**Identified Potential Prevention Programs**

Wyoming Partnerships for Success Project

March 25, 2013

**Process**

As part of the Partnerships for Success project, Wyoming will fund nine counties to implement individual level interventions for youth and parents as part of a comprehensive approach to substance abuse prevention. Members of Wyoming’s State Epidemiological Outcomes Workgroup and Evidence-Based Practices Workgroup narrowed the dozens of potential programs to those that best fit Wyoming’s potential needs. This narrowing involved several steps.

First, we only considered **evidence-based strategies.** Each of the identified programs fulfills SAMHSA’s definition of evidence-based. All but one appears on the National Registry of Evidence-based Programs and Practices, while the other is a Wyoming program with replicated positive evaluation findings. Related to this was the rigor of the evaluation and subsequent findings for each program. Only programs with the most rigorous evaluations were considered.

Second, we only considered programs that **targeted risk and protective factors** of most relevance in Wyoming.Researchers at the Wyoming Survey & Analysis Center (WYSAC) ran statistical analyses (including logistic regression) on Prevention Needs Assessment data to identify which risk and protective factors are the best predictors of substance use of alcohol among Wyoming’s 6th, 8th, 10th, and 12th graders. Results showed that relevant risk and protective factors fell into two groups.

Positive regard for drug use including three risk factors

* Favorable Attitudes toward Drug Use
* Intent to Use Drugs
* Friends Who Use Drugs

Social issues including two risk factors and one protective factor

* Sensation seeking
* Perceived availability of drugs
* Social Skills

Third, we considered the **benefit to cost ratio** of identified programs when available. SAMHSA published (based upon research from PIRE) a cost benefit analysis of youth programs. While data was not available for each of the programs considered here, many had associated benefit cost ratios. For example, Life Skills Training had a benefit cost ration of 21 – meaning that for every $1 spent a community would receive $21 in benefits.

Citation: Miller, T. and Hendrie, D. *Substance Use Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.

Fourth, we considered the **feasibility** **and fit** of implementing each program in Wyoming communities. Some programs are easily put into schools or provided as extracurricular activities. Some programs require a more urban setting, while others require an outdoor setting. This consideration also took into account programs that had previously been successful in Wyoming.

Finally, we considered **different types** of programs that would provide prevention intervention in different areas and for different demographic groups. While limiting programs to those that will work best in Wyoming, this offers communities greater choice.

**Identified Programs**

**Universal Programs for Youth**

All Stars

All Stars is a multiyear school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity. The program focuses on five topics important to preventing high-risk behaviors: (1) developing positive ideals that do not fit with high-risk behavior; (2) creating a belief in conventional norms; (3) building strong personal commitments; (4) bonding with school, pro-social institutions, and family; and (5) increasing positive parental attentiveness. The All Stars curriculum includes highly interactive group activities, games and art projects, small group discussions, one-on-one sessions, a parent component, and a celebration ceremony. The All Stars Core program consists of 13 45-minute class sessions delivered on a weekly basis by teachers, prevention specialists, or social workers. The All Stars Booster program is designed to be delivered one year after the core program and includes nine 45-minute sessions reinforcing lessons learned in the previous year. Multiple program packages are available to support implementation by either regular teachers or prevention specialists.

Life Skills Training

Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12); the research studies and outcomes reviewed for this summary involved middle school students.

Project Northland

Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.

Too Good for Drugs

Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

Keepin’ it REAL (also the newest iteration of D.A.R.E)

Keepin' it REAL is a multicultural, school-based substance use prevention program for students 12-14 years old. Keepin' it REAL uses a 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. The curriculum is designed to help students assess the risks associated with substance abuse, enhance decision making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The narrative and performance-based curriculum draws from communication competence theory and a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use. The curriculum places special emphasis on resistance strategies represented in the acronym REAL: Refuse offers to use substances, Explain why you do not want to use substances, Avoid situations in which substances are used, and Leave situations in which substances are used.

Good Behavior Game (specific to younger children)

Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. GBG is structured around four core elements: classroom rules, team membership, self- and team-behavior monitoring, and positive reinforcement of individual team members and the team as a whole.

In each 1st-grade classroom, the teacher assigns all children to one of three teams with an equal number of girls and boys; aggressive, disruptive children; and shy, socially isolated children. The assignments are made on the basis of an initial 10-week observation period at the start of the school year. Basic classroom rules of student behavior are posted, and the whole team is rewarded if team members commit a total of four or fewer infractions of the classroom rules during game periods. For the first 3 weeks, GBG is played three times a week for 10 minutes each time during periods of the day when the classroom environment is less structured and the students are working independently of the teacher. Game periods are increased in length and frequency at regular intervals; by mid-year the game is played every day. Initially, the teacher announces the start of a game period and gives rewards at the conclusion of the game. Later, the teacher initiates game periods without announcement and defers rewards until the end of the school day or week. Over time, GBG is played at different times of the day and during different classroom tasks, so the game evolves from being highly predictable in timing and occurrence with immediate reinforcement to being unpredictable with delayed reinforcement. The children continue to participate in GBG through 2nd grade, where they are assigned to new classrooms and new teams. Training is required for the teachers who implement the intervention as well as for their coaches, who work with, support, and supervise them.

SPORT (includes wellness and fitness promotion)

SPORT is a brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. It is based on the Behavior-Image Model, which asserts that social and self-images are key motivators for the development of healthy behavior. The intervention promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals. SPORT involves a short, self-administered health behavior screen survey measuring physical activity and sport behaviors and norms, healthy nutrition, sleep, and alcohol use. Participants then receive a 10- to 12-minute personally tailored consultation from a written script, along with a key facts handout. A simple fitness prescription goal plan is completed by participants to motivate positive behavior and image change. In addition, parent/caregiver communication cards addressing key content are provided during the consultation and then sent or mailed home to adolescents for 3 to 5 consecutive weeks.

Media Ready (specific to media literacy)

Media Ready is a media literacy education program for 6th- to 8th-grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use and by enhancing the ability to apply critical thinking skills in interpreting media messages, particularly those related to alcohol and tobacco products. Media Ready consists of 10 45-minute lessons based on established models of decision making and research on the message interpretation process. The program includes homework and extension assignments to further students' understanding of media literacy and to provide additional opportunities for practicing newly learned skills. The curriculum is adaptable to a variety of classroom settings and skill levels of students. The Media Ready program kit contains all materials needed to teach the program, including a teacher manual, poster, and CD with media examples. Also available is a comprehensive 1-day training workshop, which provides an introduction to the theory and research underlying the program model and instructions for facilitating each program activity. Those who successfully complete an online test at the end of this training receive certification of completion. Media Ready is related to Media Detective, a media literacy education program for 3rd- to 5th-grade students. Media Detective has been reviewed separately by NREPP.

Project Venture (specific to Native American youth)

Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use. Based on traditional American Indian values such as family, learning from the natural world, spiritual awareness, service to others, and respect, Project Venture's approach is positive and strengths based. The program is designed to foster the development of positive self-concept, effective social interaction skills, a community service ethic, an internal locus of control, and improved decision making and problem-solving skills. The central components of the program include a minimum of 20 1-hour classroom-based activities, such as problem-solving games and initiatives, conducted across the school year; weekly after-school, weekend, and summer skill-building experiential and challenge activities, such as hiking and camping; 3- to 10-day immersion summer adventure camps and wilderness treks; and community-oriented service learning and service leadership projects throughout the year.

Red Cliff Wellness School Curriculum (specific to Native American youth)

The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. The Red Cliff program is taught by teachers who have been trained in interactive, cooperative learning techniques and facilitation. The manualized curriculum has separate components for grades K-3, 4-6, and 7-12. Each component includes 20-30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness and to assist students in understanding their emotions. Small-group discussions (described as "talking circles" in Native American terms) are extensively used, along with small-group process activities, independent workbook activities, and collaborative projects for older students.

The school curriculum was created by the First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa. The curriculum is part of a broader wellness initiative that includes a community curriculum and home wellness kit. Since its initial development for Native American youth, the tribally based curriculum has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students.

**Selected and/or Indicated Programs for Youth**

Insight II

Insight II is a drug and alcohol education program specifically designed for at-risk youth. Youth are typically referred into the program through the courts or juvenile diversion programs. It is usually run as a two day intensive intervention for high-risk youth. Evaluation results have shown repeated improvements among program participants in *favorable attitudes toward drug use, future intent to use, perceived risk and harm of drug use,* and *social skills.*

Teen Intervene

Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.

The program is typically administered in an outpatient, school, or juvenile detention setting by a trained professional in three 1-hour sessions conducted 10 days apart. During session 1, an individual session with the adolescent, the therapist elicits information about the adolescent's substance use and related consequences, examines the costs and benefits of the substance use, and helps the adolescent set goals of behavior change, including goals to reduce or eliminate substance use. In session 2, the therapist assesses the adolescent's progress, discusses strategies for overcoming barriers, and negotiates the adolescent's continued work toward meeting goals. Session 3 is an individual counseling session with the teenager's parent (or guardian); this session addresses parent-child communication and discipline practices, and specific ways for the parent to support the child's goals. The third session also includes a brief wrap-up conversation with the parent and adolescent.

Reconnecting Youth

Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress. RY targets youth who demonstrate poor school achievement and high potential for school dropout. Eligible students must have either (1) fewer than the average number of credits earned for all students in their grade level at their school, high absenteeism, and a significant drop in grades during the prior semester or (2) a record of dropping out of school. Potential participants are identified using a school's computer records or are referred by school personnel if they show signs of any of the above risk factors. Eligible students may show signs of multiple problem behaviors, such as substance abuse, aggression, depression, or suicidal ideation.

RY also incorporates several social support mechanisms for participating youth: social and school bonding activities to improve teens' relationships and increase their repertoire of safe, healthy activities; development of a crisis response plan detailing the school system's suicide prevention approaches; and parent involvement, including active parental consent for their teen's participation and ongoing support of their teen's RY goals.

The course curriculum is taught by an RY Leader, a member of the school staff or partnering agency that has abilities as a "natural helper," has healthy self-esteem, is motivated to work with high-risk youth, and is willing to comply with implementation requirements.

Storytelling for Empowerment (specific for Hispanic youth)

Storytelling for Empowerment is a school-based, bilingual (English and Spanish) intervention for teenagers at risk for substance abuse, HIV, and other problem behaviors due to living in impoverished communities with high availability of drugs and limited health care services. The program primarily targets Latino/Latina youth and uses cognitive decision making, positive cultural identity (cultural empowerment), and resiliency models of prevention as its conceptual underpinnings. Storytelling for Empowerment aims to decrease alcohol, tobacco, and other drug (ATOD) use by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media that place youth at high risk for ATOD use, while enhancing factors that may strengthen youth resiliency and protect against ATOD use. The core components of the intervention include the Storytelling PowerBook and the Facilitator's Guide. The PowerBook is a series of activity workbooks that include the following sections:

•Knowledge Power: brain physiology, physical effects of drugs

•Skill Power: decision making strategies, role-playing

•Personal Power: multicultural stories, symbol making

•Character Power: multicultural historical figures, character traits

•Culture Power: defining culture, biculture, subculture; cultural symbols

•Future Power: multicultural role models, choosing a role model, goal setting

Other available adaptations of the PowerBook include the (1) StoryBook for HIV, with sections on science, risk factors, relationships, and self-efficacy, and (2) Stories To Live or Die By: Inhalants, Meth, Ecstasy, which teaches facts and myths about methamphetamine, ecstasy, and club drugs. Storytelling for Empowerment also uses fotonovelas--a comic book-like print medium popular in Mexico and Latin America--to facilitate discussion between parents and their children on specific behaviors. Lesson plans are self-explanatory and can be implemented by teachers, program staff, or youth facilitators. Options for the number and timing of sessions are available.

**Parent and Family Programs**

Creating Lasting Family Connections

Creating Lasting Family Connections (CLFC) is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18-20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program emphasizes early intervention services for parents and youth and follow-up case management services for families. Manuals for trainers, notebooks for participants, and other materials are available, but the program is intended to be modified with each implementation to reflect the needs of the participants and the skill level of the trainers.

Strengthening Families

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

Family Matters

Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families. The program encourages communication among family members and focuses on general family characteristics (e.g., supervision and communication skills) and substance-specific characteristics (e.g., family rules for tobacco and alcohol use and media/peer influences). The program involves successive mailings of four booklets to families and telephone discussions between the parent and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed. The program can be implemented by many different types of organizations and people, such as health promotion practitioners in health departments, school health educators and parent-teacher groups, volunteers in community-based programs, and national nonprofit organizations.

Familias Unidas (specific to Hispanic families)

Familias Unidas is a family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. Familias Unidas is guided by ecodevelopmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects. The program is also influenced by culturally specific models developed for Hispanic populations in the United States.

The intervention is delivered primarily through multiparent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multiparent groups, led by a trained facilitator, meet in weekly 2-hour sessions for the duration of the intervention. Each group has 10 to 12 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment.

The intervention proceeds in three stages:

•Stage 1: The facilitator aims to engage parents in the intervention and create cohesion among the parents in the group.

•Stage 2: The facilitator introduces three primary adolescent "worlds" (i.e., family, peers, school), elicits parents' specific concerns within each world (e.g., disobedience within the family, unsupervised association with peers, problems at school), and assures parents that the intervention will be tailored to address these concerns.

•Stage 3: The facilitator fosters the parenting skills necessary to decrease adolescent problem behavior and increase adolescent school bonding and academic achievement. In this third stage, group sessions are interspersed with home visits, during which facilitators supervise parent-adolescent discussions to encourage bonding within the family and help parents implement the skills related to each of the three worlds (e.g., discussing behavior management, peer supervision issues, and homework). Each family receives up to eight home visits

Familias Unidas also involves meetings of parents with school personnel, including the school counselor and teachers, to connect parents to their adolescent's school world. Family activities involving the parents, the adolescent, and his or her peers and their parents allow parents to connect to their adolescent's peer network and practice monitoring skills.

The duration of the intervention ranges from 3 to 5 months depending on the target population. Facilitators must be Spanish speaking and bicultural, with a minimum of a bachelor's degree in psychology and 3 years of clinical experience, or a master's degree and 1 year of clinical experience.

Strong African American Families (specific to African American Families)

Strong African American Families (SAAF) is a culturally tailored, family-centered intervention for 10- to 14-year-old African American youths and their primary caregivers. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing primary caregivers' efforts to help youths reach positive goals.

Facilitators administer SAAF through seven 2-hour sessions using separate skill-building curricula for youths and primary caregivers. Sessions can be implemented at any time during the week, including weekends. During the first hour of each session, youths and primary caregivers meet separately with facilitators. Topics addressed in the youth sessions include the importance of following house rules; adaptive ways of responding to racism; the formation of goals for the future and plans to attain them; and skills for resisting early sexual involvement, substance use, and other risk behaviors. The primary caregiver sessions address ways in which the caregivers can monitor their children's behavior; encourage adaptive strategies for their children to respond to racism; and develop adaptive communication skills for discussing sex, substance use, and other risk behaviors. During the second hour of each session, youths and primary caregivers meet as a family with the facilitator and build on what was learned in the separate sessions. In the family sessions, facilitators work with families to build family-based strengths for supporting the youth's goals, enhancing racial pride, and improving communication and support.

SAAF is usually offered at schools and community facilities, and it should be implemented by trained facilitators who have experience working with families and youths. In the study reviewed for this summary, the intervention was provided to 5th-grade students and their primary caregivers.