264-75.
- Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F. J., Acock, A., Li, K.-K., Burns, K., Washburn, I. J., & Durlak, J. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. *American Journal of Public Health, 99*(8), 1438-45.
- Bickman, L., Riemer, M., Brown, J. L., Jones, S. M., Flay, B. R., Li, K.-K., DuBois, D., Pelham, Jr., W., & Massetti, G. (2009). Approaches to measuring implementation fidelity in school-based program evaluations. *Journal of Research in Character Education, 7*(2), 75-101.
- Lewis, K. M., Bavarian, N., Snyder, F. J., Acock, A., Day, J., DuBois, D. L., Ji, P., Schure, M. B., Silverthorn, N., Vuchinich, S., & Flay, B. R. (2012). Direct and mediated effects of a social-emotional and character development program on adolescent substance use. *The International Journal of Emotional Education, 4*(1), 56-78.
- Lewis, K. M., Schure, M. B., Bavarian, N., DuBois, D. L., Day, J., Ji, P., Silverthorn, N., Acock, A., Vuchinich, S., & Flay, B. R. (2013). Problem behavior and urban, low-income youth: A randomized controlled trial of Positive Action in Chicago. *American Journal of Preventive Medicine, 44*(6), 622-30.
- Li, K.-K., Washburn, I. J., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V., Day, J., Beets, M. W., Acock, A. C., Berbaum, M., Snyder, F. J., and Flay, B. R. (2011). Effects of the Positive Action Program on Problem Behaviors in Elementary School Students: A Matched-Pair Randomized Control Trial in Chicago. *Psychology & Health 26*(2):187-204.
- Snyder, F., Flay, B., Vuchinich, S., Acock, A., Washburn, I., Beets, M., & Li, K.-K. (2010). Impact of a social-emotional and character development program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster-randomized, controlled trial. *Journal of Research on Educational Effectiveness, 3*, 26-55.

- **Last Evaluation Year:** 2013

- **Description of Evaluation:** See individual articles.

- **Findings:**

Outcome	Finding	Significant *
<b>Substance Use</b>	The intervention group had lower self-reported lifetime-substance use rates compared to the control group.	<input checked="" type="checkbox"/>
<b>Social-Emotional</b>	The intervention group had better social-emotional scores compared to the control groups.	<input checked="" type="checkbox"/>
<b>Problem Behaviors</b>	The intervention group had significantly lower levels of self-reported violent behaviors compared to the control group. The intervention group had lower rates of self-reported bullying and disruptive behaviors compared to the control group.	<input checked="" type="checkbox"/>
<b>Academic Achievement</b>	The intervention group had larger achievement scores compared to the control group.	<input checked="" type="checkbox"/>
<b>Absenteeism</b>	The intervention group had lower absenteeism rates compared to the control group.	<input checked="" type="checkbox"/>
<b>Sexual Activity</b>	The intervention group had lower rates of sexual activity compared to the control group. These were not significant.	<input type="checkbox"/>
<b>Prevalence of Substance Use and Violent Behaviors</b>	The intervention group endorses significantly fewer items for substance use and serious violence compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- See evaluation articles

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (3) (A)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (3) (A)</li><li>o (b) (3) (B)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li><li>o (b) (2) (D)</li><li>o (b) (2) (F)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li><li>o (b) (7) (A)</li><li>o (b) (8) (A)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li><li>o (b) (7) (A)</li><li>o (b) (8) (A)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li><li>o (b) (5) (F)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (7) (D)</li><li>o (b) (11) (A)</li><li>o (b) (11) (B)</li><li>o (b) (11) (C)</li><li>o (b) (11) (D)</li></ul></li><li>• <b>Health Education, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (H)</li><li>o (b) (5) (J)</li><li>o (b) (5) (K)</li><li>o (b) (10) (A)</li><li>o (b) (12) (C)</li><li>o (b) (12) (D)</li><li>o (b) (12) (E)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health 1, Grades 9-10.</b><ul style="list-style-type: none"><li>o (b) (7) (A)</li><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (E)</li><li>o (b) (8) (A)</li><li>o (b) (16) (D)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (3) (C)</li><li>o (c) (7) (F)</li></ul></li><li>• <b>English Language Arts and Reading, English I (High School).</b><ul style="list-style-type: none"><li>o (b) (6)</li><li>o (b) (10) (A)</li><li>o (b) (13) (B)</li><li>o (b) (19)</li><li>o (b) (23) (A)</li><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (C)</li><li>o (b) (25)</li><li>o (b) (26)</li></ul></li></ul> |
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### During-School

#### Program Description

Project ALERT is a substance use prevention program aimed to prevent drug use through developing and promoting non-use attitudes and beliefs. The program and curriculum is designed on the social influence model of prevention.

**Substances Addressed:** Alcohol, Marijuana, Tobacco, Drugs-General

**Cost:** Free

**Cost Description:** A digital version of Project ALERT is available online for free. In addition, training is also available for free online.

**Optional Costs:** None

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Students complete weekly lessons with age appropriate lessons. Depending on the grade level, there are 23 to 36 lessons that take from 20 to 45 minutes to complete.

**Reviewing Agency (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools, Texas Education Agency (TEA) – Evidence Based Programs for Alcohol Awareness

#### Program Evaluation

- **Number of Evaluation Studies:** 9
- **Evaluation Study Citations:**
  - Ellickson, P., McCaffrey, D. F., Ghosh-Dastidar, B., & Longshore, D. (2003). New inroads in preventing adolescent drug use: Results from a large-scale trial of Project ALERT in middle schools. *American Journal of Public Health*, 93(11), 1830-1836.
  - Ghosh-Dastidar, B., Longshore, D.L., Ellickson, P.L., & McCaffrey, D.F. (2004). Modifying pro-drug risk factors in adolescents: Results from Project ALERT. *Health Education & Behavior*, 31(3), 318-334.
  - Ringwalt, C. L., Clark, H. K., Hanley, S., Shamlan, S. R., & Flewelling, R. L. (2009). Project ALERT. A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine*, 163(7), 625-632.
  - St. Pierre, T. L., Osgood, D. W., Mincemoyer, C. C., Kaltreider, D. L., & Kauh, T. J. (2005). Results of an Independent Evaluation of Project ALERT Delivered in Schools by Cooperative Extension. *Prevention Science* 6(4), 305-17.
- **Last Evaluation Year:** 2009



- **Description of Evaluation:** The evaluations occurred in schools throughout the United States. The most recent evaluation included a randomized trial of 48 school clusters in South Dakota. The schools were randomly assigned to two treatment groups and one control group. Bell and McGuigan's (1993) evaluation included an experimental pre-post design with schools being randomly assigned to control or one of two treatment groups. Next, Ghosh-Dastidar et al. (2004) evaluated the impact of Project ALERT in rural Midwestern schools that were randomly assigned to groups. St. Pierre et. al (2005) used a randomized, two-cohort longitudinal design to evaluate the program in 8 schools in Pennsylvania. Lastly, Ringwalt et. al (2009) evaluated the effects of Project ALERT through a cluster randomized trial.

- **Findings:**

Outcome	Finding	Significant *
<b>Cigarette Use</b>	The intervention group had lower cigarette initiation compared to the control group.	<input checked="" type="checkbox"/>
<b>Marijuana Use</b>	The intervention group had lower marijuana initiation compared to the control group.	<input checked="" type="checkbox"/>
<b>Alcohol Use</b>	The intervention group had lower overall alcohol misuse and engaging in drinking that resulted in a negative consequence compared to the control group.	<input checked="" type="checkbox"/>
<b>Substance Use</b>	The intervention group had reduced current, weekly, and daily smoking. However, most impacts of the program on behavior had disappeared by 9th grade.	<input checked="" type="checkbox"/>
<b>Beliefs About Substance Use</b>	The intervention group had reduced reported smoking habits compared to the control group. However, this difference disappeared by the 9th grade.	<input checked="" type="checkbox"/>
<b>Alcohol Use and Alcohol Use Disorder</b>	The intervention group had a lower increase in reported 30-day alcohol use compared to the control group. There was no difference between use of alcohol over time for the two groups.	<b>Mixed</b>
<b>Knowledge, Attitudes, and Beliefs About Substance Use</b>	The intervention group had statistically significantly higher knowledge compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Bell, R., Ellickson, P., & Harrison, E. (1993). Do Drug Prevention Effects Persist into High School? How Project ALERT Did with Ninth Graders. *Preventive Medicine* (22), 463-483.
- Ellickson, P., & Bell, R. (1990). Prospects for Preventing Drug Use Among Young Adolescents. Santa Monica, Calif.: RAND Corporation, R-3896-CHF.
- Ellickson, P., & Bell, R. (1990). Drug Prevention in Junior High: A Multi-Site Longitudinal Test. *Science*, 247, 1299-1305.
- Ellickson, P., Bell, R., & Harrison, E. (1993). Changing Adolescent Propensities to Use Drugs: Results from Project ALERT. *Health Education Quarterly*, 20(2), 227-242.
- Ellickson, P., Bell, R., & McGuigan, K. (1993). Preventing Adolescent Drug Use: Long-Term Results of a Junior High Program. *American Journal of Public Health*, 83, 856-861.

***Program Notes and Available Resources***

- Curriculum Available at: <https://www.projectalert.com/account>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education,  
Grades 7-8.**

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (2) (E)
- o (b) (2) (F)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (3) (D)
- o (b) (4) (A)

- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (4) (E)
- o (b) (4) (F)
- o (b) (4) (G)
- o (b) (4) (H)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (6) (D)
- o (b) (6) (E)
- o (b) (6) (F)
- o (b) (6) (G)
- o (b) (6) (H)
- o (b) (6) (I)

- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)

## Project EX

Ages 14-19



### During-School

#### Program Description

Project EX is a tobacco-use cessation program for high school students. The program includes several motivational activities with the ultimate goal of encouraging students to stop or reduce smoking. The curriculum focuses on teaching self-control, mood management, and goal setting. In addition, the curriculum focuses on lessons for addressing stress, providing other relaxation methods, and discussing nicotine withdrawal.

**Substances Addressed:** Tobacco

**Cost:** \$95+

**Cost Description:** The required teacher's manual costs \$60 each. In addition, required student workbooks are \$35 for five. Student surveys are free.

**Optional Costs:** Training is available from \$1,100-\$2,000 depending on length of training.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	The program consists of 8 sessions that examine habits and addictions, as well as detailed information on tobacco. The program promotes quitting smoking between sessions 4 and 6.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Sussman, S., Dent, C. W., & Lichtman, K. L. (2001). Project EX: Outcomes of a teen smoking cessation program. *Addictive Behaviors*, 26, 425-438.

- **Last Evaluation Year:** 2001
- **Description of Evaluation:** There were 18 California schools that were randomly assigned to control, treatment, and treatment with community component. Participants were measured three times at the start, end, and 3-months after the conclusion of the program.
- **Findings:**

Outcome	Finding	Significant *
Smoking Cessation	The intervention group was significantly more likely to not have used tobacco products in the last 30 days compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- McCuller, W. J., Sussman, S., Wapner, M., Dent, C., & Weiss, D. J. (2006). Motivation to quit as a mediator of tobacco cessation among at-risk youth. *Addictive Behaviors*, 31, 880-888.
- Sussman, S., Dent, C. W., & Lichtman, K. L. (2001). Project EX: Outcomes of a teen smoking cessation program. *Addictive Behaviors*, 26, 425-438.

***Program Notes and Available Resources***

- A summary of program implementation can be found at: <http://projectex.usc.edu/about.php>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grades 7-8.**

- o (b) (1) (A)
- o (b) (1) (F)
- o (b) (2) (E)
- o (b) (2) (F)
- o (b) (4) (C)
- o (b) (6) (A)
- o (b) (6) (H)
- o (b) (7) (C)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (9) (A)
- o (b) (12) (G)

• **Health 1, Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (9) (A)

• **Advanced Health, Grades 11-12.**

- o (b) (4) (C)
- o (b) (7) (D)

• **English Language Arts and Reading, English I (High School).**

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)



## Project Northland

Grades 6-8



### During-School

#### Program Description

Project Northland curriculum targets alcohol use and prevention. The curriculum aims to reduce alcohol use and associated behaviors (e.g., binge drinking). Project Northland aims to delay and moderate the onset of alcohol use, reduce alcohol, and limit the number of alcohol-related problems

experienced by young drinkers.

**Substances Addressed:** Alcohol

**Cost:** \$625

**Cost Description:** The cost includes all curriculum and a program guide.

**Optional Costs:** None Identified

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	The curriculum uses peer-led, experiential activity-driven learning strategies to involve students to improve knowledge on the consequences of alcohol use.
Parent	Parents and guardians are enlisted to support an abstinence message with their children through receiving advice on how to communicate with their children about alcohol use.
Community	Project Northland also contains an important community element which encourages students to identify alternative activities, as well as community organization of the participants.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools, Blueprints, Texas Education Agency – Evidence-Based Programs for Alcohol Awareness

#### Program Evaluation

- **Number of Evaluation Studies:** 2

- **Evaluation Study Citations:**

- Komro, K. A., Perry, C. L., Veblen-Mortenson, S., Farbaksh, K., Toomey, T. L., Stigler, M. H., ... Williams, C. L. (2008). Outcomes from a randomized controlled trial of a multi-component alcohol use preventive intervention for urban youth: Project Northland Chicago. *Addiction*, 103(4), 606-618.
- Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Stigler, M. H., Munson, K. A., ... Forster, J. L. (2002). Project Northland: Long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research*, 17(1), 117-132.

- **Last Evaluation Year:** 2008

- **Description of Evaluation:** Komro et al. (2008) assigned schools to be intervention or control schools. Assessments were conducted before the intervention, as well as at the end of every year for three years. Students completed a student questionnaire. Perry et al (2002) randomized 24 school districts into groups and used the Tendency to Use Alcohol Scale to assess the programs effectiveness on alcohol.

- **Findings:**

Outcome	Finding	Significant *
<b>Substance Use and Attitudes</b>	There were no significant differences of substance use, alcohol intentions, or attitudes toward alcohol between the two groups. However, the home section component had statistically significantly lower drug rate outcomes compared to the other two groups.*	<b>Mixed</b>
<b>Alcohol Use and Binge Drinking</b>	The intervention group had a significantly lower increase in alcohol use compared to the control group.	☑
<b>Community Attitudes to Underage Drinking</b>	The intervention communities had fewer successful purchase rates of alcohol by young-appearing buyers than the control communities.	☑
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Komro, K. A., Perry, C. L., Williams, C. L. et al. (2001). How did Project Northland reduce alcohol use among young adolescents? Analysis of mediating variables. *Health Education Research*, 16(1), 59-70.
- Perry, C. L., Lee, S., Stigler, M. H., et al. (2007). The impact of Project Northland on selected MMPI-A problem behavior scales. *The Journal of Primary Prevention*, 28(5), 449-465.
- Perry, C. L., Williams, C. L., Komro, et al. (2000). Project Northland high school interventions: Community action to reduce adolescent alcohol use. *Health Education and Behavior*, 27(1), 29-49.
- Perry, C. L., Williams, C. L., Forster, J. L., et al. (1993). Background, conceptualization and design of a community-wide research program on adolescent alcohol use: Project Northland. *Health Education Research*, 8(1), 125-136.
- Perry, C. L., Williams, C. L., Veblen-Mortenson et al. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health*, 86(7), 956-965.
- Stigler, M. H., Perry, C. L., Komro, et al. (2006). Teasing apart a multiple component approach to adolescent alcohol prevention: What worked in Project Northland? *Prevention Science*, 7(3), 269-280.
- West, B., Abatemarco, D., Ohman-Strickland, P. A., Zec, et al. (2008). Project Northland in Croatia: Results and lessons learned. *Journal of Drug Education*, 38, 55-70.
- Williams, C. L., Toomey, T. L., McGovern, et al. (1995). Development, reliability, and validity of self-report alcohol-use measures with young adolescents. *Journal of Child and Adolescent Substance Abuse*, 4(3), 17-40.

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)

• **Health Education,  
Grades 7-8.**

- o (b) (5) (H)
- o (b) (5) (J)
- o (b) (5) (K)
- o (b) (10) (A)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)



## During-School

### Program Description

Project Towards No Drug Abuse (TND) is a drug prevention program designed for high school students who are at risk for drug use and/or violent behavior. The Project TND curriculum teaches students skills in self-control, communication, resource acquisition, and decision-making. The program has been used in both traditional and alternative, high-risk high schools.

**Substances Addressed:** Alcohol, Tobacco, Marijuana, Drugs - General

**Cost:** \$165+

**Cost Description:** Costs include one teacher's manual (\$90 each), five student workbooks (\$60) and one game board (\$15 each). Optional student surveys are free.

**Optional Costs:** An optional video can be purchased for \$25. In addition, training is available for between \$1,200 and \$2,100 depending on the length.

**School Subjects Covered:** None Identified

## Program Components

Component	Description
Student	There are 12 lessons that last between 40 to 50 minutes that include motivational activities, social skills training, and decision-making training. The program consists of hands-on activities, including discussions, games, role-playing exercises, videos, and student worksheets. The lessons focus on cognitive motivation enhancement activities that focus on not using drugs, consequences of drug use, and correcting potential misperceptions.

**Reviewing Agenc (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints

### Program Evaluation

- **Number of Evaluation Studies:** 8
- **Evaluation Study Citations:**
  - Dent, C., Sussman, S., & Stacy, A. (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*, 25, 103-110.



- Sun, P., Sussman, S., Dent, C. W., & Rohrbach, L. A. (2008). One-year follow-up evaluation of Project Towards No Drug Abuse (TND-4). *Preventive Medicine*, 47, 438-442.
- Sun, W., Skara, S., Sun, P., Dent, C. W., & Sussman, S. (2006). Project Towards No Drug Abuse: Long-term substance use outcomes evaluation. *Preventive Medicine*, 42, 188-192.
- Sussman, S., Dent, C. W., Stacy, A. W., & Craig, S. (1998). One-year outcomes of project towards no drug abuse. *Preventive Medicine*, 27(4), 632-642.
- 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(5), 354-365.
- 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(2), 121-137.
- 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(2), 155-162.
- **Description of Evaluation:** There have been several randomized field trials of Project TND. Most of these evaluated the program in public high schools in which schools were randomly assigned to intervention or control groups. See individual articles for detailed methodology.

• **Findings:**

Outcome	Finding	Significant *
Substance Use	Those in the intervention groups had reductions in hard drug use, alcohol use, and tobacco use compared to the control group. There were mixed findings for marijuana use.	Mixed
Weapon Carrying	Males in the intervention group had a reduction in weapon carrying.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Barnett, E., Spruijt-Metz, D., Unger, J. B., Sun, P., Rohrbach, L. A., & Sussman, S. (2012). Boosting a teen substance use prevention program with motivational interviewing. *Substance Use and Misuse*, 47, 418-428.
- Rohrbach, L. A., Sun, P., & Sussman, S. (2010). One-year follow-up evaluation of the Project Towards No Drug Abuse (TND) dissemination trial. *Preventive Medicine*, 51, 313-319.
- Lisha, N. E., Sun, P., Rohrbach, L. A., Spruijt-Metz, D., Unger, J. B., & Sussman, S. (2012). An evaluation of immediate outcomes and fidelity of a drug abuse prevention program in continuation high schools: Project Toward No Drug Abuse (TND). *Journal on Drug Education*, 42(1), 33-57.
- Sussman, S., Sun, P., Rohrbach, L. A., & Spruijt-Metz, D. (2012). One-year outcomes of a drug abuse prevention program for older teens and emerging adults: Evaluating a motivational interviewing booster component. *Health Psychology*, 31(4), 476-485.
- Valente, T. V., Ritt-Olson, A., Stacy, A., Unger, J. B., Okamoto, J. & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction*, 102(11), 1804-1815.

**Program Notes and Available Resources**

- A preview of the curriculum and each unit is available at: <https://tnd.usc.edu/>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education,  
Grades 7-8.**

- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (2) (F)
- o (b) (4) (E)
- o (b) (4) (F)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (6) (H)
- o (b) (8) (A)
- o (b) (9) (A)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (D)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)

• **Health Education,  
Grades 9-10.**

- o (b) (2) (G)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)

• **Advanced Health,  
Grades 11-12.**

- o (c) (3) (C)
- o (c) (4) (C)
- o (c) (7) (D)
- o (c) (7) (E)
- o (c) (7) (F)

• **English Language Arts and  
Reading, English I (High  
School).**

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)

## Project Towards No Tobacco Use (Project TNT)

Ages 10-14, Grades 5-9



### During-School

#### Program Description

The Project Towards No Tobacco Use (Project TNT) classroom curriculum is focused on prevention and reducing tobacco use. Designed to counteract multiple causes of tobacco use simultaneously, Project TNT is based on the theory that students can respond to tobacco and tobacco use better if they are aware of misleading

tobacco use information, as well as have skills that address social pressures and are aware of the consequences of tobacco use.

**Substances Addressed:** Tobacco

**Cost:** Not Readily Available

**Cost Description:** Not Readily Available

**Optional Costs:** None Identified

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Project TNT has ten core lessons with two booster lessons that last between 40 to 50 minutes. The curriculum uses activities to encourage student participation, including games, videos, role-plays, discussions, worksheets, homework, activism letter writing, and a videotaping project.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education–Office of Safe and Drug-Free Schools

#### Program Evaluation

- **Number of Evaluation Studies:** 2
- **Evaluation Study Citations:**
  - Sussman, S., Dent, C. W., Stacy, A. W., Sun, P., Craig, S., Simon, T. R., et al. (1993). Project Towards No Tobacco Use: 1-year behavior outcomes. *American Journal of Public Health*, 83(9), 1245-1250.
- **Last Evaluation Year:** 1993
- **Description of Evaluation:** Sussman and colleagues (1993) used a five-group, randomized, experimental block design with 48 schools being randomly assigned to one of four conditions.

• **Findings:**

Outcome	Finding	Significant *
Substance Use	Those in the intervention groups had lower weekly use of cigarettes compared to the control group. Different interventions had mixed results.	Mixed
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Dent, C. W., Sussman, S., Stacy, A. W., Craig, S., Burton, D., & Flay, B. R. (1995). Two-year behavior outcomes of Project Towards No Tobacco Use. *Journal of Clinical and Consulting Psychology*, 63(4), 676-677.
- Sussman, S., Dent, C. W., Stacy, A. W., Hodgson, C. S., Burton, D., & Flay, B. R. (1993). Project Towards No Tobacco Use: Implementation, process and post-test knowledge evaluation. *Health Education Research*, 8(1), 109-123.
- Wang, L. Y., Crossett, L. S., Lowry, R., Sussman, S., & Dent, C. W. (2001). Cost-effectiveness of a school-based tobacco-use prevention program. *Archives of Pediatrics and Adolescent Medicine*, 155(9), 1043-1050.
- Meshack, A. F., Hu, S., Pallonen, U. E., McAlister, A. L., Gottlieb, N., & Huang, P. (2004). Texas Tobacco Prevention Pilot Initiative: Processes and effects. *Health Education Research*, 19(6), 657-668.

**Program Notes and Available Resources**

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 5.**

- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (F)
- o (b) (6) (A)

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)

• **Health Education, Grades 7-8.**

- o (b) (5) (H)
- o (b) (5) (J)
- o (b) (5) (K)
- o (b) (10) (A)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)

• **Health Education, Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (8) (A)
- o (b) (16) (D)



## Raising Healthy Children (RHC)

Grades K-12



### During-School

#### Program Description

Raising Healthy Children (RHC) is a school-based intervention that focuses on making changes through promoting positive youth development. RHC uses a social developmental approach and has components that target students, teachers, and parents to promote opportunities and skills. The program aims to increase school commitment,

academic performance, social competency, as well as reducing antisocial behavior.

**Substances Addressed:** Alcohol, Drugs – General

**Cost:** Not Readily Available

**Cost Description:** Not Readily Available

**Optional Costs:** None Identified

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Students complete classes and exercises focused on peer-intervention strategies, such as problem-solving skills, emotional development, and consequential thinking.
Parent	Parents participate through workshops and in-home sessions that focus on providing reinforcement and consequences for good and bad behaviors. In addition, communication skills are taught to improve communication with their children.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints

#### Program Evaluation

- **Number of Evaluation Studies:** 2
- **Evaluation Study Citations:**
  - Brown, E. C., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2005). Adolescent substance use outcomes in the Raising Healthy Children project: A two-part latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, 73, 699-710.
  - Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, 41, 143-164.
  - Haggerty, K. P., Fleming, C. B., Catalano, R. F., Harachi, T. W., & Abbot, R. D. (2006). Raising Healthy Children: Examining the impact of promoting healthy driving behavior within a social development intervention. *Prevention Science*, 7, 257-267.
- **Last Evaluation Year:** 2006
- **Description of Evaluation:** The three studies came from the same sample in which schools were enrolled and randomly assigned to be intervention or control.

• **Findings:**

Outcome	Finding	Significant *
<b>School Commitment and Academic Performance</b>	The intervention group had significantly higher levels of school commitment and academic performance compared to the control group.	<input checked="" type="checkbox"/>
<b>Antisocial Behavior</b>	The intervention group had significantly lower levels of antisocial behaviors from the teacher assessment compared to the control groups.* However, this finding was not found in either the parent or student-reported data.	<b>Mixed</b>
<b>Social Competency</b>	The intervention group had an increasing growth rate for social competency in the teacher data; however, the parent and student report data did not show any significant differences.	<b>Mixed</b>
<b>Alcohol Use</b>	There was no significant difference for alcohol use between the two groups. However, the intervention group had a reduced frequency of alcohol use compared to the control group.	<b>Mixed</b>
<b>Marijuana Use</b>	There was no significant difference for marijuana use between the two groups. However, the intervention group had a reduced frequency of marijuana use compared to the control group.	<b>Mixed</b>
<b>Cigarette Use</b>	There was no significant difference for prevalence and frequency of cigarette use.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- None Identified

***Program Notes and Available Resources***

- A sample of the program can be found at: [http://www.sdr.org/RHC\\_YEAR\\_1\\_Impl\\_Guide.pdf](http://www.sdr.org/RHC_YEAR_1_Impl_Guide.pdf)

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grade 1.**

- o (b) (2) (C)
- o (b) (3) (A)
- o (b) (3) (B)

• **Health Education, Grade 2.**

- o (b) (2) (A)
- o (b) (2) (D)
- o (b) (2) (F)

• **Health Education, Grade 3.**

- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)

• **Health Education, Grade 4.**

- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)

• **Health Education, Grade 5.**

- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (F)
- o (b) (6) (A)

• **Health Education, Grade 6.**

- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (7) (D)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)

• **Health Education, Grades 7-8.**

- o (b) (1) (A)
- o (b) (1) (F)
- o (b) (2) (E)
- o (b) (2) (F)

- o (b) (4) (C)

- o (b) (6) (A)

- o (b) (6) (H)

- o (b) (7) (C)

- o (b) (8) (A)

- o (b) (8) (B)

- o (b) (9) (A)

- o (b) (12) (G)

• **Health Education, Grades 9-10.**

- o (b) (7) (A)

- o (b) (7) (B)

- o (b) (7) (C)

- o (b) (7) (D)

- o (b) (9) (A)

• **Advanced Health, Grades 11-12.**

- o (b) (4) (C)

- o (b) (7) (D)

## Reconnecting Youth: A Peer Group Approach to Building Life Skills

Ages 14-19, Grades 9-12



### During-School

#### Program Description

Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) teaches students skills to avoid or address risk factors. The program is designed for high risk students, including those with poor school achievement and high potential for school dropout.

**Substances Addressed:** Alcohol, Drugs – General

**Cost:** \$360

**Cost Description:** Costs include the RY curriculum (\$318 each), RY student workbooks (\$31.95 each).

**Optional Costs:** Posters (\$50-\$150) and training (\$49-\$800+) are available.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	RY is a semester-long program that includes a 75-lesson curriculum which focuses on two components: social support and life-skills training.

**Reviewing Agency (y/ies):** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Cho, Hyunsan, Denise Dion Halfors, and Victoria Sanchez. (2005). Evaluation of a High School Peer Group Intervention for At-Risk Youth. *Journal of Abnormal Child Psychology*, 33(3):363-74.
- **Last Evaluation Year:** 2005
- **Description of Evaluation:** Cho, Halfors, and Sanchez's (2005) evaluation focused on evaluating the program in high-risk students through a randomized controlled trial. Nine high-schools participated and students were randomly assigned to groups. The evaluation consisted of pre- and post-tests

• **Findings:**

Outcome	Finding	Significant *
<b>Delinquency</b>	There was no significant difference on delinquency between the intervention and control groups.	<input checked="" type="checkbox"/>
<b>Conventional Peer Bonding</b>	There was a significant negative effect for measures of conventional peer bonding for the intervention group at the 6-month and immediate follow-up compared to the control group.	<input checked="" type="checkbox"/>
<b>Peer High-Risk Behavior</b>	There was a significant negative effect for high risk behavior for the intervention group at the 6-month follow-up compared to the control group.	<input checked="" type="checkbox"/>
<b>Alcohol Use</b>	There was no significant difference on alcohol use between the intervention and control groups.	<input checked="" type="checkbox"/>
<b>Smoking</b>	There was no significant difference on smoking between the intervention and control groups.	<input checked="" type="checkbox"/>
<b>Grade Point Average (GPA)</b>	There was no significant difference on grade point averages between the intervention and control groups	<input checked="" type="checkbox"/>
<b>Anger</b>	There was no significant difference on delinquency between the intervention and control groups.	<input checked="" type="checkbox"/>
<b>School Connectedness</b>	There was no significant difference on school connectedness between the intervention and control groups.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Eggert, L. L., & Herting, J. R. (1991). Preventing teenage drug abuse: Exploratory effects of network social support. *Youth and Society*, 22(4), 482-524.
- Eggert, L. L., Seyl, C. D., & Nicholas, L. J. (1990). Effects of a school-based prevention program for potential high school dropouts and drug abusers. *International Journal of the Addictions*, 25(7), 773-801.
- Eggert, L. L., Thompson, E. A., Herting, J. R., Nicholas, L. J., & Dicker, B. G. (1994). Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. *American Journal of Health Promotion*, 8(3), 202-215.
- Eggert, L. L., Thompson, E. A., Herting, J. R., & Nicholas, L. J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior*, 25(2), 276-296.
- Thompson, E. A., Eggert, L. L., & Herting, J. R. (2000). Mediating effects of an indicated prevention program for reducing youth depression and suicide risk behaviors. *Suicide and Life-Threatening Behavior*, 30(3), 252-271.

***Program Notes and Available Resources***

- Start Up Resources are available at: <http://www.reconnectingyouth.com/programs/reconnecting-youth/>



**Associated Texas Essential Knowledge and Skills (TEKS):**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (E)</li><li>o (b) (9) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (1)</li></ul></li><li>• <b>Health Education, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (J)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 7.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li><li>o (b) (22) (A)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 8.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li></ul></li><li>• <b>Health 1, Grades 9-10.</b><ul style="list-style-type: none"><li>o (b) (3) (C)</li><li>o (b) (7) (A)</li><li>o (b) (7) (C)</li><li>o (b) (16) (A)</li><li>o (b) (16) (B)</li><li>o (b) (16) (D)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (3) (C)</li><li>o (c) (7) (F)</li></ul></li><li>• <b>English Language Arts and Reading, English I (High School).</b><ul style="list-style-type: none"><li>o (b) (6)</li><li>o (b) (10) (A)</li><li>o (b) (10) (B)</li><li>o (b) (13) (A)</li><li>o (b) (13) (B)</li><li>o (b) (13) (C)</li><li>o (b) (13) (D)</li><li>o (b) (13) (E)</li><li>o (b) (19)</li><li>o (b) (23) (A)</li><li>o (b) (23) (B)</li><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (C)</li><li>o (b) (25)</li><li>o (b) (26)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Social Studies (High School).</b><ul style="list-style-type: none"><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (D)</li></ul></li><li>• <b>Law Enforcement I.</b><ul style="list-style-type: none"><li>o (c) (11) (A) (B) (C)</li></ul></li></ul> |
|---|---|--|



### During-School

#### Program Description

SPORT Prevention Plus Wellness (SPORT PPW) is a health promotion program designed for high school students that focuses on positive image benefits of an active lifestyle. The program aims to reduce alcohol, tobacco, and drug use, as well as improve overall physical health.

**Substances Addressed:** Alcohol, Tobacco, Marijuana, Drugs - General

**Cost:** \$499+

**Cost Description:** The cost includes the program and Sport PPW manual.

**Optional Costs:** Training is available (\$1,000).

**School Subjects Covered:** Health, Physical Education

### Program Components

Component	Description
Student	The students will receive a single lesson on increasing wellness-enhancing behaviors, including physical activity, healthy eating, adequate sleeping, and stress control. In addition, the session will discuss avoiding alcohol, tobacco, vapes, prescription misuse, marijuana and other illicit drugs. Following the session, the students will make a commitment to make goals to increase overall wellness and avoid substance use. These goals are monitored.

**Reviewing Agenc (y/ies):** Blueprints

#### Program Evaluation

- **Number of Evaluation Studies:** 2
- **Evaluation Study Citations:**
  - Werch, C., Moore, M.J., DiClemente, C., Bledsoe, R., & Jobli, E. (2005). A multihealth behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science*, 6(3), 213-226.
  - Moore, M.J., & Werch, C. (2009). Efficacy of a brief alcohol consumption reintervention for adolescents. *Substance Use & Misuse*, 44, 1009-1020.
- **Last Evaluation Year:** 2009
- **Description of Evaluation:** Werch et. al. (2005) conducted a randomized controlled trial in which students were randomly assigned within grade levels to an intervention or a control group. The control group received two generic alcohol and prevention and health promotion print materials. Baseline data and post-intervention data at 3-months and 12-months were collected. Next, Moore et al. (2009) conducted an 18-month follow up to the students in Werch et al. (2005).

• **Findings:**

Outcome	Finding	Significant *
Substance use	The intervention group had a higher reduction in alcohol consumption, alcohol use risk, and drug use behaviors at the 3-month follow-up compared to the control group. At the 12-month follow-up, the intervention group had reduced frequency of cigarette smoking and cigarette smoking initiation compared to the control group. These effects were not seen at the 18-month follow-up.	Mixed
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Werch, C., Moore, M.J., DiClemente, C., Bledsoe, R., & Jobli, E. (2005). A multihealth behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science*, 6(3), 213-226.
- Moore, M.J., & Werch, C. (2009). Efficacy of a brief alcohol consumption reintervention for adolescents. *Substance Use & Misuse*, 44, 1009-1020.

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• <b>Health 1, Grades 9-10.</b> <ul style="list-style-type: none"> <li>o (b) (3) (C)</li> <li>o (b) (7) (A)</li> <li>o (b) (7) (C)</li> <li>o (b) (16) (A)</li> <li>o (b) (16) (B)</li> <li>o (b) (16) (D)</li> </ul> </li> <li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b> <ul style="list-style-type: none"> <li>o (c) (3) (C)</li> <li>o (c) (7) (F)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>English Language Arts and Reading, English I (High School).</b> <ul style="list-style-type: none"> <li>o (b) (6)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>o (b) (13) (A)</li> <li>o (b) (13) (B)</li> <li>o (b) (13) (C)</li> <li>o (b) (13) (D)</li> <li>o (b) (13) (E)</li> <li>o (b) (19)</li> <li>o (b) (23) (A)</li> <li>o (b) (23) (B)</li> <li>o (b) (24) (A)</li> <li>o (b) (24) (B)</li> <li>o (b) (24) (C)</li> <li>o (b) (25)</li> <li>o (b) (26)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Social Studies (High School).</b> <ul style="list-style-type: none"> <li>o (b) (24) (A)</li> <li>o (b) (24) (B)</li> <li>o (b) (24) (D)</li> </ul> </li> <li>• <b>Law Enforcement I.</b> <ul style="list-style-type: none"> <li>o (c) (11) (A) (B) (C)</li> </ul> </li> </ul> |
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## During-School, After-School Program Description

Start Taking Alcohol Risks Seriously (STARS) for families is a program for preventing alcohol use. The program aims to identify risk factors and provide targeted information on underage alcohol use.

**Substances Addressed:** Alcohol

**Cost:** \$798+

**Cost Description:** Cost includes the curriculum (\$299) and a 1- to 2-hour audio training for program implementers (\$499 per participant).

**Optional Costs:** Optional materials can be purchased, including additional parent postcards (\$49.95 for 50), additional family take-home lessons (\$129.95 for 50), implementation consultation (\$599 per hour), scannable outcome survey (\$5 each), and evaluation services (\$10 per adolescent)

**School Subjects Covered:** Health, Physical Education

## Program Components

Component	Description
Student	Students receive individual consultations in school or after school on alcohol avoidance, as well as assessment for the risk factors that each child presents which is used to cater the program to each participant.
Parent	The parents are involved through a postcard which provides information on how to discuss alcohol avoidance, as well as four take-home lessons.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency—Evidence-Based Programs for Alcohol Awareness

## Program Evaluation

• **Number of Evaluation Studies:** 2

• **Evaluation Study Citations:**

- Werch, C. E., Pappas, D. M., Carlson, J. M., & DiClemente, C. C. (1998). Short- and long-term effects of a pilot prevention program to reduce alcohol consumption. *Substance Use and Misuse*, 33(11), 2303-2321.
- Werch, C. E., Owen, D. M., Carlson, J. M., DiClemente, C. C., Edgemon, P., & Moore, M. (2003). One-year follow-up results of the STARS for Families alcohol prevention program. *Health Education Research*, 18(1), 74-87.



- **Last Evaluation Year:** 2003
- **Description of Evaluation:** Werch et al. (1998) recruited 650 students from middle schools in Jacksonville, Florida. Students were randomly assigned to the intervention or control groups.
- **Findings:**

Outcome	Finding	Significant *
<b>Rates of Alcohol Use</b>	There was no significant difference between the intervention and control groups.	☒
<b>Stage of Alcohol Use Initiation</b>	The intervention group at the 3-month follow-up had less advanced stages of alcohol use compared to the control group.	☑
<b>Frequency of Alcohol Use</b>	The intervention group at the 3-month follow-up had significantly less reported drinking in the past 7 and 30 days compared to the control group.* Another study found no significant difference between the intervention and control groups.	Mixed
<b>Heavy Alcohol Use</b>	The intervention group had significantly less heavy alcohol use compared to the control group.	☑
<b>Quantity of Alcohol Use</b>	The intervention group consumed less alcohol compared to the control group.	☑
<b>Intentions to Use Alcohol in the Future</b>	The intervention group had significantly fewer intentions to use alcohol in the future compared to the control group.	☑
<b>Intentions, Risk, and Motivation</b>	There were no differences for intentions, risk, and motivation between the intervention and control groups.	☒
<b>Peer Prevalence, Influenceability, and Beliefs</b>	There were no differences for peer prevalence, influenceability, and beliefs between the intervention and control groups.	☒
Note: *Indicates statistically significant finding at p-value <0.05.		

#### **Publications Associated with Program:**

- Werch, C. E., & Anzalone, D. (1995). Stage Theory and Research on Tobacco, Alcohol, and Other Drug Use. *Journal of Drug Education*, 25(2),81-98.
- Werch, C. E., & DiClemente, C. C. (1994). A Multicomponent Stage Model for Matching Drug Prevention Strategies to Youth Stage of Use. *Health Education Research: Theory and Practice*, 9(1),37-46.
- Werch, C. E., & Gorman, D. R. (1986). Factor Analysis of Internal and External Self-Control Practices for Alcohol Consumption. *Psychological Reports* 59,1207-13.
- Werch, C. E., Anzalone, D. M., Brokiewicz, L. M., Felker, J., Carlson, J. M., & Castellon-Vogel, E. A. (1996). An intervention for preventing alcohol use among inner-city middle school students. *Archives of Family Medicine*, 5(3), 146-152.
- Werch, C. E., Anzalone, D., Castellon-Vogel, E. A., Carlson, J. M., Brokiewicz, L. M., & Felker, J. (1995). Factors Associated With the Stages of Alcohol Use Among Inner City School Youth. *Journal of School Health*, 65(7),255-59.
- Werch, C. E., Carlson, J. M., Owen, D. M., DiClemente, C. C., & Carbonari, J. P. (2001). Effects of a stage-based alcohol preventive intervention for inner-city youth. *Journal of Drug Education*, 31(2), 123-138.
- Werch, C. E., Carlson, J. M., Pappas, D. M., & DiClemente, C. C. (1996). Brief nurse consultations for preventing alcohol use among urban school youth. *Journal of School Health*, 66(9), 335-338.
- Werch, C. E., Carlson, J. M., Pappas, D. M., Dunn, M., & Williams, T. (1997). Risk Factors Related to Urban Youth Stage of Alcohol Initiation. *American Journal of Health Behavior*, 21(5),377-87.
- Werch, C. E., Carlson, J. M., Pappas, D. M., Edgemon, P., & DiClemente, C. C. (2000). Effects of a brief alcohol preventive intervention for youth attending school sports physical examinations. *Substance Use and Misuse*, 35(3), 421-432.
- Werch, C. E., Meers, B. W., & Farrell, J. (1993). Stages of Drug Use Acquisition Among College Students: Implications for the Prevention of Drug Abuse. *Journal of Drug Education*, 23,375-726.

- Werch, C. E., Pappas, D. M., Carlson, J. M., Edgemon, P., Sinder, J. A., & DiClemente, C. C. (2000). Evaluation of a brief alcohol prevention program for urban school youth. *American Journal of Health Behavior*, 24(2), 120-131.
- Werch, C. E., Young, M., Clark, M., Garrett, C., Hooks, S., & Kersten, C. (1991). Effects of a Take-Home Drug Prevention Program on Drug-Related Communication and Beliefs of Parents and Children. *Journal of School Health*, 61, 346-350.

**Program Notes and Available Resources**

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health 1, Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (15) (A)
- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

## Strengthening Families Program (SFP)

Ages 3-16



### During-School

#### **Program Description**

The Strengthening Families Program (SFP) aims to prevent drug abuse in children whose parents have a history of abusing drugs. The program aims to improve behavioral health outcomes, as well as reduce problem behaviors. (e.g., mental health, delinquency, substance abuse). SFP focuses on improving parenting skills and behavior management skills.

**Substances Addressed:** Alcohol, Drugs - General

**Cost:** \$450+

**Cost Description:** Each age group curriculum must be purchased separately at a cost of \$450 each.

**Optional Costs:** Training is available from \$1,950 to \$4,350 based on method and length of training. Technical assistance is available at \$85 per hour.

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	The program consists of 12, 2-hour skill-building sessions that include a family-style meal and then separate skill training sessions for parents and kids. The sessions included problem-solving skills, information on peer pressure, substance use, as well as parental rules.
Parent	Parents receive skill sessions to help parents learn skills focused on improving behaviors.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency—Evidence-Based Programs for Alcohol Awareness

#### **Program Evaluation**

- **Number of Evaluation Studies:** 9

- **Evaluation Study Citations:**

- Gottfredson, D. C., Kumpfer, K. L., Fox, D. P., Wilson, D. B., Puryear, V., Beatty, P. D., & Vilmenay, M. (2006). The Strengthening Washington D.C. Families Project: A Randomized Effectiveness Trial of Family-Based Prevention. *Prevention Science*, 7(1), 57-74.
- Maguin, E., Nochajski, T., DeWit, D., Macdonald, S., Safyer, A., & Kumpfer, K. (2007). The Strengthening Families Program and children of alcoholic's families: Effects on parenting and child externalizing behavior. Manuscript submitted for publication.
- Brook, J., McDonald, T. P., & Yan, Y. (2012). An Analysis of the Impact of the Strengthening Families Program on Family Reunification in Child Welfare. *Children and Youth Services Review*, 34(4), 691-95.

- **Last Evaluation Year:** 2012

- **Description of Evaluation:** Gottfredson et al. (2006) examined the effectiveness of the program with a four group experimental design. The sample included 715 families in an urban setting. P Maguin et al. (2007) evaluated 674 families in the United States and Canada. Lastly, Brook, McDonald, and Yan's (2012) evaluation was of SFP being a part of a child welfare service intervention.

- **Findings:**

Outcome	Finding	Significant *
<b>Negative Peer Associations</b>	There was no significant difference between the intervention and control group on negative peer associations.	<input checked="" type="checkbox"/>
<b>Child Problem Behavior Factors and Child Risk and Protective Factors</b>	There was no significant difference between the groups for child behavior factors and child risk and protective factors. The parents in the family skills training (FT) did report statistically significant measures of child positive adjustment compared to the control group.*	<b>Mixed</b>
<b>Family Factors</b>	The FT component found children reported worse measures of family supervision and bonding compared to the control.* No other significant differences were found for family factors.	<b>Mixed</b>
<b>Family Relationships</b>	Families in the intervention group had improved measures in family conflict, family organization, family communication, and family strengths/resilience.	<b>Mixed</b>
<b>Children's Internalizing and Externalizing Behaviors</b>	The intervention group had statistically significant lower scores for behavior problems compared to the control groups.* In addition, families in the intervention group reported improvements in poor behaviors, such as aggression, crime, and substance use.	<input checked="" type="checkbox"/>
<b>Parenting Practices/ Parenting Efficacy</b>	The intervention group parents had lower scores of inconsistent discipline and verbal abuse compared to the control group. The intervention families also reported improvements in parent practices and parenting efficacy.	<input checked="" type="checkbox"/>
<b>Conduct Disorder Symptoms, Oppositional Defiant Disorder Symptoms, and Other Behavior Problems</b>	The children in the intervention group had statistically significant decreases in parent-reported conduct disorders, oppositional defiant disorder symptoms, and other behavior problems compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Kumpfer, K. L., Greene, J. A., Bates, R. F., Cofrin, K., & Whiteside, H. (2007). State of New Jersey DHS Division of Addiction Services Strengthening Families Program Substance Abuse Prevention Initiative: Year Three Evaluation Report (Reporting period: July 1, 2004-June 30, 2007). Salt Lake City, UT: LutraGroup.
- DeMarsh, J., & Kumpfer, K. L. (1986). Family-oriented interventions for the prevention of chemical dependency in children and adolescents. *Journal of Children in Contemporary Society: Advances in Theory and Applied Research*, 18(122), 117-151.
- Hill, L. G., & Betz, D. L. (2005). Revisiting the retrospective pre-test. *American Journal of Evaluation*, 26(4), 501-517.
- Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science*, 3(3), 241-246.
- Kumpfer, K. L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6-8-year-old rural children. *Psychology of Addictive Behaviors*, 16(Suppl. 4), S65-S71.
- Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pre-test methodology. *American Journal of Evaluation*, 21(3), 341-349.

**Program Notes and Available Resources**

- Program is available in English and Spanish



**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li></ul></li><li>• <b>English Language Arts and Reading, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li><li>o (b) (2) (H)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (4)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (2) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (1) (E)</li><li>o (b) (4)</li><li>o (b) (6) (A)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (A)</li><li>o (b) (4) (B)</li><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>English Language Arts and Reading, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (A)</li><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (1) (A)</li><li>o (b) (1) (B)</li><li>o (b) (1) (C)</li><li>o (b) (1) (D)</li><li>o (b) (4)</li><li>o (b) (6) (B)</li></ul></li><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (E)</li><li>o (b) (9) (B)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (1)</li></ul></li><li>• <b>Health Education, Grade 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (J)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 7.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li><li>o (b) (22) (A)</li></ul></li><li>• <b>English Language Arts and Reading, Grade 8.</b><ul style="list-style-type: none"><li>o (b) (1)</li><li>o (b) (4)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 9-10.</b><ul style="list-style-type: none"><li>o (b) (3) (C)</li><li>o (b) (7) (A)</li><li>o (b) (7) (C)</li><li>o (b) (16) (A)</li><li>o (b) (16) (B)</li><li>o (b) (16) (D)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (3) (C)</li><li>o (c) (7) (F)</li></ul></li><li>• <b>English Language Arts and Reading, English I (High School).</b><ul style="list-style-type: none"><li>o (b) (6)</li><li>o (b) (10) (A)</li><li>o (b) (10) (B)</li><li>o (b) (13) (A)</li><li>o (b) (13) (B)</li><li>o (b) (13) (C)</li><li>o (b) (13) (D)</li><li>o (b) (13) (E)</li><li>o (b) (19)</li><li>o (b) (23) (A)</li><li>o (b) (23) (B)</li><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (C)</li><li>o (b) (25)</li><li>o (b) (26)</li></ul></li><li>• <b>Social Studies (High School).</b><ul style="list-style-type: none"><li>o (b) (24) (A)</li><li>o (b) (24) (B)</li><li>o (b) (24) (D)</li></ul></li><li>• <b>Law Enforcement I.</b><ul style="list-style-type: none"><li>o (c) (11) (A) (B) (C)</li></ul></li></ul> |
|--|---|---|

## Strong African American Families (SAAF)

Ages 10-14



### During-School; After-School

#### **Program Description**

Strong African American Families (SAAF) is a parental training and family therapy program that is based on social bonding and control theories. The program works to strengthen the attachment between parents and children to reduce the likelihood of youth involvement in various problem behaviors, particularly risky sexual activity and substance abuse. SAAF aims to strengthen parenting practices related to monitoring and supporting youth, articulating parental expectations for alcohol use, communicating with youth about sex, and promoting positive racial socialization. It also works to promote youth's ability to focus on goals for the future, resist involvement in risk behaviors, maintain negative images of risk

behaviors and peers who engage in them, and accept parental influences.

**Substances Addressed:** Alcohol, Drugs - General

**Cost:** \$7,000

**Cost Description:** Costs to implement include purchasing the SAAF Program Pack, which includes all program materials on CD-ROM, training materials, promotional videos, and session-specific information on DVDs. Also included in the purchase of the Program Pack is a 3-day, on-site facilitator training for up to 30 participants, as well as technical assistance and consultation.

**Optional Costs:** \$7,000 for three-day onsite training plus related travel expenses

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	Students attend 7, 2-hour sessions that cover the following topics: 1) following house rules, 2) adaptive ways of responding to racism, 3) setting goals, and 4) skills to resist early sexual involvement and substance use.
Parent	This component includes sessions on how to monitor children's behaviors, promote and develop adaptive communication skills for discussing difficult topics with children, as well as encouraging adaptive strategies for children to respond to racism.

**Reviewing Agenc (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Blueprints  
**Program Evaluation**

• **Number of Evaluation Studies:** 2

• **Evaluation Study Citations:**

- Brody, G. H., Murry, V. M., Kogan, S. M., Brown, A. C., Anderson, T., Chen, Y., ... Wills, T. A. (2006). The Strong African American Families Program: A cluster-randomized prevention trial of long-term effects and a mediational model. *Journal of Consulting and Clinical Psychology*, 74, 356-366.
- Murry, V. M., McNair, L. D., Myers, S. S., Chen, Y., & Brody, G. H. (2014). Intervention Induced Changes in Perceptions of Parenting and Risk Opportunities Among Rural African Americans. *Journal of Child and Family Studies*, 23, 422-466.

• **Last Evaluation Year:** 2014

- **Description of Evaluation:** Brody and colleagues (2006) evaluated SAAF using an experimental design in which eight rural Georgia counties were randomly assigned to intervention or control groups. Murry et al. (2014) evaluated SAAF using a randomized trial with nine counties in Georgia. The students were randomly selected to intervention or control groups.

• **Findings:**

Outcome	Finding	Significant *
Child Alcohol Use	The intervention group was less likely to use alcohol compared to the control group.	<input checked="" type="checkbox"/>
Youth Risk Behaviors	The intervention group had higher avoidance of risk opportunity situations and engagement in risk behavior compared to the control group.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

**Publications Associated with Program:**

- Brody, G. H., Chen, Y.-F., Kogan, S. M., Murry, V. M., & Brown, A. C. (2010). Long-term effects of the Strong African American Families program on youths' alcohol use. *Journal of Consulting and Clinical Psychology*, 78(2), 281-285.
- Brody, G. H., Murry, V. M., Gerrard, M., Gibbons, F. X., McNair, L., Brown, A. C., ... Chen, Y. (2006). The Strong African American Families Program: Prevention of youths' high-risk behavior and a test of model change. *Journal of Family Psychology*, 20, 1-11.
- Brody, G., Kogan, S., Chen, Y., & McBride-Murry, V. (2008). Long-term effects of the Strong African American Families program on youths' conduct problems. *Journal of Adolescent Health*, 43, 474-481.
- Brody, G., McBride-Murry, V., Gerrard, G., Gibbons, F., Molgaard, V., McNair, L., ... Neubaum-Carlan, E. (2004) The Strong African American Families Program: Translating research into prevention programming. *Child Development*, 75(3), 900-917.
- Gerrard, M., Gibbons, F. X., Brody, G. H., Murry, V. M., Cleveland, M. J., & Wills, T. A. (2006). A theory-based dual-focus alcohol intervention for preadolescents: The Strong African American Families Program. *Psychology of Addictive Behaviors*, 20, 185-195.
- Gottfredson, D. C., Kumpfer, K. L., Fox, D. P., Wilson, D. B., Puryear, V., Beatty, P. D., & Vilmenay, M. (2006). The Strengthening Washington D.C. Families Project: A Randomized Effectiveness Trial of Family-Based Prevention. *Prevention Science*, 7(1):57-74.
- Murry, V. M., Berkel, C., Brody, G. H., Gibbons, M., & Gibbons, F. X. (2007). The Strong African American Families program: Longitudinal pathways to sexual risk reduction. *Journal of Adolescent Health*, 41, 333-342.

**Program Notes and Available Resources**

- None Identified

## Associated Texas Essential Knowledge and Skills (TEKS):

### • Health Education, Grade 4.

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)
- o (b) (9) (F)
- o (b) (9) (G)
- o (b) (9) (H)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (11) (C)
- o (b) (11) (D)
- o (b) (11) (E)

### • Health Education, Grade 5.

- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (H)
- o (b) (5) (I)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (6) (D)
- o (b) (9) (B)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)
- o (b) (9) (F)

### • Health Education, Grade 6.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (1) (G)
- o (b) (1) (H)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (3) (A)
- o (b) (3) (B)

- o (b) (3) (C)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (E)
- o (b) (5) (F)
- o (b) (5) (G)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (7) (H)
- o (b) (7) (I)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (8) (C)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)
- o (b) (9) (F)
- o (b) (10) (A)
- o (b) (10) (B)
- o (b) (10) (C)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)
- o (b) (12) (H)
- o (b) (12) (I)
- o (b) (13) (A)
- o (b) (13) (B)

- o (b) (13) (C)
- o (b) (13) (D)
- o (b) (13) (E)
- o (b) (13) (F)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (14) (C)
- o (b) (14) (D)

### • Health Education, Grades 7-8.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (2) (E)
- o (b) (2) (F)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (3) (D)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (4) (D)
- o (b) (4) (E)
- o (b) (4) (F)
- o (b) (4) (G)
- o (b) (4) (H)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (6) (D)
- o (b) (6) (E)
- o (b) (6) (F)
- o (b) (6) (G)
- o (b) (6) (H)
- o (b) (6) (I)
- o (b) (6) (J)

- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)





## During-School

### Program Description

The Teams-Games-Tournaments (TGT) Alcohol Prevention program is an approach to alcohol prevention, typically delivered to high school students, that combines peer support with group reward structures.

**Substances Addressed:** Alcohol

**Cost:** Not Readily Available

**Cost Description:** Not Readily Available

**Optional Costs:** Not Readily Available

**School Subjects Covered:** None Identified

### Program Components

Component	Description
Student	The student component includes a 4-week educational program that provides information on alcohol and encourages application of information learned. The activities all emphasize the use of peer support. The program consists of 50 minute lessons each day, as well as a tournament on the fifth day which is designed to reinforce the lessons.

**Reviewing Agency (y/ies):** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Wodarski, John S. 1987a. Teaching Adolescents About Alcohol and Driving: A 2-Year Follow-Up. *Journal of Drug Education*, 17(4):327-43.
- **Description of Evaluation:** The evaluation included five school systems in Georgia (one metropolitan, two semi-metropolitan, and two rural school systems). The classes were randomly assigned to treatment, traditional education, and control groups. Pre-and post-tests were used to evaluate the program.

- **Findings:**

Outcome	Finding	Significant *
Alcohol Knowledge	The intervention group had higher alcohol knowledge scores compared to both control groups.	<input checked="" type="checkbox"/>
Drinking Behavior	The intervention group had a statistically significant reduction in alcohol consumption.	<input checked="" type="checkbox"/>
Attitude Changes Concerning Drinking and Driving	The intervention group had better attitudes towards drinking and driving compared to the control groups.	<input checked="" type="checkbox"/>
Impulsive Behavior	The intervention group had lower rates of reported impulsive behavior compared to the control groups.	<input checked="" type="checkbox"/>
Note: *Indicates statistically significant finding at p-value <0.05.		

***Publications Associated with Program:***

- Burford, M. L. (2013). Burford, Michael Lee, "Is There a Relationship between Teams-Games-Tournaments and Changes in Communication and Attitude about Substance Abuse?" PhD diss., University of Tennessee, 2013. [https://trace.tennessee.edu/utk\\_graddiss/1700](https://trace.tennessee.edu/utk_graddiss/1700)
- Feit, M. D., & Wodarski, J. S. (2014). Adolescent substance abuse: An empirical-based group preventive health paradigm. Routledge.
- Wodarski, J. S. (1987). A social learning approach to teaching adolescents about alcohol and driving: a multiple variable follow-up evaluation. *Journal of Behavior Therapy and Experimental Psychiatry*, 18(1), 51-60.
- Wodarski, J. S., & Wodarski, L. A. (1993). Curriculums and practical aspects of implementation: Preventive health services for adolescents. University Press of America.
- Wodarski, J. S., Wodarski, L. A., & Dulmus, C. N. (2002). Adolescent depression and suicide: A comprehensive empirical intervention for prevention and treatment. Charles C Thomas Publisher.
- Wodarski, John S. 1987b. A Social Learning Approach to Teaching Adolescents About Alcohol and Driving: A Multiple-Variable Follow-Up Evaluation. *Journal of Behavior Therapy and Experimental Psychiatry*, 18(1):51-60.
- Wodarski, John S., Lois A. Wodarski, and Heather Parris. 2004. Teams-Games-Tournaments: Four Decades of Research. *Journal of Evidence-Based Social Work: Advances in Practice, Programming, Research and Policy*, 1(1):23-43.

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education,  
Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (15) (A)
- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

• **Advanced Health,  
Grades 11-12.**

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (15) (A)
- o (b) (16) (A)
- o (b) (16) (B)
- o (b) (16) (C)

• **English Language Arts and  
Reading, English I (High  
School).**

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)





## TxDOT Programs



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## **Using Texas Department of Transportation (TxDOT)–Sponsored Programs to Reduce Youth Alcohol and Drug Use**

The Texas Impaired Driving Task Force (TxIDTF) recognizes that every school and each school district have a different set of available resources to meet the varying needs of students, teachers, and staff. The advantage of implementing evidenced-based alcohol and drug prevention programs in schools is that they have demonstrated evidence of effecting change. However, many alcohol and drug prevention programs that have been certified as evidence-based are costly to implement and exceed resources available to schools.

Every year, the Texas Department of Transportation (TxDOT) funds numerous alcohol and drug prevention programs that can be implemented in schools. While not all of these programs have been certified as evidence-based, many of these programs have demonstrated promising practices. Additionally, because TxDOT provides funding for these programs through traffic safety grants, these programs are typically offered at no cost to schools. Programs are available both statewide and regionally.

If you are interested in implementing one of these programs at your schools, we urge you to reach out to contact the program directly to further coordinate.

## Alcohol Drug And Safety Training Education Program – AD-A-STEP For Life

Grades Pre-K-12, College, Adults



### During-School; After-School

#### **Program Description**

The Alcohol Drug and Safety Training Education Program (AD-A-STEP for Life) is a 3-hour program for adults identified as undereducated by federal guidelines and PreK-12 students and their parents which is provided during school or in after-school programs. Each target audience receives age appropriate education training, course material, and hand-on activities. The program's goal is to reduce the number of impaired driving crashes where the

driver is under the age of 21 by increasing public education and information, concentrating on youth aged 5 to 13 years old and 14-20 years old. The program targets all 7 classifications of drugs.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** Free

**Cost Description:** Program is free.

**Responsible Entity:** Schools need to provide class space, projector, and sometimes a TV.

**School Subjects Covered:** Health

### Program Components

Component	Description
Student	The student completes age-appropriate materials and activities to learn about the dangers of drug and alcohol use, short-term and long-term effects, definitions, classifications, and simulation activities. Young elementary students receive activity books and learn about being proactive and the dangers of these substances. A more positive approach with elementary students is necessary when describing daily activities that are compromised if drugs and alcohol are introduced.
Parent	The parent component covers laws, 7 classifications of drugs, recognizing signs of using, and understanding definitions and terms to be more prepared to educate their own children. Parents receive pamphlets and literature to take with them after the course to study and be aware of signs if their children are exposed or using.



### ***Program Evaluation***

- **Number of Evaluation Studies:** None
- **Evaluation Study Citations:**
  - None
- **Last Evaluation Year:** None
- **Description of Evaluation:** While no formal evaluation exists, the project conducts evaluations every year that are reported to the Texas Department of Transportation.

### ***Publications Associated with Program:***

- None Identified

### ***Program Notes and Available Resources***

- A flyer and social media marketing is available for information on dissemination and implementation of the program

### **Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (2) (B)</li><li>o (b) (2) (C)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (B)</li><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li><li>o (b) (5) (F)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (G)</li></ul></li><li>• <b>Health Education, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (1) (E)</li><li>o (b) (2) (F)</li><li>o (b) (4) (H)</li><li>o (b) (6) (H)</li><li>o (b) (6) (I)</li><li>o (b) (6) (J)</li><li>o (b) (6) (K)</li><li>o (b) (6) (L)</li><li>o (b) (6) (M)</li><li>o (b) (12) (G)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health 1, Grades 9-10 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (b) (2) (H)</li><li>o (b) (4) (C)</li><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (E)</li><li>o (b) (7) (G)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (7) (A)</li><li>o (c) (7) (G)</li><li>o (c) (7)( A)</li></ul></li></ul> |
|--|---|---|

## Alive at 25

Ages 15-24



### After-School

#### Program Description

The National Safety Council's "Alive at 25" young driver defensive driving course is a 4-hour course that is only available in a "live" format. The course is behavior-based, focusing on the behaviors and challenges unique to young drivers. Highly interactive, it allows students to learn from not only the instructor but from other students about the effects their behaviors and choices make on those around them. "Alive at 25" aims to promote good decision-making skills based upon analyzing potential outcomes. The program also deals with peer pressure and how to take control, rather than being controlled.

**Substances Addressed:** Alcohol, Stimulants, Marijuana, Depressants, Drugs-General

**Cost:** \$50 per student

**Cost Description:** The cost includes everything associated with the program, including student handbook and 4-hour class. A "no questions asked" scholarship is available to anyone requesting the program at no cost.

**Responsible Entity:** Parents. Schools need to provide class space.

**School Subjects Covered:** Health

#### Program Components

Component	Description
Student	A four-hour driver defensive course is provided that focuses on the effects of the student's behaviors and choices impacts on everyone in the vehicle and on the road around them.

#### Program Evaluation

- **Number of Evaluation Studies:** None
- **Evaluation Study Citations:**
  - None Identified
- **Last Evaluation Year:** None

- **Description of Evaluation:** Despite not having a formal evaluation, the program uses pre- and post-tests to capture knowledge locations at select locations done through the National Safety Council. No results reported.

***Publications Associated with Program:***

- None Identified

***Program Notes and Available Resources***

- None Identified

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health 1, Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (15) (A)
- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

• **Advanced Health, Grades 11-12.**

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (15) (A)
- o (b) (16) (A)
- o (b) (16) (B)
- o (b) (16) (C)

• **English Language Arts and Reading, English I (High School).**

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)



## After-School

### ***During-School; After-School***

The Brazos Valley Injury Prevention Coalition's membership and associated activities are offered at no charge to schools and universities on the dangers of impaired driving, distracted driving, drowsy driving, seat belt use and the dangers of speeding. The coalition aims to reduce risky behaviors through assembly style programs, as well as hands on educational activities. The coalition has gone to schools, hospitals, churches,

and businesses to discuss the dangers of impaired driving.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** Free

**Cost Description:** No costs associated.

**Responsible Entity:** No one is responsible for costs. The program just needs a location for the program and a volunteer or two to assist depending on the number of kids.

**School Subjects Covered:** Health, PE, Science

## Program Components

Component	Description
Student	Each program or presentation is geared towards students in each age group. The coalition invites parents and mentors to come to programs to learn about reducing risky behaviors.

## Program Evaluation

- **Number of Evaluation Studies:** None
- **Evaluation Study Citations:**
  - None Identified
- **Last Evaluation Year:** 2017
- **Description of Evaluation:** Despite not having a formal evaluation, the program uses pre-and post-assessments to evaluate the program. No results reported.

***Publications Associated with Program:***

- None Identified.

***Program Notes and Available Resources***

- Educational materials on impaired driving can be requested.

**Associated Texas Essential Knowledge and Skills (TEKS):**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• <b>Health Education, Kindergarten.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 1.</b><ul style="list-style-type: none"><li>o (b) (2) (C)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 2.</b><ul style="list-style-type: none"><li>o (b) (2) (A)</li><li>o (b) (2) (D)</li></ul></li><li>• <b>Health Education, Grade 3.</b><ul style="list-style-type: none"><li>o (b) (2) (B)</li><li>o (b) (2) (C)</li></ul></li><li>• <b>Health Education, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4) (B)</li><li>o (b) (4) (C)</li><li>o (b) (4) (D)</li></ul></li><li>• <b>Health Education, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5) (B)</li><li>o (b) (5) (C)</li><li>o (b) (5) (D)</li><li>o (b) (5) (F)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health Education, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (G)</li></ul></li><li>• <b>Health Education, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (1) (E)</li><li>o (b) (2) (F)</li><li>o (b) (4) (H)</li><li>o (b) (6) (H)</li><li>o (b) (6) (I)</li><li>o (b) (6) (J)</li><li>o (b) (6) (K)</li><li>o (b) (6) (L)</li><li>o (b) (6) (M)</li><li>o (b) (12) (G)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Health 1, Grades 9-10 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (b) (2) (H)</li><li>o (b) (4) (C)</li><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (E)</li><li>o (b) (7) (G)</li></ul></li><li>• <b>Advanced Health, Grades 11-12 (One-Half Credit).</b><ul style="list-style-type: none"><li>o (c) (7) (A)</li><li>o (c) (7) (G)</li><li>o (c) (7) (A)</li></ul></li></ul> |
|--|---|---|



## Live Your DREAMS (Distraction REduction Among Motivated Students)

Ages 13-19



### After-School

#### ***During-School; After-School***

The Live Your DREAMS teen driver safety program is committed to reducing injuries from motor vehicle collisions in Brazoria, Fort Bend, Galveston, Harris, Montgomery, and Waller Counties. The program aims to increase awareness and education about protective and risk factors for motor vehicle safety through a multi-tiered program that can be utilized in the community or in the high school setting. Awareness events consist of interactive games to simulate the consequences of driving under the

influence or distracted which provides a platform of discussion on impairment and safe options when impairment is an issue.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** Free

**Cost Description:** There are no costs associated with the program.

**Responsible Entity:** Schools need to provide class space.

**School Subjects Covered:** Health

### Program Components

Component	Description
Student	Students participate in interactive activities throughout the program. Activities and lessons are provided to the participating school and dispersed as they see fit.
Parent	Parents of selected students attend an in-depth hospital based event with their teen. Information is discussed in details through the 5-hour event.

### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Program Evaluation Underway
- **Last Evaluation Year:** 2018
- **Description of Evaluation:** Program Evaluation Underway

***Publications Associated with Program:***

- None Identified

***Program Notes and Available Resources***

- Educational materials on impaired driving can be requested.

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education,  
Grades 7-8.**

- o (b) (1) (E)
- o (b) (2) (F)
- o (b) (4) (H)
- o (b) (6) (H)
- o (b) (6) (I)
- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)

• **Health 1, Grades 9-10  
(One-Half Credit).**

- o (b) (2) (H)
- o (b) (4) (C)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (G)

• **Advanced Health,  
Grades 11-12  
(One-Half Credit).**

- o (c) (7) (A)
- o (c) (7) (G)
- o (c) (7) (A)

## Power of Parents

Ages 12-20



### After-School

#### Program Description

The Power of Parents is a research-based program that consists of a short presentation and high quality printed guides designed to assist parents and/or guardians to have positive discussions with their teens to not consume or abuse alcohol.

**Substances Addressed:** Alcohol

**Cost:** Free

**Cost Description:** There are no costs associated with the program.

**Responsible Entity:** Schools need to provide class space.

**School Subjects Covered:** None Identified

#### Program Components

Component	Description
Parent	Parents receive high quality guides and tips and a short presentation designed to assist with communication with teens to not consume alcohol before their teens are 21.

#### Program Evaluation

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Varvil-Weld, L., Scaglione, N., Cleveland, M. J., Mallett, K. A., Turrisi, R., & Abar, C. C. (2014). Optimizing timing and dosage: Does parent type moderate the effects of variations of a parent-based intervention to reduce college student drinking? *Prevention Science*, 15(1), 94-102. PMCID: PMC3688671
- **Last Evaluation Year:** 2014

- **Description of Evaluation and Findings:** The University of Pennsylvania has conducted a long-term study that tracked outcomes related to the program which found teens can be positively influenced to not consume alcohol by a parent and/or guardian. The program uses a survey of attendees to measure knowledge and perceptions.

***Publications Associated with Program:***

- See evaluation article.

***Program Notes and Available Resources***

- Electronic version of guides can be download at no cost at: <https://www.madd.org/the-solution/power-of-parents/>

**Associated Texas Essential Knowledge and Skills (TEKS):**

• **Health Education, Grades 7-8.**

- o (b) (1) (E)
- o (b) (2) (F)
- o (b) (4) (H)
- o (b) (6) (H)
- o (b) (6) (I)
- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)

• **Health 1, Grades 9-10 (One-Half Credit).**

- o (b) (2) (H)
- o (b) (4) (C)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (G)

• **Advanced Health, Grades 11-12 (One-Half Credit).**

- o (c) (7) (A)
- o (c) (7) (G)
- o (c) (7) (A)



## Teens in the Driver Seat

Grades 6-12



### During-School; After-School

#### Program Description

Teens in the Driver Seat® (TDS) is the first peer-to-peer program for teens that focuses solely on traffic safety and addresses all major risks for this age group including impaired driving. Teens help shape the program and are responsible for implementing it and educating their peers and parents; Texas A&M Transportation Institute (TTI) provides the science, guidance and project resources. One of the five main focus areas of the program includes impaired driving prevention. Schools receive resources and information pertaining to zero tolerance, other

drugs and education outreach materials to help address impaired driving among youth.

**Substances Addressed:** Alcohol, Marijuana, Prescription Drugs, Inhalants, Synthetic Drugs, Drugs-General

**Cost:** Free

**Cost Description:** There is no program cost. The Texas Department of Transportation covers the cost of the program resource kit.

**Responsible Entity:** Schools need to provide class space.

**School Subjects Covered:** Health

### Program Components

Component	Description
<b>Student</b>	Teens in the Driver Seat is a peer-to-peer safety program for young drivers, involving teenagers directly in developing and delivering driving safety messages. Teens help shape the program and are responsible for implementing it and educating their peers and parents; Texas A&M Transportation Institute (TTI) provides the science, guidance and project resources.
<b>Parent</b>	Ride With Me is a teen-to-parent initiative to help reduce teen crashes. There is a Junior High and High School kit available for active schools. This activity promotes education of risks teens face as passengers and behind the wheel by providing materials and information for teens to present to parents.
<b>Mentor</b>	Each year, high school students are allowed to apply to serve on a student advisory board. The current TDS Board membership consists of 67 high school students from six different states. This group typically meets quarterly, with a large in-person gathering at the Annual TDS Summit (travel stipends are provided for these meetings). Advisory groups are instrumental to guiding the future direction and content of the program. Any new program initiatives either originate or are thoroughly vetted with these groups prior to moving forward to implementation. An annual scholarship program is also offered to applicants from amongst these student leaders. A formal letter that documents the number of community service hours logged by each advisory board student is prepared on official letterhead and is provided each year by the Program Director for the student's use/records.
<b>Community</b>	TDS is also available to community organizations. TDS programs are encouraged to partner with community members and organizations for activities and outreach. In addition, many events occur within local communities. An example of a TDS Community level activity: Community Messaging (Takes Time) Work with a local business or your school to host a lock-in on one of the most dangerous nights of the year for teen drivers, such as graduation or homecoming. Find sponsors, like a local pizza restaurant to donate food and drinks. Participate in Community Events (Takes Time) Spread the message to your community by participating in local parades and festivals.



### ***Program Evaluation***

- **Number of Evaluation Studies:** 3
- **Evaluation Study Citations:**
  - Geedipally, S.R., Henk, R.H., & Fette, B.. (2012). Effectiveness of Teens in the Driver Seat Safety Program in Texas, Paper submitted to the 92nd Annual Meeting of the Transportation Research Board.
  - Munira, S., Henk, R.H., & Tisdale, S. (2017). An Incentive-Based Teen Driver Smartphone App: Results of 2017 Pilot Project. Submitted to Transportation Research Board 97th Annual Meeting.
  - Nebraska Teen Driving Experiences Survey Four-Year Trend Report: 2014-2015, 2015-2016, and 2017-2018 School Years. (2018). Report Submitted to the Nebraska Department of Health and Human Services.
- **Last Evaluation Year:** 2018
- **Description of Evaluation and Findings:** Students can voluntarily and anonymously complete surveys that assess student awareness of the top driving risks that young people face during the early stages of driving, as well as self-reported driving behavior. Having been conducted for a decade, this has now resulted in the largest data set of its kind in the nation. TDS Program schools collectively exhibit double-digit levels of percentage improvement in nearly every key area of risk awareness and self-reported driving behavior – the exception being the issue of driving under the influence of alcohol. While an improvement has been accomplished (and maintained for several years now), this topic shows the least amount of improvement and warrants special attention as the program moves forward.

### ***Publications Associated with Program:***

- None Identified

### ***Program Notes and Available Resources***

- Resource kits can include: Planning calendars, posters, yard signs, notepads, stickers, flashcards, banners and t-shirts (depending on availability).

### **Associated Texas Essential Knowledge and Skills (TEKS):**

#### **Teens in the Driver Seat**

- **Health 1, Grades 9-10.**

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)

- o (b) (15) (A)
- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

- **Advanced Health, Grades 11-12.**

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (15) (A)
- o (b) (16) (A)
- o (b) (16) (B)
- o (b) (16) (C)

## Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program

Grades 4-12



### During-School; After-School

#### **Program Description**

The program provides anti-DWI alcohol awareness presentations and information booths free to Travis, Hays, and Williamson Counties. The program will go to both public and private schools. The objective is to save the lives of teenagers by discouraging underage alcohol consumption, and therefore lower the rate of underage alcohol-related car crashes among teenagers.

**Substances Addressed:** Alcohol

**Cost:** Free

**Cost Description:** No charges associated with program.

**Responsible Entity:** No one is responsible for costs. Schools and locations are requested to provide someone to conduct the presentation, space, method to play a DVD, and projector.

**School Subjects Covered:** Health, Government

### Program Components

Component	Description
<b>Student</b>	Doing an age-appropriate presentation on alcohol awareness (i.e. 4th grade is focused on growing body and substances and riding with a drinking/driver. In middle school, the program discusses the onset of first use, peer pressure, and consequences in the juvenile justice facility. In high school, the program discusses the consequences associated with driving, e.g., getting in trouble with legal system - compromise college scholarship. At college level, the program attends freshmen orientation).
<b>Parent</b>	The program discusses social host laws (which allows parents to serve alcohol to their own child but not to someone else's child.) The program also discusses how to initiate conversations with their children, and how that may affect their family.
<b>Community</b>	Presenting on alcohol awareness in general.

### ***Program Evaluation***

- **Number of Evaluation Studies:** 1
- **Evaluation Study Citations:**
  - Varvil-Weld, L., Scaglione, N., Cleveland, M. J., Mallett, K. A., Turrisi, R., & Abar, C. C. (2014). Optimizing timing and dosage: does parent type moderate the effects of variations of a parent-based intervention to reduce college student drinking?. *Prevention Science*, 15(1), 94-102.
- **Last Evaluation Year:** 2013
- **Description of Evaluation and Findings for the TxDOT Programs:** A sample of college students and parents were randomly assigned to four conditions to determine the effectiveness of the program, including pre-college matriculation, pre-college matriculation plus booster, post-college matriculation, and control. The study found that receiving the program before college was associated with a lower likelihood of higher-risk drinking pattern in the groups with positive, anti-alcohol, and negative father parent types.

### ***Publications Associated with Program:***

- None Identified

### ***Program Notes and Available Resources***

- None Identified

### **Associated Texas Essential Knowledge and Skills (TEKS):**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• <b>Elementary, Grade 4.</b><ul style="list-style-type: none"><li>o (b) (4.4) (C)</li><li>o (b) (4.4) (D)</li><li>o (b) (4.7) (A)</li><li>o (b) (4.8) (A)</li></ul></li><li>• <b>Elementary, Grade 5.</b><ul style="list-style-type: none"><li>o (b) (5.5) (C)</li><li>o (b) (5.5) (D)</li><li>o (b) (5.5) (F)</li><li>o (b) (5.6) (A)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Middle School, Grade 6.</b><ul style="list-style-type: none"><li>o (b) (6.5) (B)</li><li>o (b) (6.5) (C)</li><li>o (b) (6.7) (D)</li><li>o (b) (6.11) (A)</li><li>o (b) (6.11) (B)</li><li>o (b) (6.11) (C)</li><li>o (b) (6.11) (D)</li></ul></li><li>• <b>Middle School, Grades 7-8.</b><ul style="list-style-type: none"><li>o (b) (5) (H)</li><li>o (b) (5) (J)</li><li>o (b) (5) (K)</li><li>o (b) (10) (A)</li><li>o (b) (12) (C)</li><li>o (b) (12) (D)</li><li>o (b) (12) (E)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Middle School, Grades 9-10.</b><ul style="list-style-type: none"><li>o (b) (7) (A)</li><li>o (b) (7) (B)</li><li>o (b) (7) (C)</li><li>o (b) (7) (D)</li><li>o (b) (7) (E)</li><li>o (b) (8) (A)</li><li>o (b) (16) (D)</li></ul></li></ul> |
|---|--|--|

## Watch UR BAC

Grades 8-12; College



### During-School; After-School

#### **Program Description**

Texas A&M AgriLife's Watch UR BAC is an interactive program that can be used in schools, county fairs, safety/health fairs, or any other community event to help provide information about the dangers of underage drinking and impaired driving. The Watch UR BAC program, funded by the Texas Department of Transportation, is a free resource to Texas community groups, faith-based organizations, schools, and businesses. Students are impacted through high tech video gaming

systems and impaired driving goggles. Watch UR BAC has been presented in over 200 public schools/universities and other community locations.

**Substances Addressed:** Alcohol, Drugs-General

**Cost:** Free

**Cost Description:** No costs associated.

**Responsible Entity:** No one is responsible for costs. Schools and locations are requested to supply a location, AV equipment, and a display table with at least two chairs.

**School Subjects Covered:** Health, Criminal Justice, Forensics

### Program Components

Component	Description
Student	Students are given the opportunity to drive a simulator while wearing impairing goggles. In addition, the students receive a 20-25 minute school assembly.
Parent	Parents are educated on current drug and alcohol trends.

### Program Evaluation

- **Number of Evaluation Studies:** None
- **Evaluation Study Citations:**
  - None Identified
- **Last Evaluation Year:** None
- **Description of Evaluation and Findings:** Despite not having a formal evaluation. The program uses pre- and post-tests to capture knowledge locations at select locations. No results reported.

### Publications Associated with Program:

- None Identified

### Program Notes and Available Resources

- None Identified



## Associated Texas Essential Knowledge and Skills (TEKS):

### • Health Education, Grade 6.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (1) (G)
- o (b) (1) (H)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (5) (D)
- o (b) (5) (E)
- o (b) (5) (F)
- o (b) (5) (G)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (7) (H)
- o (b) (7) (I)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (8) (C)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (9) (C)
- o (b) (9) (D)
- o (b) (9) (E)

- o (b) (9) (F)
- o (b) (10) (A)
- o (b) (10) (B)
- o (b) (10) (C)
- o (b) (11) (A)
- o (b) (11) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)
- o (b) (12) (H)
- o (b) (12) (I)
- o (b) (13) (A)
- o (b) (13) (B)
- o (b) (13) (C)
- o (b) (13) (D)
- o (b) (13) (E)
- o (b) (13) (F)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (14) (C)
- o (b) (14) (D)

### • Health Education, Grades 7-8.

- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (1) (F)
- o (b) (2) (A)
- o (b) (2) (B)
- o (b) (2) (C)
- o (b) (2) (D)
- o (b) (2) (E)
- o (b) (2) (F)
- o (b) (3) (A)
- o (b) (3) (B)
- o (b) (3) (C)
- o (b) (3) (D)
- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)

- o (b) (4) (D)
- o (b) (4) (E)
- o (b) (4) (F)
- o (b) (4) (G)
- o (b) (4) (H)
- o (b) (5) (A)
- o (b) (5) (B)
- o (b) (5) (C)
- o (b) (6) (A)
- o (b) (6) (B)
- o (b) (6) (C)
- o (b) (6) (D)
- o (b) (6) (E)
- o (b) (6) (F)
- o (b) (6) (G)
- o (b) (6) (H)
- o (b) (6) (I)
- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (8) (A)
- o (b) (8) (B)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (12) (A)
- o (b) (12) (B)
- o (b) (12) (C)
- o (b) (12) (D)
- o (b) (12) (E)
- o (b) (12) (F)
- o (b) (12) (G)

### • Health 1, Grades 9-10.

- o (b) (7) (A)
- o (b) (7) (B)
- o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (9) (A)
- o (b) (9) (B)
- o (b) (15) (A)

- o (b) (15) (B)
- o (b) (15) (C)
- o (b) (17) (A)
- o (b) (17) (B)
- o (b) (17) (C)
- o (b) (17) (E)
- o (b) (18) (A)
- o (b) (18) (B)
- o (b) (18) (C)

### • Advanced Health, Grades 11-12.

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (7) (E)
- o (b) (7) (F)
- o (b) (7) (G)
- o (b) (14) (A)
- o (b) (14) (B)
- o (b) (15) (A)
- o (b) (16) (A)
- o (b) (16) (B)
- o (b) (16) (C)

### • English Language Arts and Reading, English I (High School).

- o (b) (6)
- o (b) (10) (A)
- o (b) (13) (B)
- o (b) (19)
- o (b) (23) (A)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (24) (C)
- o (b) (25)
- o (b) (26)





## Appendix

### I. Methods

#### A. Program Identification

To identify school-based education programs, the TxIDTF first identified appropriate entities which certify programs as evidence-based. The TxIDTF performed a search for evidence-based programs related to reducing and preventing alcohol and drug use and abuse in children and adolescents from the following entities:

- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Texas Education Agency (TEA)-Evidence Based Programs for Alcohol Awareness
- U.S. Department of Education—Office of Safe and Drug-Free Schools
- National Institute on Drug Abuse (NIDA)
- Blueprints for Healthy Youth Development

Additionally, the TxIDTF identified programs sponsored by the Texas Department of Transportation (TxDOT) that are aimed at reducing and preventing alcohol and drug use and abuse in children and adolescents for inclusion.

#### B. Inclusion and Exclusion Criteria

For evidence-based programs to meet the initial inclusion criteria, programs had to be available in the United States and available in English. The initial identification phase identified 74 programs for inclusion. Next, programs were screened for the following exclusion criteria and were applied:

- Programs must have outcomes associated with reducing and/or preventing alcohol and drug use and abuse
- Programs must be active

The application of these criteria resulted in the inclusion of 27 programs.

The TxIDTF also reviewed the National Registry of Evidence-Based Programs and Practices (NREPP) as well as the Promising Practices Network (PPN). However, both of these programs were dissolved during the development of this reference book. As a result, programs which were only certified by one or both agencies were removed. Upon review, if

another certifying evidence-based agency, such as the California Evidence-Based Clearinghouse for Child Welfare, was identified, then this was noted for each program.

For TxDOT-sponsored programs to meet the initial inclusion criteria, programs must conduct education and outreach related to reducing and preventing alcohol and drug use and abuse in children and adolescents. The initial identification phase identified 16 programs for inclusion. Next programs were screened to determine if they were still active. The application of this criteria resulted in the inclusion of 8 programs.

#### C. Data Collection and Entry

The final collection included 27 evidence-based programs for schools and 8 TxDOT-sponsored programs. To capture all relevant information about the programs, the TxIDTF entered the following information for each program into Qualtrics, an online surveying tool, which compiled the information:

- Program objectives, goals, and description
- Target age group
- Entities that certify programs as evidence-based
- Specific substances the programs are aimed at reducing and/or deterring the use of
- Program components
- Cost of the program
- Program evaluation information
- Associated Texas Essential Knowledge and Skills (TEKS)

To increase validity and reliability of the document and information collected, each program was reviewed, and data entered by two reviewers. The information was then synthesized into the program summaries that precede.

## Evidence-Based Programs Quick Guide

Program Name	Grade or Age	Substances Addressed	Student Component	Parent Component	Mentor Component	Community Component	Cost
Across Ages	Ages 9-13	Alcohol, Drugs-General	☑	☑	☑	☑	\$\$\$\$
Al's Pals: Kids Making Healthy Choices	Ages 3-8	Alcohol, Drugs-General	☑	☑	☒	☒	?
All Stars	6-12; 13-17	Alcohol, Inhalants, Marijuana, Tobacco	☑	☑	☒	☒	\$\$
ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)	Ages 13-17 Females	Alcohol, Illicit Drugs, Performance-Enhancing Drugs	☑	☒	☒	☒	\$\$
ATLAS (Athletes Training and Learning to Avoid Steroids)	Ages 14-17 Males	Alcohol, Anabolic Steroids, Illicit Drugs, Performance-Enhancing Drugs	☑	☒	☒	☒	\$\$
Caring School Community	Grades K-6	Alcohol, Drugs-General	☑	☑	☑	☒	\$\$\$
Coping Power Program	Grades 4-6	Substance Abuse-General	☑	☑	☒	☒	Free
Good Behavior Game (GBG)	Grades K-12	Alcohol, Tobacco, Drugs-General	☑	☒	☒	☒	?
Guiding Good Choices	Grades 4-8 Ages 9-14	Drugs-General	☑	☑	☒	☒	\$\$
LifeSkills Training	Grades K-12	Alcohol, Tobacco, Drugs-General	☑	☒	☒	☒	\$
Media Detective	Grades 3-5	Alcohol, Tobacco	☑	☒	☒	☒	\$
Media Ready	Grades 6-8	Alcohol, Tobacco	☑	☒	☒	☒	\$
Michigan Model for Health	Grades K-12	Tobacco, Drugs-General	☑	☑	☒	☒	\$
Peers Making Peace	Grades Pre-K-12	Drugs-General	☑	☒	☑	☒	\$\$
Positive Action	Grades Pre-K-12	Alcohol, Tobacco, Drugs-General	☑	☒	☒	☒	\$
Project ALERT	Grades 7-8	Alcohol, Marijuana, Tobacco, Drugs-General	☑	☒	☒	☒	\$
Project EX	Ages 14-19	Tobacco	☑	☒	☒	☒	\$
Project Northland	Grades 6-8	Alcohol	☑	☑	☒	☑	\$\$
Project Towards No Drug Abuse (Project TND)	Ages 14-19	Alcohol, Tobacco, Marijuana, Drugs - General	☑	☒	☒	☒	?
Project Towards No Tobacco Use (Project TNT)	Grades 5-9 Ages 10-14	Tobacco	☑	☒	☒	☒	?
Raising Healthy Children	Grades K-12	Alcohol, Drugs – General	☑	☑	☒	☒	?
Reconnecting Youth: A Peer Group Approach to Building Life Skills	Grades 9-12 Ages 14-19	Alcohol, Drugs – General	☑	☒	☒	☒	\$
SPORT Prevention Plus Wellness	Ages 8-18	Alcohol, Tobacco, Marijuana, Drugs - General	☑	☒	☒	☒	\$
Start Taking Alcohol Risks Seriously (STARS) for Families	Ages 11 – 15	Alcohol	☑	☑	☒	☒	\$\$
Strengthening Families Program (SFP)	Ages 3 – 16	Alcohol, Drugs - General	☑	☑	☒	☒	\$
Strong African American Families	Ages 10 – 14	Alcohol, Drugs - General	☑	☑	☒	☒	\$
Teams-Games-Tournaments (TGT) Alcohol Prevention	Ages 13 -18	Alcohol	☑	☒	☒	☒	?
<b>Key:</b> \$ = <\$500, \$\$ = \$501 - \$1,500, \$\$\$ = \$1,501 - \$2,500, \$\$\$\$ = \$2,501 - \$3,500, \$\$\$\$\$ = >\$3,500							

## Evidence-Based Programs Contacts

Program Name	Contact	Phone Number	Email	Website	Social Media
Across Ages	Andrea Taylor	(302) 545-5960	andrea@astaylorconsulting.com	<a href="http://acrossages.org">http://acrossages.org</a>	
Al's Pals: Kids Making Healthy Choices	Susan Geller	(804) 967-9002	sgeller@wingspanworks.com	<a href="http://wingspanworks.com/healthy-al/">http://wingspanworks.com/healthy-al/</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/acorndreams">https://www.facebook.com/acorndreams</a></li> <li>• <a href="http://www.pinterest.com/acorndreams/">http://www.pinterest.com/acorndreams/</a></li> </ul>
All Stars	Kathleen Simley	336-601-9909	kathleensimley@gmail.com	<a href="http://www.allstarsprevention.com/">http://www.allstarsprevention.com/</a>	<a href="https://www.facebook.com/allstarsprevention/">https://www.facebook.com/allstarsprevention/</a>
ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)		(503) 418-4166	chpr@ohsu.edu	<a href="http://www.athenaprogram.com/">http://www.athenaprogram.com/</a>	
ATLAS (Athletes Training and Learning to Avoid Steroids)		(503) 418-4166	chpr@ohsu.edu	<a href="http://www.atlasprogram.com/">http://www.atlasprogram.com/</a>	
Caring School Community	Ginger Cook	(800) 666-7270	ginger_cook@devstu.org	<a href="https://www.collaborativeclassroom.org/caring-school-community">https://www.collaborativeclassroom.org/caring-school-community</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/CollabClassroom">https://www.facebook.com/CollabClassroom</a></li> <li>• <a href="https://www.youtube.com/user/TheDSCWay">https://www.youtube.com/user/TheDSCWay</a></li> <li>• <a href="https://twitter.com/CollabClassroom">https://twitter.com/CollabClassroom</a></li> </ul>
Coping Power Program	Unknown	(205) 348-3535	jones178@ua.edu; coping@ua.edu	<a href="http://copingpower.com/">http://copingpower.com/</a>	
Good Behavior Game (GBG)	Paxis Institute	(202) 403-5000	info@paxis.org	<a href="https://www.goodbehaviorgame.org/">https://www.goodbehaviorgame.org/</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/PAXGAME">https://www.facebook.com/PAXGAME</a></li> <li>• <a href="https://twitter.com/pax_gbg?lang=en">https://twitter.com/pax_gbg?lang=en</a></li> <li>• <a href="https://www.instagram.com/paxgbg/">https://www.instagram.com/paxgbg/</a></li> <li>• <a href="https://www.youtube.com/channel/UCH8j-5auE8TPkim_w1Jlh5A/featured">https://www.youtube.com/channel/UCH8j-5auE8TPkim_w1Jlh5A/featured</a></li> </ul>
Guiding Good Choices	Channing-Bete	1-800-477-4776	custsvcs@channing-bete.com	<a href="https://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html">https://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html</a>	
LifeSkills Training	Bovin	1-800-293-4969	LSTinfo@nhpamail.com	<a href="https://www.lifeskillstraining.com/">https://www.lifeskillstraining.com/</a>	<ul style="list-style-type: none"> <li>• <a href="http://twitter.com/botvinlst">http://twitter.com/botvinlst</a></li> <li>• <a href="http://www.youtube.com/user/BotvinLifeSkills">http://www.youtube.com/user/BotvinLifeSkills</a></li> <li>• <a href="http://instagram.com/lifeskills_training">http://instagram.com/lifeskills_training</a></li> </ul>
Media Detective		919-493-7700	mediareadydetective@irtinc.us	<a href="http://mediadetectiveprograms.com">http://mediadetectiveprograms.com</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/MediaReadyDetective/">https://www.facebook.com/MediaReadyDetective/</a></li> <li>• <a href="https://twitter.com/Media_Ready">https://twitter.com/Media_Ready</a></li> </ul>
Media Ready		919-493-7700	info@irtinc.us	<a href="http://mediaawareprograms.com/media-ready/">http://mediaawareprograms.com/media-ready/</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/MediaReadyDetective/">https://www.facebook.com/MediaReadyDetective/</a></li> <li>• <a href="https://twitter.com/Media_Ready">https://twitter.com/Media_Ready</a></li> </ul>
Michigan Model for Health	Jessica Shaffer	(517) 241-0270	ShafferJ3@michigan.gov	<a href="https://www.mmhclearinghouse.org/">https://www.mmhclearinghouse.org/</a>	

## Evidence-Based Programs Contacts (continued)

Program Name	Contact	(517) 241-0270	Email	Website	Social Media
Peers Making Peace	PaxUnited	972-671-9550	info@paxunited.org	<a href="http://www.paxunited.org/">http://www.paxunited.org/</a>	<ul style="list-style-type: none"> <li>• <a href="http://www.youtube.com/user/paxunited">http://www.youtube.com/user/paxunited</a></li> <li>• <a href="http://www.twitter.com/paxunited">http://www.twitter.com/paxunited</a></li> </ul>
Positive Action	Keri Metzger	(800) 345-2974	info@positiveaction.net	<a href="http://www.positiveaction.net">http://www.positiveaction.net</a>	<a href="https://www.facebook.com/positiveactioninc/">https://www.facebook.com/positiveactioninc/</a>
Project ALERT	RAND Corporation	(800) 253-7810	projectalert@rand.org	<a href="https://www.projectalert.com">https://www.projectalert.com</a>	<a href="https://www.facebook.com/projectalert/">https://www.facebook.com/projectalert/</a> <a href="https://www.youtube.com/user/TheProjectALERT">https://www.youtube.com/user/TheProjectALERT</a>
Project EX	Leah Meza	(800) 400-8461	leahmedi@usc.edu	<a href="http://projectex.usc.edu">http://projectex.usc.edu</a>	
Project Northland	Kris Van Hoof	(651) 213-4331	kvanhoof@hazeldenbettyford.org	<a href="http://www.hazelden.org/web/go/projectnorthland">http://www.hazelden.org/web/go/projectnorthland</a>	
Project Towards No Drug Abuse (Project TND)	Leah Meza	(800) 400-8461	leahmedi@usc.edu	<a href="http://tnd.usc.edu">http://tnd.usc.edu</a>	
Project Towards No Tobacco Use (Project TNT)	Leah Meza	(800) 400-8461	leahmedi@usc.edu	<a href="http://tnt.usc.edu">http://tnt.usc.edu</a>	
Raising Healthy Children		(206) 685-1997	sdr@uw.edu	<a href="http://www.sdr.org/rhcsmary.asp">http://www.sdr.org/rhcsmary.asp</a>	
Reconnecting Youth: A Peer Group Approach to Building Life Skills	Beth McNamara	(425) 861-1177	info@reconnectingyouth.com	<a href="http://www.reconnectingyouth.com">http://www.reconnectingyouth.com</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/RYCASTPROGRAMS/">https://www.facebook.com/RYCASTPROGRAMS/</a></li> <li>• <a href="https://www.instagram.com/ry_cast/">https://www.instagram.com/ry_cast/</a></li> </ul>
SPORT Prevention Plus Wellness	Chudley Werch	(904) 472-5022	cwerch@preventionpluswellness.com	<a href="http://preventionpluswellness.com">preventionpluswellness.com</a>	<ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/preventionpluswellness/">https://www.facebook.com/preventionpluswellness/</a></li> <li>• <a href="https://twitter.com/preventionplusw">https://twitter.com/preventionplusw</a></li> <li>• <a href="https://www.youtube.com/channel/UCJ4H7fQ3QA0uHLFDXqeS7bw">https://www.youtube.com/channel/UCJ4H7fQ3QA0uHLFDXqeS7bw</a></li> </ul>
Start Taking Alcohol Risks Seriously (STARS) for Families	Dinky Hicks	(800) 962-6662 ext 191	dinky@nimcoinc.com	<a href="http://nimcoinc.com/">http://nimcoinc.com/</a>	
Strengthening Families Program (SFP)	Karol Kumpfer	(801) 582-1652	kkumpfer@xmission.com	<a href="http://www.strengtheningfamiliesprogram.org">http://www.strengtheningfamiliesprogram.org</a>	
Strong African American Families	Dr. Tracy Anderson	(706) 425-2992	tnander@uga.edu	<a href="https://cfr.uga.edu/saaf-programs/saaf/">https://cfr.uga.edu/saaf-programs/saaf/</a>	
Teams-Games-Tournaments (TGT) Alcohol Prevention	John Wodarski	(865) 974-3988	jwodarski@utk.edu	<a href="http://cmhsrsrc.utk.edu/">http://cmhsrsrc.utk.edu/</a>	



## TxDOT Programs Quick Guide

Program Name	Grade or Age	Substances Addressed	Student Component	Parent Component	Mentor Component	Community Component	Other Component	Cost
Alcohol Drug And Safety Training Education Program - AD-A-STEP For Life	Grades Pre-K-12, College, Adults	Alcohol, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Alive at 25	Ages 15-24	Alcohol, Stimulants, Marijuana, Depressants, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$
Brazos Valley Injury Prevention Coalition	Grades K-College	Alcohol, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Live Your DREAMS (Distraction REDuction Among Motivated Students)	Ages 13-19	Alcohol, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Power of Parents	Ages 12-20	Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Teens in the Driver Seat	Grades 6-12	Alcohol, Marijuana, Prescription Drugs, Inhalants, Synthetic Drugs, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program	Grades 4-12	Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
Watch UR BAC	Grades 8-12	Alcohol, Drugs-General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free
\$ = Less than \$50 per student								

## TxDOT Programs Contacts

Program Name	Contact	Organization	Phone	Email	Website and Social Media
Alcohol Drug And Safety Training Education Program - AD-A-STEP For Life	Amy Moser	Region 6 Education Service Center	(936) 435-8343	amoser@esc6.net	<ul style="list-style-type: none"> <li>• <a href="http://www.esc6.net/o/region-6-esc/page/adastep">http://www.esc6.net/o/region-6-esc/page/adastep</a></li> <li>• <a href="https://www.facebook.com/SETdepartment/">https://www.facebook.com/SETdepartment/</a></li> <li>• <a href="https://twitter.com/esc6_safetyed">https://twitter.com/esc6_safetyed</a></li> <li>• <a href="https://www.instagram.com/esc6safetyed/">https://www.instagram.com/esc6safetyed/</a></li> </ul>
Alive at 25	John Brady	Texas Alive Team	(512) 854-5483	john.brady@texasaliveteam.org	<ul style="list-style-type: none"> <li>• <a href="http://texasaliveteam.org/">http://texasaliveteam.org/</a></li> <li>• <a href="https://www.facebook.com/Alive-at-25-Texas-Alive-Team-294341882102/">https://www.facebook.com/Alive-at-25-Texas-Alive-Team-294341882102/</a></li> </ul>
Brazos Valley Injury Prevention Coalition	Cindy Kovar	Brazos Valley Injury Prevention Coalition	(979) 862-1921	cmkovar@ag.tamu.edu	<ul style="list-style-type: none"> <li>• <a href="https://brazosvalleyinjuryprevention.tamu.edu/">https://brazosvalleyinjuryprevention.tamu.edu/</a></li> <li>• <a href="https://www.facebook.com/Brazos-Valley-Injury-Prevention-Coalition-BVIPC-433634166828094">https://www.facebook.com/Brazos-Valley-Injury-Prevention-Coalition-BVIPC-433634166828094</a></li> </ul>
Live Your DREAMS (Distraction REduction Among Motivated Students)	Sarah Beth Abbott	Memorial Hermann - Red Duke Trauma Institute	(713) 704-1115	sarah.abbott@memorialhermann.org	<ul style="list-style-type: none"> <li>• <a href="http://go.memorialhermannhealth.org/trauma-live-your-dreams.html">http://go.memorialhermannhealth.org/trauma-live-your-dreams.html</a></li> </ul>
Power of Parents	David Dorman	Mothers Against Drunk Driving	(469) 420-4855	david.dorman@madd.org	<ul style="list-style-type: none"> <li>• <a href="https://www.madd.org/the-solution/power-of-parents/">https://www.madd.org/the-solution/power-of-parents/</a></li> </ul>
Teens in the Driver Seat	Russell Henk	Texas A&M Transportation Institute	(210) 979-9411	r-henk@tamu.edu	<ul style="list-style-type: none"> <li>• <a href="http://www.t-driver.com/">http://www.t-driver.com/</a></li> <li>• <a href="https://www.facebook.com/teensdriverseat">https://www.facebook.com/teensdriverseat</a></li> <li>• <a href="https://twitter.com/TeensDriverSeat">https://twitter.com/TeensDriverSeat</a></li> <li>• <a href="https://www.instagram.com/teensdriverseat/#">https://www.instagram.com/teensdriverseat/#</a></li> <li>• <a href="https://www.snapchat.com/add/teensdriverseat">https://www.snapchat.com/add/teensdriverseat</a></li> <li>• <a href="http://www.youtube.com/user/teensinthedriverseat">http://www.youtube.com/user/teensinthedriverseat</a></li> </ul>
Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program	Gloria Souhami	Travis County Attorney's Office	(512) 854-4229	Gloria.Souhami@traviscountytexas.gov	<ul style="list-style-type: none"> <li>• <a href="https://www.traviscountytexas.gov/county-attorney/underage-drinking-prevention">https://www.traviscountytexas.gov/county-attorney/underage-drinking-prevention</a></li> </ul>
Watch UR BAC	Bobbi Brooks	Texas A&M AgriLife Extension Service Watch UR BAC	(979) 862-8325	blbrooks@ag.tamu.edu	<ul style="list-style-type: none"> <li>• <a href="https://watchurbac.tamu.edu/">https://watchurbac.tamu.edu/</a></li> <li>• <a href="https://www.facebook.com/watchurbac">https://www.facebook.com/watchurbac</a></li> <li>• <a href="https://instagram.com/">https://instagram.com/</a></li> <li>• <a href="https://twitter.com/#!/watchurbac">https://twitter.com/#!/watchurbac</a></li> </ul>

