Evidence-based Approaches to Substance Abuse Prevention

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A planning and coordinating agency creating safer communities for today and tomorrow

- **Vision:** To be a state and national leader supporting innovative programs that promote justice for all citizens and communities of Pennsylvania.

- **EPISCCenter is Pennsylvania’s Resource Center** for evidence-based prevention and intervention programs and practices and is a collaborative effort that brings together key state-level stakeholders in the Commonwealth.

- **Over 200 research-based programs** have been implemented utilizing federal and state dollars with the support of the PCCD’s Juvenile Justice and Delinquency Prevention Committee (JJDPC), and in coordination with the PCCD’s Office of Juvenile Justice and Delinquency Prevention (OJJDP).
Goals For Today’s Session

1. Understand how the Communities That Care model can help communities create a strategic plan for substance prevention.
2. How to use the Pennsylvania Youth Survey to identify risk and protective factors
3. Understand how to achieve high quality implementation for any prevention program
4. Learn about three evidence-based programs for substance abuse prevention
COMMUNITIES THAT CARE
Why don’t communities see greater success in prevention?

- Chasing money rather than outcomes
- No single guiding philosophy (many separate but disconnected efforts)
- Little accountability
- The lack of good data to drive decision-making and resource allocation
- Reliance on untested (or ineffective) programs
- Poor implementation quality
- Inability to sustain programs
What is the Communities That Care Model?

- An “operating system” = mobilize communities and agency resources
- Follows public health model = reducing associated risk factors and promoting protective factors
- Coalition model = data-driven & research-based
- Specific sequence of steps
- Focuses on targeted resources and evidence-based programs
So Why Use CTC?

- Shared vision & community norms
- Common prevention language for youth development
- Coordinated data collection & analysis
- Effective data-driven decision making
- Selection of proven-effective programs, policies, and practices
Benefits of CTC Framework

**Increases:**
- Funding
- Collaboration
- Accountability
- Use of Evidence-Based programs, policies, & practices
- Long-range strategic focus
- Community Involvement

**Decreases:**
- Turf issues
- Duplication of resources
- Focus on the “Problem du jour”
- Use of untested or proven ineffective programs
- Community Disorganization
HOW CTC WORKS...
The Five Phases of the CTC Model
Collect local data on risk and protective factors

Use data to identify priorities

Select and implement evidence-based program that targets those factors

Re-assess risk and protective factors

Form local coalition of key stakeholders

Leads to community synergy and focused resource allocation

Creating Fertile Ground for EBPs
Data-Informed Prevention Planning
(The Communities That Care model)
PCCD Support for the Communities That Care Process

Benchmarks Level

Phase One: Getting started
1. Phase Two: Organizing, Introducing, Involving.
2. Phase Three: Developing a Community Profile
3.1 Phase Four: Creating a Community Action Plan
4. Phase Five: Implementing and Evaluating the Community Action Plan

5.1 Specify the role of the Key Leader Board, Community Board and stakeholder group:

5.11 Clarify plan-implementation roles and responsibilities for individual Key Leaders, Community Board members and service providers.

5.12 Develop collaborative agreements with implementing organizations and providers.

5.13 Hold the Community Plan Implementation Training

5.14 Ensure that the Community Board has the necessary skills and expertise to support plan implementation and evaluation.

5.15 Develop appropriate committees or work groups to support plan implementation and evaluation.
WHAT DRIVES THE BUS...
The Public Health Approach

Define the problem
Lung Cancer

Identify Risk & Protective Factors
- Smoking
- Poor Air Quality
- Second-Hand Smoke

Interventions
- Reduce Smoking
  - Cessation
  - Limit advertising
  - Increase price
  - Limit smoking areas
  - Educate public

Program Implementation & Evaluation
- Decrease # of cancer cases
- Increase public knowledge
- Decrease # of smokers
- Decrease # of smokers in movies

Response
A voluntary survey conducted in schools every other year for youth in 6th, 8th, 10th, and 12th grades.

Adapted from the Communities That Care Youth Survey, with additional questions added to gather data on areas such as gambling, prescription drug abuse, other anti-social behaviors, and experience of trauma and grief.

All CTC Sites are essentially required to use it, and many additional schools volunteer to participate.

2013 PAYS: 200,000+ youth, 335 school districts, 70 other schools
## Foundation for Decision Making

### Risk Factors for Adolescent Problem Behaviors (Outcomes)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Dropout</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<tbody>
<tr>
<td><strong>COMMUNITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>Availability of drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Availability of firearms</td>
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<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Media portrayals of violence</td>
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<td>Transitions and mobility</td>
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<td>Low neighborhood attachment and community disorganization</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Extreme economic deprivation</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td><strong>FAMILY</strong></td>
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<td>Family history of the problem behavior</td>
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<td>✓</td>
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<td>Family management problems</td>
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<td>Family conflict</td>
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<td>Favorable parental attitudes and involvement in the problem behavior</td>
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<td><strong>SCHOOL</strong></td>
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<td>Academic failure beginning in late elementary school</td>
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<td>Lack of commitment to school</td>
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<td>✓</td>
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<td><strong>INDIVIDUAL/PEER</strong></td>
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<tr>
<td>Early and persistent antisocial behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Rebelliousness</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Friends who engage in the problem behavior</td>
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<td>✓</td>
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<tr>
<td>Favorable attitudes toward the problem behavior</td>
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<td>✓</td>
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<td>✓</td>
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<tr>
<td>Early initiation of the problem behavior</td>
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<td>Constitutional factors</td>
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Selection of Evidence Based Programs

Evidence-Based Programs (EBP)

Implementation Planning Steps

4. Is it feasible for you to invest in the following key elements BEFORE ART® is implemented?

- **Program Buy In:** Is their support for the implementation of ART® at all levels of your organization?
- **Program Coordination:** One person should be designated for overall responsibility for planning, coordination and supervision of the ART® implementation.
- **Facilitator training:** Initial training in the ART® curriculum takes at least 2 days. It is recommended that you provide additional time for practice of skills before groups begins.
- **ART® Master Trainer:** Hiring an ART® Master Trainer to support program implementation, mentor staff and provide resource support can be crucial to success. This should be carefully considered when planning ART® implementation.
- **Agency Trainers:** Organization should plan to have 2 or more facilitators trained as Agency Trainers late in the first year of implementation. Agency trainers are allowed to train staff only within their own organization.
- **Referral Sources:** Have connections and agreements been made with referral sources to insure adequate number of youth will be available to participate in the program?
- **Curriculum:** Program materials can be purchased at Research Press.
- **Budget:** A budget for annual expenses beyond the initial training and purchase of materials should be developed and incorporated into the organization’s annual budget.
- **Data collection and analysis plan:** Determine the following: When evaluations (pre and post surveys) will be completed for youth participating in ART®. Who will be responsible for administering the surveys? Who will be responsible for data entry? Who will be responsible for analyzing and reporting the data results?

RESOURCES AVAILABLE TO HELP PLAN FOR ART®:

- Evaluation Tools
- ART® Logic Model
- ART® Training Contact
EFFECTIVENESS OF CTC...
5-Year Longitudinal Study of PA Youth

419 age-grade cohorts over a 5-year period: youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement.

Is There a CTC in YOUR County?
HIGH QUALITY IMPLEMENTATION
Programs can be placed along a **continuum of confidence** based on their evidence or theory

* Bumbarger & Rhoades, 2012

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**How confident are we that this program or practice is a good use of resources AND improves outcomes for children and families?**
Step 1: Understanding and Defining the Selected Program

- Ensure staff at all levels understand the logic model
  - Targeted population
  - Frequency
  - Duration
  - Core Components
  - Change Theory

- Utilize recommended training protocols
- Identify expected outcomes based on research
- Network with other providers of the program
Step 2: Monitor the Quality of Delivery

- **Reach**
  - How many people did you serve?
  - Did you serve youth from the target population?

- **Dose**
  - How many received the recommended frequency and duration?
  - How many dropped out?

- **Fidelity to the Model**
  - Did implementers deliver all of the core components?
  - Did they deliver in a way that engaged the target population?
  - Did they avoid adding in unnecessary content?

- **Customer Satisfaction**
  - Are participants satisfied with individual sessions?
  - Are participants satisfied with the overall program?
Methods for Monitoring Delivery

- Attendance Tracking
- Supervision
- Review of Progress Notes
- Fidelity Checklists – Self Report
- Fidelity Checklists – Outside Observer
- Participant Surveys
- Video Tape Review
- Audio Tape Review
Step 3: Monitor Outcomes

- Establish Baseline Prior to Implementation
  - Pre-test
  - Drug Screens
  - Intake
    - Define Behaviors to be Changed
    - Measure Frequency, Intensity, Duration
    - Multiple Sources or Perspectives
Step 3: Monitor Outcomes

- Assess Impact at the End of Implementation
  - Post-test
  - Follow-up Drug Screens
  - Exit Interview
    - Reassess Frequency, Intensity, Duration
    - Gather information from Multiple Sources or Perspectives
LIFE SKILLS TRAINING (LST)  
DEVELOPED BY GIL BOTVIN

Developer's Website:  http://www.lifeskillstraining.com/

EPISCenter Technical Assistance:  
http://www.episcenter.psu.edu/ebp/lifeskills
Program Components & Goals

LST Middle School consists of 30 class sessions designed to be taught over three years.

Program Modalities

- Specific strategies, methods, and techniques are used to accomplish the program goals.

Targeted Risk and Protective Factors

- Risk factors, which increase the likelihood of negative outcomes (e.g., drug use, delinquency, school dropout, teen pregnancy, and violent behavior) are targeted for a decrease.
- Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

Proximal Outcomes

- Targeted outcomes that the program is designed to impact immediately following program completion.

Proximal Indicators of Distal Outcomes

- These outcomes are measured after the program. Changes are indicative of distal changes to be expected.

Distal Outcomes

- Outcomes impacted by the program months/years following program completion that have been demonstrated through research.

Lessons

- Goal: To teach youth skills through teaching, facilitation and discussion.

- Facilitation
- Discussion

- Teach Prevention Related Information, Drug Refusal Skills, & Promote Anti-Drug Norms

Generalization

- Goal: To learn and apply skills to new contexts through behavioral rehearsal, coaching and feedback.

- Coaching
- Feedback
- Behavioral Rehearsal

- Development of General Social Skills & Personal Self-Management skills

Risk Factors:

- Low Perceived Risks of Drug Use
- Early Initiation of Drug Use
- Sensation Seeking
- Rebelliousness
- Friends’ Delinquent Behavior
- Friends’ Use of Drugs
- Peer Rewards for Antisocial Behavior
- Favorable Attitudes toward Antisocial Behavior
- Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use

Protective Factors:

- Social Skills
- Interaction with Prosocial Peers

Increased Drug Resistance Skills and Knowledge:

- Decreased favorable attitudes toward substance use
- Increased knowledge of effects of substance use
- Increased knowledge of media influences to use tobacco/alcohol/drugs
- Decreased belief in the normative nature of peer substance use

Im proved Self-Management Skills

- Increased understanding of the importance of a positive self-image*
- Increased knowledge of good decision making
- Increased task persistence
- Increased understanding of anxiety and its effects
- Increased relaxation skills

Improved Social Skills

- Increased effective communication skills
- Increased assertiveness skills

Reduced Intent to Use:

- Tobacco
- Alcohol
- Marijuana
- Other drugs

Reduced Antisocial Behavior:

- Tobacco use
- Alcohol use
- Marijuana use
- Other drug use
- Violence
- Risky behavior

*Botvin logic model refers to program increasing “self-esteem”, survey items measure self-image.
Targeted Risk and Protective Factors

Decreases Risk Factors
- Low Perceived Risks of Drug Use
- Early Initiation of Drug Use
- Sensation Seeking
- Rebelliousness
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- Friends’ Use of Drugs
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- Favorable Attitudes toward Antisocial Behavior
- Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use

Increases Protective Factors
- Social Skills
- Interaction with Prosocial Peers
Population and Structure

The LST Middle School Program is a universal program that targets all middle/junior high school students.

Year 1: 15 sessions (plus 3 optional)

Year 2: 10 sessions (plus 2 optional)

Year 3: 5 sessions (plus 2 optional)
Training/Materials/Supplies

• Two day training recommended for all new teachers or facilitators
• Teacher’s Manual for each teacher/provider
• A student guide for each student
• Smoking and Biofeedback DVD for each teacher/provider
• Stress Management Techniques CD for each teacher/provider
PROJECT TOWARDS NO DRUG ABUSE (TND)
DEVELOPED BY STEVE SUSSMAN

Developer's Website: http://tnd.usc.edu/

Pennsylvania Commission on Crime and Delinquency Funding Information:
Sign up for Email Alerts
Substance Abuse Education Demand Reduction Funding
Violence Prevention Program Funding

EPISCenter Technical Assistance:
http://www.episcenter.psu.edu/ebp/nodrugabuse
Targeted Risk and Protective Factors

Decreases Risk Factors
• Low Perceived Risks of Drug Use
• Early Initiation of Drug Use
• Sensation Seeking
• Rebelliousness
• Friends’ Delinquent Behavior
• Friends’ Use of Drugs
• Peer Rewards for Antisocial Behavior
• Favorable Attitudes toward Antisocial Behavior
• Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use

Increases Protective Factors
• Social Skills
• Interaction with Prosocial Peers
Population and Structure

Project Towards No Drug abuse is a universal program that can be used with high school students ages 14-19.

- 12 Lessons
- 40-50 Minutes Long
- 2-3 times per week
- Delivered in Socratic style
- 30 students at one time maximum
- One teacher per class
TND Training/Materials/Supplies

- Two day training recommended for all new teachers or facilitators
- Teacher’s Manual for each teacher/provider
- A student guide for each student
- TND Game Board for each classroom
- Power point slides or overhead used in each lesson
- Optional video for final lesson
STRENGTHENING FAMILIES 10-14
DEVELOPED BY VIRGINIA MOLGAARD

Developer's Website: http://www.extension.iastate.edu/sfp/

Pennsylvania Commission on Crime and Delinquency Funding Information:
Sign up for Email Alerts
Substance Abuse Education Demand Reduction Funding
Violence Prevention Program Funding

EPISCenter Technical Assistance:
http://www.episcenter.psu.edu/ebp/strengthening
Targeted Risk and Protective Factors

Decreases Risk Factors
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PCCD SUPPORTED EVIDENCE BASED INTERVENTION PROGRAMS

Two nationally and internationally recognized model programs for treating high risk juvenile offenders, including those with substance abuse behaviors.
Multisystemic Therapy (MST)

- 3-5 months of therapy 2x per week focused across 5 youth systems: Individual, Family, Peer, School, Community
- In Pennsylvania standard MST can be used as an intervention to address youth substance abuse issues as long as
  
  A. Substance Abuse is not the only diagnosis
  B. More intensive Drug & Alcohol Treatment is not needed

For more information about OMHSAS Regulations go to: MST and D & A-Questions and Answers (http://www.episcenter.psu.edu/sites/default/files/ebp/MSTand%20D%26A-%20Questions%202012-23-09.pdf)

- MST-Substance Abuse (Also known as Contingency Management) is an adaptation of MST that incorporates specific proven effective approaches to address the needs of youth where substance abuse is the primary concern. Not currently as well supported by research as standard MST.
Functional Family Therapy (FFT)

- 12-14 sessions over 3-5 months
- Five Phases: Engagement, motivation, relational assessment, behavior change, and generalization

- Long Term Outcomes Show
  - Fewer days of alcohol and drug use 15 months post treatment
  - Fewer problems related to substance abuse
PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY (PCCCD)

Funding Opportunities for Substance Abuse Prevention
Violence Prevention Programs (VPP)

- Life Skills Training
- Project Towards No Drug Abuse
- Strengthening Families Program for Parents and Youth 10-14
Substance Abuse Education Demand Reduction (SAEDR)

- Prevention:
  - Across Ages
  - Familias Unidas
  - Good Behavior Game
  - Positive Action (elementary and Middle school only)
  - Project SUCCESS

- Intervention/Treatment:
  - Behavioral Monitoring and Reinforcement Program
  - Residential Student Assistance Program
  - Seeking Safety (boys only)
  - Teen Intervene (12-18)
For more information:

- Pennsylvania Commission on Crime and Delinquency Funding Information:
  - Sign up for Email Alerts
    - http://www.portal.state.pa.us/portal/server.pt/community/pccd_home/5226
  - Old Funding Announcements
    - 2014 Substance Abuse Education Demand Reduction Funding (http://www.episcenter.psu.edu/node/389)
    - 2014 Violence Prevention Program Funding (http://www.episcenter.psu.edu/node/389)
It's QUESTION TIME!!
THANK YOU!

The EPISCenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University and is funded by the Pennsylvania Commission on Crime and Delinquency and the Department of Public Welfare.

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