

Background Research: Youth Prevention Education (YPE) ATOD Curricula – Standards-Based

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Youth Prevention Education ATOD Curricula (YPE)

Rationale

Within the prevention framework, the probability of adolescent substance abuse is determined by the number and type of risk factors (e.g., potentially harmful attitudes, behaviors, social influences) and protective factors (e.g., accurate information, parental support, positive peer influence). While risk and protective factors affect youth of all types, the importance of specific factors varies with such characteristics as age (developmental stage), gender, sexual orientation, family, race & ethnicity, culture, community, socioeconomic status, and environment (e.g., rural/urban/suburban).

Moving beyond knowledge-based, affective, and abstinence-promoting curricula (e.g., Drug Abuse Resistance Education—D. A.R.E.) that have not been shown by rigorous evaluation to be effective (Brown, 2001), the skill-based “social influence” and “interactive” programs associated with the prevention model have generated a more substantial evaluation track record and consensus among researchers promoting “best practices” (Cuijpers, 2002). The most effective programs teach skills that help young people refuse ATOD offers, resist pro-drug influences, correct misperceptions that drug use is normative, and enhance social and personal competence and efficacy (Botvin & Griffin, 2007).

In a review of reviews, Nation et al. (2003) lists the process-based characteristics of endorsed prevention practices:

- Comprehensive
- Varied teaching methods
- Sufficient dosage
- Theory driven
- Positive relationships
- Appropriately timed
- Socioculturally relevant
- Outcome evaluation
- Well-trained staff

Outcomes

Consistent with the above rationale, youth prevention curricula and skill-building programs are designed to increase prevention-related drug knowledge while avoiding scare tactics; promote accurate perceptions of peer behavior and positive social norms without unrealistic expectations for self and peers; and develop social efficacy and resistance skills—all ultimately enhancing “protective” factors and reversing or mitigating “risk” factors (Hawkins et al., 2002).

Desired outcomes pertaining to knowledge, attitudes, skills, and ultimately ATOD-related behavior will vary according to baseline characteristics of the specific youth population: social developmental level, risk-level, pathology, distress, destructive behavior, and the prevalence of ATOD abuse among local youth and in the broader community.

Given these baselines, outcomes may be meaningfully measured in terms of abstinence, refusal, experimentation, harm minimization, prevention of escalation, abuse, and addiction (Brown, 2001). Similarly, outcomes may also be measured in the short-term or long-term, based on the assumption that risk-taking may be more serious at a younger age and less serious with greater experience and skills. Thus, delaying experimentation during late childhood and early adolescence is understood to be of

intrinsic value regardless of the later adolescent trajectory of ATOD experimentation and risk-taking (Sussman et al., 2004).

Hage et al. (2007) summarizes the baseline-determined goals of prevention interventions:

- stopping a problem behavior from ever occurring
- delaying the onset of a problem behavior
- reducing the impact of a problem behavior
- strengthening knowledge, attitudes, and behaviors that promote emotional and physical well-being

Populations: Universal, Selected, Indicated

Prevention programs may be designed for populations defined as universal, selective, or indicated (Sussman et al., 2004).

- Universal programs aim to influence all subjects in a context.
- Selected programs serve groups at greater risk of ATOD use (e.g., children of alcoholic parents).
- Indicated programs attempt to benefit those who already show signs of drug involvement or related risk factors (e.g., students being disciplined for truancy, drug use, violence, etc.).

Universal Youth Population

Research has shown that effective prevention education programs for the general or “universal” youth population can produce favorable outcomes:

- **Drugs:** Results from Project ALERT (Ghosh-Dastidar et al., 2004) indicate that its implementation helped adolescents at low, moderate, and high risk for future drug use, with the effect sizes typically stronger for the low- and moderate-risk groups. The results from this study also provide strong empirical support for universalistic prevention programs in middle and junior high schools, indicating that they can be effective with both high- and low-risk adolescents.
- **Tobacco:** Results from Project Toward No Tobacco Use (Collins et al., 2002) include reduced initiation of cigarette and smokeless tobacco use.
- **Alcohol:** Programs with the most promising evidence for alcohol outcomes among a universal population (ages 10-15) include Project Northland, Keepin’ it REAL, and Midwestern Prevention Project/Project STAR (Spath et al., 2008).
- **Alcohol & Tobacco:** Results from Project Northland (Schinke et al., 2002) include reduced alcohol and cigarette use.
- **ATOD:** Results from Botvin’s LifeSkills Training (LST) program have shown the program’s effectiveness in reaching positive outcomes with a wide range of students, including suburban and urban youth (Botvin, 2000; Botvin & Griffin, 2005).
- **ATOD:** collaborative community-based efforts implemented within a supportive framework such as Vermont’s New Directions project can have a meaningful impact on the prevalence of substance use behaviors among youth. Specifically, 10 coalitions implemented Life Skills Training as their primary school-based strategy, 6 implemented Project Northland, and 2 chose Project Alert (Flewelling et al., 2005).

Selected & Indicated Youth Population

Like universal prevention programs, selected and indicated prevention programs are designed to strengthen protective factors and deal effectively with risk factors in the lives of youth.

As defined in a major series of monographs on high-risk youth, the four general psycho-social domains of risk/protective factors are internal, family, school, and peer (Substance Abuse and Mental Health Services Administration [SAMHSA, 2002a; SAMHSA, 2002b]). This study summarized an extensive body of research by defining a simple structure of important issues that moves beyond a consideration of specific attitudes, orientations, and competencies. It concludes that factors that build connectedness with positive external environments (e.g., family connectedness and school bonding) are critical deterrents to adolescent substance use.

More specifically, a model of prevention that may have greater relevance for at-risk or risk-taking teens incorporates motivation, skills, and decision-making (Sussman et al., 2004):

- Motivation: Challenge positive perceptions of drug users, reinforce health-related attitudes
- Skills: Effective listening, communication, self-control
- Decision-making: Weigh accurate information and engaging in cognitive processes

When prevention and intervention strategies are successful, at-risk youth are less likely to suffer from the many negative social and personal consequences of persistent misbehavior (Burns et al., 2003) and more likely to become part of a positive community. Research has shown that effective preventative education and skill building programs for the selected youth population can produce favorable outcomes:

- Alcohol: Findings from the empirical literature suggest that universal prevention programs may delay onset of drinking among low-risk baseline abstainers; however, there is little evidence supporting their utility for at-risk adolescents (Masterman & Kelly, 2003).
- Alcohol and Marijuana: Youth who took part in one of the 48 programs funded and by the Center for Substance Abuse Prevention's (CSAP) High-Risk Youth Demonstration decreased their alcohol and marijuana use when compared to similar youth who did not participate in the programs (SAMHSA, 2002a; SAMHSA, 2002b). "Selective" youth already using cigarettes, alcohol, and marijuana significantly reduced their use of substances after joining a prevention program.
- Results from CSAP Programs emphasized connection-building, behavioral life skills, and interactive delivery (Springer, 2004).
- Three of 29 effective and empirically evaluated programs (Sussman et al., 2004) are classroom based: Life Skills Training, Midwest Prevention Project, and Project Toward No Drug Abuse.
- ATOD: Results from implementing Botvin's LifeSkills Training with a selected youth population (Griffin et al., 2003) include decreases in polydrug use and inhalant use as well as decreases in composite smoking score (frequency, quantity) and composite alcohol use score (frequency, quantity, frequency of drunkenness).
- Drugs: The Project Towards No Drug Abuse (PTND), which is directed at senior high school students and attempts to prevent the transition from drug use to abuse, has been found to be effective at 1-year follow-up across three experimental field trials. The 12-session version is effective across outcome variables, and many effects are maintained at 2-year follow-up (National Institute on Drug Abuse [NIDA], 2003; Sussman et al., 2004).
- Drugs: Results of Lochman's Coping Power program, directed at 5th and 6th graders at high risk for aggressiveness and later drug use (NIDA, 2003), include reduced substance abuse at post-intervention and significantly reduced aggressive behavior.

Implementation Research Highlights

Delivery Issues

Educational Philosophy

In literature reviews addressing the educational context of school-based drug education, Paglia & Room (1999) and Brown (2001) argue that:

- Programs rooted in the perspectives of law enforcement and health institutions (such as DARE & LST) exclude the perspectives of educational institutions (Brown, 2001).
- School-based drug use programs should be based on general educational principles, rather than framed by ideology on drug use (Paglia & Room, 1999).
- As citizens, it is appropriate to provide students with biological and social science information about ATOD problems, including prescription drugs (Paglia & Room, 1999).
- Students should discuss the intellectual, practical, and ethical issues raised by ATOD problems (Paglia & Room, 1999).
- Students should be encouraged to share their stories about drugs, exercise their curiosity about drug use at cultural and historical levels, and thus increase their ability to make developmentally appropriate decisions (Brown, 2001).
- The prevention model of life skills and related programs should be incorporated into a school-driven resilience model that is consistent with a constructivist learning model and comprehensive school reform (Brown, 2001).
- Respect for the unique development of each young person is found in constructivist thinking. Based on this resilience constructivist youth orientation, the overarching drug education goal is the development of young people's interests and strengths through (1) deepening educator/youth connections and (2) developing honest, accurate, and complete drug information with students. (Brown, 2001).

Focus and Timing

In systematic reviews of the literature from the U.S., Australia, and the Netherlands, McBride (2003) and Midford et al. (2002) conclude that drug education is most effective:

- When it incorporates normative data based on a detailed assessment of the target group's beliefs in order to counter these normative beliefs.
- With single-focus programs rather than multiple foci, which are better able to use local prevalence data.
- During initial exposure, prior to experimentation.
- When the focus is on behavior change rather than knowledge or attitudes.
- When a later relevancy phase provides new knowledge and skills to suit the new situations to which young people may be exposed.

Pedagogy

In his analysis of 17 "Model Programs," Schinke et al. (2002) recommends that prevention programs should employ interactive techniques and opportunities such as role playing, discussion, brainstorming,

cooperative learning, and active problem solving, while limiting the amount of time spent lecturing. These curriculum-based strategies include:

- Modeling and behavioral rehearsal (facilitator demonstrates a new skill; participants then perform the skill within the session).
- Assigned out-of-session activities intended to reinforce concepts.
- Cueing (teachers cue students to use new behaviors in specific situations).
- Placing participants in the role of expert and having them demonstrate new knowledge and skills.
- Use of self-monitoring techniques to enhance awareness and enactment of desired behaviors.

Program Dosage

Universal Population

- Prevention programs should be long term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals (Botvin et al., 1994, 1995). Booster sessions provide the opportunity to reinforce and build on messages over a number of years suited to the age and development of the students (McBride, 2003).
- The Project ALERT field experiment (Ghosh-Dastidar et al., 2004) was designed to test a revised curriculum with 11 lessons in 7th grade, 3 lessons in 8th grade, and 5 booster lessons in high school Grades 9 and 10. The revised middle school curriculum includes 2 additional lessons, one on smoking cessation and one on alcohol misuse, plus a series of new home-learning activities that encourage parental involvement in substance use prevention during 7th and 8th grades.
- In its 1998 compilation of science-based prevention strategies, the Northeast Center for the Application of Prevention Technologies recommended that skill-building programs should include a minimum of 10-15 sessions per year and another 10-15 booster sessions should be offered one to several years after the intervention.
- Botvin (Life Skills Training) recommends that effective prevention programs include an adequate dosage of 12 to 15 sessions during the beginning of junior high school and include booster sessions (Botvin, 2000).
- Drug Strategies (1999) suggests that prevention programs should have at least 8 sessions in the first year (core level) and a minimum of 3 to 5 booster sessions for one or more following years.

Selected Population

- More intense programs (more contact hours per week) have demonstrated better results in reducing substance use among high-risk youth, according to the National High-Risk Youth Demonstration (funded from 1987 to 1995) by CSAP/SAMHSA. Program planners should design programs that provide at least 4 hours of contact per week. This program feature was more important for program effectiveness than either the length of the program or the total number of contact hours. The above finding again supports the socio-emotional claim that program impact is facilitated by a concentrated presence in the lives of youth; i.e., connectedness (SAMHSA, 2002a; SAMHSA, 2002b).
- This intensity was more characteristic of after-school programs than in-school programs that participated in the CSAP Demonstration, thus resulting in better outcomes outside the regular classroom. School connectedness is the sole measure for which in-school programs are more successful than after-school programs. Effects are particularly strong in programs with high

intensity, high levels of academic support activity, or high levels of one-on-one activity. The findings strongly suggest that the classroom may not be as effective in a setting directly influencing substance use among high-risk youth. However, programming in school does appear to have a positive impact on youth's perceptions of connectedness to school, an important protective factor (SAMHSA, 2002b).

- Comparisons between at-risk girls in ALERT Plus schools (the Project ALERT basic curriculum extended to ninth grade with five booster lessons) and at-risk girls in control schools showed the program curbed weekly alcohol and marijuana use, at-risk drinking, alcohol use resulting in negative consequences, and attitudinal and perceptual factors conducive to drug use. These findings indicate that extending the time of exposure to a social influence prevention curriculum beyond seventh and eighth grade by means of booster lessons in ninth grade can reduce progression to regular (weekly) drug use. Ninth grade may be especially problematic for at-risk adolescents because they have left a school environment in which they were the oldest cohort and entered a new environment where substance use is likely to be more prevalent. Hence, the effects of ALERT Plus on at-risk youth may be partly attributable to the ninth-grade curriculum's emphasis on minimizing the kind of drug use that these youth are particularly likely to engage in (Longshore et al., 2007).

School Environment

- School is a critical forum for developing healthy adolescent behaviors. When youth are strongly connected to school and are successful in school, they tend to associate with peers that do not use substances and tend not to use them themselves (SAMHSA, 2002b; Fletcher et al., 2008). A positive school ethos complements drug prevention interventions; disengagement and poor teacher-student relationships are associated with drug use and other risky health behaviors (Fletcher et al., 2008).
- Research on school based delinquency programs shows that the most widely studied programs have been curricular and behavioral programs. These studies show that program quality is strongly dependent on school capacity to implement the program. Schools might be best served by focusing on building capacity to implement fewer, carefully selected programs (Gottfredson et al., 2004).
- An appropriately designed in-school and community-based media effort can reduce youth substance uptake. Effectiveness does not depend on the presence of an in-school prevention curriculum (Slater et al., 2006).

Parent Involvement

While some family issues may be risk factors for substance use (e.g., ineffective parenting, chaotic home environment), families can also serve a protective function in the lives of children when there are strong bonds between the child and the family, supportive parenting and strong parental involvement, and consistent enforcement of discipline (NIDA, 2003).

- The ability of the family to serve as a strong protective mechanism for youth highlights the need for effective intervention programs to involve the family (Kumpfer & Alvarado, 2003; Dembo & Walters, 2003).

- Preventive interventions that have both parent and child components can address a broader set of risk and protective factors than interventions that have just a parent or child component alone (Lochman, 2000).
- Prevention programs for families appear to be more effective than approaches that focus only on the youth or the parent. These programs move away from a singular focus on the youth and recognize the importance of impacting the total family environment (NIDA, 1997).
- In a study of selected youth populations, family connectedness was found to be critical in preventing substance abuse (SAMHSA, 2002a; SAMHSA, 2002b). Where family connectedness is high, parents have strong influence over the peers that youth choose to associate with, as well as a strong influence on the choice to avoid substance abuse.

Program Organization and Staffing

- Quality programs have clearly stated goals that are assessed on a regular basis. These goals are linked to outcomes for youth (e.g., decision-making skills, problem solving skills, and conflict resolution skills) that emphasize the benefits of program participation. The evaluation strategy being used should allow for midcourse corrections in the program (Perkins & Borden, 2003).
- Quality programs have well-trained staff, as evidenced by appropriate educational backgrounds, diversity of staff, frequent staff in-services, and low staff turnover. Staff members are seen as advocates for youth (Perkins & Borden, 2003).
- Drug prevention programs are most successful when teachers receive training and support from program developers or prevention experts (Dusenbury & Falco, 1995).
- In a study of programs designed to reduce aggressive behavior in youth, adequate training of service delivery personnel, appropriate supervision, and support of the school principal have been key to implementing successful programs (Wilson et al., 2003).
- A support program for Keep a Clear Mind served as a model for district-wide implementation of parent-child drug education; a coach that can both conduct the training and provide the ongoing technical support should be identified when implementing KACM and other intensive curriculum-based substance abuse programs, such as the LST (Jowers et al., 2007).

Targeting Population Needs

- Programs should provide developmentally appropriate material and activities, including content and language (Drug Strategies, 1999; Dusenbury & Falco, 1995).
- Programs should also contain material that is culturally relevant (Oetting et al., 1997). Interventions must be culturally sensitive and consider race, ethnicity, age, and gender in their designs (Botvin et al., 1994; Drug Strategies, 1999).
- Despite the persistent tension between fidelity and adaptation, both are essential elements of prevention intervention program design and they are best addressed by a planned, organized, and systematic approach. Towards this aim, an innovative program design strategy is to develop hybrid prevention programs that "build in" adaptation to enhance program fit while also maximizing fidelity of implementation and program effectiveness (Castro et al., 2004).
- While there is profound value in the cultural adaptation of evidence-based drug prevention curricula, few community settings do this in practice. It is recommended that community settings adapt curricula to meet their youths' needs, particularly with diverse cultures (Steiker, 2008).

- Teacher training for Keepin' It REAL was able to fulfill a perceived need for proficiency in teaching a culturally-grounded prevention curriculum (Harthun et al., 2008).
- Project CHOICE (D'Amico et al., 2005), an intensive and brief (5 sessions) middle school intervention, was guided by a community-based participatory approach (CBPR). The expertise of key community stakeholders was incorporated so that the intervention components were consonant with the perspective, values, and social norms of the focal population. This involvement increases the relevance and "fit" of the intervention and the feasibility of implementation rather than simply imposing an *a priori* intervention design.

Curriculum

Elementary School Curriculum Content

Prevention programs for *elementary* school children should target improved academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Programs should also focus on the following skills (Ialongo et al., 2001; Conduct Problems Prevention Work Group, 2002; NIDA, 2003):

- Self-control
- Emotional awareness
- Communication, social problem solving
- Academic support (especially in reading)

Middle School, Junior High, and High School Curriculum Content

Prevention programs for middle school, junior high, and high school students should strive to increase academic and social competence by building the following skills (Botvin et al., 1995; Scheier et al., 1999; Drug Strategies, 1999; NIDA, 2003):

- Study habits and academic support
- Communication
- Peer relationships
- Self-efficacy and assertiveness
- Drug resistance skills with a focus on personal, social, and ATOD-refusal skill building
- Reinforcement of anti-drug attitudes
- Strengthening of personal commitments against drug abuse

Prevention programs for middle school, junior high, and high school students should include the following components (Drug Strategies, 1999):

- Provide components that address internal pressures (e.g., anxiety, stress) that influence ATOD use.
- Provide components that address external pressures (e.g., peer attitudes, advertising) that influence ATOD use.
- Incorporate "normative education" to reinforce that ATOD use is not the norm among adolescents, even if youth think that "everyone is doing it" (a peer-led component to reinforce this concept can be particularly effective). These strategies are most effective in reducing substance abuse when combined with other educational approaches such as fostering social skills (NIDA, 2003).

- When focusing on harms and risks associated with ATOD use, be sure to also provide short-term examples (e.g., bad breath, legal risks) rather than focusing only on long-term risks to health (Paglia & Room, 1998).

Curriculum Content for Selected Youth Population

- For a program to have a measurable impact on the selected youth population, it is essential that the risk factors that define the participants match those addressed by the program design (Sussman et al., 2004).
- Greater organizational support is associated with higher quality programming (Gottfredson et al., 2000).
- Use of multi-domain programming is essential for the selected youth population (Morehouse & Tobler & Stratton, 2000; Lochman, 2000).
- Social services for the selected youth population should be coordinated among agencies—juvenile justice, education, mental health, and child welfare—that share responsibility for troubled youth (Mendel, 2000).
- Selected youth prevention programs that emphasize the promotion of attitudinal and behavioral life skills have been more effective in reducing substance abuse use than those emphasizing knowledge only (SAMHSA, 2002a; SAMHSA, 2002b).
- Selected youth prevention programs that emphasize strengthening connectedness to positive peers and adults through team and interpersonal activities were more effective than programs that did not emphasize these delivery methods (SAMHSA, 2002a; SAMHSA, 2002b).
- Selected youth prevention programs that emphasized introspective learning approaches that encourage youth to use self-reflection in examining their behaviors and how they impact others or themselves were more effective than those that followed a more prescriptive approach (SAMHSA, 2002a; SAMHSA, 2002b).

Enhancements to Curriculum

In a review of the literature on the relationships between the effects of school curriculum and environmental change, Flay (2000) concluded that:

- While there is evidence that parent training, mass media, and community-wide programs can be effective, there is little evidence of the added effects of any of these approaches over and above the effects of the school curricula with which they are often combined.
- This disappointing result is mostly because most study designs did not allow for separate estimates of school curricula and any added components. The few studies that would have allowed for such estimates were either too small or found no differential effects.

Nevertheless, for programs that have the opportunity to go beyond a structured classroom-based program, Positive Youth Development research has found the following characteristics in high quality youth programs (Perkins & Borden, 2003). These programs:

- Provide social support by connecting youth to positive peer groups.
- Create a strong sense of belonging, with clear rules, expectations, responsibilities, and flexibilities. Flexibility is the ability to adapt a program to meet the unique needs of young people in the program.
- Focus on the specific needs and interests of young people. A quality program engages youth as partners in the identification of needs, the planning, the implementation, and the evaluation of the program. Youth can be engaged in these processes through various methods (e.g., focus

groups, concept mapping, and co-leadership). Program rules and responsibilities are embraced by youth who have direct input in their development.

- Offer young people the opportunity to hold meaningful leadership roles within the program and organization.
- Engage youth in organized service activities within the community. This affords youth the opportunity to contribute and further build their competence, confidence, connection, character, and compassion.
- Provide an accessible safe haven for youth, both physically and emotionally.
- Provide multiple opportunities for youth to engage in activities with their families and communities.
- Encourage parental involvement by offering a variety of possibilities for participation (e.g., social events, parental workshops, volunteer opportunities).
- Offer relevant skill-building activities that reinforce the values and skills linked with doing well in school and maintaining good physical health.
- Offer a variety of resources through collaboration with other youth-serving community organizations and schools.
- Have a visible organizational structure and are well organized and managed.
- Have established strategies to recognize the accomplishments of their participants.

Strategies to Avoid

Prevention programs should avoid the following components (Drug Strategies, 1999):

- Scare tactics and moralistic appeals.
- Curricula that rely solely on information about drugs and their dangers. When used alone, knowledge-oriented interventions designed to supply information about the negative consequences of substance use do not produce measurable and long-lasting changes in substance use-related behaviors or attitudes and are considered among the least effective educational strategies (Tobler & Stratton, 1997).
- Curricula that only work to promote self-esteem and emotional well being, rather than providing training that promotes self confidence in resistance skills (otherwise known as self-efficacy).
- “Single shot” assemblies and presentations.
- Testimonials by former addicts, because they reinforce a negative norm that “everyone uses drugs” at some point in their lives.
- For the selected youth population, grouping these youth together in early adolescence may inadvertently reinforce problem behavior (Williams, 2003; Dishion et al., 1999). In one follow-up study after prevention programming, at-risk youth grouped with peers were actually exhibiting more problem behaviors than those who had not been grouped with peers (Dishion et al., 1999).
- Similarly, a rigorous study on group school counseling showed that it in fact led to increased drug use; this effect, whereby an intervention has harmful effects, is called “iatrogenic” (Hallfors & Van Dorn, 2002).

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Standards for Youth Prevention Education (YPE)

Providers implementing a YPE standards- based program must

1. Develop or obtain a written, planned curriculum that:
 - Includes a minimum of eight sessions in the first year (core level) and a minimum of five booster sessions for one or more of the following years.
 - Schedules each core and booster session for a minimum of 30 minutes in length.
 - Implements both core and booster session no more often than two times a week (i.e. **cannot** deliver the core or booster portion of program in a severely condensed format).
 - Schedules booster sessions in a different school year from the core sessions.
 - Does not include scare tactics designed to “shock” participants (e.g., mock crashes).
 - Does not include testimonials by former/recovering addicts.
2. Develop/adapt materials and activities to ensure they are culturally sensitive/relevant and suitable to the age and development of the youth being served.
3. Focus the majority of program session time on interactive activities that include such techniques as role-plays, discussion, and cooperative learning.
4. Include the following content components for YPE programs targeting 4th & 5th grade youth:
 - Self-control (e.g., recognizing and coping with anxiety, anger, impulses).
 - Emotional awareness (e.g., recognizing and understanding one’s own emotions).
 - Communication & social problem solving (e.g., expressing emotions effectively, handling interpersonal conflict).
 - Goal setting and attainment (e.g., focusing on tasks at hand, setting short- and long-term goals, modifying performance based on feedback).
5. Include the following content components for YPE programs targeting 6th - 12th grade youth:
 - Coping with internal pressures such as anxiety, stress, and other internal factors that influence ATOD use.
 - Coping with external pressures (e.g., peer attitudes, peer pressure) through drug refusal skill building.
 - Factual information that reinforces the belief that ATOD use and/or abuse is not the norm or typical behavior for youth.
 - Reinforcement of anti-drug attitudes.
 - Strengthening of personal commitment against drug abuse.
 - Short-term consequences (bad breath, financial cost, legal risks) associated with ATOD use.
 - Communication skills (e.g., active listening, using “I” messages).
 - Peer relationships (e.g., working as part of a team, showing sensitivity to social cues, harmonizing diverse feelings and viewpoints).
 - Self-efficacy and assertiveness (e.g., exercising assertiveness, leadership and persuasion, recognizing self-strengths).

YPE programs that specifically target youth because they share a common risk (e.g. academic delay, developmental delay, behavioral disorders, etc.) are called “selected” programs, rather than “universal” programs. In addition to following the standards stated above (for universal programs), **Youth Prevention Education programs that target a selected population must adhere to the following additional standards.**

6. Develop or obtain a written, planned curriculum that:
 - Includes a minimum of 20 sessions in the first year (core level) and a minimum of 10 booster sessions for one or more of the following years.
7. Assure that staff who facilitate the program receive training in effectively working with youth that share the common risk factor(s) in the targeted population. For example, if the students are selected into the program because they have a behavior disorder, staff training should include strategies for encouraging effective learning in students with behavior disorders.
8. Demonstrate a plan for parent/guardian involvement that includes:
 - A minimum of one interactive communication (e.g. phone call, face-to-face conversation, e-mail dialogue) with at least one parent/guardian of each child in the program. The purpose of this communication is to discuss the child’s strengths, any challenges and progress during the program.
 - At least two opportunities for parent/guardian to receive information, provide input into the program, and have their questions addressed (e.g., parent night, e-mail/mail/phone calls, newsletters).
 - At least two in-home learning activities such as homework activities, parent/guardian-child discussion strategies, and at-home goal setting to reinforce the YPE curriculum content.
 - A description of how the cultural styles of families have been acknowledged so that information and outreach is culturally sensitive and appropriate (e.g., information is available in parent’s/guardian’s first language).