Successful Prevention Programs: Implications for Communities, Schools, and Parents

The lessons we can learn from successful prevention programs have a number of implications for communities, schools, and parent groups. In the following pages, we elaborate on each of the components found in the *Hints & Tips* feature in Chapter 8 entitled “Lessons From Successful Prevention Programs,” describing their ramifications for community, school, and parental participation.

1. Focus on your target group’s top priority. (See Chapter 13 for methods to determine priorities.)

Community: Current prevention efforts are moving toward a Community Empowerment Model characterized by collaboration among health and human services, education, and law enforcement. Prevention may not be your group’s top priority. Individuals, families, and neighborhoods may have more immediate needs, such as food, shelter, clothing, and physical safety. These needs must be addressed before prevention efforts can be successful.

Table 1 describes two different communities. In what ways might these two communities differ with respect to drug problems and ways those problems could be addressed?

School: Students who live in an environment where emotional, social, and physical needs are not met cannot participate fully in health-promoting activities. Schools must work cooperatively with community groups and agencies to address the unmet primary needs of students. Teachers must provide a safe, secure environment within the classroom to enhance prevention efforts.

Parents: Children need a safe, secure home environment that ensures that basic needs are met. Maslow’s Hierarchy of Needs (see Figure 1) suggests that the basic needs of food, water, shelter, and security must be achieved before other needs can be addressed.

Application and Reflection: What can you do as a prevention specialist or drug educator to mobilize and empower parents?

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<td>Crime per 1,000 people</td>
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Source: U.S. Census Bureau, 1990.
2. Find creative ways to contact high-risk groups.

**Community:** Successful programs are located in convenient and accessible settings and reach out to the target population in neighborhood or culturally acceptable sites. Your message may be important for high-risk groups to hear, but if you are difficult to find, these groups won’t make the effort to seek you out.

**Application and Reflection:** The Jefferson County School System in Louisville, Kentucky, employs a parent education specialist. She conducts parent training sessions, not in schools, but in churches, community centers, and in meeting rooms in housing projects and mobile home parks. She finds that the people she most wants to reach are intimidated by schools and often don’t have transportation, so she meets them on their own turf. Would this approach work in your community?

**School:** Many parents view the school building as an unfriendly place. Perhaps memories of their own negative experiences as students create fear and anxiety. Therefore, school personnel must be creative in attracting high-risk, hard-to-reach parents and in exploring new avenues for interventions. Frequent contact with parents, particularly when their children are rewarded for positive performance, helps reduce anxiety.

**Parents:** Parents who are involved in school activities are the best role models for all parents, including those who are hard to reach. These role models often have a good working relationship with school personnel and serve as ideal leaders in encouraging resistant or suspicious parents to participate in ATOD prevention efforts.

3. Provide a comprehensive array of services.

**Community:** Human service agencies must collaborate to meet the vast array of needs of high-risk students. Effective prevention and early intervention programs cross traditional health service boundaries, so coordinated services and communication among agencies are important. Agencies are encouraged to put aside territorial battles and contribute to effective prevention.

**Application and Reflection:** A Winchester, Virginia, community has established an organization called Kids Are Our Concern (KAOC). This group consists of representatives from the schools, mental health and drug treatment agencies, law enforcement, businesses, churches, and local government. KAOC sponsors and promotes school-based prevention, including student clubs, parent education and public awareness campaigns, and early intervention and treatment services. Cooperation and collaboration enable this type of comprehensive program. Does your community have such an organization? If so, is it similar? How is it different? How might this organization use the PATCH model for planning?

**School:** Administrators, teachers, counselors, and other related personnel must have open communication regarding students in high-risk environments. They can work cooperatively to address students’ many needs, carefully avoiding labels and lower expectations. Teachers can assess whether teaching methods that work well with students from low-risk environments are appropriate for students from high-risk environments. Also, a variety of teaching strategies, such as after-school programs, transition programs, alternative programs, student assistance programs, and cooperative learning, can be implemented to reach students from high-risk environments.

**Application and Reflection:** There are advantages to separating students with special needs to provide remediation and support more effectively. On the other hand, separation stigmatizes these students and is a barrier to socialization and peer learning. What is the practice in your local school? What is the viewpoint of school personnel?

**Parents:** Parents of high-risk students can work cooperatively with health services and schools to meet their children’s needs. In addition, parents can avail themselves of parent training and support groups provided by health services.
service agencies. Parents need skills in giving appropriate and consistent rewards and punishment, monitoring their child's behavior, and communicating effectively. Support groups provide parents of high-risk children with a place to discuss strategies for handling difficult situations and to share common resources.

**Application and Reflection:** Many communities have child abuse prevention agencies that provide support groups for parents. Some of these support groups are for abuse offenders whose attendance is mandated by the courts. Other groups are for any parent who needs support and encouragement in facing the parenting challenge. Do these groups operate in your community? Which agency sponsors the support group? When and where do the groups meet?

4. **Ensure easy and direct access to services.**

**Community:** Reducing or eliminating barriers to services (lack of adequate money, remote geographical location, fragmentation of services) helps students from high-risk environments who may have limited stamina and organizational skills. Such students may need help in finding appropriate services that meet their needs.

**School:** High-risk students may not be able to identify their needs or know how to get them met, so they need assistance in learning how to ask for what they need. When they ask for help, their requests must be handled directly and appropriately. For example, cooperation between teachers and counselors eliminates unnecessary barriers when a student requests counseling. If a student's particular needs cannot be met by the school, coordination between school and community services can eliminate this barrier. Receiving easy and direct access to services encourages students to seek future assistance.

**Application and Reflection:** The Youth Service Center at a high school in Kentucky provides cab vouchers for girls who think they are pregnant. Parental consent is not required. What are the pros and cons of this service?

**Parents:** Parents may need assistance in handling their children's request for help. Parents with high-risk children and/or adolescents may also lack the motivation and organizational skills to find appropriate services for their children and for themselves. Access to these services must be easy and direct so parents and their children will use them.

**Application and Reflection:** Many communities have a service called “Helpline,” or some similar name, which is a number that people can call for help with any type of crisis. The service providers identify resources or respond in other appropriate ways. Does your community have a helpline? What is the number? Does it have enough staff and financial support? What is the source of its budget? Are phones answered by volunteers? How are they trained?

5. **Know your target group.**

**Community:** Families or individuals who participate in one program may want to participate in other services without retelling their life stories. Keeping a family or an individual in your program requires communication among agencies and personnel. Computer technology makes this task easier than ever before, though maintaining confidentiality of records can be a challenge.

**School:** Students who move from one school to another should be tracked so that they don’t get lost in the rearrangement. Continuity in academic requirements among schools and districts helps ensure a student’s academic success.

**Parents:** Parents who move frequently because of job demands or necessity may need assistance adjusting to a new situation. Because moving is stressful for all family members, parents may need additional support in helping their children move successfully from one service to another or from one school to another. Successful prevention efforts focus on helping parents and children make smooth transitions.

**Application and Reflection:** Many high-risk youth move frequently, transferring schools in the process. What is done in your local schools to ease the adjustment for transfers? How do school personnel assess the system in place? How could it be better?

6. **Keep your resources concentrated.**

**Community:** Agencies or organizations with poorly defined missions spend too much time and activity trying to meet all people’s needs. Trademarks of successful programs include a clearly defined target population, adequate resources, focused efforts, aggressive outreach and follow-up, and ongoing contact with participants.

**Application and Reflection:** Many communities have an antidrug coalition composed of various segments of the community. Some coalitions have only a broad mission to counteract drug abuse, with no specific objectives linked to budget priorities. Is there a coalition in your community?
community? How is the budget determined? How is spending allocated? How are priorities established?

School: Schools need clearly defined goals with well-designed programs that will support the school’s mission. Some students need resources and programs that are beyond the scope of the school’s role and responsibilities. With effective school-community collaboration, all students can receive adequate services.

Parents: Parent programs also need clearly defined goals that are designed to fit within the parameters of the community-based mission. When targeting parents for participation, effective parent programs work cooperatively with schools and other community-based prevention programs. Parenting programs offer a unique opportunity to involve at-risk and high-risk parents.

Application and Reflection: There are many nationally available parent education programs, each of which has a unique focus and intention. What parent training programs are provided in your community? What agencies sponsor those programs? Are those programs appropriately targeted to the social and cultural characteristics of all of the community, or only to parts of it?

7. Focus on risk and resiliency factors that can be changed.

Community: Community efforts, including law enforcement and treatment, address all identified risk, resiliency, and protective factors, including those factors that cannot be modified or changed through prevention efforts. Prevention programs focus strictly on the risk, resiliency, and protective factors that can be changed.

Benard identifies the protective factors within a community as caring and support, high expectations, and opportunities for participation. Prevention specialists can work cooperatively with health agencies and community services to ensure that these protective factors are addressed. In addition, social service agencies with remediation programs and community services that address environmental and economic factors can also address risk and resiliency factors that fall outside the domain of prevention specialists. Collaboration among agencies facilitates a successful, community effort.

Application and Reflection: Do all young people have an opportunity to participate in Little League and other recreation programs in your community? Do girls have the same opportunities as boys? Are there opportunities for children with special needs? Are there economic barriers for some children? How could your community reduce these barriers?

School: Schools can target appropriate risk, resiliency, and protective factors and establish priorities for addressing them. Remediation of family problems and environmental and economic factors fall outside the domain of the schools and must be addressed by other community agencies.

Application and Reflection: The authors have found that special-education students are much less involved in extracurricular activities in Kentucky. It is difficult for them to participate in academic activities (e.g., Spanish Club, Beta Club), and they may not be actively recruited by students into other types of clubs. Experience shows that special-education students are more likely to participate in activities when special-education teachers are sponsors. How are special-education students treated in your local schools? Is there any organized effort to get them and other high-risk students involved in school activities?

Parents: Parents can help their children develop resiliency by establishing a protective home environment and by being guided by Benard’s protective factors, the same factors as those important for communities and schools.

Application and Reflection: How can parents express caring and support? How can they establish high expectations for their children? How can children and adolescents participate in family tasks? What skills and resources do parents need to create this environment?

8. Start early and sustain programs and services.

Community: At-risk and high-risk students often get lost in the system. Health service agencies and law enforcement must work collaboratively with schools to ensure sustained intervention.

School: Research suggests that programs like Head Start, preschool, and school breakfast improve later school achievement, adjustment, and behavior. High-risk students need continued support throughout their academic careers.

Application and Reflection: Only about one-third of American children who are eligible for Head Start programs actually participate. What is the situation in your community? What are the barriers to children enrolling in Head Start? How is the Head Start program promoted? How is recruiting done? What steps would help to increase the participation rate among eligible children?

Parents: Family risk factors may include issues such as parental ATOD dependency, family history of drug dependence, parental dysfunction, high levels of family
conflict, social isolation, special-needs infants/special-problem children, and nonnurturant and ineffective parenting. Parenting programs can intervene early in the parenting process, thereby helping at-risk and high-risk families modify potentially damaging trends.

Application and Reflection: Parents in high-risk homes usually are not willing to attend parent education programs. Furthermore, their needs may surpass the scope of a typical parenting program. Resources such as Al-Anon and other support groups can help a “healthy” adult regain well-being and restore hope to a family in crisis. How can such resources be promoted effectively and presented as an appealing opportunity for parents?

9. Narrow the program focus for older youth.

Community: Adolescents need opportunities to be contributing members of their community. Youth participation in constructive tasks, either social or economic, is associated with positive self-esteem, increased social activism, and heightened complex social involvement. Youth service programs provide a promising avenue for young people’s community involvement.

Application and Reflection: Many universities sponsor student excursions for service projects during spring break. Such projects typically involve home improvement (e.g., painting, cleaning, and simple repair and maintenance) in inner-city or rural dwellings. These service learning activities provide an alternative to college spring break vacations. How has this concept been expanded to younger students in your community?

School: Preliminary evidence suggests that young students benefit from generic, broad-based programs whereas older students require specific, goal-directed programs. Programs that address multiple risk factors at various environmental levels (individual, family, community) are most successful.

Application and Reflection: The National Cancer Institute recommends that antitobacco education be targeted especially to the transition year from elementary school to middle school or junior high, and that the curriculum include at least five class sessions for two consecutive years, followed by booster sessions in high school. The sessions must include teaching refusal skills. What protocol does your school follow?

Parents: All children need to participate meaningfully in family tasks and feel valued for participating. Adolescents’ roles in the family may be more specific and goal directed; however, a balance between family responsibility and individual freedom and autonomy is necessary.

Application and Reflection: What family roles and tasks did you have as an adolescent? Did these roles and tasks promote your successful adjustment and social development? How could your roles and tasks have been made more constructive?

10. Provide stable, caring adult role models.

Community: Children growing up in homes where parental influence is minimal or inadequate need other adults as role models, mentors, or surrogate parents. Healthy adults within the community can serve in this capacity. Community programs such as Big Brothers/Big Sisters and Adopt a Grandparent can help children and adolescents get nurturing from a positive, adult role model.

School: The number of children who receive inadequate parental attention appears to be growing. These children can benefit from teachers and other school personnel acting as surrogates, mentors, and guides. Sometimes older siblings who are children themselves fill this role.

Application and Reflection: Are education professionals prepared in preservice and inservice training to serve as surrogates parents and mentors? Should they be academically prepared or is the only requirement the ability to listen and care? What are the pitfalls of school personnel taking on those roles?

Parents: Many parents who are raising children today received inadequate parental attention when they were growing up. These parents may lack skills to “parent” themselves, much less skills to parent their children. Alvy compares the attitudes and behaviors of an accepting parent with those of a rejecting parent and a restrictive parent with a permissive parent. Parent training addresses the impact of these parenting styles on a child’s behavior and eventual success.

11. Involve parents in their children’s activities.

Community: While parental involvement is important, defining an optimal level is difficult. Parent training is important, particularly in the areas of communication and limit setting. Parents of high-risk youth generally do not attend meetings at centrally located sites, including the school site. Community wide efforts need to create ways to involve these parents.

Application and Reflection: Health officials who are responsible for controlling the outbreak of infections know
that it is not necessary for every child to be immunized, but perhaps only 85 percent, because unimmunized children are dispersed throughout the rest of the population and pose little threat. Do you think this principle works with parent education? If most parents worked on communication and limit setting, would this neutralize the influence of those parents not committed to proactive parenting? What is your community doing to help parents recognize and carry out their important role in drug abuse prevention?

**School:** Efforts should be made to involve parents in the positive academic and extracurricular experiences of their children. Schools can model positive feedback by providing all parents with supportive, caring messages about their children. The school site will become a friendlier, less threatening environment for parents of high-risk children if positive messages are sent to them.

**Parents:** Kumpfer describes the common barriers to parental involvement as cost, transportation, child care, time, lack of interest in parent training, lack of parental involvement in program planning, cultural differences between providers and parents, and fear. Addressing these factors can help increase all parents’ involvement, including parents of at-risk children.

**Application and Reflection:** It is often expedient to offer parent education in churches. In conservative religious communities, some churches do not permit women to speak to an audience containing men. Cultural sensitivity should be acknowledged by prevention specialists. Are there other examples of cultural differences in your community between providers and parents? How could the differences be managed?

**Application and Reflection:** Real life experience suggests that some parents need little or no help with their parenting; they are self-sufficient as parents or have access to the necessary resources. A second group of parents and families cannot be salvaged. The third group, those caught in the middle, would benefit from outreach and parenting programs. Is this scenario also true in your community? How would you address issues such as cost, transportation, child care, schedule, and defensive attitudes towards schools?

12. Involve the school system in your community effort.

**Community:** The school system must be included in planning, implementation, and evaluation for a community-based prevention program to be successful. A major advantage of school-based ATOD instruction is that students are a captive audience. Instructional messages learned in school are effective to the extent that they are congruent with and reinforced by the community and parents.

**School:** All children can succeed academically. School reform, currently under way in many states, adheres to this premise. Schools also can serve as sites for support service programs, including school-based clinics, mental health services, after-school programs, and parent programs.

**Application and Reflection:** Sociologists Richard Herrnstein and Charles Murray published a book called *The Bell Curve* in which they posited that intelligence is genetically determined and that significant differences exist in mean IQ between racial groups. This viewpoint is one interpretation of data, but is not considered fact. What might be some caveats concerning the racial determination of IQ? What implications does this have for ensuring that all children succeed in school?
Parents: Schools provide an avenue for parents to interact and network. The first step parent groups may take is to build a coalition with the schools. Parent peer groups can be formed based on children’s friendship circles and/or classmates. All parents have an opportunity to participate through this strategy.

13. Teach academic and social skills in school-based programs that enhance successful living in the community.

Community: Students benefit from the social competency and vocational training skills learned in school. A key protective factor, according to the Social Development Model of prevention, is the prosocial bonding of children and adolescents to mainstream, conventional values of society. School and community agencies can provide students with opportunities for community involvement. This participation serves to bond youth positively to the community.

Application and Reflection: Many private high schools and colleges require students to work, regardless of financial need, on the premise that work provides many valuable lessons and helps connect young people to the social and economic mainstream. On the other hand, Monitoring the Future has found that high school students who work many hours are more likely to abuse ATOD. What is a good compromise? What recommendation would you make?

School: Teaching social competency, including peer resistance skills, life skills, and vocational training, reduces the initial use of ATOD. Common elements of effective school-based prevention programs include developmentally appropriate activities, ATOD education within a comprehensive health education program, positive peer and adult-child relationships, and an integrated curriculum. Teachers act as facilitators for students’ development and use the classroom as a site for strengthening family dynamics. Informed teachers can enhance positive family relationships and help students break free from rigid, inflexible roles.

Application and Reflection: Many school systems use “Skills for Adolescence,” a curriculum that teaches social competency and life skills. The program is a series of 95 sequential, skill-building sessions for grades 6 through 8. The sessions discuss self-confidence, communication, understanding and managing emotions, family and peer relationships, critical thinking and decision making, and goal setting. How are these issues addressed in your local schools? Are they taught in any systematic way, with a particular curriculum?

Parents: Prosocial skills, including positive adult-child relationships and communication, can be reinforced in the family. Family relationships can be enhanced, changed, or modified by skills students learn in school. Benard states that high parental expectations are a key factor in school success for children who grow up in poverty.

14. Trust and respect are essential.

Community: Community efforts are most successful if prevention specialists and agency staff members are perceived as worthy of trust and respect. Parents, adolescents, and children want to know that these people care about them. Prevention personnel should be models for health-promoting behaviors, including nonuse of illicit substances.

School: Teachers need to care about and respect their students. Teachers also can be models for health-promoting behaviors and create a safe classroom environment. Health-compromising messages that sometimes emanate from the home, such as don’t talk, don’t trust, and don’t feel, need to be replaced with health-promoting messages of caring and trust and freedom to express thoughts and feelings. Although many businesses and community agencies have employee assistance programs available to them, teachers who deal with ATOD abuse, whether their own, a partner’s, or a child’s, have fewer outlets available to them. Teachers first must address personal ATOD problems before they can become role models for their students.

Parents: Benard cites a number of studies stating that caregiving during the first year of life and throughout childhood and adolescence is the key variable in children’s resiliency. A strong protective factor for children is the care and support of at least one primary caregiver. Children who live in a caring and supportive family environment develop the basic sense of trust and resiliency necessary to avoid ATOD use.

15. Secure a trained and committed staff.

Community: Staff members who work with high-risk groups must be sensitive to cultural and language differences among them. They must have realistic expectations and a commitment to help high-risk individuals succeed.

School: Teachers must be prepared to address students’ diverse cultural and developmental needs as well as their differing learning styles and skill levels. Inservice training programs can address current trends in prevention, including social skills development, cooperative learning,
life skills development, and comprehensive health education. Teachers prefer to obtain inservice training that has direct implications for their students. They want to know “how to” as well as “why.”

Parents: Healthy parents are prepared to address the developmental and social needs of their children. They are committed to parenting their children by showing affection, offering support, expecting high standards, and involving their children and adolescents in maintaining family cohesion. Some parents may need assistance in addressing at-risk and high-risk children’s needs. Parenting classes for all stages of child development and levels of neediness should be available.

16. Maintain a high level of program structure.

Community: Community-based programs need a clearly defined policy and mission statement, program goals and objectives, strategies for implementation, and evaluation tools. The lessons learned from previous prevention efforts should be reviewed for drawbacks and successes. The more clearly and carefully the strategic plan is designed, the more likely the evaluation will be positive.

School: Structure includes a clearly defined policy and mission statement, program goals and objectives, learning activities and strategies, and evaluation tools. Supportive leadership and staff supervision and training in program methods and content are essential. Linking school-based to community-based prevention efforts increases the likelihood of a strong, effective community-supported program.

Application and Reflection: In what ways is the prevention program in your local schools linked to the external community? Are there any particular agencies with which the schools collaborate in prevention efforts? What specific programs are made possible by this school-community cooperation?

Parents: Kumpfer states that program length is positively correlated to effectiveness. Therefore, effective parent programs address the problem of attrition of high-risk parents due to unexpected crises, demands on time, lack of group cohesion, trainers’ lack of appeal, fear of group interaction and personal disclosure, the program’s failure to meet needs, or the program’s lack of congruence with a parent’s world view.

Application and Reflection: Think of a typical group of parents in your community. What are some ways you could promote group cohesion, thus encouraging continued attendance? What might make a trainer appealing to those parents? How could you assure parents and others in advance that the program will meet their needs?

17. Advocate positive environmental policies.

Community: Community and neighborhood policies must be developed, implemented, evaluated, and enforced. Laws related to alcohol purchase and use and illegal substance sales and use must be enforced uniformly. Current laws need to be evaluated for effectiveness, and new laws need to be developed to create a safer, drug-free community. Suggested changes include restricting advertising of alcohol and tobacco products, increasing the legal drinking and smoking age, increasing penalties for driving while intoxicated, decreasing upper limits defining legal intoxication (e.g., a decrease from .10 to .08 BAC), and decreasing accessibility of alcohol and tobacco products.

Application and Reflection: In some communities, teens under the age of 18 lose their driver’s licenses until they are 18 if they are convicted of drunk driving. What are the pros and cons of this measure? Many states are decreasing the BAC from .10 to .08 for DUIs. What implications might this have in your community?

School: School policies need to address use and sale of alcohol, tobacco, and illegal substances. Policies should create a safe, drug-free school by promoting comprehensive school health for all students. Adequate training for teachers and staff, educational and remedial services for students caught using or selling substances on school property, and remedial services for staff and teachers dealing with ATOD abuse need attention.

Parents: Strong parent networks can positively influence school and community policy regarding ATOD use. They can be influential in monitoring distribution and sale of ATOD in their neighborhood, media impact on their children, law enforcement procedures within the community, and school-based instructional programs. Parent networks can organize to impact legislators and local officials, ensuring that the community environment is conducive to positive messages of ATOD nonuse.

Notes

1. B. Benard, Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community, Western Regional Center for Drug-free Schools and Communities, Far West Laboratory, Northwest Regional Educational Laboratory (Portland, OR, August 1991).


11. Ibid.


