

Addressing Barriers

New ways to think . . .

Better ways to link

to Learning

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There is no way to avoid the fact that better achievement requires more than good instruction and well-managed schools.

Connecting Counseling, Psychological, & Social Support Programs to School Reform

Ask any teacher: *On most days, how many of your students come to class motivationally ready and able to learn?* We've asked that question in conversations across the country. The consistency of response is surprising. In urban and rural schools serving economically disadvantaged families, teachers tell us they're lucky if 10-15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile.

If schools are to ensure that *all* students succeed, designs for reform must reflect the full implications of the word *all*. Clearly, *all* includes more than students who are motivationally ready and able to profit from "high standards" demands and expectations. It must also include the many who aren't benefitting from instructional reforms because of a host of *external* and *internal* barriers interfering with their development and learning.

Most learning, behavior, and emotional problems seen in schools are rooted in the failure to address external barriers and learner differences in a comprehensive manner. And, the problems are exacerbated as youngsters internalize frustrations

of confronting barriers and experience the debilitating effects of performing poorly at school.

How many are affected? Figures vary. An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty.

The litany of barriers to learning is all too familiar to anyone who lives or works in low income areas. In such neighborhoods, school and community resources often are insufficient to the task of providing the type of basic (never mind enrichment) opportunities found in higher income communities. The resources also are inadequate for dealing with such threats to well-being and learning as health problems, difficult family circumstances, gangs, violence, and drugs. Inadequate attention to language and cultural considerations and to high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling. Such conditions are breeding grounds for frustration, apathy, alienation, and hopelessness.

It would be a mistake, however, to think only in terms of poverty. As recent widely-reported incidents underscore, violence is a specter hanging over all schools. And, while guns and killings capture media attention, other forms of violence affect and debilitate youngsters at every school. Even though there aren't good data, those who study the many faces of violence tell us that large numbers of students are caught up in cycles where they are the recipient or perpetrator (and sometimes both) of physical and sexual harassment ranging from excessive teasing and bullying to mayhem and major criminal acts.

What Are Schools Doing to Address Barriers to Learning?

School policy makers have a long-history of trying to assist teachers in dealing with problems that interfere with school learning. Prominent examples are seen

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- *Need resources? Technical assistance?*
See page 3.
- Page 7 illustrates standards for an enabling or learner support component.
- On page 8, the concept of a Resource Coordinating Team is outlined.
- Pages 9-11 discuss prevailing approaches to substance abuse prevention.

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in school provided counseling, psychological, and social service programs. Policy has focused on enhancing school linkages with community service agencies and other neighborhood resources. Paralleling these efforts is a natural interest in promoting healthy development. Despite all this, it remains the case that too little is being done, and prevailing approaches are poorly conceived.

School-Owned Programs and Services

Almost all schools flirt with some forms of preventive and corrective activity focused on specific concerns, such as learning problems, substance abuse, violence, teen pregnancy, school dropouts, and delinquency. Some programs are provided throughout a school district, others are carried out at or linked to targeted schools. The interventions may be designed to benefit all students in a school, those in specified grades, and/or those identified as having special needs. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students. They encompass ecological, curricular, and clinically oriented activities.

Most school-owned programs and services are offered by pupil services personnel. Federal and state mandates and special projects tend to determine how many pupil services professionals are employed. Governance of their daily practices usually is centralized at the school district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units. Such units straddle regular, special, and compensatory education.

On paper, it looks like a lot. It is common knowledge, however, that few schools come close to having enough. Most offer only bare essentials. Too many schools can't even meet basic needs. Primary prevention really is only a dream. Analyses of the situation find that programs are planned, implemented, and evaluated in a piecemeal manner. Not only are they carried on in relative isolation of each other, a great deal of the work is oriented to discrete problems and overrelies on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against good results.

School-Community Collaborations

In recent years, renewed interest in school-community collaborations has included a focus on enhancing health, mental health, and social services for students and their families. State-wide initiatives are being tested across the country. The work has fostered such concepts as *school linked services*, *coordinated and integrated services*, *wrap-around services*, *one-stop shopping*, *full service schools*, and *community schools*. Where initiatives have incorporated a wellness model, youth development concepts such as *promoting protective factors*, *asset-building*, and *empowerment* also are in vogue.

Not surprisingly, early findings primarily indicate how hard it is to establish collaborations. Still, a reasonable inference from available data is that school-community partnerships can be successful and cost effective over the long-run. By placing staff at schools, community agencies make access easier for students and families -- especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and greater family involvement. Analyses of these programs suggest better outcomes are associated with empowering children and families, as well as with having the capability to address diverse constituencies and contexts. Many families using school-based centers become interested in contributing to school and community. They provide social support networks for new students and families, teach each other coping skills, participate in school governance, and help create a psychological sense of community. At the same time, the problem of fragmentation is compounded in many locales as community services are brought to school campuses. This happens because the prevailing approach is to coordinate *community services* and *link* them to schools in ways that *co-locate* rather than integrate them with the ongoing efforts of school staff.

And Everything is Marginalized!

Policymakers have come to appreciate the relationship between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as interventions are carried out in a piecemeal fashion. The call for "integrated" services clearly is motivated by a desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation.

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Center News



New . . . Technical Assistance Sampler

Using Technology to Address Barriers to Learning

Advanced technology offers tools for improving almost every facet of efforts to address barriers to learning and promote healthy development. This sampler categorizes technology available for a range of intervention activities. (Download from our website at no charge or order a hard copy for the cost of copying and handling.)

**Want resources?
Need technical assistance?**

Contact us at:

E-mail: smhp@ucla.edu Ph: (310) 825-3634

Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

Or use our website:

<http://smhp.psych.ucla.edu>

If you're not receiving our monthly electronic newsletter (ENEWS), send an E-mail request to:

listserv@listserv.ucla.edu

leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-L**

Also, if you want to submit comments and information for us to circulate, note them on the form inserted in this newsletter or contact us directly by mail, phone, or E-mail.

DRAFT IDEA FOR POLICY LEGISLATION

***Restructuring Student Support Resources
and Enhancing Their Connection
with Community Resources***

Note: In its role as facilitator for the *Coalition for Cohesive Policy in Addressing Barriers to Development and Learning*, the Center is gathering feedback on the following policy draft. Your feedback for revising this proposal is invited.

Proposed:

School-linked service initiatives around the country have shown considerable promise in demonstrating another element

that is worth building upon in efforts to enhance student achievement and well-being.

At the same time, such initiatives have had difficulty demonstrating ways to

- fully integrate community resources with school-owned programs and services
- sustain existing projects
- clarify how other schools can adopt the model without project funding.

And, the models used to develop the initiatives have by-passed the more fundamental problem of clarifying how existing school-owned student/learner support programs and services should be restructured to enhance their impact.

The key to dealing with all these concerns rests with new policy designed to encourage the restructuring of school-owned student/learner support resources in ways that enhance their ability to (a) address barriers to student learning and promote healthy development and (b) connect with community resources.

Such restructuring should encompass (but not be limited to) all school-owned student/learner support programs and services including those provided by psychologists, counselors, nurses, social workers, various specialist personnel, and by others involved with programs designed to

- minimize grade retention
- prevent dropouts and pregnancy
- reduce violence and enhance school safety
- ensure that schools are drug free
- provide supports for various student transitions
- meet compensatory and special education needs
- respond to and prevent crises
- address health problems and health education
- enhance family and community involvement in school and schooling.

To these ends, policy must

- encourage school districts to include an emphasis on restructuring student/learner supports in school improvement plans and certification reviews
- encourage state education agencies to develop and provide district staff and their school boards with frameworks, training, and technical assistance relevant to such restructuring
- encourage institutes of higher education to include such frameworks in their preparation programs for district and school administrators.

[Go to the Center's website:

<http://smhp.psych.ucla.edu> and click on Net Exchange to read and/or add feedback or send your proposed revisions directly to the Center.]

No one is listening until
you make a mistake!

Center Staff:

*Howard Adelman, Co-Director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
... and a host of graduate and
undergraduate students*

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Special Features of Our Website

<http://smhp.psych.ucla.edu>

The Center's website is designed to help those concerned with mental health in schools to

- find information and get technical assistance
- stay up-to-date with the field
- interact with colleagues

For information and Technical Assistance:

Quick Find -- offers a fast way to access Center technical information and resources.

Search Engines -- search our website and our databases for clearinghouse documents, consultation cadre members, and other organizations and websites.

Technical Assistance -- if you have a question that needs answering, need assistance on a specific topic, or are looking for materials and/or resources, you can access our Center staff and Consultation Cadre.

Original Documents -- access most of our packets and technical assistance information electronically. In addition to HTML files, we create Adobe Acrobat PDF files. These files look just like our original printed packets. You can print them, or keep a copy on your hard drive for a quick and easy reference.

Consultation Cadre -- search the Consultation Cadre Database to find assistance on a variety of topics.

Continuing Education -- access available Modules.

Access to other resource links -- contact our Sister Center (Center for School Mental Health Assistance, CSMHA) and other agencies and centers through direct links or through the Gateway Sites page which provides a listing of major agency websites that offer access to other information and support



Stay up to date

ENEWS - Electronic Networking -- our free monthly electronic newsletter with updated info and other opportunities for networking.

Newsletter: Addressing Barriers to Learning -- sign up to receive our free quarterly newsletter by mail and view and download current and past articles.

Download or Order our Documents -- many Center created materials are available for downloading free of charge; all can be ordered.

Interact with colleagues

Net Exchange -- a user-friendly message board for interacting about major issues and other topics of interest. Read what's posted, reply, or post a new one.

Upcoming Events -- lists upcoming conferences, events and calls for papers/proposals.

Center Hosted Sites -- as a start-up aid, we currently are hosting webpages for two groups whose focus is consistent with ours. These are: (1) Coalition for Cohesive Policy in Addressing Barriers to Development and Learning and (2) School Intervention Interest Group (SIIG) of the Society for Community Research & Action (SCRA) Division 27 of the American Psychological Association

Check out the site. It is updated regularly.

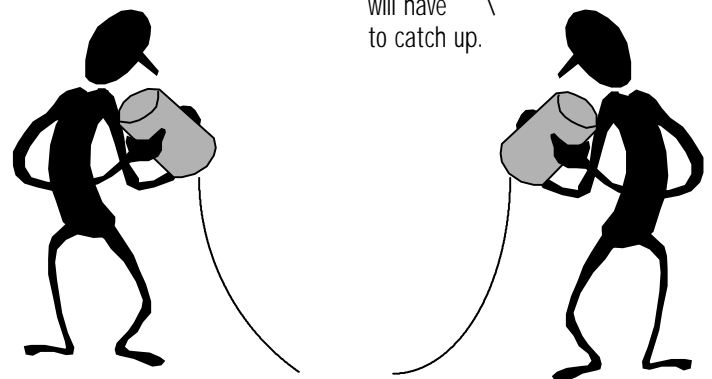
<http://smhp.psych.ucla.edu>

Policy Leadership Cadre for Mental Health in Schools

Two regional meetings, one in Alexandria, VA in February and the other in Los Angeles in April will constitute the kick-off of the newly-formed *Policy Leadership Cadre for MH in Schools*. Leaders from around the country will explore recent policy initiatives relevant to MH in schools, discuss ways to enhance formal linkages among key organizations, and consider strategies for developing cooperative agreements among various centers and other resource providers. For more information on the Cadre and the meetings, contact the Center.

Have you ever heard of Stenderup's Law?

Sure, it states:
The sooner you fall behind, the more time you will have to catch up.



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Unfortunately, the focus on fragmentation ignores the overriding problem, namely that all efforts to address barriers to learning and promote healthy development are *marginalized* in policy and practice. Clearly, the majority of school counseling, psychological, and social service programs are viewed as supplementary -- often referred to as support or auxiliary services.

The degree to which marginalization is the case can be seen in the lack of attention given to "support" programs in school improvement plans and certification reviews. School policy makers deal with such programs on an ad hoc basis and tend to ignore the need for reform and restructuring in this arena. Community involvement also is a marginal concern at most schools.

In short, policies shaping current agendas for school and community reforms are seriously flawed. Although fragmentation is a significant problem, marginalization is the more fundamental concern. Yet, concern about marginalization is not even on the radar screen of most policy makers.

Expanding School Reform

While higher standards and accountability are necessary ingredients in the final recipe for school reform, they are insufficient for turning around most schools that are in trouble. At such schools, overreliance on raising the bar and demands for rapid test score increases may even be counterproductive because they force attention away from addressing the multitude of overlapping factors that interfere with effective learning and teaching.

The present situation is one where, despite awareness of the many barriers to learning, education reformers continue to concentrate *mainly* on improving *instruction* (efforts to directly facilitate learning) and the *management and governance* of schools. Then, in the naive belief that a few health and social services will suffice in addressing barriers to learning, they talk of "integrated health and social services." And, in doing so, more attention has been given to linking sparse community services to school sites than to restructuring school programs and services designed to support and enable learning. The short shrift given to "support" programs and services by school reformers continues to marginalize activity that is essential to improving student achievement.

Ultimately, addressing barriers to development and learning must be approached from a societal perspective and with fundamental systemic reforms. The reforms must lead to development of *a comprehensive, integrated continuum of programs*. Such a continuum must be multifaceted and woven into three overlapping school-community systems: namely, *systems of prevention*; *systems of early intervention* to address problems as soon after onset as feasible; and *systems of care* for those with chronic and severe problems. All of this encompasses an array of programmatic activity for (a) enhancing regular classroom strategies in ways that improve instruction for students with mild-to-moderate behavior and learning problems, (b) assisting students and families as they negotiate the many school-relevant transitions, (c) increasing home and community involvement in schools and schooling, (d) responding to and prevent crises, and (e) facilitating student and family access to specialized services when necessary. While schools can't do everything needed, they must play a much greater role in developing the programs and systems that are essential if *all* students are to benefit from higher standards and improved instruction.

Establishing an effective comprehensive, integrated approach for addressing barriers to development and learning requires cohesive policy that facilitates the blending of resources. In schools, this includes restructuring to combine parallel efforts supported by general funds, compensatory and special education entitlements, safe and drug free school grants, and specially funded projects. In communities, the need is for better ways of connecting agencies and other resources to each other and to schools. The aim is cohesive and potent school-community partnerships. With proper policy support, a comprehensive approach can be woven into the fabric of every school, and neighboring schools can be linked to share limited resources and achieve economies of scale.

It is time for reform advocates to expand their emphasis on improving instruction and school management to include a *comprehensive* component for addressing barriers to learning. And in doing so, they must pursue this third component with the same level of priority they devote to the instructional and management components. That is, such an enabling (or learner support) component must be a primary and essential facet of school reform. This will require a major shift in policy.

School reformers like to say their aim is to ensure *all* children succeed. We think that this third component is the key to making *all* more than the rhetoric of reform.

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Addressing Barriers and Promoting Healthy Development

Recently, we have noted a bit of an *Us vs. Us* dynamic occurring within the ranks of those trying so hard to improve outcomes for children and youth. Therefore, we hasten to stress that a focus on addressing barriers to development and learning is not at odds with the "paradigm shift" that emphasizes assets, strengths, protective factors, and resilience. The value of promoting healthy development and primary prevention is both evident and in need of continuous advocacy. At the same time, we know that too many youngsters are growing up and going to school in situations that do not promote healthy development and usually are antithetical to the process.

Commitment to enhancing child and youth development and improving instruction can help redress these conditions. But, effective prevention also requires direct and comprehensive action designed to remove or at least minimize the impact of barriers -- hostile environments, individual vulnerabilities, and true disabilities and disorders. Otherwise, such barriers will continue to interfere with youngsters benefitting from programs intended to promote development and provide the best possible instruction.

In addressing barriers to learning at schools, much of the intervention focus must be on enhancing the school-wide and classroom environment, and also on connecting with the community to prevent problems and enhance every youngster's strengths. At the same time, for the few individuals who need something more, schools and communities, separately and working together, must provide essential supports and assistance. No paradigm shift can afford to ignore these matters or assume that they will be rectified if only schools will make a greater commitment to youth development. It's not a matter of either/or. It's not about a positive vs. a negative emphasis (or excusing or blaming anyone). And, it's not about what's wrong vs. what's right with kids. It is about developing and building on assets, strengths, protective factors, and resilience. It also is about continuing to face up to the reality of major extrinsic barriers, as well as problem conditions that are intrinsic to or have become internalized by some youngsters. We all share the responsibility of promoting healthy development *and* addressing barriers.

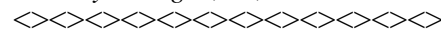
Some Models

Several reform initiatives already are exploring the power of moving from a two to a three component framework to ensure barriers to development and learning are addressed. Such an expanded approach is seen in exciting work underway in the Memphis City Schools, in Detroit's schools, and as part of a break-the-mold design developed by the New American Schools' Urban Learning Centers. These models provide a blueprint for how schools and communities can collaborate in developing a comprehensive, multifaceted component to address barriers to learning and promote healthy development.

Such pioneering efforts offer new hope to students, parents, and teachers. They can play a major role for society by creating caring and supportive learning environments that maximize achievement and well-being for all youngsters. They can also help strengthen neighborhoods and communities. There can be little doubt that prevailing approaches to school reform are insufficient. The next step must be a complete restructuring of all education support programs and services -- including counseling, psychological, social services, special and compensatory education programs, safe and drug free school programs, student assistance programs, transition programs, some health education efforts, and more. To do any less is to maintain a very unsatisfactory status quo.

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First they tell you you're wrong,
and they can prove it.

Then, they tell you you're right,
but it's not important.

Then, they tell you it's important,
but they've known it for years.

Charles F. Kettering

Standards for an enabling or learner support component

[Note: Building on work begun in the Los Angeles Unified School District and developed as part of the New American Schools enterprise, the Memphis City School District is undertaking a complete restructuring of its support services. This year Superintendent Gerry House directed Assoc. Superintendent Barbara Jones and her staff to develop a component to address factors interfering with students being able to take full advantage of academic reforms. The staff met with community representatives to “rethink and reframe how internal and external resources can be restructured to help school sites develop a comprehensive, multifaceted and integrated component for dealing with factors interfering with student achievement.” From the process emerged a formal plan entitled *Adding Value, Enhancing Learning* and a set of standards and related quality indicators. The standards are presented below.]

An *Enabling or Learner Support component* is an essential facet of a comprehensive school design. This component is intended to enable *all* students to benefit from instruction and achieve high and challenging academic standards. This is accomplished by providing a comprehensive, multifaceted, and integrated continuum of support programs and services at every school. The district is committed to supporting and guiding capacity building to develop and sustain such a comprehensive approach in keeping with these standards.

All personnel in the district and other stakeholders should use the standards to guide development of such a component as an essential facet of school improvement efforts. In particular, the standards should guide decisions about direction and priorities for redesigning the infrastructure, resource allocation, redefining personnel roles and functions, stakeholder development, and specifying accountability indicators and criteria.

The following are 5 major standards for an effective Enabling or Learner Support component:

- Standard 1.** *The Enabling or Learner Support component encompasses an evolving range of research-based programs and services designed to enable student learning and well-being by addressing barriers to learning and promoting healthy development.*
- Standard 2.** *The Enabling or Learner Support Component is developed, coordinated, and fully integrated with all other facets of each school's comprehensive school improvement plan.*
- Standard 3.** *The Enabling or Learner Support Component draws on all relevant resources at a school, in a family of schools, district-wide, and in the home and community to ensure sufficient resources are mobilized for capacity building, implementation, filling gaps, and enhancing essential programs and services to enable student learning and well-being and strengthen families and neighborhoods.*
- Standard 4.** *Learning supports are applied in ways that promote use of the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity.*
- Standard 5.** *The Enabling or Learner Support Component is evaluated with respect to its impact on enabling factors, as well as increased student achievement.*

Meeting these standards is a shared responsibility. District and school leaders, staff, and all other concerned stakeholders work together to identify learning support needs and how best to meet them. The district and schools provide necessary resources, implement policies and practices to encourage and support appropriate interventions, and continuously evaluate the quality and impact of the Learner Support Component.



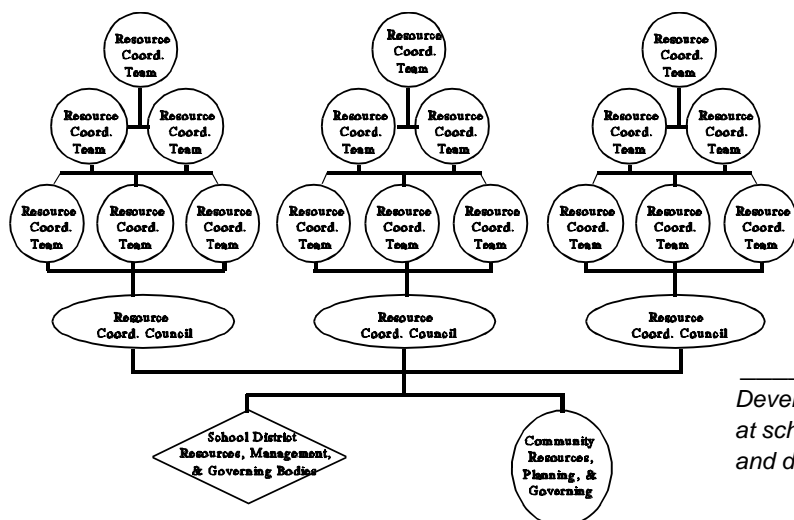
Ideas into Practice

Resource Coordinating Teams to Integrate Programs and Services

Establishing and sustaining a comprehensive approach for addressing barriers to learning and promoting healthy development at a school site requires a school-site infrastructure. Such an infrastructure must help reduce program marginalization and fragmentation and enhance cost-effective resource availability and use.

A key facet of such an infrastructure is a *Resource Coordinating Team* -- a mechanism initially piloted in the Los Angeles Unified School District and now being introduced at all schools in Memphis and Detroit. Such a school-site team focuses on weaving together existing school and community resources and increasing cohesive functioning of services and programs.

A resource oriented team *differs* from teams that review individual students (such as a student success or assistance team or a teacher assistance team). Its focus is not on specific individuals, but on how resources are used. In doing so, it provides what often is a missing link for managing and enhancing *systems* in ways that integrate and strengthen interventions. Such a team can (a) map and analyze activity and resources to improve their use, (b) build effective referral, case management, and quality assurance systems, (c) enhance procedures for management of programs and information and for communication among school staff and with the home, and (d) explore ways to redeploy and enhance resources -- such as clarifying which activities are nonproductive and suggesting better uses for resources, as well as reaching out to connect with additional resources in the school district and community.



A resource oriented team brings together representatives of all major programs and services supporting a school's instructional efforts. It can encompass school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, bilingual program coordinators, one of the site's administrators, and representatives of any community agency that is significantly involved at the school. The intent also is to include the energies and expertise of one or more regular classroom teachers, noncertificated staff, parents, and older students. Where creation of "another team" is seen as a burden, existing teams, such as student or teacher assistance teams and school crisis teams, have demonstrated the ability to focus on enhancing resources and programs by augmenting their membership and agendas.

Properly constituted, trained, and supported, a resource oriented team complements the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and enhancing healthy development. Having at least one representative from the resource team on the school's governing and planning bodies ensures that essential programs and services are maintained, improved, and increasingly integrated with classroom instruction.

To facilitate resource coordination and enhancement among a complex of schools (e.g., a high school and its feeder middle and elementary schools), the mechanism of a *Resource Coordinating Council* brings together representatives of each school's resource *team* (see diagram below). A complex of schools can work together to achieve economies of scale. They also should work together because, in many cases, they are concerned with the same families (e.g., a family often has children at each level of schooling). Moreover, schools in a given locale usually are trying to establish linkages with the same set of community resources and can use a resource council to help ensure cohesive and equitable deployment of such resources.

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Developing and connecting mechanisms at schools sites, among families of schools, and district and community-wide

Lessons Learned

Prevailing Approaches to Substance Abuse Prevention



The dominant emphasis in the field of substance abuse prevention is on school-based interventions. Moreover, because of interest in making schools safe and drug free, many programs focus on preventing both substance abuse and violence. For the most part, the emphasis is on reducing risks/stressors and enhancing protective factors. From a developmental perspective, advocates argue for beginning programs in elementary school and perhaps even before.

The Many Facets of Substance Abuse Prevention

Prevention initiatives encompass discrete strategies and broad, multifaceted approaches. The focus may be on primary prevention of substance use through “universal” programs for the general population, “selective” programs that target specific “at risk” groups, or “indicated” programs whose preventive focus is on interrupting drug use (e.g., ending drug experimentation, stopping a progression to drug abuse, minimizing the impact of drug abuse, reducing the likelihood of future co-occurring problems or relapse for those who have stopped). Thus, at a school, some initiatives may be school-wide with the intent of having an impact on all students; others may be limited to a classroom; others may target a specific group. In each instance, various strategies may be used to promote healthy development or address factors interfering with positive functioning.

Over the years, four major prevention strategies have prevailed: (1) school and public education campaigns to enhance knowledge about substances and present a negative view about their impact, (2) skill training to enhance positive social coping, with a major emphasis on resisting peer pressure, (3) multifaceted school programs, and (4) multifaceted community programs. The best available evidence indicates that information-oriented strategies alone have little impact. More promising are skill training programs that (a) include a wide range of personal and social skills designed to enhance general competence and curtail interest in substance use, (b) pursue implementation in ways that ensure skills are learned, and (c) provide subsequent “booster inoculations.” However, an emphasis on skills, per se, also is insufficient. (It is clear that lack of skills does not inevitably lead to drug abuse, and some very socially adept youngsters are drug abusers.) Thus, multifaceted programs are emerging in an attempt to influence not only youngsters, but their families, schools, neighborhoods, and the media. Such approaches usually include strategies to develop cognitive and behavioral skills, change school and community norms and practices, and enhance social

supports. The logic of such approaches is appealing, however, their complexity can be staggering, which makes implementation and evaluation a methodological nightmare.

How Good Are Substance Abuse Prevention Programs?

Over the last 20 years, the market for substance abuse prevention programs has burgeoned. As a result, many hundreds of packaged “curricula” exist, as do a host of noncurricular approaches. In an effort to bring some coherence to the situation, lists of “research-based” or “evidence-based” approaches have been generated through initiatives sponsored by public agencies and private groups. Different lists apply different criteria for what constitutes satisfactory empirical evidence. Mostly, the criteria used do not reflect stringent research standards.

As an aid to the field, the Substance Abuse and Mental Health Services Administration’s Knowledge Exchange Network (KEN) has combined several prominent compilations under the heading “Examples of Exemplary/Promising Programs” (SAMHSA, 1999). This list offers about 125 different programs relevant to violence and substance abuse prevention. Most address some or all of the 19 common risk factors linked by researchers to problems such as youth delinquency, violence, substance abuse, teen pregnancy, and school dropout (Hawkins, Catalano, & Miller, 1992). In keeping with the growing interest in protective factors, some of the programs reframe risk factors into an approach that stresses strengthening protective factors and building assets.

Support for the positive impact and future potential of prevention programs has been extrapolated from literature reviews, including meta-analyses. A different sense of the state of the art is garnered from the Center for the Study and Prevention of Violence’s *Blueprint* project, which has used the most stringent criteria to date in generating a list of model and promising programs (Elliott, 1998). Although the project’s primary focus is on violence prevention, it also has identified a few programs with evidence of efficacy in preventing substance abuse. The criteria used for designating an approach as a model include: (a) formal evaluation using an experimental or quasi-experimental design which (b) generated evidence of a statistically significant deterrent (or marginal deterrent) effect, (c) encompassed replication on at least one additional site with experimental design and demonstrated effects, and (d) found evidence that the deterrent effect was sustained for at least one year post-treatment. Despite the rather minimal research standards reflected in these criteria, only 10 model programs were identified. By reducing the criteria to include programs using a single site, those that are

(cont. on page 10)

unreplicated, or those with a small effect on outcome measures, 13 additional programs were designated as promising. But, again it should be noted that only a few of the 23 provide evidence of direct impact on preventing substance abuse.

So, overall, how good are specific programs in preventing substance abuse? Regardless of whether a program is designated as an exemplary model or promising, at this juncture those generating the best findings still represent a rather limited approach to prevention. Their data mostly suggest short-term impact related to enhancing specific knowledge and skills and/or environmental supports (the absence of which have been identified as constituting risk factors). A few have reported evidence from appropriately controlled studies that show some direct, long-term impact in preventing substance abuse (see page 11). Because the programs are mostly carried out as projects or demonstrations, findings mainly constitute evidence of efficacy not effectiveness -- to say nothing of cost-effectiveness. Moreover, the majority of programs with sound evaluation data have focused on elementary age children and young teens. The few implemented with older youngsters have targeted specific subgroups and problems, such as programs to reduce use of anabolic steroids by high school athletes.

In the long run, raising standards for designating programs as exemplary should help improve standards for practice. In the short-run, however, the problem remains one of extrapolating consensus guidelines from the best available research and from those persons who have the greatest expertise, the broadest perspective, and the most wisdom. Thus, it is not surprising that growing dissatisfaction with the state of the art has increased interest in encapsulating what is known about "best" practices. One example of this trend is the following synthesis of 14 principles published in 1997 by the National Institute of Drug Abuse to guide development of substance abuse prevention initiatives:

- Prevention programs should be designed to enhance "protective factors" and to move toward reversing or reducing known "risk factors."
- Prevention programs should target all forms of drug use, including the use of tobacco, alcohol, marijuana, and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness) in conjunction with reinforcement of attitudes against drug use.

- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parents' or caretakers' component that reinforces what the children are learning, such as facts about drugs and their harmful effects. Moreover, the intervention should promote opportunities for family discussions about use of illegal substances and family policies about their use.
- Prevention programs should be long term and should continue over the school career, with repeated interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary school and middle school students should include booster sessions to help with critical transitions from middle school to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, and other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug use prevention settings, including the family, school, and community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug use, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug use problem in a local community.
- The higher the level of risk for the target population, the more intensive the prevention effort must be, and the earlier it must begin.
- Programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective.

The list drives home that prevention efforts must be comprehensive and multifaceted and must focus on the home, school, and community. And, of course, the principles underscore the importance of attending to developmental and population differences and motivational and developmental considerations.

Two Prominent and Contrasting Substance Abuse Prevention Programs

The Life Skills Training Program (Botvin, 1995; <http://www.lifeskillstraining.com>)

This program is widely recognized as a model both because it has been extensively researched over many years and reports positive impact on substance abuse. The intervention is a 3 year, universal classroom curriculum for middle schools. It addresses a range of risk and protective factors by teaching (1) drug resistance skills and information, (2) self-management skills, and (3) general social skills. Skills are taught during 15 periods in the first year, 10 booster sessions in the second year, and 5 more boosters in the third. Booster sessions are seen as essential in maintaining program effects.

Reported findings indicate short-term results of 59-75% lower levels (than controls) of tobacco, alcohol, and marijuana use. A randomized follow-up field trial with about 6,000 students from 56 schools conducted six years after baseline assessment compared those who received the program with controls and reports prevalence rates 44% lower for cigarette, alcohol, and marijuana use and 66% lower for weekly use of multiple drugs.

The Seattle Social Development Project (Hawkins, Catalano, Morrison, et al., 1992; <http://staff.washington.edu/sdrg/page4.html>)

Designated a promising program by the Blueprint's project (and others). This multi-component, school-based intervention for grades one through six (and now being extended into middle school) is designed to reduce shared childhood risks for delinquency and drug abuse by enhancing protective factors. In this respect, it simultaneously works with teachers and parents. Based on social control and social learning theories, the intent is to increase prosocial bonds to school and family, strengthen attachment and commitment to schools, and decrease delinquency by enhancing opportunities, skills, and rewards for prosocial behavior at school and at home, and increasing commitments to no drug use. With teachers, the emphasis is on how to use active classroom management, interactive teaching strategies, and cooperative learning in classrooms. In addition, first-grade teachers are involved in teaching communication, decision-making, negotiation, and conflict resolution skills, while sixth-grade teachers offer refusal skills training. Parents are offered optional training programs throughout their children's schooling. These encompass (1) a family management skills training curriculum (seven sessions) called "Catch 'em Being Good" for parents of 1st and 2nd graders, (2) four sessions in 2nd and 3rd grade on "How to Help Your Child Succeed in School" emphasizing communication between themselves, teachers, and students, positive home learning environments, helping with their children's reading and math, and generally supporting academic progress, and (3) the "Preparing for the Drug-Free Years," curriculum (five sessions) for parents of 5th and 6th graders to help them establish family positions on drugs and foster children's resistance skills.

Reported results indicate improved school performance and family relationships and reduced substance involvement at various grades. Specifically, compared to controls: At the end of grade 2, white male students showed lower levels of aggression and antisocial, externalizing behaviors and white females showed lower levels of self-destructive behaviors. At the beginning of grade 5, students showed less alcohol and delinquency initiation and more attachment and commitment to school, while family management practices, communication, and attachments increased. At the end of grade 6, high-risk youth were more attached and committed to school, and boys were less involved with antisocial peers. A follow-up study reports that, at the end of grade 11, students displayed reduced involvement in violent delinquency and sexual activity and reduced episodes of drinking and driving and drunkenness (O'Donnell, Hawkins, Catalano, et al., 1995).

(See page 12 for references cited on pages 9-11)

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*A full set of references on this topic is available on the Center's Website
<http://smhp.psych.ucla.edu> -- or by direct request to the Center.*

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