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

1. Get Started
2. Get Organized
3. Develop Community Profile
4. Create a Plan
5. Implement & Evaluate
Creating Fertile Ground for EBPs
Data-Informed Prevention Planning
(The Communities That Care model)

Form local coalition of key stakeholders
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

Leads to community synergy and focused resource allocation
### PCCD Support for the Communities That Care Process

#### Benchmarks Level

**Phase One: Getting started**

**Phase Two: Organizing, Introducing, Involving.**

**Phase Three: Developing a Community Profile**

**Phase Four: Creating a Community Action Plan**

**Phase Five: Implementing and Evaluating the Community Action Plan**

<table>
<thead>
<tr>
<th>5.1 Specify the role of the Key Leader Board, Community Board and stakeholder group.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.11</strong> Clarify plan-implementation roles and responsibilities for individual Key Leaders, Community Board members and service providers.</td>
</tr>
<tr>
<td><strong>5.12</strong> Develop collaborative agreements with implementing organizations and providers.</td>
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<td><strong>5.13</strong> Hold the Community Plan Implementation Training</td>
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<tr>
<td><strong>5.14</strong> Ensure that the Community Board has the necessary skills and expertise to support plan implementation and evaluation.</td>
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<tr>
<td><strong>5.15</strong> Develop appropriate committees or work groups to support plan implementation and evaluation.</td>
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Sample CTC Board Structure

Key Leader Board

Coalition/Community Board

CTC Mobilizer

Risk & Protective Factor Assessment Workgroup

Community Outreach & Public Relations Workgroup

Youth Involvement Workgroup

Resources Assessment & Evaluation Workgroup

Funding/Resource Allocation Workgroup

Community Board Administration Workgroup

Executive Committee
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
The Pennsylvania Youth Survey (PAYS): PA’s Essential Tool for Prevention Planning

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

**Risk Factors (Causes)**

<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/Loneliness</th>
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<tbody>
<tr>
<td><strong>COMMUNITY</strong></td>
<td></td>
<td></td>
<td></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>
<td></td>
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<tr>
<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Media portrayals of violence</td>
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<tr>
<td>Transitions and mobility</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Extreme economic deprivation</td>
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<td><strong>FAMILY</strong></td>
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<tr>
<td>Family history of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Family management problems</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Family conflict</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Favorable parental attitudes and involvement in the problem behavior</td>
<td>✓</td>
<td>✓</td>
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<td><strong>SCHOOL</strong></td>
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<td>Academic failure beginning in late elementary school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td></td>
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<tr>
<td>Lack of commitment to school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<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>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Friends who engage in the problem behavior</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Favorable attitudes toward the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Early initiation of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<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 Contacts

Other relevant sections:

- General Resourcnes
- Life Skills
d - The Incread:
- Program Mean:
- Program Out:
- Project T:
- Promoting
- Promoting
- Program for qu:
- Program Out:
- Program Me:
- Description of Relative Chan:
- General Spreadsheet Instr

Copyright Information

EPISC Center

Evidence-Based Prevention & Intervention Support Center

Version 2.0

Description of Relative Changes

General Spreadsheet Instructions

Facebook Recommend
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

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
**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

**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.

**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

**Reduced Intent to Use:**
- Tobacco
- Alcohol
- Marijuana
- Other drugs

**Reduced Antisocial Behavior:**
- Tobacco use
- Alcohol use
- Marijuana use
- Other drug use
- Violence
- Risky behavior

**Improved 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

*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
- 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

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

EPISCeter Technical Assistance:
http://www.episcenter.psu.edu/ebp/nodrugabuse
Program's Mechanism for Change & Goals
- Training: Instructor attends 2-day training in order to implement with fidelity
- Curriculum Reach: 12 lessons taught to high school classrooms of youth ages 14-19, 30 students max
- Researched Interaction Frequency and Duration (Dose): 40-50 minute lessons taught over 4-6 weeks, Minimum of 2 lessons per week, Maximum of 3 per week
- Goals: Stop or reduce the use of cigarettes, alcohol, marijuana, and hard drugs
- Stop or reduce weapon carrying
- State accurate information about environmental, social, physiological, and emotional consequences of drug use and abuse
- Demonstrate behavioral and cognitive coping skills
- Make a personal commitment regarding drug use

Program Modalities
- Specific strategies, methods, and techniques used to accomplish the program goals
- Strategies for All Lessons:
  - Lessons taught sequentially
  - Must use interactive, Socratic style
  - Implement all activities as described in manual
- Methods/Techniques:
  - Workbooks/worksheets
  - Role play
  - Psychodrama
  - Class & small group discussions
  - Self-Assessment
  - Games
  - Video
- Specific Lessons:
  1. Active Listening
  2. Stereotyping
  3. Myths and Denials
  4. Chemical Dependency
  5. Talk Show (negative consequences of drug abuse)
  6. Stress, Health & Goals
  7. Tobacco Basketball (tobacco use cessation)
  8. Self-Control
  9. Marijuana Panel
  10. Positive and Negative Thought and Behavior Loops
  11. Perspective Taking (exploring radical, moderate, and conservative views on social issues)
  12. Decision-making and Commitment

Proximal Outcomes
- Targeted outcomes that the program is designed to impact immediately following program completion.
- Change in Motivation:
  - Increased Open Minded Listening
  - Recognition of how Self-Fulfilling Prophecies and Negative Stereotyping impact choices
  - Decreased tendency to overestimate Peer Use
  - Understand the negative consequences of drug use
  - Understand the connection between health & happiness
  - Understand the connection between general sense of self and behavior

Distal Outcomes
- Outcomes impacted by the program months/years following program completion that have been demonstrated through research.
- Data from most recent randomized control trial shows at one year follow up youth demonstrate:
  - Reduced Substance Use: 27% prevalence reduction in 30-day cigarette use; 22% prevalence reduction in 30-day marijuana use; 26% prevalence reduction in 30-day hard drug use; 9% prevalence reduction in 30-day alcohol use among baseline drinkers
  - Reduced Antisocial Behavior: 25% prevalence reduction in one-year weapon carrying among males.
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
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- 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

EPISCcenter Technical Assistance:
http://www.episcenter.psu.edu/ebp/strengthening
**Program Components & Goals**

SFP 10-14 is delivered over 7 weeks. Each week, the youth and parents meet separately and then, together. Targeted goals drive the parent, youth, and family sessions.

**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 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**

SFP 10-14 is designed to impact targeted outcomes immediately following program completion.

**Distal Outcomes**

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

**Component: Parent Sessions**

**Goal:** Enhance parenting skills and promote effective parenting styles.

- Projects & Games
- Role Play & Skill Practice
- Group Discussions
- Video Portrayal & Modeling

**Risk Factors:**

- Negative youth and family management practices: harsh, inappropriate, or inconsistent discipline, indulgence, poor monitoring, demanding/rejecting behavior, and poor communication of rules
- Youth aggressive or withdrawn behavior
- Favorable attitudes toward problem behaviors and substance use
- Negative peer influences
- Poor social/stress management skills
- Family conflict
- Early initiation and persistent antisocial behavior
- Poor school performance

**Protective Factors:**

- Positive youth and family management practices: monitoring, age-appropriate parental expectations, and consistent discipline
- Effective and empathetic parent-child communication
- Promotion of healthy beliefs and clear standards
- Family bonding and supportive family involvement
- Goals/positive future orientation
- Positive parent-child affect
- Emotion management
- Pro-social family values
- Peer pressure refusal skills

**Improved Parent Skills/Styles:**

- Empathy with youth stressors
- Support youth goals & dreams
- Active listening and effective communication
- Understand youth development
- Clear communication of rules and substance use expectations
- Identify and deliver appropriate consequences calmly
- Reward good behavior
- Monitor youth

**Improved Youth Skills/Attitudes:**

- Healthy coping & stress management
- Peer pressure resistance
- Making good decisions/Setting goals for the future
- Empathy & appreciation of parents
- Understanding the value of rules & responsibilities
- Know qualities of good friends
- Understand the harmful impact of problem behavior & substance use

**Improved Family Relationships:**

- Family bonding/Affective quality
- Joint problem solving
- Effective communication
- Identify family strengths & values
- Value time together/family fun

**Reduced Youth Substance Use:**

- Less likely to have ever used alcohol
- More likely to delay initiation of alcohol, cigarette, and marijuana use
- Less likely to have missed prescription drugs
- Less likely to report methamphetamine use
- Less likely to show growth in poly-substance use
- Less likely to report drunkenness or illicit drug use

**Reduced Youth Antisocial Behavior:**

- Less self-reported aggressive & destructive behavior
- More likely to delay onset of problematic behaviors
- Less likely to show growth in internalizing symptoms

**Indirect Impact – Improved Youth Academics:**

- More likely to report improved school engagement
- More likely to report improved academic success
Targeted Risk and Protective Factors

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- One teacher per class
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%20%26%20Answers%2012-23-09.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 (PCCD)

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](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](http://www.episcenter.psu.edu/node/389))
    - 2014 Violence Prevention Program Funding ([http://www.episcenter.psu.edu/node/389](http://www.episcenter.psu.edu/node/389))
It's QUESTION TIME!!
THANK YOU!

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