prevention *Tactics*

FROM SCIENCE TO PRACTICE
Using CSAP Model Programs to Prevent Youth ATOD Use

Since its inception in 1986, one of the critical goals for the Center for Substance Abuse Prevention (CSAP) has been to provide leadership in the development of substance abuse prevention theory, programming, and research. Using science-based programming, CSAP demonstration projects have provided a rich array of real-world models designed to explain and test the effectiveness of alcohol, tobacco and other drug (ATOD) prevention efforts.

In 1994 and 1995, CSAP conducted the Community Partnership Demonstrations, a study of unprecedented scope involving more than 10,500 high risk youth in 48 communities nationwide. In this study, programs in real community settings were rigorously analyzed to determine the answer to one over-arching question: *What works?*

In another effort to identify effective programs, CSAP developed the High Risk Populations DataBank. This evaluation-oriented information system contains information on individual programs, including descriptive information (e.g., targeted population demographics), prevention strategies, evaluation methods, and objective ratings of the strength and credibility of findings. Each program is screened to determine the quality of its implementation, evaluation methodology, and effectiveness. Programs are also examined to see how closely they adhere to their stated prevention strategies and whether their outcomes can be attributed to those strategies.

Seven programs now stand as models in the prevention field.* These model programs have not only been proven effective, but also have enough clarity in their implementation process to be replicated at other sites. The programs vary in terms of targeted age group, economic and ethnic backgrounds, community settings, and level of intervention. These differences allow preventionists to select a model that closely matches the characteristics and needs of their communities and target populations.

This issue of *Prevention Tactics* briefly describes each of the seven model programs identified by CSAP and looks at the key factors that make these programs work. A self-assessment tool is also provided to help organizations and agencies begin using science-based programming to achieve desired outcomes.

by Stephen Hahn-Smith

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Tactics (tak′tiks) *n.* **1.** a plan for promoting a desired end. **2.** the art of the possible.

* Twelve additional model programs have recently been identified by CSAP. Descriptions are available at CSAP's web site (see Resources on back page).

7 CSAP Model Programs Proven Effective with High Risk Youth

Science-based programming involves objectively assessing *what works* in the prevention field. Successful programs can be identified through rigorous evaluation research. Science-based models can be extended to whole programs based on proven practices. The goal is to gauge what works in each program, for whom, and for how long. Individual programs can be modified and tailored to meet the specific needs of a target population.

Why use science-based programming? For program administrators, the reasons are clear:

- It enables programs to be based on a proven model with measurable outcomes.
- It ensures that resources will be used wisely.
- It offers potential funders assurances of success based on previous use of the program model.

MODEL PROGRAM	TARGET POPULATION	
	YOUTH	ADULTS
Dare to Be You "strengthening parents and children"	Age 2-5	Parents
Child Development Project "investing in our future"	Age 6-12	—
Family Advocacy Network (FAN Club) "weaving families into communities"	Age 11-12	Parents
Across Ages "bridging the gap"	Age 11-13	Mentors
Creating Lasting Connections "building connections for life"	Age 11-15	Parents
SMART Leaders "taking prevention to the next level"	Age 13-17	—
Residential Student Assistance Program "creating space to grow safely"	Age 13-17	—

* INTERVENTION LEVELS: "universal" applies to all populations regardless of risk; "selective" applies to

PROOF
Prevention WORKS

DARE TO BE YOU began as a 5-year demonstration program that targeted preschool children ages 2 to 5 and their families, preschool teachers, and other community members who supported the families. The program works directly with parents and key extended family members to increase knowledge of child development, foster a personal sense of worth, improve the ability to effectively manage children by increasing communication and problem-solving skills, and improve personal and parental efficacy and role satisfaction.

PROVEN RESULTS:

• Dramatic improvements in parents' sense of competence, satisfaction with and positive attitude about being a parent, and use of nurturing family-management strategies

• Substantial decreases in parents' use of harsh punishment

• Significant increases in child developmental levels compared to peers

Project Developers: *Colorado State University's Cooperative Extension*

The **CHILD DEVELOPMENT PROJECT** began as a 5-year initiative designed as a comprehensive school-based program to reduce risk and bolster protective factors related to substance abuse. The project seeks to transform the school into a caring community that nurtures students' intrinsic motivation to learn, supportive social relationships, sense of common purpose, and commitment to prosocial values.

PROVEN RESULTS:

• Decreased substance use (alcohol use fell 11%; marijuana use fell 2%; tobacco use fell 8%)

• Increased liking for school, enjoyment of class, and motivation to learn

• Greater skill at resolving conflicts and an increased sense of social competence

Project Developers: *Developmental Studies Center (Oakland, California)*

FAMILY ADVOCACY NETWORK (FAN Club) is designed to strengthen families by creating a bond between youth and their parents, reducing maternal isolation, providing opportunities for families to participate in fun activities together, helping parents influence their children to lead drug-free lives, and providing social and instrumental support for families.

PROVEN RESULTS:

• Greater ability to refuse alcohol, marijuana, and cigarettes

• Increased knowledge of the health consequences and prevalence of alcohol, tobacco, and illicit drug use

Project Developers: *Institute for Policy Research and Evaluation, Pennsylvania State University*

Intervention Level	High Risk Domains	Program Setting	Social Skills	Peer Resistance	Coping Skills	Problem Solving	ATOD Ed	Alternative	Training	Parent Bonding		Other Interventions
Selective	Individual Family Community	Schools Community	✓			✓		✓		✓	✓	• Self esteem building • Family counseling • Family support/self-help • Incentives
Universal	Individual School	Schools	✓			✓	✓	✓			✓	• Cultural enhancement • Environmental change & cooperative learning
Selective	Individual Family School Community	Community	✓	✓	✓	✓	✓	✓	✓	✓		
Selective	Individual Family School	Schools Community	✓	✓	✓	✓	✓	✓			✓	• Community service • Mentoring • Self-esteem building
Selective	Individual Family School	Schools Community Religious Institutions	✓				✓			✓		• Violence & gang prevention • Conflict resolution • Media campaign • General mobilization
Selective	Individual Family School Community	Community	✓	✓	✓	✓	✓	✓	✓			• Sex/health education
Indicated	Individual Family School	Residential Facilities for Youth	✓		✓	✓	✓				✓	• Individual counseling • Group counseling

populations at risk; "indicated" applies to populations already exhibiting problem behavior.

ACROSS AGES began as a 5-year demonstration and research project to demonstrate the effectiveness of an intergenerational mentoring approach to drug prevention. The project involves four components: 1) elders mentoring youth, 2) youth performing community service, 3) teachers implementing a classroom-based life skills curriculum, and 4) activities for parents and family members.

PROVEN RESULTS:

• Improved school attendance and bonding to school, adults and community

• Increased knowledge about and negative attitudes toward alcohol and tobacco use

Enhanced ability to respond appropriately to situations involving drug use

Project Developers: *Temple University's Center for Intergenerational Learning*

CREATING LASTING CONNECTIONS began as a 5-year demonstration grant designed to work with both community and family systems to identify youth and parents/guardians at high risk for alcohol and drug abuse; increase family resilience and decrease its risk for alcohol and drug abuse; provide support services, including social services referrals for families in need; and mobilize communities to prevent alcohol and drug abuse. CLC takes a community-based approach and can be implemented through religious institutions, schools, recreation centers, and other organizations that have regular contact with youth and families.

PROVEN RESULTS:

• Improved refusal skills, resulting in delayed and reduced ATOD use

• Increased communication and bonding between parents and children

• Greater use of community services for resolving family/personal problems

Project Developers: *The Council on Prevention and Education: Substances, Inc. (COPES)*

SMART LEADERS is a curriculum-based program that uses role-playing, group activities, and discussion to promote 1) social skills, including peer resistance skills and problem-solving/decision-making skills; 2) conservative group norms regarding substance abuse, and 3) knowledge of the health consequences and prevalence of substance abuse by youth and adults.

PROVEN RESULTS:

• Decreased rates of alcohol, tobacco, marijuana, and illicit drug use

• Fewer perceived benefits of alcohol and marijuana use

• Increased knowledge of the health consequences and prevalence of alcohol, tobacco and illicit drug use

Project Developers: *Institute for Policy Research and Evaluation, Pennsylvania State University*

The **RESIDENTIAL STUDENT ASSISTANCE PROGRAM** began as a 5-year demonstration program based on successful employee assistance programs used by industry to identify and aid employees whose performance and lives had been adversely affected by substance abuse. A large part of the project is designed to determine the effectiveness of this model with institutionalized adolescents at very high risk for substance abuse.

PROVEN RESULTS:

• Alcohol use fell 72.2%

• Marijuana use fell 58.8%

• Tobacco use fell 26.9%

Project Developers: *Student Assistance Services Corporation (a private, nonprofit, community-based substance abuse prevention organization)*

What makes these model programs work?

Analysis of the seven model programs revealed three unifying themes:

1. Supportive and caring relationships
2. Multifaceted interventions that target specific needs
3. Dual goals of reducing risk factors and increasing protective factors

1. Supportive and caring relationships

Each of the programs, in its own setting and its own manner, promoted *supportive and caring relationships* between youth and members of their families, their communities, and their peer groups. Positive relationships fostered dramatic changes in parenting, family management, bonding, and communication skills. With these changes, youth showed a decrease in problem behavior and an increased ability to refuse drugs and alcohol. Fostering youth connectedness is key to successful programming.

The importance of supportive and caring relationships in the CSAP model programs is consistent with other research that has demonstrated the great impact of "connectedness" on the healthy behavior and choices of young people. For example, a recent longitudinal study sponsored by National Institute of Child Health and Development involving 90,000 youth in

THE WEB OF INFLUENCE
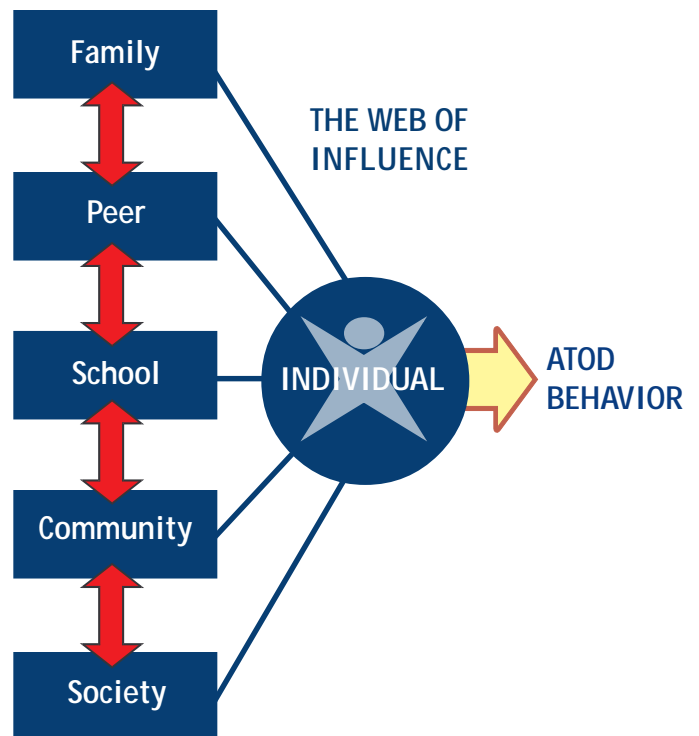### *Understanding the complexity of substance abuse prevention*

BUILDING AN EFFECTIVE prevention program is a complicated endeavor that involves the complex interplay between individual factors and the context in which the individual lives. CSAP conceptualizes this interplay as six major life domains: individual, family, peer, school, community, and society.

Each of these domains interacts with the others to create a "Web of Influence." At the core is the individual. All external influences are processed, interpreted and responded to based upon the characteristics the individual brings to the situation. The figure at right depicts the interrelationship between the six domains within the Web of Influence. As you can see, substance use/nonuse is an individual outcome, but the behavior of the individual is influenced by a host of interrelated external factors.

PROTECTIVE AND RISK FACTORS

A critical feature of the Web of Influence model is that each domain has both protective and risk factors. While risk factors place the youth at a greater-than-average risk for substance use, protective factors buffer youth from initiating or continuing use. Some key protective and risk factors in the Web of Influence approach to prevention are outlined at right.

THE WEB OF INFLUENCE

Family — Peer — School — Community — Society — INDIVIDUAL → ATOD BEHAVIOR

grades 7–12 in 145 schools found that parent-family connectedness and perceived school connectedness were protective against virtually every health risk behavior measured.* The conclusion? *Connectedness counts!*

2. Multifaceted interventions that target specific needs

Each of the effective programs implemented *multifaceted interventions targeting the specific needs of its audiences*. The successful programs recognized the importance

of using a Web of Influence approach to addressing ATOD use among youth. This approach takes into account the 5 inter-dependent life domains in which individuals operate. For more detail, see the description of the "Web of Influence" on the opposite page.

3. Dual goals of reducing risk factors and increasing protective factors

Each of the programs was geared toward the *dual goals of reducing risk factors and increasing protec-*

tive factors. Each of the programs was successful in (1) increasing the latency of first ATOD use, reducing the frequency of ATOD use, or reducing risk factors; and (2) enhancing protective factors related to the development of substance use. Examples of key protective and risk factors are provided in the table below.

STRATEGIES

*See Prevention Tactics 3:3 for more information on the "Add Health" study and on the importance of social bonding in protecting against engaging in harmful behavior.

Examples of Key Protective and Risk Factors in the Six Domains

DOMAIN	PROTECTIVE FACTORS	RISK FACTORS
Individual	• Positive personal characteristics, such as problem-solving skills, a positive sense of self, and flexibility • Bonding to societal institutions, such as school and church organizations • Social and emotional competence, including good communication skills, responsiveness and empathy	• Inadequate life skills • Low self-esteem and self-confidence • Emotional and psychological problems • School failure
Family	• Positive bonding among family factors • Positive parenting • Emotionally supportive parental/family milieu	• Family conflict and domestic violence • Social isolation of family • Poor child supervision and discipline
Peer	• Association with peers who are involved in school, recreation, service, religion, or other organized activities	• Association with delinquent peers who use or value dangerous substances
School	• Caring and support; sense of "community" in classroom and school • High expectations from school personnel • Youth participation, involvement and responsibility in school tasks and decisions	• Ambiguous, lax or inconsistent rules and sanctions regarding drug use and student conduct • Lack of school bonding
Community	• Caring and support • Opportunities for youth participation in community activities	• Community disorganization • Lack of cultural pride • Inadequate youth services and opportunities for pro-social involvement
Society	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation	• Impoverishment • Unemployment and underemployment • Discrimination

From Risk to Protective Factors:
HOW DO YOU MEASURE RESILIENCY?

Traditionally, prevention efforts have focused on risk factors. The current trend is to look more toward factors that protect youth from engaging in ATOD use and build internal resiliency.

Individual Protective Factors Index (IPFI)

In 1992, Springer & Phillips developed a 71-item questionnaire that is designed to measure youth resiliency. Youth respond to each of the items on a four-point scale of agreement or disagreement. The IPFI measures the degree to which youth have developed protective factors in three areas identified through independent research as being critical to resiliency: social bonding, personal competence, and social competence.

Social bonding dimensions:
1. community
2. family
3. school

Personal competence dimensions:
1. self-concept
2. self-control
3. positive outlook
4. self-efficacy

Social competence dimensions:
1. assertiveness
2. confidence
3. cooperation/contribution

The IPFI also measures accepting and rejecting attitudes toward use of alcohol or other drugs.

Programs can use the IPFI to evaluate the effectiveness of their strategies and interventions. For more information, go to http://www.emt.org or contact EMT Associates at 771 Oak Avenue Parkway, Suite 2, Folsom, CA, 98630, (916) 983-6680.

Is Your Program "Getting to Outcomes"?

CSAP offers guidelines in using science-based programming in its new manual, *Getting to Outcomes: Methods and Tools for Program Evaluation and Accountability.** This manual leads practitioners through an empowerment evaluation model by asking questions in ten key areas that all programs must address.

Do the "Getting to Outcomes" Wheel!

Some of the concepts detailed in the *Getting to Outcomes* manual are illustrated in brief by the wheel on the opposite page. By answering the questions and reviewing the checklist in each of the ten areas of the wheel, practitioners can gain a better understanding of how their programming is tied to results. This understanding will help administrators demonstrate accountability to key stakeholders, while identifying changes needed to have greater impacts in the lives of youth.

The wheel has utility for both new programs as well as programs already engaged in the implementation process. As you work your way through the wheel, remember that each

The National Cross-Site Evaluation of High Risk Youth Programs
What have we learned from CSAP's 48 demonstration sites?

In addition to identifying model programs, CSAP has been analyzing and disseminating the knowledge gained across the range of program types and implementation settings in its 48-site study of prevention programs for youth at high risk. Advanced analytic techniques offer a means of modeling the complexity of programs, the diversity of the youth who are part of those programs, and the outcomes achieved through their prevention efforts. Upcoming Prevention Tactics articles will focus on some of the lessons learned through the National Cross-Site Evaluation of High Risk Youth Programs, a recent study of unprecedented scope and rigor.

area is connected to the others in a series of dynamic feedback loops. You will find that new questions emerge and the answers to old questions need re-evaluation as you progress. Once you have gone through the wheel, get the manual and begin working through the details!

* *Getting to Outcomes* is available online through SAMHSA/CSAP's Decision Support System for Substance Abuse Prevention (DSS) website: http://www.preventiondss.org.

SELF-ASSESSMENT TOOL

GETTING TO OUTCOMES WHEEL

1. NEEDS/RESOURCES: *What underlying needs and resources must be addressed?*
❏ Identify target area and population
❏ Compile baseline substance abuse data
❏ Assess risk and protective factors
❏ Conduct a resource or asset assessment

2. GOALS: *What are your goals, target population and objectives (i.e., desired outcomes)?*
❏ Identify what you want to accomplish
❏ Write measurable goal statements
❏ Specify timelines and evaluation instruments

3. BEST PRACTICE: *Which evidence-based models and best practice programs can be useful in reaching your goals?*
❏ Determine which proven program models match your goals and objectives
❏ Determine which proven program models are applicable to your target population

4. FIT: *What actions need to be taken so the program "fits" the community context?*
❏ Conduct an assessment of local programs to determine whether your program will duplicate or complement them
❏ Determine how your program will meet larger community goals
❏ Examine how your program will fit your agency's philosophy and organizational structure

5. CAPACITIES: *What organizational capacities are needed to implement the program?*
❏ Determine if you have leaders who understand and will support the program
❏ Identify staffing needs, roles and qualifications
❏ Identify technical resources and funding needed to implement the program

6. PLAN: *What is the plan for this program?*
❏ Identify specific activities needed to reach your goals
❏ Create a realistic timeline for completing each activity
❏ Identify who will be responsible for each activity
❏ Develop a budget that outlines funding needed per activity
❏ Identify facilities and resources needed per activity

7. & 8. PROCESS & OUTCOME EVALUATION: *Does the program have high implementation fidelity? How well is it working?*
❏ Select an evaluation design to fit the measurable goals and objectives of your program
❏ Plan your methods and timelines for gathering, analyzing and interpreting data

9. CONTINUOUS QUALITY IMPROVEMENT: *How will continuous quality improvement strategies be included?*
❏ Determine if your target population needs have changed
❏ Determine if you have the resources and capacity to address ongoing or new needs
❏ Identify new research-based best practices
❏ Assess whether your program continues to fit with your agency and the community
❏ Determine how well your program is being implemented
❏ Determine if your program is meeting outcomes
❏ Assess how cultural factors are being addressed

10. SUSTAINABILITY: *If your program is successful, how will it be sustained?*
❏ Start discussions early with community members about sustaining program
❏ Ensure that the program is needs-driven
❏ Integrate with other community ATOD programs
❏ Develop stakeholder consensus-building process
❏ Identify potential "homes" for program
❏ Consider scaled-down versions

Wheel labels: NEEDS, GOALS, SUSTAINABILITY, BEST PRACTICE, CPI, FIT, EVALUATION, CAPACITIES, PLAN

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CSAP MODEL PROGRAMS

CSAP's MODEL PROGRAM WEB PAGE
(http://www.samhsa.gov/csap/modelprograms)

RESOURCES

The Model Program Website is a rich source of information on substance abuse prevention and creating positive change in the lives of youth. The website enables you to:

• Access materials on implementing and evaluating your community's program

• Request training and technical assistance from program developers

• Link to numerous prevention and funding resources

• Check out and order many free publications

• Download fidelity instruments

• Access camera-ready articles on successful model programs

• Nominate your own program as a model site

The site is updated frequently as new model programs are added to the list and as new research emerges on science-based programming.

Also available from CSAP is *Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs* (Monograph and Executive Summary), 1999.

The CSAP main page is: http://www.samhsa.gov/csap/.

Other Science-Based Program Resources

• *Getting to Outcomes: Methods and Tools for Program Evaluation and Accountability*: http://www.preventiondss.org/html/products.htm

• Sambrano, S., Springer, J.F., & Hermann, J. (1997). Informing the next generation of prevention programs: CSAP's Cross-Site Evaluation of the 1994-95 High-Risk Youth Grantees. *Journal of Community Psychology, 25,* 375-396.

Other Resources Related to High Risk Youth

• A good resource for substance abuse prevention information at the National Clearinghouse for Alcohol and Drug Information: http://www.health.org/

• Center for Substance Abuse Prevention. Prevention strategies based on individual risk factors for alcohol and other drug abuse (CSAP Technical Report 7), 1993.

• Hawkins, J.D., Catalano, R.F., & Miller, J.Y (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64-105.

• Hawkins, J.D., Kosterman, R., Maguin, E., Catalano, R.F., & Arthur, M. (1996). Handbook of prevention and treatment with children and adolescents: Intervention in the real world context. New York: John Wiley & Sons.

LET'S **HEAR** FROM YOU!