

COVER PAGE

Agency Name: EXAMPLE

Prevention Plan Year: 2017/2018

Date Submitted: ??/??/2019

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SAMPLE

Needs Assessment

Our prevention services are provided to youth and families of the Random1 and Random2 communities. Both communities are diverse with predominantly African American (53%), and Latinx (30%) heritage. These communities have a lower SES than the surrounding communities according to estimated census data (Census QuickFacts, 2018).

For program year 2018-2019 the prevention needs of youth and parents were assessed by interviewing community stakeholders and analyzing data collected by the most recent available Youth Development Survey (YDS, 2014-2015) as well as school-level administrative suspension data.

Community Stakeholder Qualitative data: Two focus groups were conducted in Spring 2018. One with 7 parents of middle school children and another with 8 parents of high school children. Each focus group lasted about an hour, they were audio recorded and themes were elicited using 3 independent analyzers who met to discuss and agree on common themes. The major themes across both groups were that (1) Parents do not understand what puts their child at risk for substance misuse; and (2) Parents may not have skills or confidence to communicate with their child about substance use.

YDS (2016-2017) Quantitative Survey Data: 592 students participated in the survey and students demographically represented the communities where they live. From analyses, we uncovered prominent risk factors, consumption behavior, and associated consequences.

Risk Factors: About a third of students (31.9%) reported high levels of Poor Family Management meaning that parents are using inconsistent and/or harsh to severe discipline practices and failing to communicate clear expectations for and monitoring of behavior. Half (50.4%) of students reported that they are being raised in a family where there is Family Conflict, such as frequent arguing, insults, yelling, and conflict about the same things without resolution. Some students also reported a family history of antisocial behaviors such as family violence or other crime (11.2%). Conversely, students also reported experiencing familial protective factors such as feeling valued by their family (Family Attachment - 44.4%) and participating meaningfully in the responsibilities and activities of the family (Opportunities for Prosocial Involvement, 56.6%).

In addition, one third of students reported Community Norms Favorable Toward Drug Use (33.4%), and 19.5% of students reported that they

themselves have Favorable Attitudes Toward Substance Use; 17.5% have engaged in early initiation of drug use; 16% reported that their friends use; and 34.2% reported depressive symptoms. In regard to Perceived Risk of Drug Use, only half of the students thought that smoking cigarettes (51.7%), drinking alcohol (47.9%), and using prescription pain relievers without a doctor's orders (49.9%) had the potential for risk to their health; and even less (40.1%) thought that marijuana use could be harmful.

Consumption Patterns: Below is a table that highlights consumption data. It highlights school district, city-wide (aggregated school districts), and county wide data using the YDS. It also highlights state and national data using the YRBS. While the YRBS and the YDS are not exactly the same survey, it provides an idea of how consumption patterns compare.

Substance	School District	City	County	State	Nation
Marijuana (current)	30%	25%	20%	19.3%	18.4%
Alcohol (current)	29%	27%	27%	27.1%	29.8%
Binge (Current)	13%	10%	10.1%	10.8%	13.5%

At the School District where we provide services, students are more likely to report current marijuana use at higher levels than the city, county, state, and nation. For current alcohol and current binge drinking, the school district is about the same as the nation, but slightly higher than the city, county, and state.

Consequence: According to administrative school district data, the school district has seen an increase in suspensions associated with substance use. The number has doubled from 30 in 2016 to 60 in 2017.

Based on these findings, we chose to implement Parenting Wisely which targets the risk factors of Family Management and Conflict. We also chose the Too Good For Drugs (TGFD) program which helps to target the risk factors of: Favorable Attitudes Toward Drug Use, Perceived Risk of Drug Use, and Intentions to Use.

Prevention Program(s)

As part of this report, the following programs will be evaluated and discussed:

Parenting Wisely

The Parenting Wisely Program is a 9-session video-based training program for parents that is designed to facilitate the learning of necessary skills for the healthy well-balanced raising of children from age 3 to 18. In previous evaluations studies, it has demonstrated success in reducing problem behaviors (e.g., aggressive and disruptive behaviors) and increasing family communication and unity (e.g., developing mutual support, increasing parental supervision and appropriate discipline of their children). Parenting Wisely is aimed at families with delinquent children or children at risk for becoming delinquent or substance users. Children 9 to 18 years old are usually targeted, especially during the middle and junior high school transition years. In particular, Parenting Wisely focuses on families who do not usually seek out or complete mental health or parent education treatment for child problem behaviors. Single-parent families and stepfamilies, whose children exhibit behavior problems, comprise the majority of families targeted. The program has been evaluated with families in rural and urban areas and is equally appealing to African American, Hispanic/Latino, and White families.

TGFDV

Too Good for Drugs and Violence (TGFDV) is a prevention program for Kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in a school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFDV focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

Evaluation Methods

Fidelity:

All facilitators were formally trained to implement these evidence-based programs and were required to adhere to fidelity. At the end of each facilitated session, the facilitators filled out a fidelity checklist and described any modifications that they had to make to the established protocol of the program. These checklists were reviewed by their supervisors and they problem-solved any challenges to correct implementation.

Parenting Wisely:

Participants: 52 parents of 8th and 9th grade children that attended schools in Random1 and Random2 communities. All parents self-identified as African American or biracial. 48 self-identified as female and 4 self-identified as male. All were single parents.

Survey: We used the shortened Parenting Wisely Survey as provided by the OASAS Prevention Division (see Appendix for copy of the survey). The survey consisted of 15 main items that measure family communication (2 items), family conflict (1 item), family management (3 items), parental confidence (1 item), child prosocial behavior (3 items), child delinquent behavior (5 items). For each item, the participant responds to a Likert Scale (1=Never; 2=Seldom; 3=Sometimes; 4=Frequently; 5=Almost Always). There are 2 additional items for a parent who has a child already engaged in substance use. It asks for the child's age of first use and the type of substance used.

Data Collection & Analyses: The pre-tests were administered during the first minutes of the first session and the post-test was administered during the last session. We created a SurveyMonkey survey which each participant completed on tablets that were passed around during the first and last session. Each participant completed their surveys separately. To look at the data, we exported the responses to Microsoft Excel. Using excel, we analyzed the data looking at percentage change from pre to post on parental responses for "Frequently" and "Almost Always" on each item. We collapsed by subscales to see overall changes in the constructs.

Too Good for Drugs and Violence (TGFDV)

Participants: 50 students from the Middle School in the Random1 Community and 50 students from the Middle School in the Random2 Community completed both the pre and posttests. 20 students who participated in the programming completed a pre- but not a post test, therefore their scores were not included in the analysis. All students self-identified as African American or biracial and were between the ages of 11-14 years. 60% self-identified as female and 40% self-identified as male.

Survey: We used a pre/post evaluation design using the evaluation survey that accompanied the program manual for TGFDV (see Appendix for a copy of the survey). The survey is comprised of 8 social-skill/risk factor areas including goal setting (6 items), prosocial peers (6 items), resistance skills (6 items), emotional competency (6 items), risk of harm (4 items), attitude toward use (6 items), intent to use (3 items), and stress management (4 items). All scales (included with the program) have demonstrated acceptable levels of reliability and have been validated for use within the target populations.

Data Collection & Analyses: The pre-tests were administered during the first minutes of the first session and the post-test was administered during the last session. We used paper and pencil surveys for all participants. No identifying information was collected. One staff member entered all the

data into an excel spreadsheet. For the analysis, we looked at each survey item separately and came up with averages for each survey item for the pre and post survey and looked at the differences between averages at pre and post.

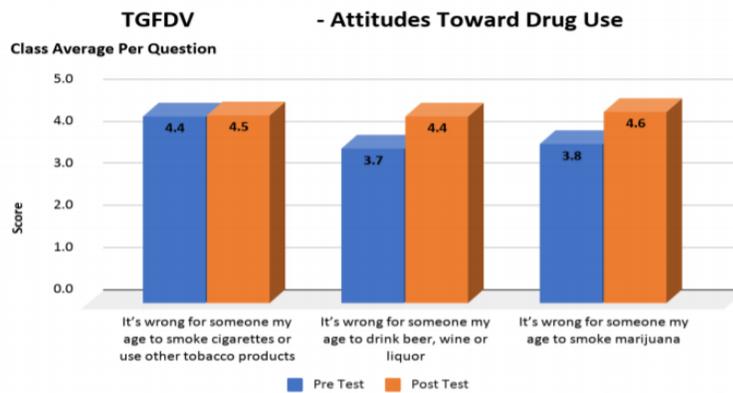
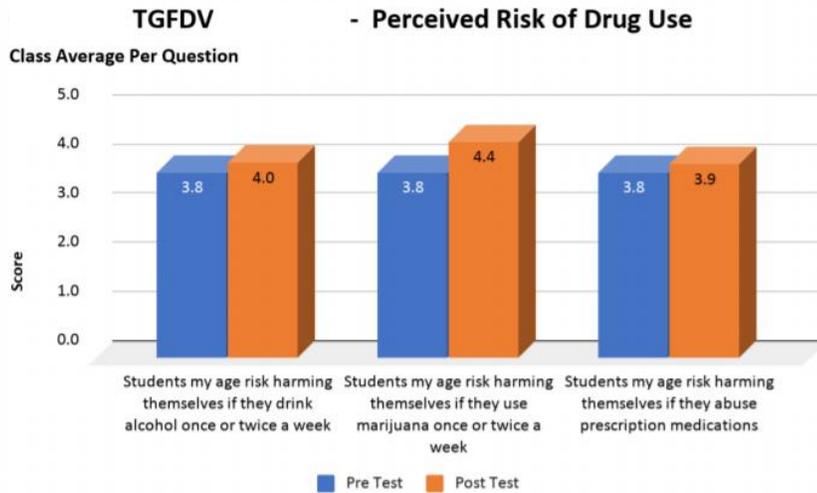
Results

Parenting Wisely:

Subscales	% of "Frequently" or "Almost Always" (N=52)	
	Before PW	After PW
Family Communication	21.2%	88.5%
Family Management	15.4%	75.0%
Child Delinquent Behavior	50.2%	10.5%
Child Prosocial Behavior	50.2%	89.1%

All findings went in a positive direction for all subscales (see table above). Parents reported a 67.3% increase in family communication, 59.6% increase in family management, and 38.9% increase in their child's engagement in prosocial behavior. They also reported in a 39.7% reduction in their child's delinquent behavior from pre to post test.

TGFDV:



The averages from pre to posttest increased for survey items regarding perceived risk of drug use and attitudes toward drug use. See graphs above for average scores. For Perceived Risk of Drug Use, the participants reported a .2 increase in their likelihood to agree to the statement “Students my age risk harming themselves if they drink alcohol once or twice a week”, a .6 increase in their likelihood to agree to the statement “Students my age risk harming themselves if they use marijuana once or twice a week”, and a .1 increase in their likelihood to agree to the statement “Students my age risk harming themselves if they abuse prescription medications.” For Attitudes Toward Drug Use, the participants reported a .1 increase in their likelihood to agree to the statement “It’s wrong for someone my age to smoke cigarettes or use other tobacco products”, a .7 increase in their likelihood to agree to the statement “It’s wrong for someone my age to drink beer, wine, or liquor”, and a .8 increase in their likelihood to agree to the statement “It’s wrong for someone my age to smoke marijuana.”

Discussion:

In general, the results indicate that our programs positively impacted the participants and demonstrated the desired change. As fidelity was measured

(although those results were not provided here) and assured through implementation, we can be fairly confident that the positive findings were due to the programming.

When looking at the results of Parenting Wisely, the percentages from pre and post are quite large with a couple subscales (Family Communication; Family Management) demonstrating more than a 50% change difference from pre to post. This could mean that participants are using the skills that they gained in the program to enhance their communication with their children and maintain appropriate family rules and boundaries. In addition, the children showed improvement with parents reporting reduction of their delinquent behaviors and increase in prosocial behaviors. These positive changes help to create a family environment that reduces future risk for children to initiate substance use and to engage in subsequent substance misuse. While these are promising findings, the understanding was limited through the shortened survey used. Using the full version would have enhanced our understanding due to an increase in the number of items that participants must respond to regarding each construct. It would also have helped us be more solid in our claims of effectiveness because the full survey has demonstrated validity and reliability with reported psychometric properties.

For TGFDV, positive changes were demonstrated with increase in the average scores across pre and post which means that the students increased their perception of risk associated with drug use as well as changed their attitude to be even more negative toward drug use. This could set the stage for a decrease in subsequent substance use and misuse in their future. However, the averages across items from pre to post survey did not vary that much and the changes were slight with less than one-point differences from pre to post. This could be due to participants already having endorsed a decent perception of risk and negative attitude toward substance use at pre-test. For example, for the pre-test the average was greater than 3 and almost to 4 (or over 4) which means that from the beginning before participating they were agreeing to some degree that drugs were harmful and had a negative attitude. Therefore, when participants completed the posttests, they had little room for improvement on the survey.

Conclusion:

Our findings were limited somewhat due to our analyses. We hope to build our capacity to begin to look at our data using more advanced statistical analyses; however, with limited resources we are going to have to see if we can get a volunteer from the community to assist us. We were thinking of reaching out to the local DFC coalition to see if their data analyst would be willing to work with us. We were also thinking of reaching out to the University nearby to see if there would be a student looking for practicum work. In addition, we intend to use the full survey instead of the truncated version for Parenting Wisely to give us more data to analyze.

We struggled with data management and entering data into excel for the student surveys. Using the tablets were really useful for the parents and we did not need to separately input data, but for the student survey, participants completed everything on paper and then we had to manually enter the information. This was time consuming and laborious. We are going to see if we could switch to scantrons or do it differently next time. We are also thinking about google forms and having a system for students to fill it out online somehow.

In addition, we missed 20 students with the post test which could have skewed our results. We intend of being more proactive next time to make students understand the importance of evaluation, perhaps allow more time at the last session for students to fill it out and give a little incentive for completing it (i.e., a sticker, candy, etc.).

Regarding our actual programming, we plan to continue offering Parenting Wisely as it had positive effects on family management as identified in our needs assessment. The program was also well received with parents. We plan on incorporating this program in our next workplan.

While TGFDV addressed the risk factors identified in our needs assessment, Perceived Risk of Drug use and Attitudes toward Drug Use, and it had the desired impact, we are thinking about redistributing our prevention services. While we will continue to offer TGFDV and potentially other prevention programs at the middle-school level, we hope to take a more comprehensive approach in the future and touch students at more than that developmental level. Reflecting on our needs assessment, it seems that we may need to expand our programming into the high schools because of the impending needs highlighted in the needs assessment. This is an interesting finding because at the middle school level, according to our evaluation findings, students already perceive high risk associated with substance use and endorse negative attitudes toward substance use in general. There may be something going on with the transition to high school and about the environment there that prevention programming could help address. At the high school level is where we will start expansion because substance use consumption is a concern as well as the increase in suspensions due to substance use. We plan on meeting with the high school administration in the near future to see what we can offer. We have some newly trained staff on Teen Intervene, so are hoping to begin to implement that to assist in their response to the increase in suspensions. In addition, we intend on reaching out to the local DFC coalition to see if there is a youth component and gauge their interest and whether there are resources for the high school aged student.