12th Annual Meeting

“CROSSING BORDERS: LINKING PREVENTION SCIENCE, POLICY AND PRACTICE”

QUEBEC CITY, QUEBEC
MAY 26 – MAY 28, 2004
PRECONFERENCE WORKSHOPS,
MAY 25, 2004
PLENARY SESSION 1
PREVENTION PROGRAMS FOR VERY YOUNG CHILDREN
Chair: Ray Peters

PREVENTION PROGRAMS FOR VERY YOUNG CHILDREN. Ray Peters1, Craig Ramey2, Richard Tremblay3, John Love, 1Queen's University at Kingston, Kingston, Ontario Canada; 2Georgetown University, Washington, DC United States; 3Universite de Montreal, Montreal, Quebec Canada, 4 Mathematica, Princeton, New Jersey United States

In recent years, there has been renewed interest in research and evaluation of early childhood development programs for high-risk children beginnings before or at birth. In this plenary, three leading prevention researchers describe their work with very young children. Richard Tremblay’s presentation Towards Testing Gene-environment Interactions with Early Preventive Interventions will address his research findings on aggressive behaviour in young children, Craig Ramey will describe several prevention programs he has directed with infants and toddlers, and John Love’s presentation Preventing and Promoting: The Many Ways Early Head Start and Other Infant-Toddler Programs Enhance Development will address research findings from the U.S. Early Head Start Project with high-risk children from birth to three and their parents. A round table discussion session will follow the plenary to allow audience participation.

MORNING BREAK

Foyer Salle de bal, Hilton Quebec
communities to determine the guides’ usability and effectiveness.

In this presentation, the developers of Across Ages and FAST will discuss the development of their program’s adaptation guide including the process of working with tribal leaders and the adaptations that were made to make their programs appropriate for Native American communities. Andrea Taylor, the developer of Across Ages, will specifically discuss some of the adaptations that were made to the Across Ages curriculum and next steps for pilot testing the adaptation guide.

In addition to discussing adaptation guide development, Lynn McDonald, the developer of FAST, will share evaluation data on the implementation of FAST in Native American populations living in reservations and in urban communities. She will discuss lessons learned and potential challenges of implementing a substance abuse prevention program with Native Americans.

Finally, S. Jo Lewis, an implementer of FAST in the Milwaukee Indian Community School, will share her perspective on the adaptability of the FAST program to work with the cultural values of Native American communities. She will also share with the audience the impact of FAST on students in the Milwaukee Indian Community School where she is the Director of Education.

Across Ages is a school- and community-based drug prevention program for youth 9 to 13 years that seeks to strengthen the bonds between adults and youth and provide opportunities for positive community involvement. Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors and reduce the risk factors associated with substance abuse and related problem behaviors for children 4 to 12 years old and their parents.

CC 3/BASIC PREVENTION SCIENCE

TRANSLATING BASIC SCIENCE DISCOVERIES INTO EFFECTIVE PREVENTIVE INTERVENTIONS

Chair: Elizabeth Ginexi

Porte St. Louis, Hilton Quebec

3 TRANSLATING BASIC SCIENCE DISCOVERIES INTO EFFECTIVE PREVENTIVE INTERVENTIONS. Elizabeth Ginexi1, Kenneth Dodge2, Richard Milich3, Robert Pandina4, John Reid5, Elizabeth Robertson6, Thomas Valente6, National Institutes of Health, Bethesda, MD United States; 2Duke University, Durham, NC United States; 3University of Kentucky, Lexington, KY United States; 4National Institutes of Health, Bethesda, MD United States; 5Duke University, Durham, NC United States; 6University of Southern California, Alhambra, CA United States

This Scientific Dialogue brings together established researchers from 5 Transdisciplinary Prevention Research Centers (TPRCs) funded by the Prevention Research Branch at NIDA. We will spotlight translational research and its emerging role in prevention by engaging in a stimulating exchange of ideas about how to conceptualize and conduct transdisciplinary translational research.

Translational research seeks to integrate basic science discoveries into prevention, treatment and services. Transdisciplinary collaborations are key ingredients as translational research involves 2 processes:

1) The translation of knowledge gained from basic research into new or improved methods for prevention and treatment; and

2) The translation of clinical/community trial insights into hypotheses that can be validated in the laboratory.

NIDA’s TPRCs are charged with utilizing findings from the basic sciences in order to develop innovative preventive interventions targeted at the initiation and escalation of drug abuse. The panel will address 3 related issues.

I. Definition: Increasing emphasis is being placed on translational research. How should the field of prevention define translational research? How should we distinguish translational research from other related concepts such as research to practice and dissemination or from mere generalization of findings? What should be done to avoid confusion? How should prevention approach and reconcile the bi-directionality of translational research?

II. Translating Basic Science into Prevention: Over two decades of discoveries from the basic biological (e.g. neurobiological), psychological (e.g. emotional, behavioral, cognitive and developmental) and social (e.g. social learning, peer network and communications) sciences have elucidated individual and group vulnerabilities to drug use initiation and escalation from occasional use to abuse. Much of this research has not been fully utilized for developing and testing innovative, potentially efficacious interventions. Which current basic science findings are most likely to be useful in developing trials to test novel prevention approaches?

III. Translation Among Disciplines: Translation involves providing a link between basic research and programs delivered in real-world settings. Translating scientific findings to professionals and lay workers in clinical and community settings and translating knowledge from the community to the laboratory is challenging because it requires communicating freely with individuals in disparate fields. How might researchers consult and collaborate with consumers, service providers, educators, community representative and scientists in different disciplines in the design, development and implementation of effective prevention principles?

CC 4/REAL WORLD SETTINGS

METHODOLOGICAL CHALLENGES IN REAL WORLD SETTING

Chair: Zili Sloboda
A CASE FOR EVOCATIVE INQUIRY. Barry Kibel1, 1Pacific Institute for Research and Evaluation, Chapel Hill, NC United States

The distinction between evidential and evocative forms of inquiry deserves fuller attention by the prevention community. Evidential forms of inquiry are most appropriate for modeling, tracking, measuring, and drawing conclusions regarding sequential patterns. However, activities that inculcate values involve both sequential and also generative patterns. These generative patterns are emergent or unfolding, rather than sequential and are best captured though evocative forms of inquiry. In this presentation, the reasons for making this distinction will be made clear. One form of evocative inquiry, Journey Mapping, will be presented to demonstrate the added value that can be gained.

A high proportion of the prevention activities and services are designed to produce well-articulated, countable or physically measurable outputs that fill gaps, correct shortfalls, or add competencies. There exists, however, a second class of program activities and services that also aim to be helpful and useful but, more so, to be catalysts and resources for deep and sustained changes at the individual, family, organizational, societal, or perhaps global levels. The processes at work include many of the same input-procedure-output patterns observable in the first class of program activities. However, these are often background, secondary, or complementary patterns. In the foreground, interactions and exchanges are fostered that aim to engender and inculcate values which mirror holograph-wise the sacredness, the beauty, the love, the caring, and the wisdom that the program designers recognize as under-girding the human experience itself. Some examples include activities associated with supportive care for the dying, strength-based youth programming, service learning projects, and faith-based community renewal.

Given that there are services provided and outputs produced in this second class of program activities, supporting research and evaluation designs and protocols can be directed to these outputs and simply mirror the designs that are applied to the first class of activities. However, for added value and ultimate benefit, studies of programs rich in this second class of activities need also to include research or evaluation elements that focus on, and are responsive to, the human relationships, growth processes, and potentially awe-inspiring events interlaced within these activities. Evocative, as contrasted with evidential, forms of inquiry are most appropriate for honing understanding of this second class of activities.

RECRUITING AND RETAINING STUDENTS IN A LONGITUDINAL MULTI-SITE EFFECTIVENESS TRIAL. Shereen Khataposium1, Victoria Sanchez2, Denise Hallfors2, 1 Prevention Research Center, Berkeley, CA United States; 2 Pacific Institute for Research and Evaluation, Chapel Hill, NC United States

Longitudinal studies pose numerous methodological and practical challenges, including participant recruitment and retention. A major consequence of poor retention is the threat to internal validity. Poor retention can be a significant problem in studies of high risk, mobile populations. For the last three years, the authors have been conducting an effectiveness study of an indicated prevention program in two large, urban, and ethnically diverse high school districts in the United States. To date, our overall retention rate is 90% -- in districts where a 30% student mobility rate is common, and with a study sample size of nearly 2000 youth. The purpose of this paper is to summarize our experience and offer lessons learned from identifying, recruiting and retaining high risk students in this multi-site longitudinal effectiveness study.

We provide a detailed discussion of the methods, strategies and resources used to identify, recruit and retain students in the study. Strong partnerships with districts and schools are critical in school based prevention studies. Our presentation on Student Identification will include strategies for working with school districts to obtain student data, and with school staff to identify and refer appropriate students for the study. Student Recruitment will include planning for appropriate staffing and resource allocation, strategies used to obtain consent from students and parents, as well as student incentives for participation. Particular attention will be given to successfully working with school information gatekeepers and also to recruiting students and families from multi-ethnic, multilingual populations. Finally, Student Retention will include strategies to minimize attrition. Following up with adolescents who have left study schools can be challenging and flexibility to retain youth in the study who change schools, drop out of school or move has been critical. To that end, we utilize two data collection methods – in person audio-assisted computer survey interviews (ACASI) as well as mailed paper and pencil surveys. We will discuss the advantages and disadvantages of each data collection method and also present findings of our study on the effects of increasing monetary incentives (from $10 to $20/completed survey) to improve retention of this mobile sub-group.

Identification, recruitment and retention are critical issues in successfully conducting longitudinal studies in real world settings. Information presented will provide a valuable guide to researchers attempting to conduct longitudinal studies of high risk youth.
programs in community settings is achieved in the SIG program through its requirement that 85% of SIG funds are awarded to local community coalitions to implement research-based prevention programs. This proposed presentation focuses on the implementation of the State of Louisiana’s SIG and its evaluation of selected research-based programs. Specifically, the State of Louisiana developed a Request for Proposal (RFP) process to fund local community coalitions to implement these programs. Through this process, 18 communities were funded to implement research-based prevention programs based on unique community needs. Those 18 communities were categorized as either fully funded “research-based” or partially funded “capacity-building” sites. To evaluate this initiative, the SIG project (called Louisiana Partners in Prevention-LAPIP) and the States’ Office of Addictive Orders (OAD) contracted with RTI International to evaluate the state-, community-, and program-level components of the program. This presentation discusses (1) challenges encountered by RTI International’s evaluation staff in its effort to assess the impact of LAPIP’s SIG (2) how those challenges impacted the overall evaluation design, and (3) how RTI responded to conduct a scientifically defensible evaluation. The presentation of these methodological challenges is complemented with findings from pre-and post-test data collected from LAPIP sub-recipients across multiple research-based programs. Findings will examine (1) individual site-level differences across time (2) pooled program-level data, and (3) combined community-level outcomes. These findings will be presented in the context of risk and protective factors and the extent to which selected research-based programs have differential effects on selected risk and protective factors and substance use outcomes.

CC 5/REAL WORLD SETTINGS

THE SPECIAL RISKS AND CHALLENGES OF PUBLIC MESSAGING ABOUT SUICIDE PREVENTION

Chair: Jane Pearson

Courville/Montmorency, Hilton Quebec

THE SPECIAL RISKS AND CHALLENGES OF PUBLIC MESSAGING ABOUT SUICIDE PREVENTION, Susan Brandon1, Jane Pearson1, Madelyn Gould2, Sherry Davis Molock3, Dan Romer4, Kerry Knox5, 1National Institutes of Health, Bethesda, MD United States; 2Columbia University, New York, NY United States; 3George Washington University, Washington, DC United States; 4Annenberg Public Policy Center, Philadelphia, PA United States; 5University of Rochester School of Medicine, Rochester, NY United States

Large-scale public health communication programs confront a host of evaluation problems, including knowing what audiences have been exposed to the messages as expected, whether there have been proximal or distal effects on awareness, attitude or behaviors, and whether there were differential effects of the message on components of the audience. It is known that more than factual information is necessary for effective public health communication programs; one needs to affect outcome expectations and normative and self-efficacy beliefs. The eventual targets for Public Service Announcements (PSAs) ideally might be those who suffer from the ill-health effects, but it might be more effective or practical to target caregivers or policy-makers, whose attitudes and behaviors may be largely unknown. Measures of success thus may have to be indirect and this may be unacceptable to public health officials. Increasingly limited local (State) resources, public need for accountability, and turnover in budget management increase the need for short- and intermediate-term evaluation, but the effects of PSAs may not be evident so quickly. Public messaging about suicide prevention faces even more challenges: what are the limiting effects of the stigmatization of mental disorders, and how do we deal with the fact that for some communities, such stigmatization may play a protective factor and for others, be harmful? How do we increase public awareness of the risk of suicide without enhancement of descriptive norms regarding suicide? In addition, suicide contagion – via both fictional and nonfictional messages – is real, and public health efforts about suicide may have untoward effects. The participants in this roundtable will address some of these questions and share research results that offer empirical (and sometimes conflicting) evidence for what works and what does not. Particular issues addressed will be suicide contagion effects (M. Gould), opportunities and challenges in “contained communities” (K. Knox), cultural issues, stigmatization and protection (S. Molock), and the impacts of descriptive norms (D. Romer).

CC 6/MONITORING SYSTEMS FOR CHILDREN

ADVANCING COMMUNITY MONITORING SYSTEMS: A KEY STEP IN BUILDING THE PREVENTION INFRASTRUCTURE

Chair: Anthony Biglan

Dufferin, Hilton Quebec

SPR COMMUNITY LEVEL MONITORING, Anthony Biglan1, Barry Donovan2, J. David Hawkins3, Kelley Peake4Oregon Research Institute, Eugene, OR United States; 2NYC Office of Alcoholism and Substance Abuse, Albany, NY United States; 3University of Washington, Seattle, WA United States; 4Greenbush, Girard, Kansas United States

This roundtable discussion focuses on systems for monitoring the well-being of children and adolescents in communities. Such systems are a key component to efforts to improve the proportion of young people who develop successfully. Over the past two years, the Society for Prevention Research has convened experts on such systems and has produced a monograph summarizing recent
developments about the use of such systems. An overview of the monograph will be provided and its highlights summarized. Then panelists will be asked to discuss steps that the Society and prevention scientists can take to increase the use of these systems. Ample time will be provided for audience members to participate in the discussion.

CC 7/EARLY CHILDHOOD DEVELOPMENT

The Development and Prevention of Alcohol Abuse

Chair: Mary Jane Rotheram

- Villeray, Hilton Quebec

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CHILDREN’S IMPLICIT ATTITUDES AND EXPLICIT OUTCOME EXPECTANCIES OF ALCOHOL USE.

Roisin M. O’Connor1, Paula J. Fite1, Kirstin Stauffacher1, Patrick Nowlin1, Viktoria Magid1, Craig R. Colder1,1 State University of New York at Buffalo, Buffalo, NY United States

Evidence suggests that attitudes about alcohol use are important for the initiation of adolescent alcohol use. Understanding how alcohol attitudes develop, and how they come to influence initial drinking episodes is important for prevention. Much of the research on adolescent alcohol attitudes has been based on a rational decision making model that involves assessment of explicit attitudes (costs/benefits). Such models have recently been criticized because risky behavior is thought to be more a function of what information is available or salient to the child in a risky context rather than explicit weighing of costs and benefits. This implies that implicit attitudes may be more important predictors of onset of alcohol use. However, no research has examined how implicit attitudes about alcohol use might change with age. The goal of the current study was to examine whether age was related to implicit and explicit attitudes about alcohol use.

Implicit attitudes and explicit outcome expectancies of alcohol use were assessed in a sample of 54 10-14 year old (M = 12.13; SD = 1.22) children (17 females). A lexical-decision-priming task was used to assess implicit attitudes. The explicit measure assessed the probability of positive and negative outcomes if the child had an alcoholic drink.

Results of the priming task suggested that positive attitudes about alcohol are more accessible than negative attitudes, regardless of age. Results of explicit outcome expectancies suggested that all children rated negative outcomes as significantly more probable than positive expectancies. However, this difference was less pronounced among older children.

Based on the explicit measure there is support for the hypothesis that as children age there is a shift away from negative toward positive attitudes. It is notable that on the implicit measure children’s positive attitudes about alcohol are more accessible than negative attitudes. This is surprising given the explicit measure suggested that children rate negative outcomes as more probable. Moreover, age did not influence attitude accessibility on the implicit task. It appears that even though children view negative outcomes to be more probable, negative information is less associated with alcohol in memory than positive information. This is supported by additional analyses that showed implicit attitudes were unassociated with explicit costs/benefits. This has important preventive intervention implications because changing explicit knowledge about costs/benefits may not impact implicit attitudes, which may be more important precursors of drinking. Moreover, implicit positive attitudes about drinking are apparent as early as 10 years old.
characteristics was associated to children’s intentions to use when older and subsequent use of the substance. Findings suggest tailoring programs designed to change social images to the age of the child. Findings also support the use of Guttman scaling properties as an alternative to internal consistency reliability statistics to measure the unidimensionality of a scale when endorsement of items is developmental.

11 KIDSDOM: EVALUATION OF AN INNOVATIVE ALCOHOL PREVENTION CURRICULUM. Kristen Holtz1, Shana Brown1, 1Danya International, Inc., Silver Spring, MD United States

Kidsdom is an Internet-based alcohol prevention curriculum developed with funding from the National Institute on Alcohol Abuse and Alcoholism. The curriculum, designed for children in grades three, four, and five, provides teachers and parents with a complete set of tools for teaching about alcohol prevention. The ten episodes of Kidsdom focus on: 1) The physiological effects of drinking alcohol; 2) Consequences of drinking alcohol and related safety issues; 3) Decision-making around alcohol use; and 4) Self-esteem and its relationship to alcohol prevention.

This presentation will present the first wave of evaluation data on the Kidsdom program.

The evaluation is currently underway in 8 diverse schools in Metropolitan Washington DC. In this randomized, controlled study there are three conditions: 1) Print-only (PE) experimental group; 2) An interactive Experimental group (IE) – print plus interactive web-based games; 3) A lagged control group.

We predict that, in comparison to their peers in the control group, children who participate in the Kidsdom curriculum will demonstrate:

§ A significant increase in knowledge about alcohol and alcohol use;
§ A significant decrease in positive expectancies toward the use of alcohol;
§ A significant decrease in intentions to use alcohol; and
§ A significant increase in self-efficacy regarding their ability to resist using alcohol.

Outcome Measures

§ Knowledge Questionnaires: Four, 15-item multiple choice instruments were designed to assess knowledge before and after each of the four levels of the Kidsdom curriculum
§ Children’s Expectancy Questionnaire-Revised (CEQ-R) (Dunn, 1999). The CEQ-R was developed measure expectancies related to alcohol for elementary school children.
§ Intentions Questionnaire: This includes items taken from the Alpha Prevention Project Child Interview (APPCI) (Wertheramer, 1999), and the Alcohol Expectancy Questionnaire Adolescent Form (AEQ-A) (Goldman, Christiansen, & Brown, 1982).
§ Use of Alcohol: Eight items measuring actual alcohol use taken from APPCI will be administered to measure children’s actual use of alcohol.

§ Children’s Self-Efficacy Scale (Bandura, 2001) measures children’s perceived ability to self-regulate their behavior in relation to alcohol.

Measures will be completed at pretest, at one week posttest, and during a one month followup.

Statistical analysis will be conducted to identify the relationship between interventions and alcohol use and alcohol-related outcomes. Traditional statistical techniques will be supplemented with newer methods that take into account the correlated nature of the data and allow us to examine whether intervention impact varies by prior alcohol knowledge, attitudes, intention to use and use.

12 PARENTAL SANCTIONS AND ALCOHOL USE AND ABUSE IN ADOLESCENTS. Jennifer Daly1, Robert McNamara1, 1Colorado State University, Fort Collins, CO United States

This study explored the relationship between perception of parental sanction of alcohol use/abuse and the amount of alcohol used by adolescents. The data utilized was collected in 1998; 4815 male and female adolescents in grades 10-12 in the Rocky Mountain region of the United States were surveyed. In addition to the primary objective, gender differences were examined with regards to perception of parental care as well as differences in perceptions of the sanctions. It was hypothesized that perception of stronger parental care would be associated with less alcohol use/abuse and that gender differences in perceptions would be observed. As predicted, the greater the perception of family care, the lower the amount of use/abuse in adolescents. Females were found to perceive their parents as caring more about use/abuse than did males. All results were found to be significant. Implications of results include exploration of the role of gender in creating preventive measures in addition to examination of precursors to the development of perceptions regarding alcohol use/abuse.

13 PREVENTION PROGRAMMING FOR YOUNG CHILDREN. Tara Kelley-Baker1, Mary Lou Bell2, Kappie Bliss3, 1Pacific Institute for Research and Evaluation, Calverton, MD United States; 2The Bell Group, Austin, TX United States; 3Bliss, Inc., Austin, TX United States

Few alcohol prevention programs target children as young as 1st and 2nd grade, even though this is a critical age for the development of positive attitudes towards alcohol. Studies of children’s knowledge of and attitudes towards alcohol indicate that young children begin to acquire an understanding about alcohol at a very early age and often long before they have any direct involvement with it (Lylld, 1996; Noll et al., 1990; Johoda & Crammond, 1972; Fossey, 1993). The difficulty of designing and evaluating alcohol prevention programs for children this young may be a deterrent for many prevention program developers. Borges, deLieuw, and Hox (2000) noted the scarcity of studies relating to methodological issues of surveying young children. The purpose of this presentation is to describe a prevention program targeted to young children.
and the special challenges encountered in program development and evaluation. The program, Protecting You/Protecting Me (PY/PM), developed by Mothers Against Drunk Driving, is a classroom-based alcohol prevention and traffic safety program aimed at preventing death and injury to children and youth by reducing underage alcohol use and alcohol-related traffic injuries and deaths. It has been recognized as a model program by SAMHSA and OJJDP. The primary focus of the presentation is to provide an understanding of how a developmentally appropriate and culturally sensitive curriculum was developed and evaluated. Part one will focus on the development of the PY/PM curriculum for 1st and 2nd graders and demonstrate how PY/PM tested different pedagogical strategies during its creation and ultimately incorporated the use of stories and “big books” to impart critical messages. Part two will include a discussion on the challenges in evaluation including instrumentation and survey administration issues. Results presented are from a three-year evaluation study involving randomly assigned intervention and comparison 1st and 2nd grade classes in which high school peer leaders delivered the PY/PM curriculum. The results indicate significant gains were made by 1st and 2nd graders in vehicle safety skills media literacy skills, and attitudes toward the dangers of underage alcohol use.

14 WITHDRAWN

15 EVALUATION OF A SCHOOL-BASED DRUG & ALCOHOL PREVENTION PROGRAM. Debra Woody1, 1Society for Prevention Research, Arlington, TX United States

Results from a longitudinal study evaluating the effectiveness of a school based drug and alcohol prevention program for elementary children are presented in this poster presentation. The study was conducted over a three year period and data were collected each year from a cohort of 871 subjects in an urban school district, all of whom received the prevention program. Pre-test data were collected in Spring, 2001 when the subjects were 5th graders and posttest data were collected in May, 2002 (6th grade year) and May, 2003, the end of the subjects 7th grade year. The Texas Prevention Impact Index, a survey used across the state to assess risk and protective factors in school age children, was used to collect data. Responses from subjects in this prevention program were compared to data collected with the same instrument from similar students in comparable school districts in the same state. The prevention program was provided as part of a school counseling grant awarded to the school district by the US Department of Education. The in-class intervention program was facilitated by a licensed social worker over the 3 year period. The intervention was interactive and followed a cognitive behavioral approach. The program was delivered to the cohort in 3 to 4 sessions each academic year in 45 minute segments. In addition to basic information about the consequences of drug and alcohol use, subjects evaluated commercials, movies, etc. for subtle enticements to smoke cigarettes and drink alcohol. Subjects also participated in drama productions in which they were assigned character roles to facilitate communication and decision making skills, and methods of self protection. Several drug and alcohol related outcome variables were evaluated including: subject's use of drugs and alcohol; drug refusal skills; perception of harm related to drug and alcohol use and binge drinking specifically; planned future use of drugs and alcohol; communication with parents and peers; safety and respect; and self efficacy. In addition, several school related outcomes were evaluated including: grade point average; discipline referrals; attendance; violent behavior; and gang or group fighting. Statistical analysis indicates gains in all areas from year 1 to 3. These gains are significant when compared to outcomes from similar students across the state.

CC 8/REAL WORLD SETTINGS

EFFECTIVENESS RESEARCH ON THE STRENGTHENING FAMILIES PROGRAM.

Chair: Denise Gottfredson

16 EFFECTIVENESS RESEARCH ON THE STRENGTHENING FAMILIES PROGRAM. Denise Gottfredson1, 1University of Maryland College Park, College Park, MD United States

Several characteristics of families are related to the level of problem behaviors such as conduct problems and substance use of the children in the families: Families characterized by higher levels of conflict have children who experience more problem behavior. Families in which discipline practices are clear, consistent, and not harsh, punitive or lax are less likely to have children who engage in these behaviors. Parental monitoring and supervision and parental warmth and support are also related to lower levels of problem behavior. Several characteristics of children, including low levels of social skills, attitudes favorable to substance use, and poor academic performance are also linked to subsequent problem behavior. Attempts to alter one or more of these family and child characteristics have been successful at reducing levels of child drug use and antisocial behavior in carefully controlled research studies.

The Strengthening Families Program (SFP; Kumpfer, DeMarsh, and Child, 1989) has been widely disseminated as an effective family-based program targeting several of the family and child risk factors described above. This program consists of fourteen hour-long sessions delivered to children aged 7-11, fourteen hour-long sessions delivered to the parents of these children, and fourteen hour-long family sessions during which the children and parents come together to practice their new skills. This symposium reports on two
different effectiveness trials testing the SFP program with predominantly African American families in urban areas.

The first presentation reports on the Strengthening Washington D.C. Families project. This NIDA-funded effort uses a randomized study design to assess the effectiveness of SFP among children of 715 primarily African American families in the Washington D.C. metropolitan area. The study compares the effectiveness of the child skills training only, parent skills training only, and the full family skills program. The second and third presentations report on an effectiveness trial of SFP involving urban African-American women (and their children) in outpatient substance abuse treatment in Philadelphia. Utilizing a prospective quasi-experimental design, four comparable intensive outpatient substance abuse treatment programs have been assigned to either the SFP intervention or to standard treatment only (no SFP intervention). Final results are reported for both the Washington DC and Philadelphia trials, and analyses relating measures of implementation fidelity to outcomes are also reported. Implementation challenges, options, and recommendations are discussed.

Dr. Karol Kumpfer, developer of SFP, will discuss the papers.

17 THE STRENGTHENING WASHINGTON D.C. FAMILIES PROJECT: RELATING IMPLEMENTATION QUALITY TO PROGRAM OUTCOMES. Denise Gottfredson1, Karol Kumpfer2, Danielle Polizzi Fox3, Penny Beatty4, David B. Wilson5, 1University of Maryland College Park, College Park, MD United States; 2University of Utah, Salt Lake City, UT United States; 3University of Maryland, College Park, College Park, MD United States; 4University of Maryland, Big Pool, MD United States; 5George Mason University, Manassas, VA United States

The Strengthening Washington D.C. Families Project uses a randomized study design to assess the effectiveness of the Strengthening Families Program (SFP; Kumpfer, DeMarsh, and Child, 1989) for reducing substance use and its precursors among children from 715 primarily African American families residing in the Washington D.C. metropolitan area. The study, funded by the National Institute on Drug Abuse, randomly assigns families of children between the ages of seven and eleven to one of four conditions: parent’s skills training, children’s skills training, family skills training, or minimal contact. The study compares the effects of each of the three training conditions on measures of child self control, rebellious behavior, attitudes about substance use, and academic performance as well as on family bonding and management and substance use of parents and children.

Process data indicate recruitment and retention of families present major challenges: Thirty-five percent (35%) of families drop out immediately, and the average number of the fourteen sessions attended among those who attend at least one session is eight. Fidelity of implementation (as measured by program observations) varies significantly by condition, with 90% or more of the intended material covered in the child and parent sessions, but only 62% in the family session. Several deviations from the SFP protocol were observed. For example, several sites delivered the program twice per week for seven weeks as opposed to once per week over 14 weeks, as is intended.

Results indicate that despite these implementation challenge, positive effects on several precursors of adolescent problem behavior are observed. Parents receiving the parent training reported reduced levels of shyness among their children and reduced levels of family conflict. Parents of children receiving the child training reported reduced levels of impulsiveness and increased social skills for their children and increase confidence in their parenting skills. Variations in effectiveness were observed across both sites and implementation conditions.

This presentation will summarize the outcomes of the study and report the results of structural equations modeling for the 715 families relating measures of implementation quality from observations, interviews with implementors, and program logs to child- and parent-reported outcomes. Implications for future replications of SFP in real-world settings will be discussed.

18 OUTCOMES FROM A FAMILY SKILLS TRAINING INTERVENTION WITH URBAN AFRICAN-AMERICAN WOMEN IN SUBSTANCE ABUSE TREATMENT AND THEIR CHILDREN: THE PHILADELPHIA STRENGTHENING FAMILIES PROJECT. Marjorie Gutman1, Renu Mittal1, Carol Foltz1, A. Thomas Mclellan1, Karol Kaltenbach2, Kevin Lynch1, 1Treatment Research Institute, Philadelphia, PA United States; 2Thomas Jefferson University, Philadelphia, PA United States

The Strengthening Families Program, a family skills training intervention that has shown generally strong prevention results with children of substance abusing families, has demonstrated mixed results with urban African-American families. This study examines the outcomes of the SFP post-intervention and six months later with urban Black women in outpatient substance abuse treatment and their children age 6 to 11 (n = 193 mother/child pairs). The study hypothesizes that mothers, families, and children who receive the SFP, compared to those who do not, will increase their parenting skills and decrease their use of illegal drugs and alcohol more (mothers); improve their family functioning more; increase their prosocial skills and decrease problem behaviors more (children); and reduce, delay, or avoid substance use more (children). Utilizing a prospective quasi-experimental design, six comparable outpatient substance abuse treatment programs were assigned to either the SFP intervention in addition to substance abuse treatment, or to standard substance abuse treatment only (no SFP intervention). All women who were enrolled in treatment and had a child between the ages of 6 and 11 years old who lived with them at least part of the time were recruited for the study. Outcome interviews were conducted with each of the mothers and children prior to the intervention (pre-test) and at 16 weeks (post-test) and 6 months post-intervention utilizing the Parent Interview
This analysis examines whether maternal substance abuse and though substance abuse and mental illness tend to co-occur. Their children’s problem behaviors have not been examined, even though health problems have been found to have difficulty parenting. Yet, the combined as well as the independent effects of maternal substance abuse and maternal mental health problems on the relationship between parenting and children’s problem behaviors have not been examined, even though substance abuse and mental illness tend to co-occur. This analysis examines whether maternal substance abuse and maternal mental health severity singly or in combination mediate the relationship between parenting and child problem and prosocial behaviors. Data for this analysis derive from a study of the feasibility and effectiveness of a family skills training model - The Strengthening Families Program. Participants were women enrolled in six urban outpatient addictions treatment programs, and one child per mother between the ages of 6 and 11 who lived with her at least part of the time (n=193 mother/child pairs). Instruments utilized to measure key constructs were The Child Behavior Checklist (CBCL), Social Skills Rating System (SSRS), the Parent Interview (parenting skills section), and the Addiction Severity Index (ASI). All instruments were completed by the mother at baseline, 16 weeks and 10 months post baseline. Mediational analyses will be used to examine the independent and combined contributions of mother’s substance use and mental health severity at baseline on parenting skills in relation to child behavior at 16 weeks, then again for the 10-month time point. Implications of the findings for intervention and future research will be discussed.

WEDNESDAY, MAY 26, 2004 PROGRAM

19 THE MODERATING EFFECTS OF MOTHER’S SUBSTANCE USE AND MENTAL HEALTH SEVERITY ON THE RELATIONSHIP BETWEEN PARENTING AND CHILD PROBLEM BEHAVIOR IN SUBSTANCE ABUSING WOMEN AND THEIR CHILDREN. Renu Mittal1, Marjorie Gutman1, Carol Foltz1, A. Thomas Mclellan1, Maev Guiont1, 1Treatment Research Institute, Philadelphia, PA United States

Parenting dimensions such as affection, involvement, discipline and supervision have been shown to be influential in the development of child problem behaviors and later substance use. Individuals with substance abuse or mental health problems have been found to have difficulty parenting their children. Yet, the combined as well as the independent effects of maternal substance abuse and maternal mental health problems on the relationship between parenting and children’s problem behaviors have not been examined, even though substance abuse and mental illness tend to co-occur. This analysis examines whether maternal substance abuse and maternal mental health severity singly or in combination mediate the relationship between parenting and child problem and prosocial behaviors. Data for this analysis derive from a study of the feasibility and effectiveness of a family skills training model - The Strengthening Families Program. Participants were women enrolled in six urban outpatient addictions treatment programs, and one child per mother between the ages of 6 and 11 who lived with her at least part of the time (n=193 mother/child pairs). Instruments utilized to measure key constructs were The Child Behavior Checklist (CBCL), Social Skills Rating System (SSRS), the Parent Interview (parenting skills section), and the Addiction Severity Index (ASI). All instruments were completed by the mother at baseline, 16 weeks and 10 months post baseline. Mediational analyses will be used to examine the independent and combined contributions of mother’s substance use and mental health severity at baseline on parenting skills in relation to child behavior at 16 weeks, then again for the 10-month time point. Implications of the findings for intervention and future research will be discussed.

20 AN ALTERNATE METHOD FOR REPORTING COST-EFFECTIVENESS OF PREVENTION PROGRAMS. Alka Indurkhya1, 1Harvard University, Boston, MA United States

The tradition is to use the cost-effectiveness ratio (CER) as a statistical summary measure of health programs in order to make an informed decision regarding allocation of funds from amongst many competing programs. The CER continues to be popular despite the knowledge that it suffers from the disadvantages associated with the statistical properties of a ratio. Choosing an alternate summary statistic to report and evaluate cost-effectiveness of interventions that overcomes limitations of the CER while retaining it's strengths will help better guide policy and decision analysts in allocation of societal resources for competing interventions.

The goal of this study is to illustrate the advantages of using an alternate summary statistic called the net monetary benefit that overcomes many of the disadvantages associated with the CER to assess the cost-effectiveness of prevention programs. The net monetary benefit is a linear representation of the CER using a parameter referred to as the society or individuals' (depending on the analytic perspective) "willingness to pay" for additional benefits from the program. Specifically, a Generalized Linear Model (GLM) framework is described which allows both cost, and effectiveness to be analyzed simultaneously. The estimate of the net monetary benefit is obtained as a function of the "willingness to pay" parameter by determining the solution to the GLM. The plot of the net monetary benefit statistic as a function of the "willingness to pay" parameter gives the net-benefit curve.

The first advantage of evaluating prevention programs using net monetary benefits is that the marginal effects of covariate adjustment i.e. the incremental net benefit is easily obtained. The second advantage is that subgroup analyses are easily performed within the GLM framework by introducing a dummy variable to identify the subgroups. The third advantage is that regression diagnostics can be used to identify any influence points, and outliers. An additional advantage is the ease with which cost-effectiveness of competing programs can be compared using net benefit curves.

The method is illustrated by applying it to data from a quasi-randomized community based study designed to promote parenting skills in financially disadvantaged neighborhoods using three variants of an intervention. In particular the application of the method to the data shows that one intervention was most beneficial for families with moderate to lower levels of mental disorders, while another
variant was beneficial for families with higher levels of mental disorders.

21 CAN ECONOMICS CAPTURE THE COMPLEXITY OF COMMUNITY DEVELOPMENT? LESSONS FROM A RANDOMISED INTERVENTION TRIAL TO PROMOTE THE HEALTH OF RECENT MOTHERS. Alan Shiell1, Penelope Hawe1, Lisa Gold2, Therese Riley1, 1University of Calgary, Calgary, Alberta Canada; 2LaTrobe University, Melbourne, Victoria Australia

PRISM (Program of Resources, Information and Support to Mothers) is a primary care and community development intervention to promote maternal health and reduce the incidence of post natal depression. It is a cluster randomised trial of 22,000 women in 16 communities in Victoria, Australia. It commenced in 1998. The first results are expected in 2004. PRISM involves professional development for general practitioners and maternal health nurses and community-based activity to create a more supportive environment for mothers. It is anchored and facilitated in each of the 8 intervention communities (4 rural, 4 metropolitan) by a Community Development Officer working with a local steering committee. The chief investigator of PRISM is Prof Judith Lumley (La Trobe University).

This presentation is about one aspect of a sister project to PRISM, called EcoPRISM, which refers to the economic and ecological evaluation of PRISM. EcoPRISM uses both qualitative and quantitative methods, looking for wide range of intended and unintended effects and multiplier benefits. These methods include impact logs, field worker narratives, inter-organisational network analysis, key informant interviews and surveys completed by mothers. The focus of the presentation is the economic evaluation, especially the valuation of PRISM outcomes.

The challenge of this (or any) economic evaluation is to capture the full range of intervention costs and benefits. But the broader issue is whether the economic methods can appropriately reflect community-level intervention theory and strategy. Can economists measure and value benefits across communities which perhaps accrue at higher levels than individuals? Or are the methodologically individualist assumptions of the discipline destined to do a disservice by undervaluing the transformational change that happens in community development? This paper outlines our method and thinking on this, drawing on ecological theory from community psychology. In particular we address the issue of how to measure and value the creation of new resources in communities. By this we mean the people, settings and events that are developed and supported by community change agents.

22 EXAMINING THE COST-EFFECTIVENESS OF TWO TRAINING MODELS FOR AN ALCOHOL PREVENTION PROGRAM. Mary Lou Bell1, Tara Kelley-Baker2, 1The Bell Group, Austin, TX United States; 2Pacific Institute for Research and Evaluation, Calverton, MD United States

The purpose of this presentation is to examine the cost-effectiveness of different training modalities for Protecting You/Protecting Me (PY/PM), an underage alcohol use prevention program developed by Mothers Against Drunk Driving (MADD). PY/PM can be delivered by classroom teachers, counselors, prevention specialists, and in the study presented here, by high school peer leaders. Prevention programs begin with an idea, a hypothesis that the services provided will make an impact on the target group and that the program will spread across communities as the program continues to show positive results. As programs grow, many face the challenge of maintaining the quality of service while expanding the number of individuals served. PY/PM program developers wanted to determine the best way to train the high school peer leaders who would deliver the 8-lesson curriculum to elementary students in Grades 1-5. During the first two years of implementation, the high school peer leaders were trained directly by the PY/PM staff. In year one and two, 44 and 88 peer helpers were trained, who taught 325 and over 1200 elementary students respectively. The cost per elementary student reached was $76.00 and $23.27 for years one and two respectively. In the third year, PY/PM implemented a “training of trainers” model in which the high school peer helper teachers, instead of their students, were trained. This training model improved the sustainability of the program, since teachers could continue to train new students year after year and decreased the per student costs. During the third year, the training of the trainer model allowed 23 peer helper teachers to be trained, who in-turn trained approximately 500 peer helpers who taught PY/PM to approximately 6000 elementary school students. This method of training resulted in a training cost of $7.36 per elementary student who received PY/PM. Protecting You/Protecting Me continued the training of the trainer model for the fourth year of the peer-led implementation and has to serve more students as a result. However, the critical issue is the effectiveness of the program. Data from surveys of intervention and comparison elementary and high school students show a decline in the number of significant changes from pre- to post as the number of students increased. This presentation will examine student outcomes and relationship of positive changes of the program to the costs of the training to determine which training model is most cost-effective.

CC 10/EVIDENCE BASED STANDARDS

APPLICATION AND RESULTS FROM SAMHSA’S NATIONAL REGISTRY OF EFFECTIVE PROGRAM

Chair: Anne Mathews Younes

Beaumont, Hilton Quebec
APPLICATION AND RESULTS FROM SAMHSA’S NATIONAL REGISTRY OF EFFECTIVE PROGRAM (NREP) REVIEW OF MENTAL HEALTH PROMOTION AND MENTAL ILLNESS PREVENTION, ADULT MENTAL HEALTH TREATMENT, AND PREVENTION AND TREATMENT OF CO-OCCLUDING DISORDERS. Anne Mathews Younes, 1 US DHHS/CMHS/DPTSSP, Rockville, MD United States

Since 1996 the scope of the National Registry of Effective Prevention Programs (NREPP) has expanded from having a primary focus on CSAP’s “High Risk Youth Demonstration Grants” portfolio to include programs for substance and alcohol abuse funded by other sources. As community need grew, NREPP continued to expand its focus to include programs preventing or intervening early across all problem behavior area for youth. In 2001, NREPP expanded again to include programs positively affecting substance use and other related problem behaviors among adults in the workplace and the elderly.

In the fall of 2002, NREP realized the fruits of a one-year collaboration with Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) to identify programs addressing problem or pathological gambling. Because of its expanded focus, the expert review, consensus driven effort to identify well implemented, well-evaluated, effective programs—NREPP-- became the National Registry of Effective Programs (NREP).

SAMHSA’s Administrator Mr. Charles Curie, identified NREP as a means to provide Federal leadership by beginning to sort out what works in each of the 11 areas he has set as priorities for SAMHSA. As a result, NREPP has convened expert panels; reviewed and revised descriptive and evaluative criteria as appropriate; solicited program reports and reviewed the published literature; trained reviewers with expertise in both the substantive issues and research methods current in the field of inquiry; and initiated reviews. Across SAMHSA, NREP reviews have been initiated in the areas of problem/addictive gambling; mental health treatment for adults; mental health promotion and mental illness prevention; treatment of co-occurring disorders; and substance abuse treatment for adolescents.

This symposium will feature:

Dr. Paul Brounstein presenting an overview, history and policy impetus and implications for the expansion and uses of NREP.

Dr. Traci Schwinn presenting NREP’s review and rating procedures. He will also present the first full application and results of NREP’s adaptation to mental health in the area of Co-occurring Mental Health and Substance Abuse Disorders. The session will also report on progress to date, including identifying programs that have been subject to NREP review and met the requisite criteria for promising or effective/model status and providing a brief discussion of next steps and priorities in moving identified effective programs into broad-based, professionally supported practice.

Gail Ritchie presenting the application and results to date of NREP to Mental Health Promotion and Mental Illness Prevention.

Dr. Steven Leff presenting the application and results to date of NREP to Mental Health Treatment.

THE APPLICATION OF THE NATIONAL REGISTRY OF EFFECTIVE PROGRAMS TO CO-OCCLUDING DISORDERS, Steven Schinke1, Traci Schwinn1, 1Columbia University, New York, NY United States

As a nation, we are finding that co-occurring mental health and substance abuse disorders are far more common and problematic than we had imagined. Given federal, state and local funding streams, dollars, hence treatment provided for an individual presenting with substance abuse and mental health disorders have either ignored one of the two disorders, prioritized and serialized treatment or done a poor job of providing comprehensive treatment services.

The number of identified cases of individuals with co-occurring disorders is increasing, and as the numbers swell, the age of onset of co-occurring disorders seems to be decreasing. The situation is such that both the President’s Mental Health Commission and the Substance Abuse and Mental Health Administration (SAMHSA) have made the identification and appropriate treatment of co-occurring substance abuse and mental health disorders a high priority.

One task taken in this priority area is to assist states and communities to build an infrastructure, including workforce and cross-training development to ensure comprehensive services are available. A second task followed is to provide a leadership role in identifying those programs and practices that have been demonstrated to be effective in treating or preventing relapse into co-occurring disorders.

This presentation will describe briefly the process and results of reviewing, analyzing and modifying SAMHSA’s National Registry of Effective Programs (NREP) for appropriate use in the area of co-occurring mental health and substance use disorders. The focus of the presentation will be on discussing issues that are of particular importance to the area including consumer involvement and satisfaction as well as what is means by successfully treating/preventing co-occurring disorders.

The session will also report on progress to date including identifying programs that have been subject to NREP review and met the requisite criteria for promising or effective/model status.

CONSIDERATIONS FOR EXTENDING THE NATIONAL REGISTRY FOR EFFECTIVE PROGRAMS TO MENTAL HEALTH TREATMENTS. Steve Leff1, 1Human Services Research Institute, Cambridge, MA United States

SAMHSA’s National Registry for Effective Programs has not been applied to mental health treatments. In June of 2003, SAMHSA convened a workgroup of mental health treatment consumers, scientists, providers and administrators to discuss
how NREP might best be extended to register mental health treatments for children and adults. The group discussed a number of topics including the NREP criteria for evidence of effectiveness, the implications of assessing the evidence for specific implementations of treatments rather than evidence-based practices, more generically considered, the potential for NREP to assist treatments to move up the "evidence ladder", and the roles consumers and other stakeholders might play in extending and operating NREP. This presentation will summarize the discussions that occurred and the latest plans for the extension of NREP to mental health treatments.

ADAPTING NREP FOR PROGRAMS THAT PROMOTE MENTAL HEALTH AND PREVENT MENTAL AND BEHAVIORAL DISORDERS. Gail Ritchie1, 1Substance Abuse and Mental Health Services Administration, CMHS, Rockville, MD United States

As is the case with mental health and substance abuse treatment programs, mental health promotion and mental illness prevention programs have been developed separately from substance abuse prevention programs. Considerable overlap exists in risk and protective factors for conditions such as depression, anxiety, conduct disorders, and substance abuse, and 12 programs have been identified that provide outcome data for each of these conditions. However, researchers have usually provided outcome data on only one of these conditions, and a number of mental health programs exist apart from substance abuse programs.

In September 2003, SAMHSA convened a workgroup of prevention scientists, clinicians, advocates, and consumers to discuss adaptations necessary to make NREP review criteria appropriate for evaluating promotion and prevention programs in mental health. Out of the very rich discussions of this meeting came not only suggestions for criteria revisions but also recommendations that have significant implications for the prevention field as a whole.

This presentation will briefly highlight recommendations for revising the NREP criteria for mental health promotion and prevention programs, but it will focus primarily on the broader issues for prevention scientists and policy makers.

CC 11/RECENT ISSUES IN RESEARCH METHODS

DESIGNING AND ANALYZING GROUP-RANDOMIZED STUDIES.

Chair: Stephen Raudenbush

27 DESIGNING AND ANALYZING GROUP-RANDOMIZED STUDIES. Stephen Raudenbush1, Howard Bloom2, 1University of Michigan, Ann Arbor, MI United States; 2MDRC, New York, NY United States

This session will explore issues that arise in the design and analysis of studies that randomize intact groups to measure the impacts of interventions. Although this approach is seeing a rapid growth in application throughout the fields of social, educational, and health policy research, its properties are not widely understood. Hence, the session is designed to promote a broader understanding among senior social scientists in research institutes, government agencies, and academia, who are conducting or planning to conduct field experiments. With respect to designing group-randomized studies, the session will focus on: the number and size of groups to be randomized and their proper allocation to treatment or control status plus approaches for increasing statistical precision, such as blocking, matching and modeling covariates. With respect to analyzing group-randomized studies, the session will focus on how to properly specify a multi-level model to account for the nested structure of the data involved, and how to deal with selection bias that can arise because of individual mobility into and out of the groups being randomized.

12:00 PM – 1:30 PM
LUNCH (ON YOUR OWN)

12:00 PM – 1:30 PM
ECPN LUNCH (REGISTRATION REQUIRED)

❖ Porte Kent, Hilton Quebec

A HISTORICAL PERSPECTIVE FROM VOICES IN THE FIELD: THE SCIENCE OF PREVENTION

Chair: David Wyrick

❖ Porte Kent, Hilton Quebec

A HISTORICAL PERSPECTIVE FROM VOICES IN THE FIELD: THE SCIENCE OF PREVENTION. David Wyrick, Tanglewood Research, Julia Jackson-Newsom, Tanglewood Research, Steve Giles, Wake Forest University, Breanne Hicks, Tanglewood Research. A series of telephone interviews were completed with senior level prevention researchers in an effort to summarize the history of prevention science. Those interviewed were asked to share how they became involved in the field of prevention, their perspective on the key events in the history of prevention science and the Society for Prevention Research (SPR), and their suggestions for supporting and furthering the careers of early career preventionists. The senior scientists represent a diversity of backgrounds, including those employed in funding agencies, universities, and private research. The presentation will begin with a reflection on the early years of the field of prevention science. This summary will culminate into a recounting of the formation of the Society for Prevention Research and how the
Early Career Preventionist Network (ECPN) came into fruition. The presentation will conclude with a discussion of the future directions for both the field of prevention and ECPN. Please take the opportunity to share in the wisdom of this esteemed group of prevention scientists.

**CONCURRENT SESSIONS , 1 - 11**

**CC 1/Real World Settings**

**SOCIAL CONTEXTS FOR PREVENTIVE INTERVENTIONS**

Chair: James Snyder

Porte Du Palais, Hilton Quebec

**28 SOCIAL CONTEXTS FOR PREVENTIVE INTERVENTIONS TARGETING CONDUCT PROBLEMS IN YOUNG CHILDREN. James Snyder, Ron Prinz, Wichita State University, Wichita, KS United States; \(^1\) University of South Carolina, Columbia, SC United States**

The proposed symposium, congruent with the early childhood theme of the SPR conference, describes recent empirical findings that identify social-relational experiences and processes occurring in early childhood (ages 5 to 10) that are associated with increased risk for early-onset and persisting conduct problems. The symposium focuses on sibling and peer relationship processes occurring during the early elementary school years not been widely targeted in existing prevention efforts. These processes appear to provide powerful and efficient venues for risk reduction in relation to early onset conduct problems. Data from both passive longitudinal and from intervention research are presented. Implications for future intervention programming for young children will be explicitly addressed.

**29 PEERS’ CONTRIBUTION TO EARLY GROWTH IN COVERT ANTSOCIAL BEHAVIOR: SELECTIVE AFFILIATION AND DEVIANCE TRAINING. James Snyder, Lynn Schrepfeman, Jessica Oeser, Wichita State University, Wichita, KS United States**

The important role of peer affiliation and influence on trajectories for delinquency, drug use, sexual activity and other problem behaviors during adolescence is empirically well established (Patterson, Dishion, & Yoerger, 2000). Interventions to alter peer affiliations and peer deviancy processes after their considerable substantiation in late childhood and early adolescence are particularly challenging (Dishion, McCord, & Poulin, 1999). Based on a longitudinal study of 270 at-risk boys and girls from a community sample, this report provides data indicating that deviant peer affiliation and deviancy training (talk about sex, drugs, defying authority, aggression, and peer reinforcement of such talk) are apparent early after entry to elementary school. Deviant peer affiliation and deviancy training, in turn, predict growth in covert and sneaky forms of antisocial behavior over the next two years, as assessed in home as well as in peer settings. In contrast, peer affiliation and deviancy training are less powerfully associated with growth in overt, aggressive forms of antisocial behavior. Strategies by which parenting and school-based interventions may be designed to ameliorate risk associated with early deviancy training in the peer group and early initiation into trajectories for covert, sneaky forms of antisocial behavior are described.

**30 THE NEGATIVE AND POSITIVE POWER OF PEERS DURING EARLY CHILDHOOD. Frank Vitaro, Francois Poulin, France Capuano, Mara Brendgen, Pierre Verlaan, Claude Gagnon, University of Montreal, Montreal, Quebec Canada; Univ. of Quebec in Montreal, Montreal, Quebec Canada; Univ. of Sherbrooke, Sherbrooke, Quebec Canada; Université de Montréal, Montreal, Quebec Canada**

The confluence model (Dishion et al. 1994) suggests that children progressively aggregate in cliques with a similar behavioral profile by pre-adolescence. There is empirical evidence however, that the affiliation process to behaviorally similar peers for aggressive children might be already underway during the preschool years (Snyder et al., 1997; Vitaro et al., 2003). In the first part of this paper we present data showing a) that many aggressive kindergarten children do indeed select other aggressive children as their best friends, b) that these affiliations negatively influence their behavioral profile over 6 and 12 month intervals, and c) that this influence can be partly accounted for by a process similar to deviancy training and deviancy prompting. We will also show that some aggressive children nevertheless select non aggressive friends and these non aggressive friends predict a decrease in the children’s aggressive behaviors during the same time intervals, even after controlling for confounding variables. The data were collected with two samples of 186 and 485 children, respectively. Children in both samples were aged 6 years old initially. Measures included peer and teacher ratings, friendship nominations, sociometrics, and behavioral observations. Composite scores served to assess children’s and friends’ behavioral profiles whereas direct observations in semi-naturalistic situations served to assess deviancy training and deviancy prompting.

**31 SIBLING INTERVENTION FOR CONDUCT-PROBLEM CHILDREN: IMPROVED BEHAVIOR WITH SIBLINGS AND PEERS. James Snyder, Lew Bank, Wichita State University, Wichita, KS United States; \(^1\) Oregon Social Learning Center, Eugene, OR United States**

Research has found siblings of children and young adults with problem behaviors to be at significantly heightened risk for developing a variety of poor adjustment outcomes. In addition, Bank, Burraaston, & Snyder (in press) have found
high levels of sibling conflict for boys—regardless of sibling age and gender of sibling—to predict poor behavior and peer adjustment outcomes. The authors have developed and tested a sibling intervention program that has produced significantly better outcomes for siblings who participated as compared to those not receiving the sibling intervention. All families in the study were enrolled in the Oregon Health Plan, had two or three children between the ages of 4 and 10 at baseline with the oldest of these siblings showing significant antisocial behaviors. Families were randomly assigned to three groups: parent training as usual (PMT), sibling plus parent training (SPMT), and community partner treatment (CPT). For older siblings, we conceptualized this work as a treatment study and for younger siblings as a prevention study. We hypothesized that the older siblings would show improvement at home and at school in either the PMT or SPMT conditions as compared to CPT. However, we expected only those children in the sibling intervention condition (SPMT) to significantly improve their sibling and peer relationship skills. Results were largely consistent with these hypotheses. Baseline to intervention termination assessment changes were significantly better for SPMT older siblings than CPT at home, in the classroom, with peers at recess, and in a competitive dyadic sibling laboratory task. PMT older siblings had similarly positive outcomes at home and modest improvement in the classroom, but they did not show improvement on the playground with peers or in the dyadic sibling task. Results were similar but less robust for younger siblings. Thus, sibling intervention can prepare both older and younger siblings in middle childhood for successful interaction with their siblings and peers, but PMT alone—while a powerful intervention in the parent-child domain—may not be sufficient to produce changes in sibling and peer relationships. We will discuss the apparent mechanisms at work and implications for future study.

CC 2/ECPN SYMPOSIA

ECPN: PUBLISHING AS AN EARLY CAREER SCIENTIST- STRATEGIES AND TIPS FOR SUCCESS

Chair: Phillip Graham

- Porte Kent, Hilton Quebec

32 ECPN: PUBLISHING AS AN EARLY CAREER SCIENTIST- STRATEGIES AND TIPS FOR SUCCESS. Gilbert Botvin1, Kenneth Griffin2, Phillip Graham3, Doug Coatsworth4, 1Cornell University, New York, NY United States; 2Research Triangle Institute, Research Triangle Park, NC United States; 3Penn State Univ., Univ. Park, PA, USA

a) Editor Perspective – Gilbert Botvin will discuss: the review process, what reviewers look for, how to write for the reviewer, how to interpret a review, how to cast a revision - common mistakes.

b) Well published scholar (senior scientist) - Doug Coatsworth will discuss: selecting appropriate journals, including what journals take prevention stuff, how they go about identifying what ought to go into a paper - how they craft a paper to maximize it being publishable - how they respond to reviews; piecemeal publication; co-authorships - this may be a combination of the two roles you suggested for the well-published scholar but they seem to meld together

c) Early Career scientist – Kenneth Griffin will discuss: early career issues in writing and career building - the issues in writing for the senior researcher (often who has high name recognition and lots of resources) are different from most of your audience. How do you get momentum to productivity in writing early in your career - e.g. co-authoring and developing your own place on a team; managing multiple early career demands between writing papers and grants and teaching etc.; recruiting mentors and collaborators; etc.

CC 3/BASIC PREVENTION SCIENCE

MENTAL HEALTH, POSITIVE FUNCTIONING, AND INTIMATE RELATIONSHIPS IN EARLY ADULTHOOD

Chair: J. David Hawkins

- Porte St. Louis, Hilton Quebec

33 MENTAL HEALTH, POSITIVE FUNCTIONING, AND INTIMATE RELATIONSHIPS IN EARLY ADULTHOOD: RESULTS FROM THE SEATTLE SOCIAL DEVELOPMENT PROJECT. J. David Hawkins1, W. Alex Mason1, Rick Kosterman1, Todd Herrenkohl1, Hyman Hops2, 1University of Washington, Seattle, WA United States; 2University of Oregon, Eugene, OR United States

This symposium presents results from the Seattle Social Development Project, with a focus on mental health, positive functioning, and intimate relationships in early adulthood. Three papers will be presented, examining (a) risk factors in the development of unique versus comorbid alcohol use disorder and depression; (b) long-term effects of social development intervention in childhood on promoting positive adult functioning; and (c) social developmental predictors of intimate partner violence. The Seattle Social Development Project has followed a gender-balanced and multiethnic sample of 808 participants, initially based in elementary schools serving high-crime neighborhoods, into early adulthood. Over 93% of participants were retained through age 24. Results reported in these papers help to (a) identify malleable risk and protective factors for comorbid alcohol use disorder and depression, (b) support the long-term efficacy of theory-based intervention during the elementary grades, and (c) explicate the etiology of intimate partner violence.

34 ALCOHOL USE DISORDER AND DEPRESSION IN ADULTHOOD: RISK FACTORS IN THE DEVELOPMENT OF UNIQUE VERSUS COMORBID OUTCOMES. W. Alex Mason1, Rick Kosterman1, J.
Alcohol use disorder (AUD) and major depressive disorder (MD) are common psychiatric conditions among adults. However, little is known about the specific and general predictors of AUD and MDD. Moreover, these disorders often co-occur, yet few studies have examined predictors of comorbid alcohol use disorder and depression. Guided by the social development model, this study examined adolescent predictors of adult AUD and MDD using data from an ethnically diverse urban sample of 808 youth who were surveyed at age 10 (in 1985) and followed prospectively to age 21 (in 1999). A series of multinomial logistic regression analyses revealed predictors that were unique to alcohol use disorder (e.g., best friend’s alcohol use), unique to depression (e.g., childhood poverty), and common to both conditions (e.g., alcohol refusal skills). Importantly, several risk and protective factors for comorbid AUD and MDD were identified. For example, attention problems increased, and academic skills decreased, risk for the co-occurrence of AUD and MDD. Both prosocial and antisocial socialization processes during adolescence have an influence on mental health outcomes during early adulthood. These malleable risk and protective factors represent important targets for prevention.

**35 PROMOTING POSITIVE ADULT FUNCTIONING THROUGH SOCIAL DEVELOPMENT INTERVENTION IN CHILDHOOD: LONG-TERM EFFECTS FROM THE SEATTLE SOCIAL DEVELOPMENT PROJECT, Rick Kosterman¹, J. David Hawkins¹, Richard F. Catalano¹, Karl G. Hill¹, Robert D. Abbott¹, ¹University of Washington, Seattle, WA United States**

This study examined the long-term effects of the Seattle Social Development Project intervention package in the elementary grades on promoting positive adult functioning and mental health, and reducing crime and substance use at age 21 years. The gender-balanced and multiethnic sample is from a nonrandomized controlled trial, initially based in elementary schools serving high-crime neighborhoods, that has followed participants to age 21. Three intervention conditions were compared: a full intervention group, assigned to six years of intervention (grades 5 and 6 only); a late intervention group, assigned to two years of intervention (grades 5 and 6 only); and a no-treatment control group. Analyses compared 605 participants across the three conditions (94% of the consenting sample) who completed interviews at age 21. The intervention package consisted of teacher training in classroom instruction and management, child social and emotional skill development, and parenting classes. At age 21, nine years after the intervention ended, broad significant effects on positive functioning in school or work, and on emotional and mental health were found. There were fewer significant effects on crime and substance use at this age. For all but a few outcomes, there was a notably consistent “dose” effect, with those in the full intervention group showing the strongest effects, and those in the late intervention group falling in between those in the full intervention and control groups. Results support the hypothesis that this theory-based intervention package during the elementary grades has positive effects on young adults’ education and livelihood, as well as their emotional and mental health.

**36 SOCIAL DEVELOPMENTAL PREDICTORS OF INTIMATE PARTNER VIOLENCE, Todd I. Herrenkohl¹, Rick Kosterman¹, W. Mason¹, J. David Hawkins¹, ¹University of Washington, Seattle, WA United States**

Although much attention has focused on other forms of violence, few studies have examined the etiology of intimate partner violence (IPV). This study uses data from the Seattle Social Development Project (SSDP) to examine social developmental predictors (measured at age 14 and 16) of partner violence at age 24. Early childhood aggression (age 10) also is included as a predictor in the model to account for the direct influence of earlier violence on the outcome. Results show that social developmental predictors are useful in understanding the occurrence of IPV among males and females. Processes leading to IPV are similar to those for violence involving non-intimates, but important etiological differences also emerge. Findings also show a strong residual effect of childhood aggression on IPV after accounting for developmental processes during adolescence. The quality of one's relationship with an intimate partner at age 24 is a strong contemporaneous predictor of IPV. Discussion of prevention implications will be provided.
PARTICIPANT ENGAGEMENT AND RETENTION IN THE NURSE FAMILY PARTNERSHIP. David Olds1, Ruth O'Brien1, University of Colorado Health Sciences Center, Denver, CO United States

Engagement and retention of low-income individuals in services is an urgent problem for mental health services. We have addressed these issues in the Nurse Family Partnership (NFP) by applying the Health Belief Model to its design. The NFP is a program of prenatal and infancy home visiting by nurses for low-income mothers with no previous live births. According to the Health Belief Model, patient participation and follow-through will be increased if the following conditions are met: (1) the patient believes that she is vulnerable; (2) she believes that the service is likely to reduce that vulnerability; and (3) barriers to following through are not so substantial as to interfere significantly with her participation. The Health Belief Model has informed the design of the NFP in the following ways.

First, the program targets low-income pregnant women who have had no previous live births as these women have natural concerns about pregnancy, labor, delivery, and newborn health that are nearly universal. Second, by offering nurses as home-visitors beginning during pregnancy, we provide a service viewed as potentially helpful. Third, by working with women in their own homes, nurses identify barriers to women’s engagement in the program and work with family members to reduce those barriers.

In the national replication of the NFP, women are recruited through sources of primary care and WIC clinics, as these settings offer systematic and legitimate access to low-income pregnant women by nurses.

In the three RCT’s of this program, the rates of participation in the research among the target population offered the service have ranged from 62% to 89%. In the national replication of the program (N=37,000 families), 65% of those who qualify have chosen to participate.

Moreover, in one trial of the NFP, we systematically compared the impact of the program when delivered by nurses compared to lay community health visitors. In this trial, families visited by paraprofessionals dropped out of the program more frequently (48%) than did those visited by nurses (38%) within 2.5 years after registration. Moreover, during the first two years of the child’s life, families visited by paraprofessionals had higher rates of scheduled visits that they did not keep than did their counterparts visited by nurses (7.63 versus 5.25 no-shows, p<.001). These differences are possibly attributed to mothers’ beliefs that nurses have more to offer them in light of their perceived vulnerabilities.
families in the study data base tracking health data and parental characteristics related to service access. The third study involved a national sample of 3000 children randomly assigned to Early Head Start or some alternative community child development program (McKelvey et al., 2002). There were 17 sites involve in the study. The Michigan site used an infant mental health home visitor approach, and also was one of 12 sites that was part of the fathers’ sub-study. Three year outcomes show small to moderate effects, with 4-5 year data collection nearly completed (Robinson & Fitzgerald, 2002). The Michigan site focused on family health and the impact of paternal and neighborhood violence on child development and family outcomes.

We will discuss issues related to program design and implementation, tracking high risk families, sustaining participation in research, funding of the programs, and dynamics of interdisciplinary research teams. We will especially comment on issues related to the recruitment and maintenance of fathers in studies involving families with young children.

**Advanced Applications of General Growth Mixture Modeling**

Chair: Daniel Feaster

**Courville/Montmorency, Hilton Quebec**

**Advanced Applications of General Growth Mixture Modeling.** Daniel Feaster1, Hanno Petras2, Craig Henderson3, Paul Greenbaum4, Lee Van Horn5, 1University of Miami School of Medicine, Miami, FL United States; 2University of Miami, Miami, FL United States; 3University of South Florida, Tampa, FL United States; 4University of Washington, Seattle, WA United States

The Prevention Sciences Methodology Group (PSMG, Brown & Muthén, NIDA and NIMH: SR01-MH40859) works to develop new methodologies and to improve the implementation of these methodologies to applied prevention research. General growth mixture models (GGMM) differ from conventional growth models in that they do not assume a common growth trajectory for a given population. Instead, maximum likelihood estimation is used to identify “unobserved heterogeneity” among individual trajectories, so that clusters or latent classes of individuals with similar growth curves can be identified. This symposium highlights three recent applications of GGMM undertaken by members of the PSMG. Their common theme is the use of longitudinal data to investigate heterogeneity in development as it relates to intervention impact, to group differences as well as to co-occurring developments. The presentations within this symposium will focus not only on the substantive question of the particular application but also will highlight three methodological issues: 1) how the substantive questions presented a methodological challenge, 2) how this was addressed in the planning of the investigation, and 3) how the...
analysis plan was implemented. This third item will include highlights of major interim decisions made in the process of data analysis.

First, Craig Henderson will present research conducted at the Center for Treatment Research on Adolescent Drug Abuse, which examines the use of latent growth mixture modeling to uncover heterogeneity in the effectiveness of family-based therapy relative to individual cognitive behavioral therapy for adolescent drug abuse. Second, Hanno Petras will present research that the Johns Hopkins Center for Youth Violence Prevention has conducted on gender differences in the relationship between early aggressive behavior on later juvenile court involvement. This research utilizes a multiple-group GGMM. Third, Paul Greenbaum will present a unified model of the trajectories of drug abuse and utilization of drug abuse services in adolescents with serious emotional disturbance. This presentation utilizes a parallel-process GGMM that explores the relationship between two growth processes.

This symposium will demonstrate how GGMM can be used in real world research to answer different types of research questions relevant to prevention scientists. Each of the featured applications goes beyond exploratory analyses identifying latent trajectory classes and demonstrates how these latent class variables can be used in a more general modeling framework. These presentations are meant to spur further use of GGMM by illustrating the kinds of questions that GGMM can answer and demonstrating how challenges in the use of GGMM can be resolved.

42 LATENT GROWTH MIXTURE MODELING WITH INTERVENTION TRIALS: AN EXAMPLE FROM A RANDOMIZED CONTROLLED TRIAL OF ADOLESCENT SUBSTANCE ABUSE TREATMENT
Craig Henderson¹, Paul Greenbaum², Howard Liddle³, Gayle Dakof³, Cindy Rowe³, ¹University of Miami, Miami, FL United States; ²University of South Florida, Tampa, FL United States; ³University of Miami, FL United States

Background. Following initial wide acceptance of the growth curve modeling approach, a second generation of growth models has been developed that handle more complex designs. One of the most promising methods to emerge from second generation SEM-based growth model research is Latent Growth Mixture Modeling (LGMM). Because substance abuse interventions are typically characterized by a wide variety of client response to the interventions in question, LGMM appears to be well-suited to the research questions posed by intervention researchers. However, although a considerable amount of methodological development has been accomplished with LGMM and intervention-based applications are beginning to emerge (Muthén, Brown, Masyn, et al., 2002), more applications are needed to demonstrate the full potential of LGMM for substance abuse intervention researchers. Method. Two hundred twenty-four clinically referred, drug abusing adolescents were randomized to either a family-based treatment, Multidimensional Family Therapy (MDFT), or individually-based Cognitive Behavioral Therapy (CBT). The sample was primarily male (81%), African American (72%), and low income. Participants and their families completed assessments at intake, discharge, and 6- and 12-month follow-ups. Latent growth mixture modeling was used to examine heterogeneity in change in substance abuse and to assess intervention effects among the latent classes identified by LGMM. Results. LGMM identified two latent classes of substance abuse growth trajectories, one characterized by more baseline substance abuse, more comorbid externalizing symptoms, and less family conflict (which process studies show may be more a function of parental abdication rather than peaceful relationships). For the less severe class, the family- and individual-based treatments are equally effective in reducing substance abuse; however, for the more severe class, the family-based treatment was more effective than the individual-based treatment. Conclusion. In addition to demonstrating LGMM methodology with an intuitively appealing example for intervention researchers, we believe that these preliminary findings make a powerful case for making the additional effort to involve families (and other external systems) in the treatment of substance abusing adolescents, particularly those with comorbid externalizing symptoms. They also shed light on a meaningful substantive research question for intervention researchers, namely, for which types of clients is the intervention most beneficial.

43 THE COURSE OF AGGRESSION AND JUVENILE VIOLENCE - A GENDER COMPARISON OF ANTECEDENTS AND CONSEQUENCES. Hanno Petras¹, Deby Furr-Holden², Nicholas S. Ialongo³ Sheppard G. Kellam², ¹Johns Hopkins University, Baltimore, MD United States; ²Pacific Institute for Research and Evaluation, Calverton, MD United States; ³Johns Hopkins University, Baltimore, MD United States; ⁴American Institutes of Research and Johns Hopkins University, Washington, DC United States

Background: Childhood aggressive behavior is widely recognized as a precursor for antisocial behavior in adolescence and adulthood. Numerous prospective studies have demonstrated that conduct problems identified as early as pre-school predict later delinquent behavior and drug use (Ensminger et al., 1983; Hawkins et al., 2000; Loeber and Hay, 1997; Lynam, 1996; McCord and Ensminger, 1997; Moffit, 1993; Yoshikawa, 1994; Schaefer et al. 2003). However, a serious limitation of this work is that it has focused primarily on the development of boys’ aggression to the virtual exclusion of the developmental pathways leading to girls’ antisocial behavior (Keenan & Shaw, 1997; Silverthorn & Frick, 1999). Consequently, it is unclear the extent to which existing models of antisocial behavior development and empirical findings apply to girls. Importantly, girls comprise approximately 20% of youth served in the juvenile justice system (Poe-Yamagata & Butts, 1996) and in adulthood, women are responsible for 21% of crimes committed by adult age 18 and older (Federal Bureau of Investigation, 2001). Method: General Growth Mixture Modeling (GGMM; Muthen
et al. 2001) was used to explore the developmental relationship between teacher-rated aggression between first and fifth grade and subsequent violent juvenile arrest with an emphasis on gender differences. For this presentation results from a multiple group GGM model will be reported. Eleven hundred and thirty-seven youth were selected who participated in the Baltimore Prevention Program, a randomized preventive intervention trial initiated in 1985 and 1986. Results: For both boys and girls, three distinct aggression trajectories were identified: 8.4% of the males and 4.8% of the females started as highly aggressive in first grade and decreased in their level of aggression by the end of elementary school; 26.3% of the males and 17.4% of the females started as low aggressive in first grade and increased in their level of aggression; 16.2% of the males and 26.9% of females belonged to a stable low aggression trajectory. The highest prevalence of juvenile court involvement was found for males in the increasing trajectory (42.3%) and for girls in the starting high-decreasing trajectory (31.8%). Based on this unconstrained multiple group GGM, gender variation on different levels of this model will be tested (e.g., growth parameters, covariate impact on growth and class membership, as well as consequences associated with class membership). Conclusion: The results will be discussed in respect to youth violence prevention.

PARALLEL-PROCESS GROWTH MIXTURE MODELING: SUBSTANCE USE SERVICES AMONG ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCES. Paul Greenbaum1, 1University of South Florida, Tampa, FL United States

Background. Extending growth curve modeling to incorporate growth mixtures has provided new and powerful techniques to answer longitudinal questions. Muthén & Muthén (2000) have described these models as second-generation structural equation models in that they combine growth and structural equation models, use both categorical and continuous latent variables, and provide for integration of person- and variable-centered analyses. The purpose of the present study was to apply a second-generation growth curve model, specifically, a parallel-process growth mixture model (PPGMM), to analyze adolescent substance use trajectories and service effectiveness. The "parallel-process" part of the model refers to two simultaneous growth processes, each of which may consist of growth mixtures represented by multiple latent trajectory classes. The unique contribution of PPGMM has been the ability to cross-classify membership in the trajectory classes of one growth process with class membership in the other growth process. By modeling the covariances between the two sets of trajectory classes, new information is made available about how the two processes are related (or not). Method. For example, in the present study, a secondary analysis (NACTS, National Child and Adolescent Treatment Study, Greenbaum et al., 1996) of a sample of 180 adolescents with serious emotional disturbance, from age 12 to 17 years, found that substance use was characterized by three latent trajectory classes (e.g., low-escalators, low-rapid escalators, and high-escalators), while receipt of SU services was characterized by only two trajectory classes, a high use (M = 36% received services annually) and a low use class (M = 3% received services annually). Two different approaches to analyzing parallel processes, "indicators" versus "constructs," are discussed. Results. Estimates of the cross-classification covariances indicated that the three substance use trajectory classes had significantly different odd ratios for receiving substance use services. "High-escalators" were 8.2 times more likely (8.2 OR) to be in the "high" service use class, "low-escalators" were 4.8 times more likely (4.8 OR) to be in the "low" service use class, while "low-rapid-escalators" were 1.8 times more likely (1.8 OR) to be in the "low" service use class. Conclusion. Adolescents with serious emotional disturbance who, at age 12, start low, and "rapidly escalate" substance use, receive few if any substance use services. PPGMM, by analyzing "unobserved heterogeneity" in parallel growth processes, identified the imbalance between service use and substance trajectories for "rapid escalators," the largest latent trajectory class (49% of the sample).

CC 6/REAL WORLD SETTINGS

FORGING INTERNATIONAL RESEARCH COLLABORATIONS: ADAPTATION AND TESTING OF DRUG ABUSE PREVENTION PRINCIPLES ACROSS Cultures

Chair: Eve Reider

Dufferin, Hilton Quebec

45 FORGING INTERNATIONAL RESEARCH COLLABORATIONS: ADAPTATION AND TESTING OF DRUG ABUSE PREVENTION PRINCIPLES ACROSS Cultures. Eve Reider1, Steven Gust1

Drug abuse, addiction and the public health consequences, such as the spread of HIV/AIDS, are global phenomenon, requiring rigorous international collaborative research. The National Institute on Drug Abuse (NIDA) is at the forefront of encouraging international research collaborations. This symposium will feature the work of 3 prominent NIDA-funded prevention research teams who are at varying stages of international collaboration. Each team will present an overview of their cross-cultural drug abuse prevention research and offer their insights and/or lessons learned with respect to international collaborations. Steve Gust, NIDA International Office, will discuss some of the lessons learned and future directions for NIDA-funded international collaborative relationships.

Terje Ogden, University of Oslo, Norway, and Marion Forgatch, Oregon Social Learning Center, USA, will present as an established collaborative research team. They are conducting a nationwide preventive intervention field trial of an efficacious parent management training (PMTO) intervention to prevent later substance abuse, school failure,
and delinquency. This presentation will address issues related to the adoption, adaptation, and international implementation of PMTO in Norwegian communities.

Alan Flisher, University of Cape Town, Republic of South Africa, and Edward Smith and Linda Caldwell, Pennsylvania State University, USA, will present as a developing international collaboration. This research collaboration integrates two U.S. based drug abuse preventive intervention programs into a comprehensive, universal prevention program known as Health Wise: Learning Life Skills for Young Adults. This ambitious integrated curriculum aims to reduce sexual and drug-related risk behaviors, and will be implemented in schools in the Western Cape Province.

Amador Calador Far, Irefrea, Palma de Mallorca, Spain, and Jean Schensul, Institute for Community Research, Hartford, CT, USA, will present as an emerging international collaboration. This cross-cultural US/Spain collaboration came out of the Binational Workshop on Drug Abuse and Addiction Research sponsored by NIDA (USA) and the National Plan on Drugs (Spain) in October 2003. Drs. Calafat and Schensul have been conducting research in their respective countries on the use of drugs by adolescents and young adults in recreational club and party settings. This emerging research collaboration will focus on the globalization of the dance club/party culture in promoting recreational drug use and risky sexual behaviors among youth.

46 STUDYING IMPLEMENTATION AND IMPLEMENTING RESEARCH: AN INTERNATIONAL EXCHANGE. Marion Forgatch1, Terje Ogden2, 1Oregon Social Learning Center, Eugene, OR United States; 2Atferdssenteret; Unirand AS, Oslo, Norway

In 1997, the Norwegian government introduced an action plan to ensure that children and youth with behavior problems would receive effective help. A first step was for the Norwegian Research Council to hold an expert conference to review interventions to treat and prevent severe behavioral problems among youngsters. The Oregon Social Learning Center’s (OSLC) Parent Management Training (PMTO) program was selected as one of two programs for nationwide implementation. Several factors facilitated the mobilization, chief among which was a general concern about the growing prevalence of behavior problems, especially the increase in violent crime and drug-related criminal acts in younger age groups. Another factor advancing mobilization was an increased demand for empirically based methods to treat and prevent behavior problems. It was clearly understood that antisocial child behaviors are precursors of more serious problems at later developmental stages, such as delinquency, drug abuse, and violence. Both the government and central administrative officials in relevant ministries were calling for interventions to treat and prevent these problems and implementing the methods throughout Norway. To do this, professionals had to be trained. The motivation and commitment of first- and second-generation PMTO therapists have been vital to successfully transplanting the method to a new culture. NIDA has funded an international team from OSLC, the University of Michigan, and the University of Oslo to study the Norwegian implementation. The collaboration has resulted in an impressive exchange of expertise. The Norwegian team is completely responsible for the dissemination; the American team has but to study the process. Strategies for managing the many challenges will be discussed.

47 PREVENTION RESEARCH IN SOUTH AFRICA: DEVELOPING A CULTURALLY APPROPRIATE SCHOOL-BASED CURRICULUM. Edward Smith1, Linda Caldwell1, Alan Flisher2, Tania Vergnani3, Lisa Wegner3, Catherine Matthews2, Elias Mpolu4, 1Pennsylvania State University, University Park, PA United States; 2University of Cape Town, Cape Town, South Africa; 3University of Western Cape, Cape Town, South Africa

Three universities (Pennsylvania State University, University of Cape Town, University of Western Cape) have collaborated since 2001 to develop and implement a drug and HIV prevention program for middle school youth in South Africa. With support from NIDA, HealthWise was piloted in 2003 in a community with high rates of HIV and substance use. Over the next five years three sequential cohorts of eighth grade students will be followed over two years to evaluate the effects of HealthWise on substance use and risky sexual behavior. Four schools will receive the intervention, while an additional four schools will receive the standard health curriculum. The HealthWise program is aimed at integrating a school-based curriculum with community services. Based on an ecological systems theoretical approach, the curriculum addresses three major components of positive youth development: social-emotional development, reducing the risk of drug use and risky sexual behavior, and the promotion of the healthy use of leisure time. The curriculum, taught mostly by regular teachers, consists of 17 lessons during the eighth grade and 8 booster sessions in grade 9. In addition, two community-based liaisons have been hired as part of this program to facilitate connections between the school and other services available in the local communities. Such services include, but are not limited to, recreation opportunities, counseling services, and reproductive health clinics.

48 PREVENTING DRUG USE IN PUBLIC YOUTH PARTY CULTURE: A CROSS-NATIONAL DIALOGUE. Jean Schensul1, Amardor Calafat2, 1Institute for Community Research, Hartford, CT United States; 2Irefrea, Palma de Mallorca, Spain

Youth party culture is a global socio-economic enterprise with centers of innovation and implementation in major urban areas in the United States, Europe, Asia, and Australia. YPC is a constellation of components derived from youth activities, and life styles in one area of the world and commercialized for international consumption by “party promoters” (regular and late night club owners, private party presenters, rave organizers and tourism marketers). Cities such as London, Edinburgh, Amsterdam, Berlin, Paris, Madrid, Bombay and
New York, and Sydney, and tourist island or beach locations such as Goa, Ibiza, Miami Beach, and Haikou, have become party industry centers, catering to local, national and international young people with disposable time and income.

YPC components include clothing and accessories (“fashion”), sexually explicit videos, DJs, popular music, dance styles, electronic goods (cell phones, electronic games, beepers, PDAs), party accessories (water bottles, back packs, chewables, hats, boots, etc.), dance displays, other acrobatics (like break dancing), sports drinks and supplements and OTC stimulants (bars, candies, drinks, pills). Alcohol in multiple forms and party drugs are central components of YPC and some youth (in Bombay and eastern U.S.) view alcohol and drugs as intrinsic components of the “party”.

YPC integrates components of local culture and national/international media and marketing, using specific components to appeal to local youth, national or international customers or both. Market expansions include special events aimed at specific new clientele and promoting sites as attracting a client mix that crosses otherwise impermeable social boundaries urban/suburban, class/ethnic or international/domestic. From the perspective of promoting new drug markets, these crossover environments are important as locations where drugs, mixes, and uses are introduced and transmitted from experienced to new markets. These exchanges (drugs, information and ideas about use) occur regardless of whether house distributors are present. Thus eliminating a site or house distributors will not prevent these exchanges from occurring.

Spain and the U.S. have utilized different strategies for addressing the drug related risks associated with commercialized YPC. This paper will:

1. discuss similarities and differences in public YPC in both countries
2. discuss the challenges of developing and introducing risk reduction approaches into public YPC, especially when the introduction of such approaches signals the potential presence of illegal drugs and threatens site closings.
3. describe efforts to develop collaborative research to study ways that national policies and regulations promote or prohibit prevention efforts in these settings.

Chair: Bridget Freisthler

- Villeray, Hilton Quebec

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IS CHILDHOOD ABUSE HISTORY RELATED TO FEMALE SUBSTANCE ABUSE TREATMENT OUTCOMES? A REVIEW AND CRITIQUE. An-Pyng Sun

1 University of Nevada Las Vegas, Las Vegas, NV United States

Whether childhood sexual abuse (CSA) history is related to poorer treatment outcomes has been a central issue in the field (Simpson, 2002). Experts assert that CSA issues must be addressed for women during the AOD treatment to have effective outcomes (Root, 1988). However, empirical studies have shown inconsistent results regarding the link between CSA and treatment outcomes. Fiorentine, et al. (1999), state that “Addressing the sexual and physical abuse histories of those seeking treatment for drug abuse may be justified on humanistic grounds, but it will not significantly improve the long-term effectiveness of drug treatment . . .” (p. 363). This paper examined 15 empirical studies to explore this controversy. Results show that 8 studies indicated no link between CSA history and treatment outcomes; 3 indicated a link; while 4 indicated a link for some outcomes but not others. Four issues emerged to explain some of the inconsistencies among study results:(1) Many studies did not specify if the program treatment included CSA counseling. Absence of this information creates difficulty in assessing if the no difference on outcomes between the abused and nonabused groups could be due to subjects’ receiving abuse-specific treatment, or because CSA history is irrelevant to outcomes. Fiorentine, et al, indicate no difference on the outcomes between the two groups, but did not specify if CSA counseling was provided. Conversely, Harvey, et al. (1994), also indicate no difference between the two groups, but attributed it to the program’s provision of CSA treatment.(2)

Different definition for the independent variable. Some lumped CSA with physical abuse into one group, yet others had separate analyses for the two categories. Studies that lumped the two categories vs. those that did not seem to be more likely to verify the link between childhood abuse history and outcomes. Other inconsistencies include mixing adult and childhood abuse into one category vs. separating the two. (3)

Different definition for the dependent variable. Some studies compared treatment completion; others compared psychiatric/AOD-use outcomes. The two groups may not differ on retention but may differ on psychiatric/drug outcomes at follow-up. Coerced referral may result in higher retention than the noncoerced referral, but type of referral may not affect relapse rate. (4)

PTSD as a factor. Studies show that CSA history is related to PTSD occurrence. But not all women with an abuse history will develop PTSD. Simpson (2003) indicates that alcohol-related expectancies are related to PTSD, but not to CSA history. Thompson & Kingree’s (1998) study shows that program completion is not related to traumatic event exposure (e.g., CSA), but to women's responses to that event (showing PTSD or not).
We previously stated (Lara, 2003) that making sexual abuse one of the main targets of prevention efforts for depression in women is a strategy that could have the greatest impact on reducing the first onset of depression, since there is strong evidence of the link between early sexual abuse and adult depression. We studied sexual abuse that had occurred in childhood and adolescence in a sample of women either seeking treatment for depression (SCID) or with mild and severe depressive symptoms (CES-D) in primary health institutions. Type of abuse, subjective consequences and relation to physical and verbal abuse were also explored to make our case regarding the relevance of preventing depression via preventing sexual abuse. A total of 254 women were selected, excluding those with significant suicidal risk or a drug- or alcohol-related disorder. Sexual abuse ("any physical sexual contact, excluding willingness in teenage years with non-related peers"), physical abuse ("any violence shown towards the respondent by household member") and verbal abuse ("threats or insults by household member") all before the age of 17 were evaluated using specifically designed questions based on Brown & Moran (1994). Of the total, 132 (55.9%) women reported sexual abuse, 21 (8.2%) reported no lasting effects, 33 mild effects (12.9%) and 88 (36.6%) severe ones. Types of abuse including sexual intercourse, touching of breasts and genitals, being forced to touch the perpetrator’s genitals and exhibitionism, among others, which in about a third occurred on several occasions or included more than one type. Some reported that they had never told anyone and some reported that they had done so but were not believed while some had told someone about the experience much later. There were no cases of legal action. Negative effects included fear, dislike and distrust of males; avoidance of any physical contact; feelings of impotence and anger, nausea or numbness in sexual intercourse, marital problems; low self-esteem and the inability to forget the experience. Some even left school or home. Perpetrators were either unknown or the father, brother, other relatives, class or work mates or neighbours. Physical and verbal abuse by parents significantly correlated with sexual abuse. The prevalence of sexual abuse in this population was much higher than reported among the general population. Apart from depression, subjects reported lasting effects on relationships and self-esteem. Physical and verbal abuse from parents seems to make youngsters more vulnerable to sexual abuse. Various ways of preventing abuse will be described, including early detection and timely attention for victims.

51 INTEGRATED ATTENTION PROTOCOL FOR DOMESTIC VIOLENCE: AN INSTITUTIONAL STRATEGY. Maria-Isabel Gutierrez1, Rafael Espinosa2, Maider Solarte2, Patricia Cordoba2, Patricia Urbania2, Paula A. Ortiz2, 1Universidad del Valle, CISCALVA Institute, Cali, Colombia; 2Universidad del Valle, Cali, Colombia

PROBLEM UNDER STUDY: In Colombia, violence is considered a Public Health problem and Domestic Violence one of its most frequent manifestations. Affected people looking for aid before the state entities, often find big obstacles which become situations outraging them even more. There is no clear information on how to make decisions in relation to reports, complaints and account from one institution to another. This situation gets worst in the absence of sources, time and qualified staff for the users. Cali’s Municipal Secretariat of Health proposed to CISCALVA the design and elaboration of an Integrated Attention Protocol for Domestic Violence, in order to get the Health, Justice and Protection entities, to be involved with each other and work together for the effective attention to the victims Domestic Violence. METHOD OR APPROACH: With the purpose of obtaining tools to facilitate the protocol elaboration, a research on the Critical Path of People Affected by Domestic Violence was initially developed. It was possible to identify the difficulties hampering an integral attention to the victims. We found the path followed by people affected by Domestic Violence when they decide to look for help and protection before State Entities known as – Institutional Flow Diagram-. Later on, institutions worked together to build an Integrated Flow Diagram according to everyone’s competences. In addition, the general concepts and legal competences of the implicated institutions were collected and checked. Finally, public employees taking care of Domestic Violence victims received training on the protocol content. RESULTS: The Integrated Attention Protocol for Domestic Violence is the first attempt in Cali to unify the institutions around the problem. They could come to agreements about everyone’s activities such as: where to refer the cases, or how and when to use the State Services for more efficient case approach and help. In addition, a system of integrated work to ease the process of complaints, reports and conciliations was suggested. Now in the city this implementation in going on and will be evaluated at the end of 2004. So far it is working, helping victims to ease the problem and bringing institutional support. CONCLUSION: It is necessary to advise public employees about the proper attention they must provide. In this way, it's possible to avoid giving out wrong information and mistreatment. The staff should strive for high-quality attention, and human rights respect. Inter-institutional work needs to be strengthened. The high rates of Domestic Violence and the scarcity of state sources for its attention have repercussions on institutional possibilities and the professional team is not sufficient to handle the demand of victims.

52 DOMESTIC VIOLENCE SURVEILLANCE SYSTEM: A TOOL TO APPROACH THE PROBLEM. Maria-Isabel Gutierrez1, Rafael Espinosa2, Patricia Cordoba2, Patricia Urbina2, Paula A. Ortiz2, 1Universidad del Valle, CISCALVA Institute, Cali, Colombia; 2Universidad del Valle, Cali, Colombia

In Colombia, violence is the first death cause and domestic violence (DV) is the most frequent manifestation. According to the Colombian Institute of Forensic Medicine in 1999-2000, 130,000 cases of domestic violence and 25,000 of sexual assault were reported. The distribution by age and sex showed that domestic violence is prevalent among female in
54% with a rate of 70 per 100,000 inhabitants. Home surveys in Colombia in 2000, found that 47% of women are abused by their partner and only 13% of them report it. OBJECTIVE: To determine the magnitude and characteristics of domestic violence in Cali and eleven other cities of the Valle del Cauca, and to define prevention strategies. METHOD OR APPROACH: After reviewing the forms used by each institution attending domestic violence cases a standardized instrument was proposed. It allows the collection of data in the offices of the Colombian Institute of Forensic Medicine, the District Attorney’s office, and ICBF. These forms are sent monthly to the City’s Secretariat of Health where the data entry is performed. Every month, members of each institution meet, this meeting validates the data and as a result violence prevention policies are formulated. Other tasks from this committee are to follow up the implementation of these policies according to the information collected in a regular basis. RESULTS: During 2002, information on domestic violence was collected from 12 municipalities of the Valle del Cauca: 6129 cases of domestic violence were registered, 70% were women aging 15 to 44; 60% of the aggressors were their partners and ex-partners; 65% of injuries were physical and 85% with blunt arms; municipalities such as Cartago and Buenaventura present high proportions of blunt arms use 19%. Geographical distribution of the data was located. The information has been used to plan interventions by the Social Policy Committee. CONCLUSION: The surveillance system is effective in bringing about useful and timely information. It works with few variables and has a low cost performance; in addition the institutions have identified and corrected gaps on how each of them handles the problem. Intersectoral articulation models have been adopted with the means to approach and improve care to the cases as well as integral attention protocols have been develop to give answers to the identified problems. Different sources of information have agreed to work together, share their knowledge and information, and join efforts for a better and complete panorama of the domestic violence situation. This system is actually sustained in the Valle del Cauca in seventeen of its municipalities and in its Capital Cali.

53 DEMOGRAPHIC DIFFERENCES IN CHILD ABUSE REPORTING: EXAMINING DIFFERENCES IN THE LEVEL OF VIOLENCE AT WHICH INDIVIDUALS REPORT. Adam C. Carle, Ph.D.1, U.S. Census Bureau, Washington, DC United States

Neighbors are an important and neglected source of child protection. Previous research has suggested that neighbors are often unwilling to directly intervene when violence directed at a child is witnessed. However, they are willing to report witnessed incidents. Reporting may reduce the immediate and long term risk of injury to children, and efforts designed to increase reporting may be useful. The level of violence at which various demographic groups report witnessed abuse has not been examined. Knowledge concerning which individuals may be more or less willing to report can assist the development of community prevention efforts aimed at increasing child abuse reporting, and in turn child protection. Data from a random telephone survey of a large Midwestern city were used to explore demographic differences in the level of violence at which individuals would report child abuse. Participants (n=432) responded to four scenarios depicting increasing parental violence aimed at a child. Following each scenario, participants indicated whether or not they would have reported the incident. Item response theory was used to generate participants’ latent ‘violence threshold’ scores. Results suggested that a number of demographic variables (gender, ethnicity, income, and employment status) were related to the level of violence at which individuals would report child abuse, and should be taken into consideration when designing community prevention and intervention programs.

54 DOCUMENTING DOMESTIC VIOLENCE IN MULTI ETHNIC RURAL COMMUNITIES: FINDINGS FROM A STUDY IN NEW MEXICO, USA. Satya Krishnan1, Pe Gerard Werdenman2, 1New Mexico State University, Las Cruces, NM United States; 2Studio B.E.S.T., Inc., Mesilla, NM United States

The focus on minority women, especially Hispanic (Mexican/Mexican American) women, who are often oppressed by class, culture, ethnicity, economics, and race is imperative in states like New Mexico which have a culturally diverse population living in them. Approximately, 38% of New Mexico’s population is Hispanic. Additionally, as a border state, New Mexico experiences a unique border culture brought about by migration, immigration, acculturation, and through the mingling of existing and new cultures brought about by friendships, relationships, and work. Through all of these opportunities and experiences, minority women are often exposed to potential domestic violence situations. Lack of access to and availability of appropriate services, and other issues brought about by the rurality of the state further compound the detrimental effects of domestic violence on those who experience it. Often, minority women may not be aware of the formal services available to them such as hospitals, domestic violence hotlines, or counseling services. Additionally, the use of formal services can be dependent on cultural beliefs and familial values that sometimes encourage greater reliance on informal sources of support than on formal support systems. The current research study focused on minority women and their domestic violence experiences through both quantitative and qualitative methods (surveys and life-history interviews). The study not only examined and documented domestic violence among a predominantly Hispanic population who utilized the services of a shelter but explored their experiences on a longitudinal basis over a period of 12 months. Few longitudinal studies with a predominantly Hispanic population have been conducted to understand the changes and the nuances of such experiences and relationships. Specifically, the study documented and compared the domestic violence experiences of women living...
in rural communities, examined the various correlates of the domestic violence, and evaluated the formal services offered to study participants by the local shelter, courts, and law enforcement over a period of one year. Findings from the study will be presented and implications for services discussed

**CC 8/REAL WORLD SETTINGS**

**BULLYING PREVENTION IN THE REAL WORLD**

Chair: Karin Frey

- **301A, Convention Centre**

**55 POLICY TO ACTION: BULLYING PREVENTION IN THE REAL WORLD.** Karin Frey1, 2, University of Washington; Committee for Children, Seattle, WA United States

This symposium looks at bullying reduction at three levels of intervention: National policy, individual outcomes of a school-based intervention, and classroom effects on behavior and attitudes. Pepler and Craig describe an extremely ambitious nation-wide strategy to combat bullying in Canada. They have partnered with national organizations that focus on the well-being of children and adolescents, and the functioning of their families, schools, and communities. Based on twelve years of basic and applied research on bullying, they outline a national framework intended to develop grass-roots support, policy guidelines, universal assessment tools, and intervention action plans applied at the national, provincial and local level. The goal is to eliminate the isolation in which local efforts currently operate and to promote rigorous evaluation using shared assessment tools. The second paper describes the results of a randomized field trial. The elementary school-based intervention works at multiple levels of the school ecology: School-wide policies and procedures, staff training, classroom curricula, and individual coaching of bullying participants. Frey, Hirschstein, Snell, Edstrom, MacKenzie and Bruschi used in vivo data collection with hand-held computers to measure bullying, non-bullying aggression, and encouragement of bullying by bystanders on the playground. These data are complemented by self-reports and measures of four student beliefs (norms, responsibility, perceived assertiveness, and adult responsiveness). Converging evidence shows improvements on most dimensions. The third paper (Edstrom, Hirschstein, Frey, Snell, & MacKenzie) focuses on the effects of implementation variables collected at the classroom level. These refer to the three major tasks that teachers have in supporting the *Steps to Respect* anti-bullying program: (1) Providing complete, high quality classroom lessons related to bullying; (2) supporting the lesson objectives on a daily, extra-lesson basis; and (3) providing coaching of students involved in bullying. Each of these aspects is shown to predict student behavior and attitudes, including victimization, aggression, norms, and ability to respond. The discussant, Shelley Hymel, has a broad base of empirical research in the arenas of victimization, aggression, and bullying. She is well-positioned to critique and expand on the papers presented. In sum, this symposium provides insight into three critical venues that must be addressed when bullying reduction efforts are undertaken in the real world: Large-scale policies based on grass-roots organizing, rigorously evaluated prevention methods, and implementation quality. The careful coordination of these elements enables a successful progression from prevention policy to action.

**56 CLASSROOM LEVEL INFLUENCES IN SCHOOL-BASED BULLYING PREVENTION.** Leihua Van Schoiack Edstrom1, Miriam Hirschstein1, Karin Frey1, Jennie Snell1, Elizabeth Mackenzie2, Committee for Children, Seattle, WA United States; Social Development Research Group, Univ. of Washington, Seattle, WA United States

As schools respond to legislative mandates to address bullying, the need for evidence-based prevention programs has increased. Although research has shown a “whole school” prevention approach can reduce bullying, program effectiveness varies with schools’ implementation. Yet the theoretical base for bullying prevention is ill-defined and little is known about factors that enhance or weaken program effects. We sought to link aspects of classroom-level implementation with student outcomes and provide support for a conceptual model of school-based bullying prevention. Three schools implementing the *Steps to Respect* program were investigated as part of an evaluation study (see Frey et al.). The program uses a whole-school approach, addressing both peer group processes and social-emotional skills to reduce bullying. Following staff training and development of anti-bullying policy and procedures, 36 third- through sixth-grade teachers implemented program lessons late fall through spring. Program consultants observed lessons and regularly met with teachers and administrators. Teachers were encouraged to provide “extra-lesson support” to promote student skill use. Implementation was measured via lesson observations and teacher self-reports. 549 students’ social behavior and attitudes were measured via teacher ratings, playground observations, and student self-reports. HLM was used to examine relationships among implementation and student attitudes and behavior. Lesson quality was differentially related to observed and self-reported behavior. Higher quality program lessons predicted lower observed victimization on the playground, but higher self-reported victimization and difficulty responding to bullying. Teachers’ coaching of those involved in bullying related to less playground aggression and lower acceptance of bullying. Teachers’ support of skills (e.g., assertiveness) outside of lessons predicted less victimization for 5th- and 6th-grade students. Whereas the Frey et al. outcome study demonstrated school-wide bullying reductions as a result of the *Steps to Respect* program, the present study links aspects of teachers’ implementation to students’ experience of bullying and aggression. Teaching lessons with integrity, supporting student skill use throughout the school day, and coaching
students involved in bullying are essential activities corresponding to better student outcomes. The differential effect of lesson quality on self-reported and observed victimization may illustrate that greater awareness of the complexity of bullying accompanies skill in responding to it. This study contributes to an initial conceptual model of implementation by highlighting the role of teachers in program quality and students’ generalization of skills.

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REDUCING PLAYGROUND BULLYING AND ATTITUDES THAT SUPPORT IT: AN EXPERIMENTAL TRIAL OF THE STEPS TO RESPECT PROGRAM. Karin Frey1, Miriam Hirschstein2, Jennie Snell3, Leilua Van Schoiack Edstrom3, Elizabeth Mackenzie3, Carole Bruschi4, 1University of Washington; Committee for Children, Seattle, WA United States; 2Committee for Children, Seattle, WA United States; 3Social Development Research Group, Univ. of Washington, Seattle, WA United States; 4DSHS, Division of Alcohol and Substance Use, Olympia, WA United States

Bullying in schools is a pervasive problem with costs to individuals and the learning environment. Studies indicate 15-40% of children are involved in bullying as aggressors or victims and that these students are at risk for problems such as truancy, delinquency, and depression. Bullying is a group phenomenon, with bystanders wielding influence to reinforce or stop the behavior. Intervention must therefore influence the whole school ecology, targeting change at multiple levels, from school-wide practices and policies to individual behaviors and attitudes that support bullying. Steps to Respect (Committee for Children, 2001) is a universal elementary school program designed to decrease bullying problems by (1) guiding staff to create and implement effective policies and practices; and (2) teaching students positive relationship skills and values, as well as strategies to solve bullying-related problems. Although bullying prevention efforts have produced promising results, few evaluation studies to date include behavioral observations. In this experimental study, playground behavioral observations were collected in fall and spring, along with teacher ratings and student reports of behaviors and attitudes. Following staff training, 3 of 6 study schools implemented the program. Students in grades 3 – 6 (N = 1,126) were surveyed and rated by teachers. Unbiased coders observed a random subsample (N = 612) of students. Using ANCOVA and HLM, group effects on behavior and attitudes were examined. On playgrounds, intervention students displayed less bullying, less bystander encouragement of bullying, and fewer negative social behaviors relative to control students (all ps <.05). Although differences for observed victimization were non-significant, intervention students reported less victimization, less overt aggression, and less acceptance of bullying than control students. Intervention students also reported a stronger sense of personal responsibility to stop bullying than control students. Experimental students in intermediate grades reported more ease responding assertively to bullying events than either control students or younger children in intervention schools. Finally, students receiving the program perceived adults as more responsive to bullying problems than did control students. There were no group differences in student-reported indirect aggression or teacher ratings of social competence. These findings are among the first to document observed behavioral changes as a result of implementing a bullying prevention program, and to place those changes in the context of a range of behaviors and attitudes that serve to support or, conversely, reduce peer-related aggression and victimization in schools.

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A NATIONAL STRATEGY ON BULLYING: MAKING CANADA SAFER FOR CHILDREN AND YOUTH. Debra Pepler1, Wendy Craig2, 1York University, Toronto, Ontario Canada; 2Queen's University at Kingston, Kingston, Ontario Canada

In this presentation we will discuss a Canadian national strategy designed to promote understanding and action to reduce bullying problems among Canadian children and youth. Countries such as Norway and England have initiated and demonstrated the effectiveness of national campaigns to prevent bullying. Currently in Canada, there is a groundswell of activities at local, provincial, and national levels to reduce the risks of bullying and victimization. Although these activities indicate strong commitments to address the problem, they tend to use diverse assessment tools, are not rigorously evaluated, operate in isolation, and have no mechanism to exchange knowledge. All children in Canada have the essential right to be safe from bullying in their homes, schools, and communities. This strategy addresses bullying by establishing a national framework and engaging national organizations in multiple sectors to disseminate and implement the national framework. The framework will provide the foundation and direction for four key initiatives to make Canada safer: Education, assessment, intervention, and policy development. The strategy will be disseminated and implemented through partnerships and coalitions with national organizations that focus on the well-being of children and youth. The national strategy has two major initiatives. First, we developed a national framework as a foundation at a national level and through the national organizations in Canada. The first component, education, is designed to develop awareness, change attitudes, and build commitment to address bullying problems among all citizens and organizations involved with children and youth. The assessment component will provide universal assessment tools to evaluate the extent of bullying and/or victimization problems for children and adolescents, their families, schools, and communities. The intervention component provides empirically-based action plans to reduce problems of bullying and victimization. Finally, we plan to stimulate policy development to provide guidelines for ensuring children’s rights to be safe and supported in all contexts of their lives. The second objective is to disseminate and implement the emerging understanding about bullying and victimization, as well as action plans to launch the assessment, intervention and policy development components of the national framework.
We have partnered with national organizations to assist them in tailoring the national bullying framework to promote education, assessment, intervention, and policy development within their national organizations and their subsidiary provincial and/or local organizations.

CC 9/TOBACCO, ALCOHOL, DRUG CONTROL

TOBACCO CONTROL SUCCESSES IN CALIFORNIA

Chair: Anthony Biglan

Public health efforts to reduce smoking began at the national level following the 1964 Surgeon General’s report documenting the health consequences of smoking. Yet by the 25th anniversary of this pivotal report, national goals had not been met. To spur action on many levels, a goal was set to reduce US adult smoking prevalence to 15% by 2000. California was the first state to adopt its own comprehensive tobacco control program. In 1988, voters approved a $0.25/pack excise-tax increase to fund this effort. The tax took effect January 1989, and a media campaign was launched in 1990. While program funding oscillates, it has averaged around $3/person/year. California’s program emphasizes influencing the public agenda regarding: (1) willingness to be exposed to secondhand smoke, (2) enforcement of laws against tobacco sales to minors, (3) the appropriateness of tobacco industry marketing tactics, and (4) increasing cigarette prices. The program also targeted racial/ethnic minorities and implemented a best-practices prevention program in grade schools, with funding available by competitive grants to high schools.

Following the observed early successes of California’s program, tobacco control initiatives spread across the nation. Initial funding for state programs came from the National Cancer Institute, the American Cancer Society, the Centers for Disease Control and Prevention (CDCP), the Robert Wood Johnson Foundation, and other sources. Since 1993, 26 states (including California) have increased cigarette excise taxes by at least $0.50/pack, and funding became available from the Master Settlement Agreement. In 2000, 15 states’ programs were funded at 50% or more of the CDCP’s recommended minimum level, increasing to 19 states by the start of 2003, but dropping back to 13 states by 2004.

This symposium will address several topics related to tobacco control progress in California. First, using national data, it will compare California to the rest of the US with respect to smoking prevalence (adults and youth), and adult per capita cigarette consumption. This presentation also examines trends in other important indicators of tobacco control progress; smoke-free workplaces and homes. It will show how they are associated with smoking behavior and how both increased quitting and decreased initiation are contributing to lower California adult smoking prevalence. The second presentation will address the dramatic changes in adolescent smoking behavior in California. The final presentation examines California’s minority populations and how they may have been differentially affected by California’s tobacco control program. Both these presentations use data from the California Tobacco Surveys.

CALIFORNIA VS. THE REST OF THE US: TRENDS IN SMOKING BEHAVIOR AND RELATED FACTORS.

While California was in the vanguard of tobacco control, it is no longer alone, and increased efforts in other states may eventually make the rest of the US a poor “comparison” group. Nevertheless, it is interesting to compare progress in California to that in the rest of the US, both to evaluate efforts in California and to see where other states might be headed.

Data are from the Current Population Surveys (CPS) tobacco-use supplement included in 3 months in 1992-1993, 1995-1996, 1998-1999, and 2001-2002. These population-based household surveys interviewed individuals age 15 years and older. Sample sizes ranged from 16,000 to 21,000 for California and from 63,000 to 93,000 for the rest of the US. Individual response rates overall were around 68%. The surveys provided estimates of smoking prevalence, the percentage of indoor workers with smoke-free workplaces (SFW), and the percentage of adults living in smoke-free homes (SFH). Additionally, sales data for computation of per capita cigarette consumption were from the consulting firm of Orzechowski & Walker.

California experienced a much larger percentage decline in adult (18+ years) smoking prevalence since 1992-1993 than observed in the rest of the US (21.8% vs. 14.0%). Also, there was a much larger percentage decline in youth (15-20 years) smoking prevalence since 1995-1996 in California (37.9% vs. 8.5%). A higher percentage decline in per capita cigarette consumption was observed in California (60%) than in the rest of the US (40%). In 1988, before the California program, per capita cigarette consumption in the rest of the US was 27% higher than in California; by 2002, it was 95% higher.

California ranked among the top states with respect to the percentage of workers with SFW and SFH in all survey years. However, larger percentage increases were observed in tobacco-growing (87.5% for SFW, 76.5% for SFH) and other states (56.9% for SFW, 61.4% for SFH) that started out at lower levels than California (45.5% for SFW, 35.0% for SFH). Thus, other states are rapidly catching up to California in these important indicators of tobacco control progress. Together with other tobacco control efforts, this progress should eventually translate into lower smoking prevalence in other states.

If additional CPS data are not available, data from the California Tobacco Surveys will be used.
Preventing adolescent smoking is an important goal of the California Tobacco Control Program. Despite early program efforts, there was no decline in California adolescent (12-17 years) smoking prevalence (any smoking in past 30 days) between 1990 and 1993, and a sharp increase occurred between 1993 and 1996. However, as program efforts intensified both in California and nationally, there was a marked decline in prevalence by 1999, continuing through 2002.

Large (35,000-90,000 households), population-based cross-sectional telephone surveys were conducted every three years as part of the evaluation of the California Tobacco Control Program. Adolescents were identified and scheduled for extended interviews (~6,000/year, response rates 68-80%). Further, there were follow-up longitudinal studies of adolescents interviewed in the 1993 and 1996 cross-sectional surveys (response rates ~65%).

The cross-sectional surveys showed a decline in lifetime (any) smoking among the youngest adolescents (12-13 years) by 70% from 1990 to 2002, with no evidence of an increase even in 1996, when adolescent smoking prevalence peaked. Lifetime smoking changed little (non-significant increase in 1993) among older groups (14-15 and 16-17 years) through 1996, but plummeted after 1996. The upturn in smoking prevalence between 1993 and 1996 appeared to occur mostly because of more experimenters transitioning to established smoking (100+ cigarettes in lifetime). Established smoking declined significantly in older age groups from 1996 to 2002, likely because fewer young adolescents ever experimented.

Cross-sectional results showed that the prevalence of key antecedents of adolescent smoking (e.g., smoking by best friends, lack of perception of strong anti-smoking norms among peers, receptivity to tobacco advertising and promotions) peaked in 1996. However, trends in these antecedents could not explain the changes in adolescent smoking observed, particularly after 1996. Longitudinal data indicated that the transition rate among never smokers at baseline to any smoking by follow-up was lower in the 1996-1999 cohort compared to the 1993-1996 cohort. Further, transition was suppressed in the later cohort much more in groups at lower rather than higher risk of future smoking.

Tobacco control efforts appear to be keeping adolescents from ever experimenting, particularly those already at relatively low risk. Creating a social environment where smoking is not condoned and cigarettes are less available (anti-tobacco media campaign, lowered receptivity to tobacco advertising and promotions, smoke-free schools, limited access from commercial sources, cigarettes more expensive) may lessen both the inclination and random opportunities for adolescents to experiment with smoking.

While AA adults (18+ years) showed higher smoking prevalence rates than other racial/ethnic groups, a different pattern was observed for young adults (18-29 years). In 1990, AA and WH young adults had similar rates, however between 1990 and 1993, smoking prevalence for AAs declined significantly by 41.6%, remaining significantly lower through 2002. Furthermore, fewer young adult AAs than other groups were at risk for future smoking, suggesting that this generation of AAs might escape the high levels of smoking seen among older generations.

Smoking has been shown to increase with acculturation, and there are large gender differences in smoking prevalence among APs and HLs. From 1996 to 2002, more acculturated AP/HL women showed a consistent two-fold higher smoking prevalence compared to those less acculturated. During this period, among more acculturated AP/HL adolescent (12-17 years) girls there was a dramatic decline in smoking experimentation compared to those less acculturated, so that in 2002 the rates were similar, and lower than WHs.

In 1990 and 1992 there were large racial/ethnic disparities in reporting smoke-free workplaces, but these have largely disappeared in recent years. Nonetheless, HLs remained significantly less likely to report a smoke-free workplace in 2002 than WHs. From 1990 to 2002, all racial/ethnic groups showed major declines in exposure to someone smoking in their work area in the past two weeks. In
all years except 1999, HLs were significantly more likely to report exposure than WHs.

The significant progress in reducing ethnic disparities in smoking in California indicate that comprehensive tobacco control program efforts sensitive to racial/ethnic differences can be successful.

**CC 10/REAL WORLD SETTINGS**

**CHALLENGES OF IMPLEMENTING PREVENTION RESEARCH**

Chair: Denise Gottfredson

- Beaumont, Hilton Quebec

**63 BRIDGING THE GAP BETWEEN PREVENTION SCIENCE AND SCHOOLS.** Andrea La Fazia\(^1\), Monica Williams\(^1\), Michael Arthur\(^1\), Koren Hanson\(^1\), \(^1\)University of Washington, Seattle, WA United States

Adolescent substance use, violence, delinquency and school failure are recognized as major public health concerns within the United States (US DHHS, 2001; SAMHSA, 2003). Given their access to and influence on children, schools provide an opportune environment in which to address these issues, yet the U.S. government has spent billions of dollars on school-based prevention programs aimed at eliminating adolescent substance use and violence with little meaningful reduction in the prevalence rates (ONDCP, 2002; ONDCP, 2003). Researchers have found that despite the availability of programs with sound scientific evidence of their effectiveness, schools in the U.S. continue to spend the majority of their prevention funding on interventions and prevention programs that have no evidence of effectiveness (Hallfors, Sporer, Pankratz, & Godette, 2000; Hantman & Crosse, 2000; Silvia & Thorne, 1997). Given this disjunction between science and practice, a major concern in the field continues to be on how to bridge the gap between prevention science and school-based prevention programming so that evidence-based prevention programs are more widely implemented in schools.

This presentation will describe how the Communities that Care (CTC) prevention planning system was utilized in an urban school district in the Pacific Northwest to bridge the gap between science and practice in 26 middle and high schools. The CTC system, developed by Drs. Hawkins and Catalano (2002), is designed to mobilize communities and schools to use prevention science and data to plan and implement prevention programs and activities that are evidence-based and scientifically tested for effectiveness. In the summer of 2002, District officials and individual schools were provided with grade-specific reports generated from student survey data detailing the risk and protective factors reported by students in each school. Using the CTC process, cross-disciplinary planning teams at each school prioritized risk and protective factors and planned a path to reduce the risks and increase protection by choosing from a list of tested effective programs (DRP, 2000). After briefly outlining the CTC process, this presentation will focus on: 1) The specific risk and protective factors prioritized by the school teams; 2) The target populations identified to receive prevention programs; and 3) The programs most frequently selected and implemented to address each targeted risk and protective factor. These results will be discussed in relation to other studies on the types of prevention programs and curricula in schools.

**64 CHALLENGES IN IMPLEMENTING COMPREHENSIVE COMMUNITY-BASED PREVENTION:** Susan Chibnall\(^1\), Stephanie Gerstenblith\(^2\), \(^1\)Caliber Associates, Fairfax, VA United States; \(^2\)Caliber Associates, Inc., Fairfax, VA United States

In the last ten years, federal funds for prevention programming have been targeted toward comprehensive, community-based initiatives rather than the categorical program funding of years previous. This type of prevention programming is built on theory-driven models that require communities to engage in such activities as forming coalitions to plan and oversee prevention efforts; conducting data-driven assessments to identify local prevention priorities; identifying research-based strategies designed to affect change in prioritized areas; and conducting comprehensive evaluations. Because of its comprehensiveness and complexity, this type of prevention model requires skills that are frequently unfamiliar to local stakeholders and community members. As a result, communities are facing new challenges in planning and implementing comprehensive community-based prevention programming, including, for example, sustaining coalitions over time, overcoming turf issues across multiple agencies, identifying and implementing research-based programs, and planning and conducting local evaluations, among others. As a leader in the evaluation of comprehensive community-based initiatives, Caliber has firsthand experience in working with communities to identify and overcome these types of challenges. To share our experiences with the prevention and evaluation communities, this presentation will communicate findings and lessons learned from two federally funded prevention efforts for which Caliber has served as the evaluator: the Commonwealth of Virginia’s CSAP funded State Incentive Grant (SIG) Program, which supports community-based substance abuse prevention efforts, and the Office of Juvenile Justice and Delinquency Prevention’s Title V Community Prevention Grants Program, which provides funding, training, and a guiding framework to assist communities to plan and implement comprehensive plans aimed at preventing juvenile delinquency. Throughout the evaluation, both the SIG and Title V communities met challenges at various phases of the planning, implementation and evaluation stages of their prevention efforts. This presentation will identify specific challenges and, using data from interviews and surveys of key stakeholders, will address the following questions: What challenges do communities face when:
For the upper grade levels. For tobacco, perception of risk and figures. Mean age of first use also increased significantly for alcohol and tobacco.

These reductions in 30-day use for alcohol, tobacco, and marijuana were observed. These reductions in 30-day use outpaced reductions in use reported in national prevalence figures. Mean age of first use also increased significantly for alcohol and tobacco.

For alcohol, perception of parental disapproval increased for the upper grade levels. For tobacco, perception of risk and
The Canadian trial is an opportunity for a new research collaboration between the two countries that will test a better theorized and strengthened intervention and will allow us to investigate if community and organisational change processes yield different effects in different contexts. (Presenter: L. Ghali)

Finally in the discussion will the following themes and assertions result from the presentations and will be used as the basis for questions, answers, and interaction with participants: 1) the key to successful interventions lies in flexibility and adaptability to context 2) in the absence of “standard” packages for intervention, quality control has to be tied to the integrity of a set of principled (theorized) change processes 3) it is possible to have randomised intervention trials of participatory action-research 4) available methods to measure and theorise social environments have not yet been fully exploited in health promotion. (Summing Up: P. Hawe)

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CORE CONNECTIONS, CANADA. Laura Ghali1, Penny Hawe, Judith Kulig, Alan Shiell,1University of Calgary, Calgary, Alberta Canada

This is a 2-year case study in a rural Alberta high school. It is exploring how to adapt the Gatehouse project for a new context. This means testing, adjusting and if necessary, supplementing, survey instruments and taking the opportunity to think through and strengthen the intervention theory and strategy. As a first step, we are trying to get a better understanding of the school as workplace for teachers and staff. We are using qualitative interviews and survey-feedback-action strategies to stimulate action for whole school change. We are also placing a strong emphasis on harnessing school-community linkages. This 2-year pilot is being planned as a prelude to a province wide trial of the intervention from 2006. It also is laying the foundation for an economic evaluation of the intervention.

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THE GATEHOUSE PROJECT: A RANDOMIZED CONTROLLED TRIAL OF A MULTI-LEVEL SCHOOL-BASED INTERVENTION. Sara Glover1, Lyndal Bond2, Helen Butler3, Glenn Bowes-George Patton,1Centre for Adolescent Health, Royal Children's Hospital & University of Melbourne, Parkville, Victoria Australia; 2University of Melbourne, Parkville, Victoria Australia; 3University of Calgary, Calgary, Alberta Canada.

The Gatehouse Project is an innovative whole-school approach to promoting emotional well being of young people. The broad aims of the project have been to develop, implement and evaluate practical ways schools can promote emotional health through school policies and practices, and through curriculum. The intervention provides a framework for enhancing young people's sense of belonging at school. The intervention was designed as a multi-component strategy operating in the classroom, in the whole school and through community-school linkage. The key elements of the whole school intervention are: the establishment and support of a school-based adolescent health team; the identification of risk and protective factors in each school's social and learning environment from student surveys; and through the use of...
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these data, the identification and implementation of effective strategies addressing these issues. The project was evaluated using a randomised controlled trial design involving 26 secondary schools in Victoria, Australia. Evaluation of the student outcomes (depression, substance use and deliberate self harm) was based on a repeated measures cohort of students in intervention and control schools. This presentation will describe the elements of the intervention, the implementation of these by schools, and student outcomes. We will also discuss the issues raised by the project with respect to implementing complex interventions in schools.

CC 2/REAL WORLD SETTINGS

NEXT-GENERATION INTERVENTIONS IN PREVENTION OF MENTAL HEALTH DISORDERS

Chair: Peter Wyman

Porte Kent, Hilton Quebec

70 NEXT-GENERATION INTERVENTIONS IN PREVENTION OF MENTAL HEALTH DISORDERS: EMERGING ISSUES IN DESIGN AND IMPLEMENTATION. Peter Wyman1, 1University of Rochester, Rochester, NY United States

This symposium focuses on three approaches to next-generation interventions for prevention of mental health disorders. "Next-generation" interventions introduce modifications in (a) program content, (b) intervention delivery, or (c) implementation design. Randomized trials of next-generation interventions evaluate how those modifications influence the level of effectiveness, the breadth of responsiveness (i.e., proportion of target population that benefits), and the potential for sustainable dissemination. Following an introduction to concepts underlying next-generation interventions, we present three examples and discuss shared and unique aspects of those approaches. The discussant (C. Hendricks Brown) will focus on issues in design and methodological challenges in comparing interventions across generations.

1. The Baltimore Prevention Program's 3rd-generation prevention trial, supported by NIDA, integrates separate intervention components tested in the first two trials. This next generation trial tests whether a combination of previously separate intervention components (each targeting different risk and protective factors) yields additivity, synergism, or redundancy on intended outcomes. This approach to next-generation interventions addresses how to develop effective "strategically-blended" prevention approaches (Prinz, 2002). In addition to following children over grades, the trial design includes following teachers over consecutive new cohorts of children to test the sustainability of the intervention.

2. Building on evidence of long-term effectiveness of the New Beginnings Program (NBP) targeting families of divorce, the Arizona State University Prevention Research Center's next-generation prevention trials involves delivery of the NBP through the Domestic Relations Courts and use of concepts and methods from quality management approaches in industry in designing an approach for implementation. A multi-site effectiveness trial is planned to test the impact of those implementation and design changes. This approach to next-generation interventions addresses how to extend a program's reach and enhance implementation fidelity.

3. A third example is a trial of a 2nd-generation adaptation of the widely disseminated PMHP "indicated" prevention program, supported by CMHS. The 2nd-generation intervention uses components of the PMHP model as a delivery system to implement a new goal directed, skill-building intervention that occurs within the context of an adult Mentor-child relationship. Collaboration with teachers and parents is designed to promote children's transfer of skills and coping to classroom and home. This approach to next-generation interventions demonstrates how effective features of long-standing interventions may be used to deliver new interventions that incorporate advances in intervention science and new knowledge of risk and protective factors in the etiology of mental health problems.

QUALITY MANAGEMENT AND DISSEMINATION OF STUDIES FOR NEW BEGINNINGS PROGRAM. Irwin Sandler1, Vicki Smith-Daniels1, Sharlene Wolchik1, Nancy A. Gonzales1, Katheryn Doyle1, 1Arizona State University, Tempe, AZ United States

This presentation will discuss use of concepts from quality management to plan a program of research for the dissemination of an efficacious preventive intervention, the New Beginnings Program (NBP). The NBP has been subjected to two randomized experimental trials and a six-year follow-up. These studies demonstrated that over a six-year follow-up the program reduces prevalence of mental disorder, substance use, number of sexual partners, and improves grade point average and self-esteem. Additional analyses indicate that the program effects are primarily found in the sub-group that is at high risk at baseline, and that the effects are mediated by program induced improvement in parenting. The next phase of research, which will be described in this presentation, is to conduct a series of studies leading to a multi-site randomized trial of the effectiveness of the NBP as delivered through a natural service delivery system, the Domestic Relations Courts. These studies are guided by concepts and methods adapted from quality management approaches in industry to integrate perspectives of program implementers and program designers to develop a modified version of the intervention that delivers core program components while reducing variability in program implementation and maximizing user preferences. By accounting for factors that influence consistency and quality of implementation it is expected that the intervention will be delivered with high levels of fidelity and be well-accepted by major stakeholders in the Domestic Relations Court. The presentation will include
an overview of the program of research which leads from successful efficacy trials to a randomized multi-site effectiveness trial of the NBP as delivered through the courts. Several studies of this research program have already been accomplished, including a survey of a national representative sample of courts to identify interest in adopting the NBP and development of a national advisory board of stakeholders and assessment of organizational factors that would influence adoption and implementation of NBP in the courts. Several planned studies will also be described including: 1. Qualitative and quantitative studies of sources of variability which would impact consistency and quality of implementation of the program. 2. Studies of factors that would influence implementation of the NBP across different cultural groups. 3. Redesign of the intervention to deliver core program components in a way that maximizes factors that facilitate consistent, and high quality implementation. Finally, a tentative design of a multi-site effectiveness trial to test program effectiveness as delivered through the courts is presented.

72 GUIDELINES FOR MOVING THROUGH THREE GENERATIONS OF PREVENTIVE TRIALS IN BALTIMORE. Sheppard Kellam1, C Hendricks Brown2, Jeanne Poduska3, John Reid3, Nicholas Ialongo4, 1American Institutes for Research, Washington, DC United States; 2University of South Florida, Tampa, FL United States; 3Oregon Social Learning Center, Eugene, OR United States; 4Johns Hopkins University, Baltimore, MD United States

This paper examines guidelines for moving across generations of preventive trials. The three guiding issues for moving across the three generations have to do with etiology, design of effectiveness trials, and design of sustainability trials in combination with effectiveness trials.

In Baltimore, we have developed a model for designing trials that are informed by previous ones. In this model, a first generation trial aims an intervention at single target risk factors to see if changing it also changes related risk factors and distal outcomes. In the next generation of trials we would combine interventions and look for additivity, synergism, or redundancy. Each generation of intervention trials needs to achieve an economy of resources in terms of the number of arms of the trial and the number of units (children, classrooms, or schools) randomized. A single trial can also address questions of effectiveness as well as sustainability and scalability by following up not only the children but also implementers (teachers, for example) over consecutive cohorts of children.

The first generation of Baltimore trials was directed at two separate early risk factors: classroom aggressive/disruptive behavior and poor academic reading achievement. A population based randomized preventive intervention trial tested each intervention separately to determine if changing one altered the developmental trajectory of the other. Children were balanced across classes that were randomly assigned to intervention conditions.

The second generation involved combining similar classroom-based interventions to those previously tested. Also, using these same targets of aggressive behavior and reading and math achievement, we examined an intervention that used the parents of first grade graders as the intervenor. This trial tested synergism, additivity, or redundancy, as wellf intervener (teacher or parent). This design involved randomizing children, teachers, and classrooms.

In the third generation trial, which is now underway, we are combining the prior interventions into a single integrated Whole Day (WD) Program. The design involves random assignment of children to classrooms, as in the second generation. A special aspect of this design involves sustainability. While following the first-grade children through third grade, we will follow their first grade teachers over two subsequent cohorts of first graders, to test whether the support and training structure sustains high levels of WD practice. In addition, we will test whether the intervention can be implemented as effectively when it is expanded beyond the original subset of teachers to entire schools.

73 2ND-GENERATION ADAPTATION OF THE PMHP MODEL: STEPS IN DEVELOPMENT AND RANDOMIZED TRIAL. Peter Wyman1, Wendi Cross1, 1University of Rochester, Rochester, NY United States

This presentation describes the development of a 2nd-generation intervention using structural features of the widely disseminated Primary Mental Health Project (PMHP) model as a delivery system for a new intervention designed to prevent conduct and social-emotional problems. Second, this presentation describes results from a randomized controlled trial that evaluated the immediate impact of the new intervention on urban children's classroom risk behaviors and competencies. The trial included both a control group of children from the same classrooms as well as a comparison group of children from other schools in the same urban district who participated in the 1st-generation program. By combining RCT and comparison group designs, this evaluation sought to illuminate the impact of the new intervention versus no intervention and the extent to which the new intervention yields benefits for children above and beyond the predecessor program implemented under typical conditions.

This 2nd-generation intervention draws on structural features of the PMHP model shown to be ecologically valid for schools through dissemination to over 1,500 schools in the U.S. over a 30-year period. Those structural features are used to select a high-risk target population and to deliver the new intervention. Specifically, the 2nd-generation intervention uses: (a) classroom-wide screening to identify young children with elevated behavioral and social-emotional problems as the target group, and (b) trained school-based paraprofessional Mentors as implementation agents (IAs). In selecting components of PMHP, we conducted focus groups with current and past recipients of the 1st-generation program, including teachers, school administrators, and parents. The use of program recipients as "expert informants" about a program
FIDELITY OF IMPLEMENTATION IN REAL WORLD SETTINGs

Chair: Melinda Pankratz

As federal agencies have identified evidence-based prevention curricula for national dissemination, prevention science has begun to focus its attention on the fidelity with which teachers implement these curricula. While it is well documented that prevention curricula are rarely adopted with fidelity to their original design, previous studies have generally limited assessments of fidelity to tallies of the number of activities completed within the curriculum. However, there are several other ways in which program delivery may deviate from the developer’s specifications. For instance, activities may be completed, but presented out of order, or the manner in which activities are delivered may differ from the written curriculum.

This paper describes the complexities of measuring multiple potential dimensions of program fidelity by discussing the development of a fidelity measure for the All Stars middle school prevention program. This measure is part of a larger trial testing new training methods to promote curriculum fidelity. Both quantitative and qualitative measures of program fidelity are included in the measure. Quantitative measures include the number of activities completed and an assessment of the extent to which each activity is modified. As a qualitative measure of activity modification, trained coders, with the guidance of expert raters, are asked to write a detailed description of the manner in which the activity as implemented was different from the written curriculum. First, we describe the development of the measure, the training provided for coders, and the process of establishing the reliability of the measures using pilot study data collected on five teachers during the spring of 2003. Second, we present data from 24 teachers participating in the first cohort of a full intervention study for which teachers videotaped their delivery of each session of the curriculum. Teachers are delivering All Stars for the first time during this phase of the study, so we anticipate great variability in fidelity. The complexities of measuring fidelity, the degree to which novice teachers adhered to the curriculum, and implications for teacher training and ongoing support are discussed.
A key variable thought to influence effectiveness in real world settings is quality of implementation. Often referred to as fidelity, high quality implementation is expected to ensure that research-based programs will be effective when they are disseminated. However, little is known about the quality of implementation in practice. Further, even in the context of carefully controlled field trials, research has shown that quality of implementation varies. The purpose of the current study was to begin to ask the question, “How well implemented are research-based programs in practice?”

The current study was conducted in a large, urban school district. Since the 1998/1999 school year, the Baltimore City Public School System (BCPSS) has implemented Life Skills Training in all of its 24 middle school. In cooperation with BCPSS we assessed the quality of implementation of Life Skills Training in seven of the city’s public schools, during the 2002-2003 school year.

A methodology for examining the role of quality of implementation under real world conditions has not been developed. The goal of this project was to begin a systematic investigation of disseminate research-based prevention that would help develop a method for assessing and describing quality of implementation for disseminated programs.

Trained masters level research associates observed instruction of Life Skills training in 11 classrooms in May and June of 2003. They also conducted interviews with the teachers. Observation measures consisted of items designed to assess adherence, adaptation, interactivity and student engagement, classroom management and teacher attitudes. The interview assessed adaptation, teacher attitudes, as well as prior experience with prevention and access to resources and support.

From interviews and observations it was clear that teachers were committed to LST and enjoyed teaching it. In interviews all 11 teachers said the LST curriculum was appropriate for their students. Observations revealed that just over a third of teachers (36%) covered most or all of the lesson objectives, while 55% covered about half. The vast majority of teachers (9 out of 11) made the lesson very interactive.

Almost all teachers altered the LST curriculum in one way or another and many did not use all the suggested LST material. Some of the alterations appeared to be consistent with the objectives of the activities, while others did not. Results will be discussed in terms of their implications for the effectiveness of prevention in real-world settings, and how to increase effectiveness by addressing challenges teachers face.
to delineate targets for intervention. This symposium will provide background and introduce this study. We will first provide a review of recent data on the interplay of genetic and environmental influences on the development of externalizing behavior. We will focus on evidence suggesting that family relationships in early childhood, especially parent-child relationships, play a central role in how genetically influenced characteristics develop into different behavioral patterns. We will highlight the role of human and primate adoption and cross fostering studies in clarifying these mechanisms. We will describe the recently funded NICHD/NIDA Early Growth and Development Study and its implications for targeting preventive interventions to reduce genetically-influenced risk factors.

79 THE EARLY GROWTH AND DEVELOPMENT STUDY: AN EFFORT TO DISENTANGLE THE COMPLEX INTERPLAY OF GENES AND THE ENVIRONMENT. Laura Scaramella1, Leslie Leve2, Rand Conger1, Daniel Shaw4, 1University of New Orleans, New Orleans, LA United States; 2Oregon Social Learning Center, Eugene, OR United States; 3University of California, Davis, Davis, CA United States; 4University of Pittsburgh, Pittsburgh, PA United States

The Early Growth and Development Study was designed to disentangle genotype-environment correlation and interaction with a specific focus on the toddler period. The toddler period is a time of both dramatic developmental change as well as substantial change in genetic influences on behavior, making this age period and obvious target for testing genotype-environment correlation and interaction. The developmental outcomes that are the focus of the Early Growth and Development Project are early externalizing and internalizing problems as well as social competence. The design of a multi-wave, prospective adoption design will be described in the context of clarifying the role of genetically-influenced evocative processes in the expression of genetic influences and in gene-environment interaction. Concrete examples of assessments of birth parents, of adoptive parents and of the adoptive child will be described in an effort to illustrate how data from the study can be used to meet its primary objectives.

80 GENOTYPE X ENVIRONMENT INTERACTION AND IMPLICATIONS FOR DEVELOPMENTAL RESEARCH. David Reiss1, Remi Cadoret2, 1George Washington University, Washington, DC United States; 2University of Iowa, Iowa City, IA United States

Current findings on gene-environment interaction will be described. There is now a substantial literature to show that genetic influences on many psychiatric disorders are expressed only in adverse social environments. In order to make use of these findings, for preventive interventions, it essential to delineate the mechanisms that account for these large effects. We are exploring one of the most likely mechanisms in the Early Growth and Development Study. We have proposed that heritable difficulties in children may evoke maladaptive responses from their parents. Further, adverse social environments—such as severe marital strain and parental psychopathology—may render parents more responsive to heritable behavioral difficulties of their children. Their maladaptive response to these children amplifies these heritable difficulties into serious problems and psychopathology in the child.

If evidence for this mechanism is supported, it provides some inviting targets for psychosocial interventions to prevent genetically-influenced behavioral disorders. Twin studies have shown that heritable characteristics of children are highly associated with how they are treated by their parents. However, some of this effect may be due to the effect of parents' own genes on their parental behavior. Adoptive parents and their children do not share any individual difference genes. Thus, it is important to note that adoption studies do indicate large effects of heritable characteristics on children but have not clarified whether these effects play any role in the expression of genetic influence on the child's development. The Early Growth and Development Study was designed to clarify the role of evocative effects during the toddler period, to estimate its role in gene-environment interaction and to delineate targets for intervention.

81 GENOTYPE-ENVIRONMENT CORRELATION AND IMPLICATIONS FOR DEVELOPMENTAL RESEARCH. Xiaojia Ge1, Jenae Neiderhiser2, 1University of California, Davis, Davis, CA United States; 2George Washington University, Washington, DC United States

Efforts to specify the type of genotype-environment correlation will be described. Understanding whether genotype-environment correlations are passive (simply the result of shared genes and shared environments) or evocative/active (a response of the environment or action of an individual that results in a correlation between genotype and the environment) is critical in identifying targets for preventive interventions. Twin and sibling data from studies of adolescents and their parents will be presented. These studies indicate that the associations between parenting and child and adolescent adjustment can be explained by primarily genetic influences. These findings hold both contemporaneously and longitudinally and tend to suggest that evocative genotype-environment correlations may be operating. Cautionary data from twin studies, where the twins are mothers of adolescents, help to clarify the role of genetic factors in mothers that are associated with their parenting behavior. The data including both child-based and parent-based designs also support evocative genotype-environment correlation for some constructs of mother-adolescent relationships, but for mother’s positivity, for example, passive genotype-environment correlations are also suggested.

There are findings from adoption studies that suggest that the impact of heritable characteristics is substantial but that the role of this impact in the expression of genetic influences on the child's development is still unclear. Specifically, although there is some evidence of evocative genotype-environment
correlation, there is also strong support for reciprocal influences between parents and their adolescent children that accounts for more variance than evocative genotype-environment correlation.

CC 5/RESEARCH METHODS

MODELING TRANSITIONS BETWEEN EMOTIONAL STATES IN MICRO-SOCIAL INTERACTION

Chair: Michael Stoolmiller

Courville/Montmorency, Hilton Quebec

82 MODELING TRANSITIONS BETWEEN EMOTIONAL STATES IN MICRO-SOCIAL INTERACTION: SUBSTANTIVE AND METHODOLOGICAL CONSIDERATIONS, Michael Stoolmiller1, George Howe2, University of Oregon, Marquette, OR United States; 2George Washington University, Washington, DC United States

Advances in the theory of emotion regulation and how emotion regulation might be linked to important public mental health outcomes such as conduct problems in children offer exciting new opportunities and challenges in risk factor research. In this symposium, we examine how the regulation of basic emotions such as anger and fear-sadness as observed in parent-child micro-social interaction are related to antisocial behavior. We present methodological approaches in survival analysis and state transition modeling to study determinants of the hazard rates of anger and fear-sadness and to study how individual differences in such hazard rates may be related to antisocial behavior.

Analyses are derived from the “Oz” sample, a sample from Wichita, Kansas, a mid-sized urban area with population of 350,000, of 240 working class and low income families and their kindergarten child. The Oz sample was selected because of the higher risk for conduct problems and low academic achievement for the target child. The sample is evenly split on child gender and reflects the ethnic makeup of the neighborhoods from which it was drawn (71% non-Hispanic/Latino Caucasians, 19% African-American, 5% Hispanic/Latino, and 5% other).

Dagne’s symposium examines Bayesian approaches to fitting multi-level Weibull models with correlated random effects for individual child level differences in transition rates between the different emotion states and incorporates pre-existing covariates. Masyn’s symposium examines maximum likelihood approaches to fitting discrete time survival models using mixtures to handle individual child level differences. These models also include pre-existing predictors and distal outcomes. Stoolmiller’s symposium examines continuous time Cox models using robust sandwich estimators for accommodating individual child level differences in transition rates. These models also include pre-existing predictors.

83 REPEATED EVENTS, MULTI-STATE TRANSITION COX PROPORTIONAL HAZARDS MODELS FOR EMOTION REGULATION, Michael Stoolmiller1, 1University of Oregon, Marquette, OR United States

In this symposium, several hypotheses about the linkage between emotion regulation and conduct problems and antisocial behavior in young children are explored using survival analyses. Are antisocial children more easily provoked to anger by peer anger than normal children? Do they have more difficulty cooling off once provoked? Do antisocial children show a deficit of fear-sadness in response to peer negative emotion? The sample utilized was the Oz sample of kindergarten children (See the overall abstract for details on the Oz sample). Children were videotaped in a semi-structured, same gender, peer triadic playgroup context. Emotion regulation was assessed by coding real time emotional states of the target child and the 2 peers using the SPAFF coding system (Gottman, McCoy, Coan, & Collier, 1996). Emotional states were collapsed down to neutral, anger and fear-sadness. The emotional states of the peers were used as time varying influences on the emotional states of the target child in a repeated events, multi-state transition Cox proportional hazards model. Estimates were corrected for between child differences in transition rates using a robust sandwich estimator. The impact of antisocial behavior on the time varying peer effects was examined in relation to the hypotheses.

84 BAYESIAN ANALYSIS OF REPEATED EVENTS, MULTI-STATE DURATIONS IN BEHAVIORAL OBSERVATION, Getachew Dagne1, Michael Stoolmiller2, James Snyder3, 1University of South Florida, Tampa, FL United States; 2University of Oregon, Marquette, OR United States; 3Wichita State University, Wichita, KS United States

In medical and public health research, variables of interest are often measured on subjects followed over time. One such variable is the duration between the previous event and the following event. In this paper, the durations for emotional display during parent and child social interaction are modeled to determine which background variables might have impact on the occurrence of a particular emotion (e.g., child angry or sad-fearful) and how long it lasted. Dyadic specific random effects and multiple event durations are jointly accommodated via the application of frailty models, which characterize the inter-dependence of repeated behaviors over time. A Bayesian approach to fit repeated events and multi-state duration models has been proposed for behavioral observation data. The data were obtained from Oz sample (see overall abstract for sample details).

85 DISCRETE-TIME SURVIVAL ANALYSIS FOR BEHAVIOR OBSERVATION DATA, Katherine Masyn1, 1Johns Hopkins University, West Hollywood, CA United States

Recent methods have been developed to accommodate the modeling of time duration between episodic outcomes in
discrete-time survival analysis utilizing a flexible latent variable modeling framework (Masyn, 2003). This framework is extended to accommodate the high frequency of behavior episodes and multiple behavior outcomes that are present in micro-coded behavior observation sessions. Although these two data features are challenging for the analysis, they also lend power to the modeling of heterogeneity across the population with respect to probabilities of behavior manifestations during an observation period and to susceptibility to the influence of both time-dependent and time-independent variables. In this proposed framework, variability in average time durations between behavior states and in covariate effects is incorporated using a nonparametric mixture modeling approach. In this framework it is also possible to investigate how such heterogeneity in behavior processes in observation sessions may predict more significant distal outcomes; for example, investigating whether patterns of peer interactions in Kindergarten are predictive of later presentations of antisocial behavior. This modeling approach is demonstrated using peer-child and parent-child behavior and affect observation session data from the “Oz” project.

CC 6/MONITORING SYSTEMS FOR CHILDREN

MONITORING SYSTEMS TO GUIDE PREVENTION

Chair: Anthony Biglan

- Dufferin, Hilton Quebec

86 E-MOVO: A NEW APPROACH TO MONITOR AND EDUCATE HEALTH AND HEALTH BEHAVIOURS AMONG ADOLESCENTS ON THE MOVE. Jascha De Nooijer1, Margien Veling1, Frits Coumans2, Hein De Vries1, Nanne De Vries1, 1Maastricht University (Univeristit Maastricht), Maastricht, Netherlands; 2Regional Health Authority 'Rivierenland', Tiel, Netherlands

E-MOVO is a Dutch abbreviation for Electronic Monitoring and Health Education, which is a new approach to monitor health and health behaviours combined with health education at school and individual level. Monitoring health and health behaviours is a regular task of Regional Health Authorities in the Netherlands. Recently, an electronic monitoring questionnaire has been developed to assess health and health behaviours among 14-16 year old adolescents. This survey was conducted within school settings, and included all schools in two provinces in the Netherlands (approximately 300,000 students). The questionnaire covers socio-demographic characteristics, health, physical and mental well-being, lifestyle (physical activity, smoking, substance use, alcohol consumption, fruit consumption and sexual behaviours), leisure time activities, and criminality. Data will be used to provide information at school level in order to develop health promotion policies and activities at schools. Moreover, at the individual level feedback on health behaviours is given by means of a Health Risk Appraisal (HRA) via email. The HRA includes feedback on adolescents’ present behaviour, the recommended behaviour and stimulates changing unhealthy behaviours. Furthermore, it contained relevant links to the Internet, facilitating the search for additional information. The present study is designed to understand how adolescents evaluate the HRA and what kind of health information is searched. Discussion will focus on three unique aspects of this project: 1) the innovative method to combine electronic data collection and health education at the individual and school level; 2) the opportunity to immediately seek information on health and health behaviours after feedback on present behaviour is given; and 3) data is obtained on epidemiological data, but it also reveals insights into (determinants of) health behaviours and prevention activities among a large part of the Dutch adolescents.

87 GAMBLING: THE NEED TO SURVEY A HIDDEN HIGH-RISK BEHAVIOR. Anne-Elyse Deguire1, 1McGill University, Montreal, Quebec Canada

The need to survey high-risk behaviors in teenagers has been well demonstrated in the past and gave way to multiple national public health initiatives. Such surveys have primarily focused on tobacco use, drug and alcohol use, and delinquency. Gambling participation and gambling problems have rarely been the object of such surveys even though it has been reported that 85% of teenagers have gambled at least once in their lifetime (NCPG, 1999). It has also been reported that between 4 to 8 % of teenagers have developed a serious gambling problem with an additional 10 to 15 % being at-risk of developing such a problem (NCPG, 1999). Gambling is an activity that is highly attractive for teenagers since they are prone to risk-taking. In fact, teenagers are 2 to 4 times more likely than adults to develop a gambling problem and stand to experience severe negative consequences such as family disruption, school failure, school drop-out, financial problems and delinquency to the point where many problematic youth gamblers consider suicide as their only way out (Gupta & Derevensky, 1998). Youth gambling has also been showed to be associated with other high-risk behaviors such as drug and alcohol consumption and delinquency. For these reasons, youth gambling represents a public health issue. It then becomes imperative to include gambling behaviors and related problems in nationwide surveys. This presentation proposes to examine some of the initiatives that have taken place throughout the world (Canada, United States, Switzerland, New Zealand, South Africa) and to offer recommendations on how to assess gambling behaviors in teenagers and how such findings can be transposed into social policy and prevention.

88 COMPLETING A "BETTER PRACTICES" LOOP: THE SCHOOL HEALTH PROFILE (SHP) DATA SYSTEM. Steve Manske1, Roy Cameron1, Mari Alice Jolin1, K. Stephen Brown1, Matthew Vandermeer1, 1University of Waterloo, Waterloo, Ontario Canada

Our evolving “Better Practice” model includes three phases:
1. knowledge synthesis;
2. dissemination / implementation / evaluation; and,
3. creating the future (feedback to the system).

Components of the model reflect the need to adapt knowledge created in one context for use in another (Green & Mercer, 2001). Our School Health Profile is designed to support tight linkage of research to practice at local, community and broader (provincial / national) levels. It serves to stimulate the search for appropriate (better) practices (Phase 1), evaluate chosen alternatives (Phase 2) and, when used by researchers and communities in quasi-experimental evaluation, can contribute to knowledge (feedback) for future endeavours (Phase 3).

The SHP enables communities to gather high quality data at low cost, to support program planning (e.g., targeting high risk schools) and evaluation. The SHP consists of a machine-readable questionnaire students complete in 20 minutes, a quality-controlled scanning process, and a computer-generated report that provides a “health profile” of the student population of an entire school. SHP modules currently include smoking and physical activity, with nutrition and other topics in development. Community and education stakeholders find the system suitable to their needs and easy to implement. We have established the reliability of responses and validity of the data collection process.

Our previous research in smoking prevention indicates that the same population level impact can be achieved at a fraction of the cost, if intensive programs are implemented selectively in high risk schools (in which senior grades have high smoking rates)(Cameron et al, 1999). The SHP can identify target schools. In addition, since all data are scanned centrally, we can also aggregate results across schools. This makes it possible to identify schools or communities that appear to be getting outstanding results, using quasi-experimental comparisons. One metropolitan public health department is conducting such an evaluative study. We are involved in developing a national database that would facilitate multi-level analyses and tracking across the country.

Our research-practice partnerships will generate reports from the national database that feed back exemplary cases into Canada’s tobacco control strategy (Better Practices Phase 3). The reports will contain science and practice perspectives (i.e., evaluation data supported by local contextual information). These complementary perspectives will facilitate use of the reports. We will be able to study how development of communities of practice at the local level, spurred by data from their setting, build into effective health promoting collaboratives.

Over the last decade, there has been increasing attention to monitoring prevention activities in real-world settings, and to establishing standards of effectiveness to gauge implementation success in each community. Because evaluation activities conducted with limited resources are increasingly important to the field, it is imperative to understand the costs and benefits associated with different methodologies. Pre- and post-surveying of prevention program participants is a common method for assessing program outcomes that is often feasible in applied community settings. One of the key issues associated with this methodology is the decision on whether to include participant identifying information as part of the process. With identifiers, analyses are enhanced by allowing the matching of pre- with post-surveys. However, the use of identifiers raises human subjects issues that may be prohibitive in real-world settings where monitoring, rather than research, is the goal. Given important pragmatic concerns, evaluators often turn to the use of pseudo-identifiers (e.g., identification codes created based on a combination of participant background information), or group-level analyses that do not require individual identifiers.

This presentation will review the literature on the use of participant identifiers to match pre- and post-test data, and identify the costs and benefits to including either exact or pseudo-identifying information in prevention program evaluations. The relevant literature base will include past evaluations that employed a pre/post methodology, and articles on the statistical ramifications of matched-individual versus group-level analyses. The goal will be to identify the methodological and statistical ramifications of choosing one approach over another. This presentation will provide valuable information for evaluators, funders, and service providers as they make choices about how to structure monitoring systems and protocols for prevention programs in real-world settings.

90 ARE MORE KIDS SMOKING OR ARE KIDS SMOKING MORE: AN EVALUATION OF SMOKING AMONG CANADIAN YOUTH. Murray Kaiserman1, Paula Colwell2, 1Health Canada - Tobacco Control Programme, Ottawa, Ontario Canada; 2Tobacco Control Programme, Ottawa, Ontario Canada

The Canadian Tobacco Use Monitoring Survey (CTUMS) has been used to monitor smoking among Canadians aged 15 and older, with an emphasis on youth and young adults aged 15-24, since 1999. This has provided a consistent and reproducible set of data with respect to prevalence and self reported numbers of cigarettes consumed. The data indicate that in 1999, 27% of males and 29% of females aged 15-19 smoked. By, 2002, only 21% of young men and 23% of young women smoked. This has led to the belief that “more girls than boys are now smoking”. This is an erroneous conclusion as by age 20-24, the prevalence rates are almost equal at 31% for males and 30% for females. In addition, women daily smokers consume fewer cigarettes per day, on average, than males.
14.8 cigarettes per day vs 17.9 cigarettes per day. This paper will present these and other data and provide an explanation as to why prevalence rates and consumption rates have declined (enforcement of youth access laws, higher prices and smoking bans). In addition, provincial comparisons will be provided.

**METHODS.** Susan Gholston1, Jason Machan2, P. Allison Minugh 1, Nicoletta Lomuto1, MJ DATACORP, Providence, RI United States

Current convention in prevention needs assessment is to report prevalence rates of individuals defined to be “at risk” by their scores on risk scales. These scales are generally continuous measures, or aggregate scores amounting to continuous measures. This requires the researcher to select a cut point at which to separate individuals who are “at risk” from those who are “not at risk”. The methods by which cut points are determined vary by study. Among the methods reported are the mid-point of the scale, algorithms based on the distribution of the scale scores, and algorithms based on both scales scores and outcomes. The event for which an individual is considered to be at risk also varies. Often, the event is either unstated or a broad aggregate of several outcomes (e.g. substance use and anti-social behaviors). This paper presents the methods used by DATACORP as part of a survey of students conducted in Alabama and compares the results with those obtained using other methods. The principles and methods of Signal Detection Theory were used to filter uninformative risk scales and to select cut-points optimized for equal sensitivity and specificity for predicting lifetime use of different substances. This was accomplished by first defining the event for which the researcher wanted to predict risk (e.g. lifetime alcohol use) and then assessing the strength of the relationship between each risk scale and that event. An optimized cut point was determined for each risk scale and event pairing that demonstrated a strong relationship to one another. Not all risk scales proved informative for all substances and grades, and the optimized cut points for scales varied as a function of grade and substance. Researchers generally consider age differences and adjust based on either age or proxies of age such as grade. However, the differences in cut points for the same scale when predicting different outcomes suggests that aggregating across outcomes prior to cut point determination may mask differences in how scales predict different substances. The result would be overly sensitive cut points for some substances and overly specific cut points for others. Researchers who would like to assess risk for aggregated outcomes may wish to consider assessing the cut points based on the individual outcomes first, and then aggregating across risk status. Figures will be presented to demonstrate differences between various methods.

**91 SIGNAL DETECTION THEORY OPTIMIZED RISK CUT POINTS AS A FUNCTION OF GRADE AND SUBSTANCE IN THE STATE OF ALABAMA.** Jason Machan1, P. Allison Minugh1, Nicoletta Lomuto1, MJ DATACORP, Providence, RI United States

Many states have faced unprecedented budget shortfalls in recent years. Such is the case for Virginia, where the entire $2 million prevention budget (from the Department of Justice) was eliminated while early intervention suffered a 51 percent reduction of $15 million. With such drastic funding shortfalls, states must reexamine how they focus their limited resources to ensure that they make the most of diminished funding. Here we examine the utility of Geographical Information Systems (GIS) and spatial analytical techniques to develop a rational approach to monitoring community-level risks and protective factors. Our claim is that there is a role for spatial analysis in monitoring changes in risk indicators using disaggregated community-level data. Further, we argue such a focus on spatial patterns of social indicators can assist in developing policies that can be responsive to spatial variations in social problems. All too frequently, program planning has relied upon aggregated levels of social indicators across the various jurisdictions. Further, the flow of data usually is from localities to the state. Rarely is there a reverse flow of information from the State to the localities. Different prevention programs might work in different jurisdictions. Programs designed to meet a statewide need may have little relevance to the needs of specific localities. A clear partnership between state and local levels is more likely to be effective in addressing social issues. Our contention is that what is needed is a system that: (i) track indicators and the "drivers of indicators"; and (ii) a methodology that can systematically explore the dynamic context of social indicators ( Sampson, 1994). Ideally, such an approach should help communication between the State and local planners, and promote a system of dynamic feedback. Simply put, it is rare for a statewide program to be designed in a “central office," implemented at the local level, and still achieve the desired outcomes. Problem behaviors occur in a community within the context of that community, and the solutions must be sensitive to local needs, assets and people. Exploratory Spatial data analysis will be used to inform this discussion. Both local and global measures of spatial association are implemented to study the spatial distribution of risk patterns. Using county-level data from the Virginia Kids Count project, we address three spatially-based research questions: Are children’s risks randomly distributed across Virginia? Are there clusters of “hot spots” of high risk communities? Is there a relationship between spatial patterns of child risk in 1995 and 2001?

**92 STATE-LEVEL MONITORING OF COMMUNITY RISKS: APPLICATIONS OF SPATIAL ANALYSIS METHODS.** Susan Gholston1, Sanjeev Sridharan2, William Wiener-1, Howard Mabry2, Mike Stoolmiller3, University of Colorado at Boulder, Boulder, CO United States; 2Metro Academy, Golden, CO United States; 3Institute for Behavior Change, Washington, DC United States; 4University of Oregon, Marquette, MI United States

States must reexamine how they focus their limited resources to ensure that they make the most of diminished funding. Here we examine the utility of Geographical Information Systems (GIS) and spatial analytical techniques to develop a rational approach to monitoring community-level risks and protective factors. Our claim is that there is a role for spatial analysis in monitoring changes in risk indicators using disaggregated community-level data. Further, we argue such a focus on spatial patterns of social indicators can assist in developing policies that can be responsive to spatial variations in social problems. All too frequently, program planning has relied upon aggregated levels of social indicators across the various jurisdictions. Further, the flow of data usually is from localities to the state. Rarely is there a reverse flow of information from the State to the localities. Different prevention programs might work in different jurisdictions. Programs designed to meet a statewide need may have little relevance to the needs of specific localities. A clear partnership between state and local levels is more likely to be effective in addressing social issues. Our contention is that what is needed is a system that: (i) track indicators and the "drivers of indicators"; and (ii) a methodology that can systematically explore the dynamic context of social indicators ( Sampson, 1994). Ideally, such an approach should help communication between the State and local planners, and promote a system of dynamic feedback. Simply put, it is rare for a statewide program to be designed in a “central office," implemented at the local level, and still achieve the desired outcomes. Problem behaviors occur in a community within the context of that community, and the solutions must be sensitive to local needs, assets and people. Exploratory Spatial data analysis will be used to inform this discussion. Both local and global measures of spatial association are implemented to study the spatial distribution of risk patterns. Using county-level data from the Virginia Kids Count project, we address three spatially-based research questions: Are children’s risks randomly distributed across Virginia? Are there clusters of “hot spots” of high risk communities? Is there a relationship between spatial patterns of child risk in 1995 and 2001?

**93 A DIGITAL INFRASTRUCTURE FOR MONITORING JUVENILE OFFENDERS.** Elaine Blechman1, William Wiener1, Howard Mabry2, Mike Stoolmiller3, University of Colorado at Boulder, Boulder, CO United States; 2Metro Academy, Golden, CO United States; 3Institute for Behavior Change, Washington, DC United States; 4University of Oregon, Marquette, MI United States

The Caregiver Alliance Toolbox is a client-centric Internet information system available from PDAs and Web browsers. The Toolbox uses dynamic information sharing to
engage at-risk youths in their own care and to align individualized caregiver teams of parents, educators, law enforcement, medical, mental health, juvenile justice, and social service providers. The Toolbox provides a digital infrastructure for coordinated 24/7 monitoring of youth activities through which caregiver teams immerse youth in prosocial activities, distance them from antisocial provocations such as deviant peers, violent media, and exploitative adults, and administer suitable evidence-based treatment protocols. Results of feasibility tests of the Toolbox for monitoring of juvenile offenders on parole in Colorado and on community diversion in Washington, DC are presented. We describe longitudinal patterns of system usage as users with varying levels of prior computer experience become more familiar with the Toolbox. We relate patterns of system usage to user satisfaction with the Toolbox and with their caregiver teams.

CC 7/BASIC PREVENTION SCIENCE

NEW DESIGNS AND METHODS FOR TRIALS RESEARCH

Chair: David MacKinnon

ヴァレー, ハイロンカベック

94 ONE SIZE DOESN´T FIT ALL: DETERMINING OPTIMAL COMMUNICATION NETWORK STRUCTURES FOR PREVENTION. Thomas Valente1, Mary Ann Pentz1, 1University of Southern California, Alhambra, CA United States

Social network analysis has been applied to the study many social and health phenomenon. Generally, researchers have attempted to show that “more is better.” For example, naïve models of interpersonal network influences on the adoption of behaviors assume that individuals are more likely to adopt the behavior if a majority of their personal network does so. Specifically, the likelihood of adoption is thought to increase with the number (or proportion of adopters in one’s network) (for discussions on this point see: Marsden & Podolny, 1995; Rogers, 2003; Valente 1995; Valente, in press; Van de Bulte & Lillien, 2002; among others). This is a logical first approach as there are both logical and empirical reasons (e.g., Alexander et al., 2001) to believe that behavior would be associated with having more people in one’s network who engage in that behavior.

At the community level, a “more is better” approach is also embraced. Most researchers believe that having more people in a community coalition or having more communication among those members is better. Such an assumption may be unwarranted. Coalitions that are too large can be fragmented and ineffective, those are too dense may suffer from a lack of information overload, thus ignoring important communications when they occur. This study explores the relationship between community level outcomes; the degree the community adopts evidence-based prevention practices, and indicators of communication structure. The data come from STEP, a large multi-state multi-community trial that organizes community leaders to adopt and implement evidence-based prevention programs (Pentz et al., 2003; Pentz & Valente 2003). Specifically, we test whether network size, density, symmetry, centralization, and clustering are associated with adoption and early implementation of promoted evidence-based prevention practices 18 months after baseline.

We test these associations with linear models, then explore the possibility that non-linear relations exist. For example, we expect density to have a curvilinear relation with outcomes, too little or too much density is unproductive. Our goal is to suggest network structures that facilitate the adoption of evidence based practices in communities, organizations, and professional groups. This study is the first to examine how community organization communications structures affect the diffusion of prevention practices.

95 A METHOD FOR INCREASING THE EFFICIENCY OF GROUP RANDOMIZED TRIALS. Jonathan Blijstein1, David Murray1, Peter Hannan2, William Shadish3, 1University of Memphis, Memphis, TN United States; 2University of Minnesota, Minneapolis, MN United States; 3University of California at Merced, Merced, CA United States

Group Randomized Trials (GRTs) are becoming increasingly common in the prevention sciences. In these studies, the randomization of groups rather than individuals presents several methodological challenges to efficient design and analysis. First, the allocation of groups accompanied by measurement taken on individuals are likely to be correlated to an unspecified degree. This correlation, indexed as the Intraclass Correlation Coefficient (ICC), must be reflected in the analysis as one or more additional sources of random variation associated with the group. Second, researchers will generally not have a large number of groups available for randomization, limiting the precision of the between-groups component of variation, the degrees of freedom (df) available for the test of the intervention effect, and the power of the study. Previous strategies to overcome these limitations have proven to be invalid, or have relied on strong and often untestable assumptions (Murray, Hannan, & Baker, 1996).

The current study expands on the ideas presented in Hannan et al. (1994). We elaborate a method for incorporating information from previously conducted GRTs to improve the analysis for the study at hand. We outline a method for aggregating information when data from more than one study are available, with special consideration for the case in which inter-study heterogeneity is present. We provide examples of how this approach can be used to arrive at more precise estimates of the ICC, and to empirically estimate and/or bolster the df available for a test of the intervention effect in a study where a priori considerations of the challenges of GRTs had not been fully considered. Finally, we demonstrate how
this approach can be used in the design of GRTs, allowing an investigator to plan a smaller study by borrowing from the strength of previously conducted GRTs. We also consider the limitations of this approach and offer suggestions for future research.

96 OBSERVING EFFECTS IN FAMILY-BASED SUBSTANCE ABUSE PREVENTION: THE SOCIAL DEVELOPMENT MODEL OBSERVATIONAL CODING SYSTEM (SDM-OCS). Elizabeth MacKenzie1, Kevin Haggerty1, Bethel Spagnolo1, University of Washington, Seattle, WA United States

A major challenge to basic prevention science is the limited availability of measures able to detect and describe the often subtle changes resulting from universal prevention efforts. Observational measures of parent-child interaction have been useful in addressing this need. The Social Development Model Observational Coding System (SDM-OCS) is a macro-coding rating system based on the Social Development Model (SDM, Catalano & Hawkins, 1996). The SDM is a general theory of human development that describes hypothesized constructs and pathways leading to both healthy and maladaptive functioning. The SDM provides a theoretical and conceptual model for organizing and understanding the research on risk and protective factors, and specifies the mechanisms by which risk and protective factors contribute to the etiology of behavior.

This presentation outlines the SDM-OCS system, which is being used to measure the program effects in the Family Connections Study (NIDA R01DA012645, PI, K. Haggerty). This study is an efficacy evaluation of Parents Who Care (Hawkins & Catalano, 1996), a universal substance abuse prevention intervention for family with early adolescent children, based on the Social Development Model. Psychometric properties of the SDM-DOS have been assessed using baseline data from a sample of 320 families with early adolescent youth (n = 170 male, n = 161 female; n = 163 African American, n = 168 European American) who are participants in the Family Connections Study.

SDM-DOS coding categories will be outlined and video-taped vignettes of study families will be used to provide examples of observational constructs and to demonstrate the content validity of the interaction tasks. Results of inter-rater reliability analyses revealed strong agreement across coders for individual macro-codes. Individual codes were collapsed into fourteen scales according to a priori decisions based on the correspondence between codes and Social Development Model constructs. Standardized alpha calculations revealed moderate to high internal consistency for the majority of scales (mean alpha = .75, range = .55-.93). The concurrent validity of SDM-DOS scales is supported by statistically significant correlations between scale scores and student-report measures of substance abuse and other antisocial behaviors. For example, three of the SDM-DOS scales designed to measure the protective factors, Rewards for Prosocial Involvement, Parent-Child Prosocial Involvement and Child Problem-Solving Skills were negatively associated with youth reported tobacco use (r2 = -.11, -.17, -.10, respectively; p < .05). Psychometric data for subsamples by youth gender and race will also be presented. The presentation will conclude with a discussion of implications for family research.

97 THE META-ANALYTIC FOLLOW-UP DESIGN: METHODOLOGY FOR LONG-TERM EVALUATION OF SUICIDE PREVENTION. C Hendricks Brown1, University of South Florida, Tampa, FL United States

Despite the successes of our prevention colleagues in reducing drug use aggression and conduct disorder and depressive symptoms little of this work has informed prevention efforts aimed at reducing suicide. Suicide occurs much less frequently in our society than does externalizing behavior or depressive symptoms. This comparative low frequency of suicide in the general population as well as the fact that this risk is widely distributed across all components of our society, makes rigorous testing of a preventive intervention for suicide far more challenging than for other more common conditions.

Our meta-analytic follow-up strategy for overcoming the need for a single large randomized trial is to conduct careful follow-up studies of multiple, relevant preventive trials that have been in existence for many years. The National Death Index is used to search for suicides and other causes of deaths among subjects who long ago were randomized to these trials. Since the number of subjects who have been randomized to relevant preventive field trials is now quite large and they have on the whole now entered early adulthood, the total number of person years at risk is sufficient to detect an overall moderate beneficial (or harmful) effect.

We discuss the application of this methodology to the prevention of youth and young adult suicide. Methodologic issues in the design, modeling and summarizing of evidence combined across these studies are presented.

98 HOW DO INTERVENTION LEADERS GENERATE SKILLS IN INDIVIDUALS: EVALUATING ABILITY TO DELIVER SKILLS TRAINING AND PROVIDE SOCIAL SUPPORT. Brooke P. Randell1, Beth McNamara1, Kenneth Pike1, Jerald R. Herting1, University of Washington, Seattle, WA United States

The intent of this paper is to test process models of how an indicated intervention works to enhance skills in the individuals enrolled in the intervention. The Reconnecting Youth (RY) indicated prevention program operates in small peer groups of 10 to 12 high school aged youth in which the intervention leader is to generate positive social support from the peer group and themselves, plus teach specific life skills. Change in outcomes (e.g. drug use of the individuals) is posited to be generated through both social support and these specific skills. RY has demonstrated significant effects in reducing drug use and in increasing mood management and...
school achievement, but detailed models of just how this occurs have not been explored to demonstrate if the underlying mechanisms work as anticipated. General knowledge of how leader ability and leader/group support work to change skills and outcomes is not well understood. We address these mechanisms in this paper.

Our analysis uses data from a randomized experiment in which youth at risk of school dropout were invited and randomized to condition. We focus on those individuals receiving RY; a total of 368 youth participated in over 30 RY groups. Detailed process evaluation data allow examination of the purported model of how the intervention works. Trained observers rate RY leaders regarding their ability to deliver the curriculum content and the leader’s ability to deliver social support and to generate positive peer group social support. These observations are taken weekly over the semester-long intervention. In addition leaders and youth in the intervention periodically report (5 periods) their view of social support provided by leader and peers and their skills in drug use monitoring, mood management, and school achievement. These data provide a detailed view of the internal content and delivery of the program and allow us to juxtapose leader skill and support and peer group support as mechanisms of change.

We use growth models to relate leader skill to growth in support from leader and peer group and then relate level and growth in these factors to the change in the youth’s skills. We test for how leader skills are related to these support factors and how leader skills are directly related to achieving change in youth skills. The analyses address mechanisms of change and provide insight into how interventions may work and which facets of prevention may be more important in generating desired changes.

**CC 8/REAL WORLD SETTINGS**

**INNOVATION IN OBSERVATION METHODS FOR PREVENTION SCIENCE**

Chair: Thomas Dishion

**301A, Convention Centre**

**99** INNOVATION IN OBSERVATION METHODS FOR PREVENTION SCIENCE. Thomas J. Dishion1, Frances Gardner2, University of Oregon, Child and Family Center, Eugene, OR United States; 2University of Oxford, Oxford, United Kingdom

Direct observation is critical to the development of prevention science, as it provides a measurement method relatively free of rater bias and is sensitive to change. One of the major challenges to prevention science is to develop observation methods for the analysis that are cost-effective, methodologically sound, and theoretically relevant to goals of health promotion and prevention. Prevention is predicated on the notion of targeting developmental processes that may potentially lead to pathologic outcomes. Thus, application of clinical observation outcomes such as rate of aversive behavior in family interaction may be of limited value because of low variability (e.g., floor effects) and difficulty of acquiring the appropriate sampling frame. Prevention scientists recently have been expanding the use of observational methods to target developmental processes and dynamics that can be reliably observed, valid, and potentially serve as targets for health promotion and prevention of the problematic outcomes.

This symposium provides a forum for discussing innovations in observation methods that have been applied recently to prevention trials. Presenters will discuss a subset of these new methods with respect to construct validity, sensitivity to change, and other methodological issues.

The first presentation focuses on the use of a contrived observation task where parents respond to exemplars of child behavior and rate discipline practices. The response patterns of parents can be evaluated with respect to errors of commission and omission. This direct observation tool also could be used to focus interventions with parents. The second presentation explores the development of a cost-effective direct observation tool for use in understanding and studying middle-school environments relevant to problem behavior in young adolescents. This tool is potentially useful, both for examining peer clustering and problem behavior as they occur in the school environment, and as an assessment tool for evaluating efforts to change schools. The third presentation is an effort to develop the expressed-emotion, 5-minute speech sample as a research tool, an intervention guide, and a tool for evaluating change.

We are fortunate to have an internationally recognized observation researcher comment on the presentations from two points of view: an observation methodology and prevention science.

**100** ASSESSING THE EXTERNAL AND PREDICTIVE VALIDITY OF THE KIDVID ANALOGUE PARENTING TASK ACROSS SAMPLES OF DIVORCED-MOTHER AND DIVORCED-FATHER FAMILIES. David S. Degarmo1, Marion Forgatch1, Oregon Social Learning Center, Eugene, OR United States

One approach to the measurement of parenting practices is to create an analogue task that elicits parenting responses in standardized child behavior scenarios. The structured laboratory task (KIDVID) involves parents watching a video stimulus of common discipline scenarios. KIDVID measures obtained include tracking of child behaviors as well as coded discipline strategies.

This paper examines the external and predictive validity of observational measures obtained from analogue parenting tasks collected across two multiple method samples of divorced families: a large prevention trial for single mothers assessed over 3 years ($n = 238$) and the first cohort participating in a longitudinal study of divorced fathers ($n = 122$). External validity was tested in both samples by comparing KIDVID measures with previously validated
measures of observed parenting practices obtained during structured parent-child interaction. Predictive validity was assessed by examining the relation between KIDVID discipline strategies (i.e., tracking and false negative errors) to child adjustment, looking at main effect, mediation, and moderation models. Preliminary data from the prevention trial on tracking over 40 child behaviors has shown the total number of false negatives is associated positively with observational measures of coercive parenting ($r = .36$, $p < .001$) and negatively associated with observational measures of prosocial parenting ($r = -.31, p < .001$).

The implications of a valid measure of an analogue-parenting task such as KIDVID are discussed with respect to prevention efforts within at-risk families and potential use for noncustodial parents.

101 NATURALISTIC OBSERVATIONS OF DEVIANT PEER CLUSTERING, PROBLEM BEHAVIOR, AND SCHOOL MANAGEMENT IN MIDDLE SCHOOLS. Colleen Comeau1, Elizabeth Stormshak1, 1University of Oregon, Child and Family Center and Counseling Psychology, Eugene, OR United States

The middle-school environment is a central context to consider in the development of problem behaviors and for preventive interventions. This study examined a schoolwide observational system designed to measure key aspects of school context, including schoolwide behavior management, school environment, and student problem behavior.

Participants in this study are 831 preadolescents from 8 middle schools. The reliability and validity of constructs derived from this observational measure was analyzed, including comparison to student-report measures. Using a multirater, multimethod design, a construct of school context (both student report and observations) was examined as a predictor of deviant peer affiliations and student problem behavior (substance use, antisocial behavior, and positive engagement). Hierarchical linear modeling techniques were used to explore both within-school and between-school effects of school climate on student outcomes. In addition, potential mediating effects of school context and school socioeconomic status in the relations between deviant peer affiliations and student outcomes are addressed. For example, schools with more active staff monitoring and supervision during the transition periods, higher levels of staff morale, and fewer hallway spaces in which peers can congregate were hypothesized to have a smaller link between deviant peer affiliations and student problem behaviors.

The use of direct observation as an ancillary tool for assessment of school environments is discussed relevant to school-based prevention trials. In addition, the results may have important implications for the design of preventive interventions in school contexts that are that are chaotic and disorganized.

102 ADVANCES IN CODING PARENTAL EXPRESSED EMOTION (EE): FMSS AND ACS CONVERGENCE

AND PREDICTION OF TODDLER BEHAVIOR PROBLEMS. Lauren Supplee1, Bernadette M. Bullock2, 1University of Pittsburgh, Department of Psychology, Pittsburgh, PA United States; 2University of Oregon, Child and Family Center, and University of Washington School of Medicine, Eugene, OR United States

The Five-Minute Speech Sample (FMSS) is used to measure individuals' affective attitudes regarding identified family members. Critical expressed emotion (CRIT EE) and emotional overinvolvement (EOI) communicated during the audiotaped sample are coded and used to derive a global construct of Expressed Emotion (EE). Critical EE (CRIT EE) is rated in the presence of critical or negative statements and/or evidence of a negative relationship. High parental CRIT EE is known to discriminate children and adolescents with behavior problems, compared to low parental CRIT EE, with mothers’ critical EE ratings being related to concurrent and longitudinal diagnoses of youth externalizing behavior.

FMSS coding requires costly training and certification that can be prohibitive for most prevention researchers, particularly for large samples and longitudinal research. The current study explores the validity of an alternative EE coding system (ACS) for the FMSS. ACS EE classification is proposed to be significantly correlated with FMSS-EE ratings. Critical parent EE also is expected to be associated with higher levels of behavior problems for toddlers, compared to toddlers of parents with low CRIT EE ratings. Hypotheses were tested on a random subsample of 30 of 115 families with toddlers, identified on the basis of the presence of sociodemographic, family, and child risk factors. Preliminary analyses indicate that ACS ratings distinguish toddlers with and without elevated behavior problems using CBCL externalizing and Eyberg behavior intensity and problem factors measured at age 2 (all $p$ levels were .05 or less).

CC 9/ THE ROLE OF GENDER, SOCIAL CLASS, CULTURE, AND ETHNICITY IN PREVENTION RESEARCH

FAMILY AND CULTURAL IDENTIFICATION: ARE THESE PROTECTIVE AGAINST SUBSTANCE ABUSE?

Chair: Doug Coatsworth

Belair, Hilton Quebec

103 ETHNIC SOCIALIZATION: WHEN ADOLESCENTS AND PARENTS DISAGREE. Cheryl Alexander1, 1Johns Hopkins University, Baltimore, MD United States

Fostering a sense of pride and identification with cultural traditions and values is an important socialization goal for many ethnic minority families. Most developmental scientists agree with the view that a strong sense of connection and pride in one's ethnicity is essential for healthy adolescent development. To the extent that parental ethnic socialization can protect against adolescent health problem behaviors, ethnic socialization messages must be received by adolescents.
In this study we explore the relative congruence/incongruence in reporting between adolescents and their parents on a measure of ethnic socialization. Additionally, we contrast congruent with incongruent dyads on a variety of individual and sociodemographic characteristics and examine associations between ethnic socialization congruence and adolescent reported delinquency. Data come from a cross-sectional study of neighborhood and parenting influences on adolescent health behaviors conducted in three census tracts in Baltimore City 1999-2000. A two-stage sampling design was used to select census tracts based on teen birth and juvenile arrest rates and select a middle school for student recruitment contained within high, medium, and low risk tracts. In-person household interviews were attempted with all 7-8th grade students and their parents from the three risk census tracts. A total of 233 adolescent and parent dyads were interviewed representing a 60% response rate. Adolescents were interviewed separately from their parents. Reports of sensitive behaviors by adolescents were self-administered using an audio-taped interview and head sets. Information was obtained on neighborhood perceptions and parenting practices from both adolescents and parents using identical items. Overall, 49% of adolescents were male, 89%age appropriate for grade, 32% of parents had never married, and 22% had not graduated from high school. Ethnic socialization comprised a 13 item measure derived from the work of Phinney and augmented with items from a qualitative study of 20 adolescents and 23 parents living in a Baltimore neighborhood similar to the study participants. The scales have reasonable reliability (alpha=.86 parents; .74 adolescents). Analytic strategies include correlational and cross-tabular analyses to determine scale and item congruence, multivariate analyses to identify predictors of congruence and to estimate the relative effect of congruence on adolescent delinquency controlling for other covariates. Findings will enhance our understanding of ethnic socialization influences on adolescent delinquent behaviors.

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THE IMPACT OF ETHNIC IDENTITY AND PERCEIVED DISCRIMINATION ON SUBSTANCE USE BEHAVIOR AMONG AFRICAN-AMERICAN ADOLESCENTS. Dorothy C Browne1, Patricia A. Clubb1, Fernando A. Wagner1. 1DARP/CHDS Morgan State University, Baltimore, MD United States

Background: Researchers have investigated the impact of racial discrimination on health, including studies regarding institutional discrimination and the impact of personally experienced discriminatory events (Kreger & Sidney, 1996; Gee, 2002; Karlsen & Nazroo, 2002). Coping with expressions of racism is associated with a constant level of stress (Peters & Massey, 1983; Spencer, 1990). Substance use may be one way to cope with this stress. However, few studies have investigated the linkage between substance use and individuals’ reports of perceived discrimination (Williams, Neighbors & Jackson, 2002). In addition, it is important to examine how protective factors such as ethnic identity may moderate the discrimination-substance use relationship. The goals for the current study are to: (1) investigate whether perceived discrimination is related to forms of substance use (i.e., smoking, alcohol use, and marijuana use) among African-American adolescents; (2) determine whether this relationship is moderated by a positive ethnic identity; and (3) examine whether these relationships remain when other factors are taken into account. Methods: Data used for this study were collected from 740 African-American middle and high school students who participated in Project RAPP, an intervention/evaluation project examining adolescent high-risk behaviors and their antecedents, in the spring of 1996 and the spring of 1997. Measurements are based on pre-tested instruments and procedures. Results: Approximately 29% of the participants reported experiencing no incidents of discrimination; 39% reported 1-4 events; and 32% reported experiencing 5 or more events of discrimination. Longitudinal analyses will examine the impact of changes in discrimination on substance use and how longitudinal patterns of ethnic identity moderate this relationship with fixed-effects and random-effects models to control for potential confounders. Implications: Personal exploration of ethnic identity may help promote adolescent attachment to mentors and institutions within the African-American community that encourage positive developmental outcomes. Acknowledgments: This study was funded by the National Institute on Drug Abuse (Grant 5-U24 DA12390). Data originally collected by the Reaching Adolescents, Parents, and Peers project (Project RAPP) supported by Grant 5-U01-HD30093-05 from the National Institute of Child Health and Human Development, Office of Minority Health, and by the University of North Carolina at Chapel Hill Research Council.

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THE INFLUENCE OF FAMILY, PEERS, AND IMMIGRANT GENERATION ON EMOTIONAL DISTRESS AMONG CHINESE AND FILIPINO AMERICAN ADOLESCENTS. Mayumi Willgerodt1, Elaine Thompson1, 1University of Washington, Seattle, WA United States

Background/Purpose: Family and peer relationships are known to influence adolescent mental health, but studies seeking to understand these relationships are sparse and inconsistent for Chinese and Filipino adolescents. Systematic, longitudinal studies of these relationships are necessary to develop prevention programs to promote psychological well-being and reduce related risk behaviors. This paper reports a cross-cultural examination of a model positing the effects of family, peers, and immigrant generation on emotional distress across time among Chinese and Filipino American adolescents.

Methods: Data are from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative, ecologically framed study. The sample includes Chinese (n=268) and Filipino (n=475) adolescents who participated in two interviews, 1 year apart. Family measures include indicators of parent relationships (communication, closeness, satisfaction), activities with
mother/father, and family cohesion. Peer risky behavior was scaled using measures of cigarettes, alcohol and marijuana among friends. Immigrant generation status was based on adolescent/parent reports of place of birth, and length of time in the U.S. Emotional distress was measured using two indicators: depression (CES-D) and anxiety. Baseline group comparisons and relationships among key variables are described. Block multiple regression was used to test the influence of family, peers and generation status on depression and anxiety, controlling for age, gender, and ethnicity. Analysis includes sample weighting and correction for study design.

Results: Across time family cohesion was associated with less depression and anxiety. There were no independent effects for father-specific factors; positive relationship with mother was "protective," predicting less anxiety. Having peers engaged in risky behaviors was associated with greater depression and anxiety. Compared with Chinese youth, Filipino youth reported more depression, but no differences in anxiety. Importantly, generation status revealed independent, but reverse effects on depression and anxiety. Specifically, first generation youth reported significantly more depression, and less anxiety than did their third generation counterparts. Also explored is the moderating influence of generation status on family and peer influences, providing further tests of the theoretic model.

Conclusions/Implications: The results provide new information about family and peer influences on adolescent mental health for minority youth, and build knowledge concerning the influence of immigrant generation on these processes. The findings are foundational to designing sensitive and relevant prevention programs for minority youth across generation status.

CC 10/MONITORING SYSTEMS FOR CHILDREN

CREATING ACCOUNTABILITY SYSTEMS TO SUPPORT WIDESPREAD EFFECTIVE SCHOOL PRACTICES

Chair: David Osher

[Beaumont, Hilton Quebec]

CREATING ACCOUNTABILITY SYSTEMS TO SUPPORT WIDESPREAD EFFECTIVE SCHOOL PRACTICES, David Osher1, Eric Schaps2, Roger Weissberg3, Mark Greenberg4, Mary Utne-O’Brien5, J. David Hawkins6, 1American Institutes for Research, Washington, DC United States; 2Developmental Studies Center, Oakland, CA United States; 3University of Illinois at Chicago, Chicago, IL United States; 4Pennsylvania State University, State College, PA United States; 5Social Development Research Group, Seattle, WA United States

There is growing evidence that creating safe and supportive school environments and developing children’s social, emotional, and ethical competencies enhances students’ academic performance, positive health, good character, engaged citizenship (Collaborative for Academic, Social, and Emotional Learning, 2003; Greenberg et al., 2003; Learning First Alliance, 2001; Osher, Dwyer, & Jackson, 2004). Implementing this knowledge is challenging due to the historic marginalization of mental health and schools, the manner in which standards based reform is being implemented, the lack of valid and practical measures that can be employed at a school and district level, and the fragmented nature of school and community surveillance of child and adolescent well-being and regarding school and community practice that can enhance well-being.

The Learning First Alliance (composed of the 12 leading education associations), The Collaborative for Academic, Social, and Emotional Learning (CASEL), and The American Institutes for Research (AIR) - are initiating an extensive effort to address these barriers based upon the assumption that four things are needed if our schools are ever to effectively address the importance of children’s social, emotional, healthy, and ethical development; high quality academic performance and engaged citizenship; and school and life success:

1. Clear and compelling accountability systems--including standards, benchmarks, and assessment indicators--for children’s social, emotional, and academic development;

2. Clear and compelling standards and indicators for the effective school practices that yield positive outcomes for children; and accountability systems set up that encourage these effective practices;

3. Experimental evidence indicating that high-quality school practices which use standards and indicators to create safe and supportive learning communities, can be well implemented and sustained, and that they promote improved social, behavioral, and academic outcomes for all students;

4. Strategic policies, plans, and actions that support wide-scale implementation of these accountability tools and systems through social marketing, communication, dissemination, and technical assistance,

This roundtable will report on a meeting for 24 educators and researchers that will be held at the Fetzer Institute, which will start to address these matters. David Osher will chair . He will be joined by five individuals who will address one of the 4 elements listed above: Mark Greenberg (3), David Hawkins (1), Eric Schaps (4)and Mary Utne O’Brien and Roger Weissberg (2). The goal of the roundtable will be to solicit the input and participation of the audience in this long-term project.

CC 11/REAL WORLD SETTINGS

IMPROVING PREVENTION MEASUREMENT IN REAL WORLD SETTINGS

Chair: Jim Derzon
IMPROVING PREVENTION MEASUREMENT IN REAL WORLD SETTINGS, Jim Derzon1, 1Pacific Institute for Research and Evaluation, Calverton, MD United States

Measurement and its interpretation is a central issue in improving linkages between prevention research and its application to real world settings. A strong epistemic relation between the measures that are being analytically manipulated and the ideas and behaviors that constitute action is essential if research findings are to be a credible and useful guide to action. In addition, for prevention practice in real world settings, useful measurement must meet standards of relevance for policy and program decisions, scores and interpretations must be understandable for the decision maker, measures must be perceived to be culturally appropriate for the target population, measures must have proper sensitivity to detect normative variation in the target population, and measurement administration must be feasible in the real environment of the target population.

Effective real world measurement is difficult and too often prevention researchers retreat into a rigorously defined, but much less complex, set of criteria for measurement quality that are defined by conventional psychometric practice. Some of the standards that are common from this perspective, such as strict adherence to the internal consistency criterion for measurement reliability, are widely recognized as inadequate to the complex requirements of optimal real world applicability. Yet there use endures for lack of clear development of alternative, and more appropriate, standards. These issues are compounded when applied to studies of early childhood development, where rapid maturation, limitations on data sources, and an expanded law of indirect effects all apply.

This symposium uses data and findings from large recent or ongoing prevention research projects to review and assess measures frequently used in prevention research involving children ages birth to six years; apply assessment tools that provide new perspectives on measures currently in widespread use in prevention studies; and present criteria and methods for assessing strength of evidence for intervention effectiveness in the common event that only a portion of the multiple intended outcomes is inherent in the predominant theories of risk and protection that drive most prevention interventions, and is particularly applicable to interventions designed to promote positive social-emotional development in very young children. SAMHSA’s Starting Early Starting Smart demonstration, for example, intended to improve social-emotional development in children from birth to five years of age by improving family access to services, the behavioral health of caregivers, and the quality of the home environment (e.g., conflict, parental stress, parenting behaviors, caregiver-child interaction, learning support).

The SESS multi-site evaluation included a) 1,598 families participating in SESS and 1,309 families in comparison or control groups that received the normal standard of care for their site’s service setting; b) a comprehensive instrumentation package of proven, published measures where applicable, and applied as uniformly as age and cultural differences across sites would permit; c) a repeated measures design with at least 3 repeated outcome measures; and d) measures of caregiver-child interactions coded from video-taped scenarios.

Analysis of the SESS interventions produced statistically significant results indicating attainment of intervention objectives for a portion of the multiple measures used in the study. More specifically, positive program effects were indicated in access to services (parenting, family basic needs, caregiver substance use and mental health, child mental health); caregiver outcomes (reduced drug use, reduced parental stress); family environment (reduced verbal aggression, more positive parenting); caregiver-child interaction (increased nurturing); and child social-emotional development (reduced externalizing problem behaviors) and cognitive (improved linguistic development).

Despite these accomplishments, these positive findings applied to only a portion of the multiple intended outcomes. The analysis team developed multiple criteria for interpreting the degree to which these findings were evidence of intervention success. These criteria are explicated in the proposed paper. They include the patterning of multiple findings as compared to an expected null distribution; consistency of strength of outcome and the implementation emphases of programs; the patterning of findings across sample populations distinguished by estimates of specific service need; and the consistency of strength of findings and measurement quality. Recommendations for analysis in multiple outcome prevention studies are presented.

INTERPRETING MULTIPLE MEASURES OF PREVENTION OUTCOMES, J Fred Springer1, 1EMT Associates, Inc., Franklin, TN United States

Prevention interventions frequently have multiple mediating and ultimate outcome objectives. This complexity of intended outcomes is inherent in the predominant theories of risk and protection that drive most prevention interventions, and is particularly applicable to interventions designed to promote positive social-emotional development in very young children. SAMHSA’s Starting Early Starting Smart demonstration, for example, intended to improve social-emotional development in children from birth to five years of age by improving family access to services, the behavioral health of caregivers, and the quality of the home environment (e.g., conflict, parental stress, parenting behaviors, caregiver-child interaction, learning support).

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EMPIRICALLY DETECTING MEASUREMENT SENSITIVITY: Jim Derzon1, Ann Doucette2, Beverlie Fallik3, 1Pacific Institute for Research and Evaluation, Calverton, MD United States; 2Vanderbilt University,
Beginning January, 2001, the Center for Substance Abuse Prevention (CSAP) has required that, when appropriate, direct service programs receiving CSAP funding collect Core Measures (CMI) data from service recipients. The CMI consists of 48 scales and instruments that met 18 criteria and have been found through research and experience to be important or prominent in prevention. The CMI is being used to respond to GPRA requirements, as validated measures for evaluation, and as common data in cross-site evaluations.

Considerable concern, however, has been raised whether these common measures are sensitive to change and free from bias attributable to gender and ethnic differences. If insensitive, than the measures are not useful for evaluating change attributable to programmatic intervention. If groups respond differently to items and the differences are sufficiently large and attributable to bias, they can substantively influence program findings.

For example, when estimating program effects, if differential results due to bias are randomly dispersed among intervention and comparison groups, then bias creates an artificial dispersion of scores, increasing the standard error and reducing the power of a test to detect differences that are present. If subpopulations are not randomly dispersed, the bias alters the magnitude of the effect observed and the difference (or not) may mistakenly be attributed to programmatic or other substantive sources. Whether bias is influencing the variance estimate or the difference score, it misrepresents the underlying phenomena and all knowledge based on that evidence.

To assess if such bias exists in CMI measures, CSAP requested their Data Coordinating Center (DCC) begin examining core measures for measurement insensitivity across the multiple sub-populations covered by CSAP services. The DCC is CSAP’s analytic arm, providing data and performing analyses to help guide program planning and determine program effectiveness.

MEASUREMENT TOOLS FOR EVALUATING CHANGE IN COGNITIVE AND BEHAVIORAL DEVELOPMENT IN YOUNG CHILDREN. Liz Sale, Lee Walter, Craig, Love. EMT Associates, Inc., St. Louis, MO United States; Westat, Rockville, MD United States

Positively impacting the cognitive and behavioral development of young children (0-6) is a primary outcome objective of many prevention programs aimed at strengthening family environments of young children. Yet measuring these outcomes for this age group is a challenging task. Instruments must capture and be appropriately responsive to the rapid maturation of children. Teachers, caregivers, and other adults may have to act as informants raising issues of validity and reliability because reporting bias and other forms of measurement error are likely. Direct observation is difficult and costly. These challenges stress the importance of utilizing multi-method, multi-source, and multi-setting perspectives and review to improve the reliability and validity of measures.

The Center for Substance Abuse Prevention (CSAP) Core Measures Initiative (CMI) is a resource identifying common measures for describing and evaluating change in children and adults participating in CSAP-funded projects. Currently the CSAP Data Coordinating Center is preparing a comprehensive review of early childhood development tools assessing cognitive, experiential, and behavioral change in young children (0-6). Concurrently, the Parents As Teachers National Center, an international parenting program for families with young children, is also preparing a measurement toolkit for teachers and case managers to meet the growing demand for sound instruments for assessing developmental change in children 0 to 6 years of age.

This presentation brings together detailed information from the authors’ work in these comprehensive measures reviews. Information on the reliability, validity, ease of administration, sensitivity to change over time, cultural/racial norming, availability, and cost will be provided for standardized tests (e.g., the Battelle Development Inventory, the Mullen Scales of Early Learning, the Peabody Picture Vocabulary Test), behavior rating scales (e.g, the Child Behavior Checklist and the Vineland Adaptive Behavior Scales), cognitive scales (e.g., the Wechsler Preschool and Primary Scale of Intelligence, Stanford-Binet, Kaufman Assessment Battery for Children, Woodcock-Johnson), and screening instruments (e.g., the Denver Developmental Screening Test, the Miller Assessment for Preschoolers). Conclusions and recommendations concerning the parameters of application to prevention interventions are provided.
The data are drawn from the first two waves of a three year, 6 panel study conducted in 10 counties in northern and southern California. Random digit dialing was used to recruit an ethnically diverse adolescent population aged 11 to 16. At Wave 1 (fall, 2002) in-home computer assisted interviews were conducted. At Wave 2, six months later, adolescents were asked to complete a mail survey. A total of 889 adolescents completed both surveys. Items on the surveys included demographic variables, pledge behavior (have you ever made a promise to yourself to wait to have sexual intercourse until you are married/until you are older, how many of your three closest friends have made a pledge to wait), sexual expectancies, perceived parental attitudes towards sex, and sexual behavior (oral, vaginal intercourse). Logistic regressions controlling for age, gender, race, expectancies, sex education, and parental attitudes, indicate

Implications of the findings for prevention and intervention efforts will be discussed.

112 SEXUAL BEHAVIOR IN EARLY ADOLESCENCE: MAKING AND KEEPING PROMISES TO REMAIN ABSTINENT. Melina Bersamin1, Joel Grube1, Laura Vangsness1, Brenna Bry1.

1Prevention Research Center, Berkeley, CA United States

Findings from the National Longitudinal Study of Adolescent Health indicate that elements of abstinence-only education, specifically the virginity pledge, may delay the age of sexual intercourse initiation among a subset of adolescents (Bearman & Brucker, 2001). To date, few studies have explored this association further, and none have examined whether the protective effect of the pledge extends to other sexual behaviors. Current estimates suggest that nationally between 23% and 36% of adolescents aged 15 to 17 have participated in oral intercourse, a high risk sexual behavior (Edwards & Carne, 1998; Gates & Sorenstein, 2000; Hoff, 2000). The proposed study builds upon previous research by examining the effect of the virginity pledge on oral and vaginal intercourse in early adolescence.

The current study sought not only to replicate this mediational model, but also to investigate the role of expectancies for marijuana, given the scarce research in this area. Although studies examining both alcohol and marijuana expectancies have shown considerable overlap in their expected effects (i.e., tension reduction), only one study to date has utilized a parallel measure for alcohol and marijuana expectancies. The current research was undertaken to explore the similarities and differences between expectancies for these two different substances and whether expectancies mediate a relationship between impulsivity and marijuana use. Ethnic differences in these relationships will also be examined.

Three hundred thirty-six college undergraduates completed the 17 Eysenck Impulsivity Questionnaire, the Comprehensive Effects of Alcohol questionnaire (CEOA), the Comprehensive Effects of Marijuana questionnaire (CEOM; modified version of the CEOA), a quantity/frequency measure for alcohol and marijuana use, and a brief demographic questionnaire. The sample was 73% female, 63% Caucasian, 19% Asian, 8% African American, 5% Hispanic, 3% Mixed, and ranged in age from 18 to 55 years (Mean=20.8, Std. Deviation=3.7). Separate hierarchical regression analyses and tests of mediation for alcohol and marijuana will be used to determine if:

1. alcohol expectancies mediate the relationship between impulsivity and alcohol use
2. marijuana expectancies mediate the relationship between impulsivity and marijuana use
3. alcohol expectancies mediate the relationship between impulsivity and marijuana use (and vice versa)

Implications of the findings for prevention and intervention efforts will be discussed.

111 RELATIONSHIP BETWEEN IMPULSIVITY, ALCOHOL AND MARIJUANA EXPECTANCIES, AND SUBSTANCE USE IN YOUNG ADULTS: IMPLICATIONS FOR THEORY AND PREVENTIVE INTERVENTIONS. Laura Vangsness1, Brenna Bry1.

1Rutgers, The State University of New Jersey, Piscataway, NJ United States

Over the past several years, identifying variables that mediate the relationship between risk factors for substance use and substance use behavior has become a central concern in both the development and assessment of prevention programming. Increasing knowledge about which variables mediate, i.e., influence substance abuse most proximally, will permit focusing prevention efforts on those variables that are most likely to affect outcomes. One such variable, alcohol expectancies, has been shown to mediate the relationship between distal variables related to substance use, such as family history of alcoholism and personality characteristics (Sher, 1991). Several studies have provided support for an “acquired preparedness model,” whereby alcohol expectancies mediate the relationship between a measure of impulsivity and alcohol use (Smith & Anderson, 2001). That is, individuals who are high in impulsivity use alcohol more often only when they also endorse high numbers of positive expectancies for the effects of alcohol (e.g., If I drink, I will feel relaxed).

The current study sought not only to replicate this mediational model, but also to investigate the role of expectancies for marijuana, given the scarce research in this area. Although studies examining both alcohol and marijuana expectancies have shown considerable overlap in their expected effects (i.e., tension reduction), only one study to date has utilized a parallel measure for alcohol and marijuana expectancies. The current research was undertaken to explore the similarities and differences between expectancies for these two different substances and whether expectancies mediate a relationship between impulsivity and marijuana use. Ethnic differences in these relationships will also be examined.

Three hundred thirty-six college undergraduates completed the 17 Eysenck Impulsivity Questionnaire, the Comprehensive Effects of Alcohol questionnaire (CEOA), the Comprehensive Effects of Marijuana questionnaire (CEOM;
that adolescents who made a promise to themselves to wait to have sexual intercourse until they are older were less likely to have had oral (OR= 0.23, p=0.000) and vaginal intercourse (OR= 0.15, p=0.000) than adolescents who had not made this promise. The variables “promise until marriage” and “friends who pledge” were not significantly associated with sexual behavior. A second analyses including an age by “promise until older” interaction was significant for oral intercourse (OR = 2.28, p = 0.01) and vaginal intercourse (OR = 3.26, p = 0.04), suggesting that making an abstinence pledge may have a greater effect on younger than on older adolescents.

The results suggest that incorporating an abstinence pledge or promise into a sex education class may reduce the likelihood of risky sexual behavior.

113 CHEWING TOBACCO: A GATEWAY DRUG?. Tammy Root1, Linda Collins1, R. Clayton2, Pennsylvania State University, University Park, PA United States; 2University of Kentucky, Lexington, KY United States

It has been suggested that smokeless tobacco may be a safer alternative to cigarette smoking, not only for health-related reasons, but also because smokeless tobacco does not appear to be a gateway drug for more advanced substance use (Gingiss & Gottlieb, 1992; Kozlowski, O’Connor, Edwards, Quinio & Flaherty, 2003). However, a growing body of literature suggests that smokeless tobacco may indeed serve as a gateway drug for cigarette smoking and more advanced substance use (Haddock, DeBon, Talcott & Peterson, 2001; Tomar, 2003). Given the discrepancy in the extant literature, the current study sought to examine whether smokeless tobacco can be considered a gateway substance, and if so, where it fits in the order by which adolescents try substances.

The present study examined the prevalence of various stages of substance use, the incidence of transitioning to more advanced stages across time, and the order in which substances were tried, all conditional on gender. Subjects (N=2071) participated in an evaluation of Project DARE (Clayton, Cattarello, & Johnstone, 1996) that took place in Kentucky. Analyses were conducted using latent transition analysis (LTA; Collins & Wulgalter, 1992, Collins et al., 1997; Hyatt & Collins, 2000), a method for fitting longitudinal models of stage-sequential development. A five-stage solution allowing individuals to advance to any stage across time was found to fit the data well. The five stages, which were based on four items measured in 8th, 9th, and 10th grade were: (1) no substance use; (2) alcohol only; (3) chewing tobacco only; (4) alcohol, cigarettes, and chewing tobacco; and (5) alcohol, cigarette, chewing tobacco, and marijuana. Overall, results suggested that chewing tobacco did appear to be a gateway for more advanced substance use. These data can be interpreted to reflect the importance of chewing tobacco as a potential gateway substance. Discussion will be aimed at the health risks associated with chewing tobacco as a potential gateway substance among adolescents as well as the implications of these findings for prevention efforts.

114 INTRAINDIVIDUAL VARIABILITY OF SCHOOL BONDING AND ADOLESCENTS’ BELIEFS ABOUT THE EFFECT OF SUBSTANCE USE ON FUTURE ASPIRATIONS. Kim Henry1, Randall Swaim1, Michael Slater1, 1Colorado State University, Fort Collins, CO United States

The study examined the dynamic relationship between school bonding, beliefs about the deleterious effects of substance use on future aspirations, and subsequent substance use among a sample of 1065 male and female middle school students. First, a mediation model was assessed. Adolescents’ perceptions about the harmful effects of substance use on their future aspirations emerged as a salient mediator of the relationship between school bonding and subsequent substance use. Second, the intraindividual variability of school bonding and its effect on students’ beliefs about the potential harm of substance use on future aspirations was assessed through random-coefficient growth curve models. Students who were not well bonded to school were less likely to perceive that substance use may impede the attainment of their future goals. Furthermore, a strong intraindividual effect of school bonding was observed, indicating that as a student became more or less bonded to school his/her belief that substance use could affect future aspirations reciprocally changed.

115 MOTHERS’ AND FATHERS’ ATTITUDES TOWARD SMOKING AND DRINKING AND ADOLESCENT SUBSTANCE USE: A THREE-YEAR LONGITUDINAL STUDY. Carolyn Ransford1, Marni Kan1, 1Pennsylvania State University, University Park, PA United States

Parental attitudes toward substance use are a risk factor for adolescent substance use. Specifically, adolescents engage in more frequent and heavier smoking, drinking, and drug use when their parents have more permissive attitudes. Methodological limitations of early studies, however, preclude a clear understanding of the processes by which parents’ attitudes relate to their children’s substance use. One such limitation is that researchers use adolescents’ reports of their parents’ attitudes rather than parents’ own reports. Although adolescents’ perceptions are important, the use of a single reporter may inflate correlations. A second limitation is that adolescents are asked about the attitudes of their “parents”, which ignores the potential differences between mothers’ and fathers’ attitudes. Finally, most studies of parental attitudes and adolescent substance use are cross-sectional, which limits our understanding of the potential long-term implications of parents’ attitudes. The present study advances this area of research by examining the links between mothers’ and fathers’ self-reported attitudes and their sons’ and daughters’ substance use over a three-year period. Data came from interviews conducted with 190 White working- and middle-class families. These families were participating in a longitudinal study of family relationships. Both parents completed a questionnaire on smoking and drinking attitudes. Adolescents (mean age at time 1=12.8) reported on the frequency of their drinking, smoking, and other drug use. Partial correlations

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between mothers’ and fathers’ attitudes at Time 1 and the three measures of adolescent substance use at Time 2 were conducted separately by adolescent gender; adolescent substance use at Time 1 was partialed out to control for initial level of use. Results revealed significant correlations, particularly between fathers’ attitudes and sons’ substance use. Mothers’ smoking attitudes were significantly correlated with sons’ smoking (partial r = -0.21, p < 0.05); fathers’ smoking attitudes were significantly correlated with daughters’ (r = -0.21, p < 0.05) and sons’ (r = -0.25, p < 0.05) drinking and sons’ smoking (r = -0.31, p < 0.005); and fathers’ drinking attitudes were significantly correlated with sons’ drug use (r = -0.21, p < 0.05). These findings document that parents’ permissive attitudes predict increased adolescent substance use, but emphasize that both parent and adolescent gender moderate these relationships. Additional analyses focus on the effects of inconsistencies between mothers’ and fathers’ attitudes and family factors that moderate and mediate the links between parental attitudes and adolescent substance use. Findings are discussed in terms of implications for family-based prevention and father involvement.

116 PARENTAL REJECTION AND ADOLESCENT DELINQUENCY: IS ADOLESCENT SELF-ESTEEM A MEDIATOR OR MODERATOR? Will Hall1, Gabriela Stein1, Chanqua Walker-Barnes1, 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States

In examining parental factors associated with adolescent delinquency, many researchers have focused on parental rejection. Other studies have also shown that low self-esteem stems from this lack of affective support from parents. However, few studies have investigated whether self-esteem functions as a mediator or moderator in the relationship of delinquency and parental rejection. By clearly identifying the role of self-esteem in this relationship, prevention and intervention researchers can better design interventions for delinquency. If self-esteem serves as a moderator, perhaps intervention and prevention efforts can be aimed at ameliorating an adolescent’s self-esteem to serve as a protection against parental rejection, and self-esteem then could also be used to identify children most at-risk. Yet, if self-esteem is a partial mediator, and not a moderator, then intervention and prevention might be better to focus on the familial relationship and self-esteem conjointly. Consequently, the goal of this investigation is to examine whether adolescents’ self-esteem serves as a mediator or moderator between maternal and paternal rejection and adolescent self-reports of delinquent behavior. Data for this study come from a cross-sectional, school-based survey of 187 middle and high school students (7th – 12th graders) living in a rural county. The sample is 52.3% female, ranging in age from 12 to 18 years (M = 15.03, SD = 1.54). The sample is ethnically diverse with 44% of the sample being non-white (34.4% African American, 6.2% Latino, 4.6% Native American, 3.3% Caribbean American, 8% Asian American). Parental rejection was the main parenting behavior assessed in this study. Self-esteem was assessed using a sub-scale of a larger inventory of emotional well-being. Delinquency was subcategorized into severe and minor acts.

Analyses for this paper involve a series of univariate regression analyses. The first two models tested whether self-esteem moderates the relationship between adolescent delinquency and parental rejection. Next, mediation was tested as recommended by Baron and Kenny (1986).

Results of the analyses suggest self-esteem serves as a mediator, but not moderator, between maternal rejection and delinquency. However, self-esteem was both a mediator and moderator of the relationship of paternal rejection and delinquency. Initial findings suggest that prevention and intervention programs may focus on the adolescent’s self-esteem in curbing the likelihood of delinquency, and the relationship between parenting and delinquency may depend on the parent’s gender. Further analyses should examine the role of adolescent’s gender as another possible moderator.

117 LATENT TRANSITION ANALYSIS OF GENDER DIFFERENCES IN THE DEVELOPMENT OF DRINKING BEHAVIOR DURING YOUNG ADULTHOOD. Karen Auerbach1, 2University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 3University of Connecticut, Farmington, CT United States

Numerous studies have examined drinking behavior, including binge drinking, in adolescents and young adults (e.g. Bachman, Wadsworth, O’Malley, Johnston, & Schulenberg, 1997). For example, Bachman et al. (1997) found that between the ages of eighteen and thirty-two, drinking rates for men and women peaked around age twenty-one. Men were found to drink and binge drink to a greater extent than women. The present study methodologically and substantively builds on previous literature by examining the development of drinking behavior with Latent Transition Analysis, rather than examining drinking as an outcome variable, and by placing binge drinking within a developmental model. Latent Transition Analysis (Collins & Wugalter, 1992; Guo, Collins, Hill, & Hawkins, 2000) is an analytic technique for fitting models of stage-sequential developmental trajectories of behaviors investigated by longitudinal studies. The present study is based on data from Gore, Aseltine, and Colten’s longitudinal Reducing Risk in Young Adult Transitions study (n = 1325) (Gore, Kadish, & Aseltine, 2003) to (1) identify sequential stages of alcohol use behavior that combine quantity, frequency, and binge drinking information, (2) determine the transition of young adults through these stages from age eighteen to twenty-two, and (3) determine the effects of gender on prevalence of stage membership and incidence of transitions over time. Our analyses have identified nine stages of drinking behavior, which include no use, low levels of alcohol use frequency and quantity, moderate levels of frequency and quantity and low binge drinking frequency, and high levels of alcohol use frequency, quantity, and binge
drinking frequency. Young adults have been found to progress from stages involving less alcohol use to more extreme stages of alcohol use behavior over time. Our analyses also show that males drink and binge drink more often, and drink greater quantities of alcohol, than females throughout this age period. Furthermore, males were more likely to progress from lower to higher levels of drinking and binge drinking than females over time. This study introduces a new way of examining drinking behavior, by combining frequency and quantity of alcohol use and frequency of binge drinking into a cohesive, developmental model. This model helps further our understanding of the development of drinking behavior, and the effects of gender on drinking behavior, during young adulthood. Knowledge of the development of this behavior can help researchers and prevention scientists better understand college alcohol use and the development of alcohol abuse among various at-risk adolescent and young adult populations.

119 INITIATION OF SUBSTANCE USE DURING ELEMENTARY SCHOOL AS A PREDICTOR OF POOR SCHOOL OUTCOMES IN 10TH GRADE: A TEST OF MEDIATING VARIABLES. Charles Fleming1, Denise Hallford2, Carolyn Tucker Halpern3, Bonita Iritani4, Martha Waller1. 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 2Pacific Institute for Research and Evaluation, Chapel Hill, NC United States

Background: African Americans are disproportionately represented among HIV/STIs. Among youth diagnosed with HIV, 65% are African American. Research has also shown that this population experiences adverse educational outcomes. Previous research has suggested that school related factors and HIV/STI risk may be related. The purpose of this paper is to examine student attachment and academic engagement as protective factors for HIV/STD risk among African American adolescents, and whether this association is moderated by gender.

Methods: Data are from Waves I and II of the National Longitudinal Study of Adolescent Health, a nationally representative sample of adolescents in grades 7-12. Cluster analysis techniques were used to group individuals on patterns of self-reported substance use and sexual behavior. Only African American adolescents with valid sample weights surveyed at both waves and in low risk clusters (e.g., no sexual intercourse) at Wave I (N=1395) were included for the present analysis. In logistic regression models, Wave I attachment and engagement were used to predict membership in high behavior risk clusters at Wave 2, separately for boys and girls, controlling for age, parental education, and family structure.

Results: Low attachment and engagement at Wave I were not significantly associated with increased HIV/STI risk behaviors at Wave II, for boys or for girls. Age was a significant predictor for girls (O.R.=1.35, 95% C.I. 1.15-1.58) and approached significance for boys (O.R.=1.19, 95% C.I. .992-1.43). Higher parent education was a negative predictor of higher risk behavior for girls (OR=.59, 95% C.I. .39-.91). Conclusions: As expected, increasing age was positively associated with increasingly risky behaviors among African American youth. For girls, higher parent education was protective for these behaviors, although this relationship was not found for boys. Despite assumptions about the importance of school attachment, neither variable used to capture this construct showed a relationship with risk behaviors for African American boys or girls. Further research is needed to explore factors that can reduce STI risk among African American boys and girls, and whether engaging African American youth in goals for educational achievement might protect them from health risk.

118 REVEALING MORE FACTORS IN HIV/STI RISK BEHAVIORS AMONG AFRICAN AMERICAN ADOLESCENTS. Abenah Vanderpuije1, Denise Hallford2, Carolyn Tucker Halpern3, Bonita Iritani4, Martha Waller1. 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 2Pacific Institute for Research and Evaluation, Chapel Hill, NC United States

Background: HIV/STIs are a major public health concern for African American adolescents. African American adolescents are disproportionately represented among HIV/STIs. Among youth diagnosed with HIV, 65% are African American. Research has also shown that this population experiences adverse educational outcomes. Previous research has suggested that school related factors and HIV/STI risk may be related. The purpose of this paper is to examine student attachment and academic engagement as protective factors for HIV/STD risk among African American adolescents, and whether this association is moderated by gender.

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119 INITIATION OF SUBSTANCE USE DURING ELEMENTARY SCHOOL AS A PREDICTOR OF POOR SCHOOL OUTCOMES IN 10TH GRADE: A TEST OF MEDIATING VARIABLES. Charles Fleming1, Denise Hallford2, Carolyn Tucker Halpern3, Bonita Iritani4, Martha Waller1. 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 2Pacific Institute for Research and Evaluation, Chapel Hill, NC United States

Prior research has found a predictive relationship between early initiation of alcohol and drug use and poor adolescent outcomes. In this study data from the Raising Healthy Children project, a longitudinal study of 1040 students from a Northwest suburban school district, were used to replicate these earlier findings and examine evidence for potential mediating variables. As in prior studies, results indicated that early initiation of substance use was associated with poor adolescent outcomes. For example, use of alcohol by 6th grade was associated with more delinquency, aggression, and substance use at 10th grade, as well as worse academic achievement and greater likelihood of school absence and dropout. A latent variable model showed that early substance use initiation (i.e., use of alcohol, cigarettes, or marijuana by 6th grade) had a statistically significant (p<.05) unique association with poor academic outcomes in 10th grade, controlling for academic performance in 6th grade. Guided by theory that early forms of antisocial behavior affect socialization processes at later time points that, in turn, affect behavioral outcomes, potential mediating variables (e.g., negative peer associations, parental monitoring, and school bonding) to account for the relationship between substance use initiation and poor school outcomes were examined. For example, latent variable measures of negative peer associations at Grades 6 and 7 were added to the model described above. The results indicated that: (1) early initiation of substance use in elementary school predicted more negative peer associations in middle school, controlling for negative peer associations in elementary school; (2) negative peer associations had a unique association with 10th grade academic outcomes; and (3) the unique association between substance use initiation and school outcomes became statistically nonsignificant when peer associations at 7th grade was included in the model. The results of this study point to areas where interventions can be focused in order to mitigate the effects of early initiation of alcohol and drug use.
Adolescents account for one quarter of newly sexually transmitted infections (Ozer, et al., 1998). It is therefore important to understand factors that put young people at risk for engaging in sexual behavior. Moreover, recent research suggests that even among teenagers who have not experienced vaginal intercourse, substantial numbers engage in other intimate sexual behaviors (e.g., fellatio, cunnilingus). These behaviors also carry health risks (Schuster, Bell, & Kanouse, 1996). Little research has examined the predictors of risky sexual behavior other than vaginal intercourse among adolescents. The purpose of this study was to examine the role of sexual activity expectancies (SAE), parents’ and peers’ attitudes toward sexual activity, peer sexual behavior, parental monitoring and media use in a range of sexual behaviors (genital play, oral sex, and sexual intercourse) among adolescents.

Analyses were conducted using data from a list assisted computer administered survey obtained from the San Francisco Bay and Los Angeles Areas in California (N = 1105; males = 48.2%). Participants ranged in age from 12 to 16 years of age (M = 14.1, SD =1.42). The sample consisted of 102 Latinos (9.2%), 65 African Americans (5.9%), 53 Asian Americans (4.8%), 742 European Americans (67.1%), and 140 individuals of Native American, multi-racial, or unknown ethnicity (12.7).

Logistic regression analyses showed that age, and perceived peer behavior positively related to genital play, oral sex, and sexual intercourse. Expectancies, related to health problems (e.g. sexually transmitted disease and pregnancy), negatively related to genital play, oral sex, and sexual intercourse. Adolescents who perceived that friends disapprove of sexual activity were less likely to have engaged in genital play or sexual intercourse. Adolescents who perceived that their parents monitor their after-school activities, free-time and peer friendships are less likely to engage in genital play and oral sex. Exposure to televised media was predictive of sexual intercourse such that adolescents who watch television more often are also more likely to engage in sexual intercourse. Compared to white adolescents, Asian Americans were less likely to engage in genital play and sexual intercourse and African American adolescents were more likely to engage in sexual intercourse.

The implications of these results are discussed in terms of developing prevention and intervention programs aimed at reducing risk for sexually transmitted disease and pregnancy among adolescents.
relationships. In addition, the analyses considered gender and ethnicity/race as potential moderators. The analyses utilized control group data from the Drug Resistance Strategies project, an examination of the “keepin’ it R.E.A.L.” culturally relevant substance use prevention program. The sample included 785 Mexican/Mexican American students, 227 students of other Latino or multi-ethnic Latino origin, 237 non-Hispanic White students, and 144 African American students, with gender relatively evenly split within the ethnic/racial groups. The students responded to questionnaires at the beginning of the study, and then again at both 12 and 18 months later.

Only descriptive norms and friend injunctive norms at the beginning of the study appeared to significantly influence intentions 12 months later or substance use (alcohol, cigarettes, marijuana) 18 months later. Intentions at 12 months demonstrated a clear mediational effect on the relationship between norms and substance use. Gender and ethnicity/race demonstrated relatively little influence on the relationships of interest. This study provides support for the importance of examining the relationship between norms and substance use longitudinally.

123 EXAMINING YOUNG ADOLESCENT SUBSTANCE USE INTENTIONS FROM AN ECOLOGICAL PERSPECTIVE. Lisa M. Schainker1, Michael Windle1, University of Alabama at Birmingham, Birmingham, AL United States

A current trend in prevention research is to study the broader social ecology to identify contextual factors that influence individual health risk behaviors. For example, the social ecological perspective of Bronfenbrenner (1986) suggests that individual and family characteristics interact with neighborhood factors, thereby explaining why some adolescents in high-risk environments exhibit resiliency and avoid harmful behaviors. An important health risk variable among adolescents is substance use and a salient precursor of such use in early adolescence is substance use intentions.

Research has shown that intentions to use substances are strongly associated with actual substance use among adolescents (e.g., Barkin, Smith, & DuRant, 2002). The study of substance use intentions among early adolescents has infrequently been studied within a social ecological framework. Data from the Birmingham Youth Violence Study were used to examine interactions between neighborhood contexts and levels of optimism, friends’ drug use, and parenting practices as they impact substance use intentions among 356 11-14 year old African American adolescents. Findings indicated that harsh discipline and nurturant parenting both predicted lower intention levels to use substances. Adolescents who perceived that a majority of their friends were using drugs had higher intention levels.

Consistent with the ecological perspective, there was a significant interaction effect between living in a high-risk neighborhood and parental nurturance, such that higher levels of parental nurturance “buffered” the effects of neighborhood risk, yielding lower levels of intentions to use substances among early adolescents. Conversely, those receiving lower levels of parental nurturance in the riskier neighborhoods reported the highest intentions to use substances. Additionally, there was a significant interaction effect between gender and harsh discipline, such that girls who reported higher levels of harsh discipline reported lower intentions to use substances than girls who reported lower levels of harsh discipline. Boys’ intentions to use substances remained consistent across all levels of harsh discipline indicating that parental disciplinary style has more of an impact on girls than on boys for this outcome. These findings demonstrate the value of a social ecological perspective in understanding the complex and conditional relationships among parenting, peer, and neighborhood contexts in relation to intentions to use substances among early adolescents.

124 RELATIONS BETWEEN SUDS AND SUICIDALITY AMONG LATE ADOLESCENTS: GENDER DIFFERENCES AND IMPLICATIONS FOR PREVENTION. Andres Gil1, Florida International University, Miami, FL United States

This study examines the relationship between DSM-IV alcohol, marijuana and other drug use disorders (SUDs) and suicidal behaviors in a multiethnic community sample of late adolescents. Suicidality among young adults is a serious national public health problem. In the year 2000, it was the third leading cause of death among 18-24 year olds (Centers for Disease Control and Prevention, 2002). It was the second leading cause of death among males and the fourth leading cause of death among women (Centers for Disease Control and Prevention, 2002). Numerous studies have indicated that substance abuse is a significant risk factor for suicidality. Studies involving adolescents and adults in both community and clinical settings have documented a significant relationship between substance abuse or dependence and suicide completions, attempts, and ideation (Beautrais, 1999; Flisher, 2000; Preuss, 2002; Glowinski, 2001; Powell, 2001; Kelly, 2001). However, there is a need for greater understanding of the interaction of AOD use and suicidality with multiethnic populations and across genders. The data for this study derive from a cohort study undertaken in South Florida (Vega & Gil, 1998; Turner & Gil, 2002). The sample has been followed from entrance into middle school in 1990 to post high-school (1998-2000). The sample (N=1,803) was 52.8% male and 47.2% female, with an ethnic composition of 27.6% U.S. born Hispanics, 22.2% foreign born Hispanics, 24.3% African Americans, and 25.9% White non-Hispansics. Logistic regressions were used to examine the relationship between SUDs and suicidality.

Results indicate higher rates of substance use disorders (SUDs) among males and higher rates of suicidality among females. There was a cumulative impact of SUDs on suicidal behavior, particularly for substance dependence. For example, 2% of those with no history of substance dependence had a history of suicide attempts in comparison to 11.2% of those.
with 2 or more substance dependence disorders. Similarly the impact of combined alcohol and marijuana abuse/dependence on suicide attempts was stronger than that of alcohol or marijuana disorders alone (Odds Ratio 4.5 and 2.9 respectively). Gender interactions were found, indicating that the presence of substance disorders may represent a higher risk of suicidality for males than females. We conclude by commenting on the relevance of these findings for prevention efforts, particularly in light of the high likelihood of comorbidity of suicidality and depression among adolescents in treatment for SUDs.

### Vaginal, Oral and Anal Sex Behaviors among Alternative High School Youth.

**Nicole Mckirahan**, **Christine Markham**, **Robert Addy**, **Kiara Spooner**, **Liliana Escobar-Chavez**, **Susan Tortolero**, **University of Texas Health Science Center at Houston, Houston, TX United States**

**Background:** In addition to vaginal sexual intercourse, recent media attention has been given to the oral and anal sex behaviors of adolescents. However, little is actually known about the prevalence of these sexual risk behaviors. Due to the risk of sexually transmitted infections it is imperative that researchers understand the oral and anal sex behaviors of this population to guide future prevention efforts.

**Purpose:** To describe vaginal, oral and anal sex behaviors of youth in alternative schools, and examine socio-demographic factors associated with these behaviors.

**Methods:** Cross-sectional data were collected from 653 predominantly minority youth in nine alternative high schools in a large urban county in Southeast Texas. The sexual behaviors examined among this population included lifetime and current (past 3 months) engagement of oral, anal and vaginal sex, number of partners, and use of condoms. Frequency of vaginal, oral and anal sex behaviors were analyzed by gender, age, and race/ethnicity. To examine the association between socio-demographic factors and vaginal, oral and anal sex behaviors, univariate prevalence odds ratio were computed.

**Results:** 70.4% of the population had ever had vaginal sex. Of those, 73.5% reported engaging in vaginal sex within the past three months. Overall, 31.1% of the population had ever engaged in oral sex. Of those, 83.3% reported having had oral sex within the past three months. Overall, 15% of the population had ever engaged in anal sex. Of these, 65.3% reported engaging in anal sex within the past three months. While Hispanics students were 65% less likely to report ever having vaginal sex when compared to African-Americans, they were two times more likely to report ever engaging in anal sex and 1.5 times more likely to ever report engaging in oral sex than African-American students. Overall, males were two times more likely to engage in both oral and anal sex compared to females. Data involving past three-month behavior, number of partners and use of condoms will also be presented.

### Conclusions

Results suggest that oral and anal sex are highly prevalent among alternative high school students, especially among Hispanic youth. Current HIV and STI prevention programs have been targeted at vaginal sex behaviors and have failed to address oral and anal sex behaviors. In addition, few programs have been developed specifically for Hispanic youth.

*BASIC PREVENTION SCIENCE*

**POSITIVE PSYCHOLOGY AS A PREVENTION PARADIGM**

**126 POSITIVE PSYCHOLOGICAL FACTORS THAT PREDICT WORK AMONG WELFARE RECIPIENTS.**

**Shawna Lee**, **Amiram Vinokur**, **University of Michigan, Ann Arbor, MI United States**

**Purpose:** We use positive psychology as a framework to explore factors that predict work among welfare recipients. Data were obtained from participants in a structured intervention that is grounded in mastery theory (Bandura, 1977) and seeks to improve work outcomes by increasing mastery and efficacy in the job search process. We propose a structural model to elucidate the relationship between mastery, financial strain, and perceived barriers to work, job search efficacy and work outcomes. In this model mastery is hypothesized to predict positive work outcomes through its effects on perceived barriers to work, depression, and job search efficacy.

**Methods:** Data were collected from 1,543 (91% female) clients applying for welfare benefits in an urban city in 2000-2002. Clients were mandated to participate in the intervention to qualify for welfare benefits. Participants were primarily minority group members (67%) with a mean age of 29.78 years. Most (63%) were high-school graduates or had received some post-high school education; 33% had less than a high-school education.

A questionnaire was used to assess mastery, depression, perceived work barriers, job search efficacy, reemployment intention, and employment outcomes. Data were collected on the first day of the intervention (T1), on the last day of the intervention (T2), and four-months (T3) following completion of the intervention. Data from T1 and T3 are used for these analyses.

**Results:** Tests of the proposed structural model indicate that there was a good fit between the data and the model [chi-square (108, N=1,004) = 539.56, NFI = .933; NNFI = .937; CFI = .95; RMSEA = .05]. All parameter estimates were significant at the .05 level or lower. Mastery is positively related to job seeking self-efficacy. Job search efficacy is positively related to reemployment intention. Increased mastery predicts lower levels of depression and perceived barriers. Depression has a negative impact on work outcomes. Perceived barriers have a direct positive impact on depression. Job search efficacy and reemployment intention positively predict work, whereas depression has a negative effect on work.
Implications: This study demonstrates that mastery and job-search self-efficacy are related to positive work outcomes among welfare recipients. An implication of this research is that interventions designed with the goals of positive psychology in mind may facilitate work and well-being among women on welfare. An additional benefit of such programs may be lowered levels of depression among participants.

127 ANTECEDENTS OF ACHIEVEMENT RELATED POSSIBLE SELVES: USING A POSITIVE PSYCHOLOGY PARADIGM. Haijing Dai1, Daphna Oyserman1, Deborah Bybee2, 1University of Michigan, Ann Arbor, MI United States; 2Michigan State University, East Lansing, MI United States

Purpose: Possible Selves are the future oriented elements of self-concept – what one could become or is afraid of becoming (Oyserman & Markus, 1990). Balance in possible selves refers to the construal of both a positive expected and a feared possible self in the same domain. Youth with balanced possible selves have both a positive self-identifying goal to strive for and are aware of the personally relevant consequences of not meeting that goal, preserving motivation to attain the positive and avoid the negative self. Balance may also decrease the range of strategies deemed acceptable because strategies that don’t increase possibility of becoming like the expected and avoid the feared self will be discarded. Positive effects of achievement-related possible selves for mental health, behavioral and academic outcomes have been found (Oyserman & Fryberg, in press). But, no research has systematically examined the antecedent factors predicting the emergence of achievement-oriented possible selves. We used a positive psychology model, which directs attention to the potential imbalance in the predictive power of risk and positive factors in adolescents’ lives.

Methods: We utilized the Fast Track project normative sample n=319 youth (171 white; 138 African American). For the current analyses, we used hierarchical regression, entering first location, gender, family socioeconomic status, then race, then grades in 7th grade, then risk factors (youth problem behavior and parent report of harsh discipline), and finally positive factors - youth social competence and parent report of everyday discussion with parent to predict 8th grade achievement-related possible selves.

Results: Positive factors have a significant added effect in the formation of expected achievement-related possible selves and balance, controlling for the effect of socio-demographic, academic achievement and risk factors, (F(2, 250) = 2.38, p < .05) for expected achievement-related possible selves, (F(2, 250) = 1.81, p < .1) for balanced possible selves. With regard to feared achievement possible selves, only risk (F(2, 250) = 6.9, p < .05), and not positive factors (F(2, 250) = 0.42, p > .3) significantly improved prediction.

Implications: Previous research highlights the importance of balanced achievement-related possible selves, our initial analyses of the Fast Track normative data suggest that prevention research efforts focused on promoting positive factors such as parent child communication and youth social competence are more effective in increasing this important self-regulatory self-system than would be efforts focused on reducing risk factors alone.

128 UTILIZING A POSITIVE PSYCHOLOGY FRAMEWORK TO EXAMINE ACADEMICALLY ORIENTED STRENGTHS OF MEXICAN AMERICAN YOUTHS. Inna Altschul1, Daphna Oyserman1, Deborah Bybee2, 1University of Michigan, Ann Arbor, MI United States; 2Michigan State University, East Lansing, MI United States

A positive psychology framework directs us to focus particular attention on the strengths of groups that are the targets of preventative interventions. This framework leads to the prediction that future orientation, hopefulness, and perseverance are key strengths that promote positive outcomes, and buffer against negative ones. The particular way in which these strengths are articulated is likely to differ among cultural groups. In this presentation we will compare the content of possible selves and racial identity of Mexican American and African American youths, stability and change in these constructs over the transition to high school, and the ways in which these promotive aspects of identity are predictive of positive (academic attainment) and reduction of negative (behavior problems, depression) outcomes.

Using Census and other national-level data, we outline risk and protective factors associated with Mexican ethnicity, focusing on protective factors as a potential source of motivation for success. Using this as a basis, we identify how risk and protective factors are articulated as part of Mexican ethnic identity, detailing both the potential for bi-cultural (or bridging in-group and larger American society) identities to facilitate academic involvement and the role of gender in content and motivational force of Mexican ethnic identity. Next we outline the role of cultural fatalism in self-regulation among Mexican Using questionnaire data collected in the fall and spring of 8th grade and again in the fall and spring of 9th grade from very low income Mexican American and African American youth (n=155) we show stability and change in possible selves and racial identity over time. The data show significant decline in number of achievement-related possible selves from fall to spring, with a bounce and decline again in the fall and spring of 9th grade. For components of racial-ethnic identity, differences between racial-ethnic groups emerge, with heightened racial-ethnic identity in the fall of 9th grade followed by a sharp decline for Mexican American youth, particularly girls. Content analyses of open-ended descriptions of racial identity suggest failure to integrate family, in-group practices, and school as a bridge. We discuss findings in terms of their application to our universal preventive intervention, School-to-Jobs.

*BASIC PREVENTION SCIENCE*

COLLEGE DRINKING AND SUBSTANCE ABUSE
This study examines the acute behavioral effects of oral d-amphetamine in high and low impulsive sensation-seeking adults. Healthy 18-30 year-old subjects (N=20) completed seven test days while participating three days per week. Sessions consisting of psychomotor, inhibition and impulsivity task performance, cardiovascular assessment, and subject ratings of drug effect, were completed 0, 60, 120 and 180 minutes after drug administration. Placebo and two active doses (7.5 and 15.0 mg/70 kg) were each administered under double-blind conditions on two days according to a randomized-block design. Significant stimulant drug effects (i.e., dose and dose by time interactions) were obtained on most measures of task performance, cardiovascular activity and subject ratings of drug effect. In addition, as in a previous study, significant impulsive sensation-seeking status by dose by time interactions were obtained on subject ratings of drug effect, including visual-analog ratings of stimulated, high, feel drug effect and like drug effect, with high impulsive sensation-seekers reporting greater drug effects. These data further suggest that the abuse liability of d-amphetamine is greater in high impulsive sensation seekers who are also more likely to initiate drug use. Supported by DA-05312 and RR-15592.
Our focus on impulsivity stems from Zuckerman's conceptualization of sensation-seeking in his psychobiological model of personality. In this model, impulsive unsocialized sensation-seeking is one of five personality dimensions that emerge from factor analyses of measures used in psychobiological research. The measure for assessing this personality dimension includes items that tap impulsivity and items that tap sensation seeking; these typically are combined to yield a single score on impulsive sensation-seeking. When scored in this manner, there is an assumption of equivalent and additive effects of impulsivity and sensation-seeking on outcomes. We reasoned that impulsivity might more profitably be cast as a moderator. Specifically, we hypothesized that sensation seeking, when coupled with impulsivity would indeed be a risk factor for substance use. When coupled with low impulsivity, however, we expected little or no association between sensation seeking and substance use. We tested these assertions using interview data from 8406 adolescents in grades six through twelve. Participants provided responses to the 8 impulsivity and 11 sensation-seeking items from the Zuckerman-Kuhlman Personality Inventory. In addition, we assessed prevalence of alcohol, tobacco, and marijuana use during the prior 30 days. We used hierarchical multiple regression analyses to predict use from impulsivity and sensation seeking. At the first step, we entered main effect terms for impulsivity and sensation seeking (centered), followed by the interaction term at the second step. The predicted pattern was apparent for all three substances. In each instance, the interaction term added significant prediction to a model including only the main effect terms. For marijuana, sensation-seeking was associated with 30-day use at high (t = 11.4, p < .001) but not low (t = 1.8, p > .05) levels of impulsivity. The sensation-seeking/substance use relation was significant at low levels of impulsivity for alcohol (t = 4.0, < .001) and tobacco (t = 2.8, < .01); however, the relation was substantially stronger at high levels of impulsivity (t = 17.5, respectively; ps < .001). These findings confirm our prediction that the effect of sensation-seeking on adolescent substance use is pronounced when coupled with high impulsivity but otherwise relatively weak.

**NEURO/COGNITIVE BASIC SCIENCE**

**133** SYNERGISTIC EFFECTS OF IMPULSIVITY AND SENSATION SEEKING ON ADOLESCENT SUBSTANCE USE. Rick Hoyle1, Jamieson Duval1, Bridget Freisthler2, Pacific Institute for Research and Evaluation, Berkeley, CA United States; 1Duke University, Durham, NC United States; 2University of Kentucky, Lexington, KY United States

The relation between sensation seeking and substance use is well documented. Although the sensation-seeking/substance use relation typically is described in unqualified terms, the fact that a nontrivial proportion of high sensation seekers do not use alcohol, tobacco, or other drugs suggests that the effect is qualified by other variables. We considered impulsivity as a moderator of the sensation-seeking/substance-use relation. Our focus on impulsivity stems from Zuckerman’s conceptualization of sensation-seeking in his psychobiological model of personality. In this model, impulsive unsocialized sensation-seeking is one of five personality dimensions that emerge from factor analyses of measures used in psychobiological research. The measure for assessing this personality dimension includes items that tap impulsivity and items that tap sensation seeking; these typically are combined to yield a single score on impulsive sensation-seeking. When scored in this manner, there is an assumption of equivalent and additive effects of impulsivity and sensation-seeking on outcomes. We reasoned that impulsivity might more profitably be cast as a moderator. Specifically, we hypothesized that sensation seeking, when coupled with impulsivity would indeed be a risk factor for substance use. When coupled with low impulsivity, however, we expected little or no association between sensation seeking and substance use. We tested these assertions using interview data from 8406 adolescents in grades six through twelve. Participants provided responses to the 8 impulsivity and 11 sensation-seeking items from the Zuckerman-Kuhlman Personality Inventory. In addition, we assessed prevalence of alcohol, tobacco, and marijuana use during the prior 30 days. We used hierarchical multiple regression analyses to predict use from impulsivity and sensation seeking. At the first step, we entered main effect terms for impulsivity and sensation seeking (centered), followed by the interaction term at the second step. The predicted pattern was apparent for all three substances. In each instance, the interaction term added significant prediction to a model including only the main effect terms. For marijuana, sensation-seeking was associated with 30-day use at high (t = 11.4, p < .001) but not low (t = 1.8, p > .05) levels of impulsivity. The sensation-seeking/substance use relation was significant at low levels of impulsivity for alcohol (t = 4.0, < .001) and tobacco (t = 2.8, < .01); however, the relation was substantially stronger at high levels of impulsivity (t = 17.5, respectively; ps < .001). These findings confirm our prediction that the effect of sensation-seeking on adolescent substance use is pronounced when coupled with high impulsivity but otherwise relatively weak.

**134** DIFFERENTIAL SHORT-TERM EFFECTS OF A VIOLENCE PREVENTION PROGRAM ON NEGOTIATION SKILLS IN AN URBAN MINORITY YOUTH SAMPLE. Mallie Paschall1, Diana Fishbein2, Diana Eldreth2, Christopher Hyde2, Robert Hubal2, Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA United States; 2RTI International, Baltimore, MD United States; 3University of Delaware, Elkton, MD United States; 4RTI International, Research Triangle Park, NC United States

Universal and targeted prevention programs have had limited success in preventing or reducing violence, substance abuse, and other delinquent behaviors among adolescents. This may be due to differences in adolescents’ responsiveness to preventive interventions as some may respond favorably while others may respond negatively or not at all. Differential responsiveness may be attributable to underlying
neurocognitive-emotive processes, which are associated with behavioral disorders such as substance abuse, aggression, conduct disorder (CD), and attention deficit hyperactivity disorder. This study tests the hypothesis that adolescents with CD and related indicators of neurocognitive-emotional deficits will be less responsive to one component of a model violence preventive intervention (Positive Adolescent Choices Training or PACT) designed for urban African-American youth. A purposive sample of 120 predominantly African-American male 15-17 year olds living in low-income Baltimore neighborhoods was recruited for the study. Half of these subjects met diagnostic criteria for CD, and half were randomly assigned to view a 30-minute PACT video ("Workin’ It Out") designed to improve adolescents’ negotiation skills in potentially violent situations. The PACT video was reinforced by a trained facilitator who asked follow-up questions about negotiation skills presented in the video to ensure that each subject was sufficiently exposed to the video. Baseline and post-intervention measures of negotiation skills were based on (1) a four-item paper-and-pencil aggressive conflict-resolution scale with hypothetical situations (e.g., “Imagine that you’re in line for a drink of water. Someone comes along and pushes you out of line. What would you do if that happened to you?”) and five possible response options for each hypothetical situation ranging from information seeking (“Ask him why he pushed you out of line”) to physical aggression (“Push him out of line”), and (2) a multi-item measure of interpersonal communication skills derived from subjects’ performance on three novel interactive virtual reality vignettes. The study also includes measures of subjects’ IQ and executive cognitive function (ECF, based on Rogers Decision-Making Task). Results of regression analyses indicate significant PACT x CD group effects on both conflict-resolution and interpersonal communication skills, with stronger PACT effects observed among subjects without CD. The differential PACT effects were more pronounced when controlling for subjects’ IQ and ECF. Results provide support for the hypothesis that adolescents with neurocognitive-emotional deficits are less likely to respond favorably to universal or targeted prevention programs than adolescents without such deficits.

*BASIC PREVENTION SCIENCE*

SCHOOL BASED INTERVENTIONS

135 THE MALAYSIAN CHILD AND ADOLESCENT WELL-BEING STUDY: IMPLICATIONS FOR PREVENTION EFFORTS IN SCHOOLS. Brendan Gomez1, Patricia Ang2, J. Coatsworth4, Craig Edelbrock4, 1Pennsylvania State University, University Park, PA United States

This presentation describes measurement of assets and risks in adolescents through a study called the Malaysian Child & Adolescent Well-being (MCAW) Study. MCAW is one of few recent international studies to include measures of developmental assets with measures of risk in assessing adolescent psychological wellbeing.

First, using the Developmental Assets Profile (DAP; Search Institute, 2003) we will report profiles of internal and external assets by age, gender, ethnicity and groups considered at higher risk. The internal assets dimension of the DAP consist of scales measuring commitment to learning, positive values, social competencies, and positive identity; while the external assets dimension consist of scales for social support, empowerment, boundaries and expectations and constructive use of time. The DAP was translated into the Malay language, the national language of Malaysia. We will illustrate how findings from MCAW can be used in alerting school personnel on the utility of profiling risk and protective factors of adolescents in school as a first step towards prevention efforts focused on positive youth development. Second, we will explore association between school variables such as teacher social support and adolescent health outcomes such as depression. We intend to show how assets such as social support are important in Malaysia, just as it is in the United States, in its association with psychological wellbeing, and implications for school prevention efforts.

Our sample of about 1800 consist of 13, 14 and 16-year-old students from 3 urban secondary schools. They reflect current population estimates of ethnic ratios i.e. about 58% Malays, 22% Chinese, 10% Indians and 10% of other Asian ethnic groups. There is about equal representation of both genders. MCAW marks initial efforts in determining the scope of adolescent psychological health in Malaysia, a multicultural and developing country in Southeast Asia. Almost 46% of Malaysia’s 22 million population are below the age of 22 and there is growing concern that increasing numbers of adolescents are having difficulties managing the challenges of development.

136 EFFECTS OF THE RECONNECTING YOUTH INDICATED DRUG PREVENTION PROGRAM ON DELINQUENCY AND SCHOOL SUSPENSIONS. Karen A. Snedker1, Jerald R. Herting1, Brooke Randell1, Leona L. Eggert1, 1University of Washington, Seattle, WA United States

The intent of this paper is to address secondary positive effects of the Reconnecting Youth (RY) indicated drug use prevention program on related outcomes of delinquency (e.g. theft) and school suspensions. We explore both the effects of RY and an additional program that uses RY combined with a parental component. Reconnecting Youth targets high school aged youth at risk of school dropout and has demonstrated effects in reducing drug use, increasing mood management, and increasing school achievement. In this evaluation the RY program was delivered as an intensive year-long school-based program designed to augment positive social support and basic life skills; the parent component was delivered as a 12-session intervention designed to teach parents the skills being taught in the RY classroom with the intent to reinforce the training and goals of their students.
Our analysis uses data from a randomized experiment in which high-risk youth (at risk of dropout) were invited to participate in the intervention and then randomized to one of three conditions: 1) school as usual control, 2) RY only, and 3) RY plus the parent component. In total, 521 youth were sampled and randomized to condition (RY only (n=203); RY and Parent (n=165); Control (n=153)). All youth were measured 3 months prior to assignment (T1), at assignment (T2), during (T3), post-program (T4) and at a 6-month follow-up (T5). Over 81% of the sample is present for the 6-month follow-up; nearly 90% are available at T4. Measures of delinquency are based on self-report and measures of school disciplinary actions are based on self-report and based on school records.

We use a growth model approach to the analysis of the five time points. Results indicate that the RY program continues to reduce use of drugs and increases mood management and school performance compared to controls. The results further suggest significant effects on delinquent behavior demonstrating additional impact of the program in a related but not specifically targeted behavior. In general, these findings demonstrate that a prevention program focused on generalized social support and life-skills training have effects beyond the target drug behaviors. However, while the results suggest an effect of the program compared to controls, there appears to be no difference in these effects between the RY only group and the RY plus parent group.

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CONTINUITY IN THE CHARACTERISTICS OF CHILDREN’S PEERS ACROSS THE SCHOOL YEAR. Scott Gest1, Kelly Rulison1, Janet Welsh1, Celene Domitrovich1, 1Pennsylvania State University, University Park, PA United States

Friendships and social groups can be regarded as micro-contexts within which children’s behaviors, values and beliefs develop at school. Prior research indicates that (a) children interact more intensively with their friends and with members of their social groups than with other classmates and (b) the characteristics of children’s friends and peer group predict changes over time in children’s own externalizing behavior problems and academic achievement and motivation. Such ‘peer influence’ effects are thought to reflect friends’ selective reinforcement of particular values or behaviors, suggesting it may be as important to study continuity in the characteristics of a child’s ‘peer environment’ as it is to study continuity in particular relationships. For example, peer environments may remain stable even when particular friendships come and go. The goal of the present study is to quantify the extent to which children’s peer environments remain consistent across a school year with respect to salient attitudes and behaviors. Participants were 3rd, 4th and 5th grade students at an elementary school serving a working-class, rural community in central Pennsylvania. Student surveys and teacher ratings were obtained in late October and May for 379 students. Student surveys included scales assessing perceptions of teacher supportiveness, school supportiveness (e.g., people at this school care about each other). Teachers rated students’ prosocial engagement with peers, academic skills and aggression. Preliminary analyses indicate that children’s perceptions of teacher supportiveness are more positive for girls, for students in lower grades, and in the Fall. Fall-to-Spring declines in perceptions of teacher supportiveness were greatest among students in their first year of middle school, suggesting that normative declines in perceptions of teacher supportiveness may begin in elementary school but accelerate with the transition into middle school. Regression analyses predicting changes in student perceptions of school from prior behavior provide consistent support for the view that aggressive behavior undermines students’ liking for school by undermining their perceptions of teacher supportiveness and school supportiveness.

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A TWO-YEAR LONGITUDINAL STUDY OF CHILDREN’S PERCEPTIONS OF SCHOOL: NORMATIVE TRENDS AND BEHAVIORAL INFLUENCES. Scott Gest1, Janet Welsh1, Celene Domitrovich1, 1Pennsylvania State University, University Park, PA United States

Prior research suggests that students’ perceptions of teacher supportiveness and school supportiveness contribute to school bonding, which in turn promotes academic and behavioral competence. Most of this research has focused on individual differences in student perceptions of school and on the links between those perceptions and subsequent academic and behavioral competence. This poster adds to that research by using data from a 2-year longitudinal study (a) to document normative developmental trends in perceptions of school in the years leading up to the middle school transition and (b) to examine the role of academic skills, peer success and aggressive behavior as potential determinants (rather than outcomes) of students’ perceptions of school. Participants are 452 children attending in a small town in the northeastern U.S. (99% Caucasian). Ninety-five percent of all students enrolled in Grade 3, 4 or 5 at one elementary school participated in the initial data collection. Data were gathered in the Fall and Spring of two consecutive school years (i.e., 4 times). Assessments included a group-administered student survey that includes reports of school liking, perceptions of teacher supportiveness (e.g., my teacher is kind to me) and perceptions of school supportiveness (e.g., People at this
example, individual continuity was substantial, r = .70 to r = .80, while peer environment continuity was moderate but weaker, r = .40 to r = .50. Continuity in individual attitudes about school was more moderate (r = .40 to .50), with peer environment continuity only slightly weaker. These patterns suggest moderate continuity in the peer environment in terms of both teacher-rated behavior and student-reported perceptions of school. Understanding factors associated with changes in peer environments may provide important clues regarding forces for change in individual behavior.

**BASIC PREVENTION SCIENCE**

139 PREDICTORS OF VIOLENT BEHAVIOR AMONG RURAL MIDDLE SCHOOL YOUTH. Randall Swaim, Kimberly Henry, Kathleen Kelly, Colorado State University, Fort Collins, CO United States

Despite overall declines in the level of student violence over the last decade, incidents of school shootings in rural communities has raised concern about school safety in smaller locations. This study examined predictors of violence among a sample of exclusively rural youth. Verbal and physical measures of aggression were assessed among 1440 7th and 8th grade youth from six rural middle schools spread geographically across the U.S. Logistic regression analyses were used to determine multivariate sets of predictors among background, interpersonal, and intrapersonal variables. The four dependent variables for violence included verbal harassment, threats, physical violence, and fights in the last 30 days. Independent variables included gender, grade in school, ethnicity, family constellation, family attitudes toward violence, family communication regarding violence, family actions against violence, family/peer relationships, peer violence, self-confidence, shyness, anxiety, depression, alienation, anger, risk-taking, academic performance, and alcohol, cigarette, and marijuana use in the last month. Missing data were handled using multiple imputation. Predictor variables of interest were divided into six domains including background, family, peer, personality, academic performance, and substance use. Separate logistic regressions were run within each domain across the four variables for violent behavior. A final model was specified that included significant predictors from each of the domain models. Similar, but varying sets of predictors were associated with increased likelihood of violence across the four dependent variables. The most consistent set of predictors was gender, family actions against violence, peer violence, anger, academic performance, and alcohol use. Other variables were significant predictors in at least some of the domain models, but were not significant predictors in any of the final models. These included family constellation, family attitudes toward violence, self-confidence, and alienation. Family communication and depression were not significantly related to violent behaviors in any of the domain models. The remaining predictors were significantly related, but inconsistently to violent behaviors. Based on comparisons with studies of non-rural youth, it is concluded that similar factors predict violent behavior across level of urbanicity.

140 THE INTERSECTION BETWEEN INTIMATE PARTNER VIOLENCE AND THE WORKPLACE. Jennifer Swianberg, Caroline Van Kempen, University of Kentucky, Lexington, KY United States

BACKGROUND: Extant literature indicates that Intimate Partner Violence (IPV) negatively impacts job performance in a variety of ways, including decreased productivity, increased tardiness and absenteeism, and increased job turnover rates. Research examining how IPV victims cope with IPV while at work is limited; additionally, research looking at employer strategies to prevent the negative impacts of IPV on employees’ job performance is even scarcer.

OBJECTIVE: Using a sample of employed IPV victims, this study seeks to examine: prevalence rates of IPV; consequences of batterers’ actions on job performance; circumstances pertaining to workplace disclosure of IPV; types of workplace supports offered; and effects of supports on employment outcomes.

RESEARCH DESIGN: This exploratory research study used a sample drawn from a larger workplace violence study that was conducted at one southeastern municipality. The workplace violence survey was distributed to the total workforce (N=2,378), and resulted in the collection of 868 usable surveys. Of the 868 respondents, 34 reported experiencing recent (past year) IPV. This sub-sample of recent victims made up the sample for this pilot study. Qualitative and quantitative descriptive analyses were conducted using SPSS computer software.

RESULTS: The prevalence rate of recent IPV in the total sample equaled 4%. Within the sample of recent IPV victims (N=34), participants reported that their batterers relied on a variety of tactics to interfere with their partner’s professional life, including phone and in-person harassment, lying to co-workers, and undermining victim’s efforts to go to work. Victims reported that these interference tactics impacted their job performance in a variety of ways, including inability to concentrate, inability to perform job to best of abilities, going home sick, and calling in sick. Forty-four percent of the sample disclosed the abuse to someone at work, most frequently a co-worker or supervisor. Common supports offered to disclosing victims included: a listening ear, resource information, and co-worker support. All disclosing victims reported being satisfied with the supports. Moreover, 73% of participants reported that the supports helped them maintain employment, and 87% reported that having a job helped them cope with the IPV.

IMPLICATIONS: These findings suggest that not all victims feel comfortable disclosing abuse, yet when they do, disclosure often leads to positive outcomes. Additionally, workplace supports may be effective strategies for preventing the negative consequences of IPV on employment, including job losses. As such employer supports may result in more stable employment patterns for IPV victims.
This study explored three possible sources of influence on tobacco use among young adolescents that are hypothesized by primary socialization theory: peers, mood and parents. We also consider social skills as a link between peers and depression. Additionally, this study investigated the impact that these sources of influence have on normative perceptions. Primary socialization theory, social network approach and social learning theory all contend that it is through interactions with relevant others that norms are conveyed. We investigated the relative contribution of each factor to perceived normative use of tobacco via structural equation modeling. The first model tested the relative impact of peers, depressed mood, parental communication, and social skills on an index of smoking behavior. Adequate model fit was achieved (CFI= 0.98 and chi-square = 105.90, p = 0.08). Only the peer factor was predictive of smoking. A second model was built with normative perception of tobacco use as the outcome, and adequate fit was achieved (CFI= 0.99 and chi-square = 154.28, p = 0.16). These findings support the assertions of the primary socialization theory. Depressed mood and peers affected the perceptions of normative use indicating a fairly distal relationship of personality with tobacco use. Peers themselves were the only factor to predict tobacco use, and were more strongly related to smoking than personality or parental factors. Support was also found for Lewisohn’s contention that depressed adolescents have trouble negotiating their peer environment because of social skills deficits.

Objective. Previous research has demonstrated that neurobehavioral disinhibition (ND) is a cardinal component of the liability for substance use disorder (SUD). This investigation tested the hypothesis that cognitive distortions mediate the association between ND in childhood and adolescent substance use and adult substance use disorder (SUD). Methods. Boys with father having SUD (n=88) and psychiatrically normal father (n=127) were prospectively studied from late childhood to young adulthood. Results. Cognitive distortions (age 12-14) mediated the association between ND (age 10-12) and marijuana use (age 16). ND and marijuana use but not cognitive distortions predicted SUD (age 19). Conclusions. Cognitive distortions mediate the association between ND and marijuana use. However, cognitive distortions do not mediate the association between ND and SUD. These findings demonstrate that cognitive distortions do not directly impact the risk for SUD but rather indirectly by promoting marijuana consumption.
form of weight control. Social influence techniques such as imagery, the self-prophecy effect, and explanation effects were also applied in designing the intervention. Preliminary results from the initial implementation of the intervention, along with the model from which the intervention was derived, will be presented.

144 SELF-SYSTEM PREDICTORS OF RISKY FIRST INTERCOURSE. Amanda Gottschall1, Linda Collins1, Mildred Maldonado-Molina1,1 Pennsylvania State University, University Park, PA United States

Early sexual encounters are an opportunity to explore and experiment with sexual health practices, such as contraception, which can affect an individual’s health and well-being for the rest of his or her life. An understanding of what factors predict risky first intercourse can inform prevention plans and help them be more effective in establishing safe sex patterns early on in an adolescent’s sexually active life. Kotchick, Shaffer, Miller, and Forehand (2001) used a multi-systemic perspective to interpret a decade’s worth of research on risky sexual behavior. One domain of influence over an adolescent was argued to be the self-system, which is comprised of factors belonging to an individual that have the potential to affect the individual’s behavior in some way. Kotchick et al. (2001) divided the self-system into biological, psychological, and behavioral factors. Examples of biological factors predictive of risky sexual behavior include age, pubertal development, gender, and race. Psychological factors found to be predictive of risky sexual behavior include cognitive competence, self-efficacy, self-esteem, psychological distress, religiosity, knowledge or sexuality, risk perception, and moral attitudes. Behavioral factors demonstrated to predict risky sexual behavior include delinquency, substance use history, substance use immediately before or after intercourse, personality traits, and early sexual debut. The present study uses this framework to examine whether parts of the self-system can be used to predict risky sexual behavior. Participants for this study come from the National Longitudinal Study of Adolescent Health dataset (Add Health; Resnick et al., 1997), which took 7th through 12th graders from a stratified random sample of all high schools in the United States. Subjects of interest were those 1,133 adolescents in grades 7 through 11 who reported never having sexual intercourse at Wave 1 (collected April 1995 – December 1995) and reported having sexual intercourse by Wave 2 (collected April 1996 – August 1996) when they would be in grades 8 through 12. Logistic regression is used to find the significant predictors in the biological, psychological, and behavioral domains separately for males and females. Risky sexual behavior is assessed by non-condom use, as non-condom use fails to provide protection against both sexually transmitted infections and pregnancy. Multiple partners, early sexual debut, and other measurements sometimes included to define sexually risky behavior are excluded from the definition used here, as on their own they have no potential to directly result in a sexually transmitted disease or pregnancy.

145 RAP/HIP-HOP MUSIC, MALT LIQUOR USE, ILLICIT DRUG USE, AND AGGRESSION. Meng-Jinn Chen1, Joel Grube1,1 Prevention Research Center, Berkeley, CA United States

As rap and hip-hop music become increasingly popular among young people, many people are concerned with youths’ exposure to rap/hip-hop music because of the violent, sexual, and materialistic contents of the verbal and visual imagery. Such concern is based on an assumption that frequent exposure to this kind of media messages will have negative impacts on young people’s thoughts and behaviors. Furthermore, rap/hip-hop music has been used to promote the sale of many consumer products. Malt liquor, in particular, has been portrayed as “gangsta drink of choice, the brew of alienation” in the hip-hop music and is associated in popular culture with drug use, underage drinking, misogyny, violence, and irresponsible sex (Alaniz & Wilkes, 1998; Herd, 1993). The current study examined the associations between exposure to rap/hip-hop music, malt liquor use, illicit drug use, and aggression. The data were collected from an ethnically diverse sample of 1,033 community college students in California (aged 15-25; 43% male). Bivariate analyses showed no significant gender or age differences in listening to rap/hip-hop music. African American students, however, were more likely than students of other ethnicities to listen to rap/hip-hop music. The analyses further showed that, compared with students who did not listen to rap/hip-hop music, those who listened to this type of music were more likely to drink alcohol in general and malt liquor beverages in particular, drink heavily and get intoxicated. They were also more likely to use marijuana, club drugs and other illicit drugs. Rap/hip-hop music listeners also exhibited higher levels of sensation seeking and were more likely to report aggressive behaviors. Logistic regressions controlling for age, gender, ethnicity, level of sensation seeking, and malt liquor use showed that exposure to rap/hip-hop music was still significantly associated use of marijuana and club drugs but not use of other illicit drugs nor aggressive behaviors; whereas malt liquor use and sensation seeking were significantly related to the likelihood of use of all illicit drugs and aggressive behaviors. Our data overall suggests strong associations between exposure to rap/hip-hop music, sensation seeking, malt liquor use, illicit drug use, and aggression.

146 SCREENING INSTRUMENTS FOR POSTPARTUM DEPRESSION: IMPLICATIONS FOR PREVENTION. Rhonda Boyd1, Huynh-Nhu Le2,1 University of Pennsylvania School of Medicine, Philadelphia, PA United States; 2George Washington University, Washington, DC United States

Postpartum depression (PPD) is a significant public health issue because of its negative impact on women, children, and families. Yet, up to 50% of cases of PPD go undetected. In
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response, more widespread screening efforts have been recommended and implemented in clinical, community, and primary care settings. Screening is important to be able to identify those at risk for depression in order to: (a) detect depression in underserved populations, (b) identify those in need of mental health services, and (c) provide appropriate interventions aimed at preventing mental health problems in mothers and their children.

The purpose of this presentation is to review eight self-report measures that have been used to screen for risk of depression during the postpartum period. The following instruments are reviewed: Beck Depression Inventory-I/II (BDI-I/II), Bromley Postnatal Depression Scale, Center for Epidemiological Studies Depression Scale, Edinburgh Postnatal Depression Scale (EPDS), General Health Questionnaire, Inventory of Depressive Symptomatology, Postpartum Depression Screening Scale (PDSS), and Zung Self-Rating Depression Scale. Published literature on the psychometric properties of these self-report depression measures is reviewed. The reliability of each instrument will be evaluated using the following traditional indicators: (a) internal consistency, (b) test-retest reliability, and (c) split-half reliability. The validity of each will be examined in two ways: (a) sensitivity and specificity and (b) concurrent validity.

Results from this review suggest that the EPDS is the most extensively studied measure with postpartum women with moderate psychometric soundness. For example, the EPDS demonstrates adequate reliability, moderate concurrent validity, however, the sensitivity (23-100%) and specificity (19-97%) values are wide ranging, resulting in potentially large numbers of false negatives and false positives, respectively. The PDSS and the BDI-II show promising psychometric properties, but there are few psychometric studies of these instruments. The PDSS demonstrates good to excellent internal consistency, concurrent validity, sensitivity, and specificity. In addition, the BDI-II has been shown to have excellent internal consistency, good concurrent validity, moderate sensitivity, and excellent specificity. Overall, a major weakness of the reviewed instruments is their relative low sensitivity. The complexity of selecting a self-report screening instrument for depression in the postpartum period for screening and prevention purposes is discussed. Implications for practice, research, culture and language are also discussed.

148 CONCEPTUAL CONFUSION IN THE FIELD OF PREVENTION OF MENTAL DISORDERS: CAPLAN (1964) REVISITED. Bergljot Gjelsvik1, University of Oslo, Oslo, Norway

This paper focuses on the importance of a concise concept of prevention in order to design effective interventions in the area of mental health. Due to the conceptual confusion concerning the term prevention in developmental psychopathological research, important aspects of the concept of prevention will be highlighted and discussed. Further, a redefinition of prevention will be suggested.

A major finding is that the concept of prevention has been strongly individualized during the last thirty years. According to the traditional conceptualization of prevention established by Caplan (1964), the concept of prevention is reserved exclusively for population-focused interventions. Recent conceptualizations, however, refer to prevention as an umbrella concept for interventions aimed at both populations and individuals. By including both large-scale interventions and individual therapy sessions, this position can be said to blur the distinction between prevention and treatment. Hence, interventions preventing different kinds of outcome (for example prevalence increase of a certain disorder in the population versus sustained suffering for the individual) get mixed up. Different outcomes, in turn, correspond to different types of risk factors (for example risk factors for depression onset in the population versus risk factors for sustained depression for an individual). Further, individualizing prevention leads to a change in the prevention initiative, from the political level to the individual mental health specialist.

Thus, it is argued that the concept of prevention should be redefined, referring to interventions that 1) occur before
onset of the disorder of interest, 2) are population-focused, and 3) are aimed at reducing the prevalence of mental disorders on a population level. In some respects, this redefinition can be said to represent a return to Caplan’s (1964) conceptualization. A redefinition will establish a more clear-cut distinction between prevention and treatment, and thereby explicate the knowledge base relevant for prevention of mental disorders.

149 IMPROVING KNOWLEDGE AND BEHAVIORS OF HEALTH CARE PROVIDERS AROUND FETAL ALCOHOL SYNDROME. Tiki Hartshorn Gwynne 1, Janis Kupersmidt4, Rebecca H. Reeve2, 1Innovation Research and Training, Inc., Durham, NC United States; 2Governor's Institute on Alcohol and Substance Abuse, Inc., Research Triangle Park, NC United States

Funded by a federal community initiated prevention intervention grant, the Baby First Partnership Project trained health care providers on fetal alcohol prevention. While the original design included physicians and office monitoring, barriers were encountered concerning liability and IRB issues. As a result, all trainings were coordinated through the county Area Health Education Center. Pre- and post-training measures with items pertaining to knowledge, behaviors, and attitudes were administered and collected for those who received the fetal alcohol curriculum as well as for participants in a comparison group who received an unrelated training. An additional follow-up survey was mailed to all participants eight weeks after training. Significant group by time interactions confirmed that the fetal alcohol training was effective at increasing knowledge and improving prevention behaviors for participants in the intervention group. In particular, the post-test revealed that those in the intervention group reported feeling more comfortable screening, interpreting, discussing and referring patients; responded correctly to more knowledge items; as well as reported less concern about their patients’ reactions to being asked about alcohol use following training compared to participants in the comparison group. Results from the follow-up survey showed that both groups reported an increase in the number of patients being screened for alcohol use as well as more frequent discussions of fetal alcohol at the time of the follow-up compared to prior to the trainings.

150 THE PRODUCTION OF KNOWLEDGE ABOUT YOUTH HEALTH AND WELLBEING IN AUSTRALIA. Maree Sidley1, 1University of Melbourne, Parkville, Victoria Australia

Youth health and wellbeing as an area of practice and research is currently receiving a great deal of attention. Despite the growing interest in the term and the common assumption that youth health and wellbeing is an admirable societal goal, there appears to be little examination as to how knowledge in this area is produced. This paper explores both Australian and international perspectives on youth health and wellbeing.

The cross-disciplinary and multi-discourse nature of health and wellbeing research is exciting. It offers the potential for great progression in our understanding of how to best meet the needs of young people in an increasingly complex, technological and global society. However, the breadth of this area can create difficulties for researchers faced with having to make comparisons between unfamiliar research modalities.

It is also possible that health and wellbeing research offers the opportunity to construct a new research paradigm, one that is less fragmentary, offers greater opportunities for inter-disciplinary research, encourages a more holistic understanding of young people and most importantly, allows young people to be active participants in the research process.

This presentation encourages some critical thinking about the ‘health and wellbeing’ phenomena, what we mean by the term, how we use it and why we use it. It highlights some of the challenges faced by those that research and practice in health and wellbeing, and argues for a note of caution in our rush to embrace a ‘health and wellbeing’ framework.

Maree is currently undertaking a PhD at the Youth Research Centre investigating the production of knowledge in relation to youth health and wellbeing. She also coordinates the Mental Health Promotion area at ORYGEN Youth Health incorporating; education and training, consultation, consumer participation, health promotion, and policy and advocacy work across many different sectors.

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151 SOCIAL ENVIRONMENT IN THE ACCULTURATION OF DRUG- AND GANG-INVOLVED SOUTHEAST ASIAN YOUTHS. Juliet P. Lee1, 1Prevention Research Center/Pacific Institute for Research and Evaluation, Berkeley, CA United States

Hypotheses: Acculturation is a process of social change in which immigrants and their children make accommodations between their cultures of origin and those of the host society. Outcomes of this process depend on many factors, including family immigration histories, statuses within the society of origin and host society, and the degree of similarities and differences between the cultures of the host and origin society. These factors determine the social norms to be accommodated as well as the resources available to immigrants and their children in negotiating this process. The drug and gang involvement of Southeast Asian youths will reflect the specific social environmental factors in the process of acculturation for them.

Sample Strategy: Purposive sample of currently or formerly drug-involved Southeast Asian youth and young adults from two low-income, multi-ethnic communities in the San Francisco Bay Area.

Sample Size: 31

Data Collection: Confidential in-depth semi-structured interviews of one to two hours.

Analytic Methodology: Analysis of interview
transcripts by thematic content. Findings: Family is a key social environment aspect in the drug and gang involvement of these youths. Respondents reported home lives shaped by a wide generation gap between their own and their parents’ generation, a sense of alienation from families and cultures of origin. They reported "street life" framed by racial tensions and gang violence, easy access to drugs and alcohol, and an alternative "ghetto" youth culture in which drug use and gang involvement are highly normative. Youths look to themselves and each other for guidance and role modeling. Drug-using and gang-involved peers and older cousins serve as role models and gateways to drug and gang involvement. Gangs act as alternative families for these youths.

Prevention Implications: Acculturation has differential effects for first- and second-generation new Americans. Low-income immigrant families may need support beyond their initial arrival period. Peer role models are key for second-generation youths; youth leadership opportunities and positive role models may help channel youths away from gangs and drugs.

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THREAT APPRAISALS IN CHILDREN. Tim Ayers1, Wai-Ying Chow1, Irwin Sandler1, 1Arizona State University, Tempe, AZ United States

Children’s appraisal processes have increasingly been recognized as being important in the prediction of coping efforts and in the relationship to measures of adaptation. Although more measure development work has been done in the adult area there have been some initial efforts to develop theoretically based and psychometrically sound measures for the adult area there have been some initial efforts to develop. What I Felt Scale (WIF) that assessed children’s appraisals of threat predicted symptomatology over and above a traditional measure of life stress. As part of a longitudinal study examining the impact of parental job loss on family functioning, a Revised What I Felt Scale (WIF-R) was administered for one event identified by the Contextual Assessment of Stressful Events in Children Interview (CASEC). Along with the CASEC, a 70 item Life Events Checklist (LEC) was used to assess child stress during the last 12 months from the child’s perspective. All of these measures were re-administered one year later. Measures of adaptation collected include the Reynolds Depression and Anxiety Scales and the Coatsworth Competence Scale. The sample includes 203 children and adolescents (109 females, and 94 males) ages 9-14 and their parents. Families are primarily African American (49%), and Caucasian (43%) and include 51% two-parent families and 49% single-parent families. Using CFA, this poster will test the original three-dimensional model developed by Sheets et al. 1996 using data collected with the revised WIF. The underlying factor structure can be validated using the WIF-R data collected one year later and the factorial invariance of the measure across age will be explored. Classifying the stressors identified on the CASEC by domain, descriptive information about the frequency and types of appraisal evident within each domain will be presented. Finally, using appraisal scores from both administrations of the WIF-R we will examine the relationship of appraisal to the measures of adaptation at the one year follow-up assessment controlling for life stress.

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PARENTING QUALITY, DEVELOPMENTAL ASSETS, AND ADOLESCENT SUBJECTIVE WELL-BEING. Patricia Ang1, J. Coatsworth1, 1Pennsylvania State University, University Park, PA United States

This study examined the relationships between parenting quality, internal and external developmental assets, and adolescent subjective well-being (SWB) (Diener, Lucas & Oishi, 2002; Huebner & Dew, 1995). Parenting quality includes the adolescent’s report of his/her mother’s emotional awareness, amount of shared time, and positive parenting. Developmental assets consist of two broad categories of assets: internal and external assets (Scales & Leffert, 1999). Internal assets are a reflection of adolescents’ positive skills, values and character; and this scale comprises adolescents’ positive values and identity, social competencies, and commitment to learning. The external assets scale included the amount of support, empowerment, boundaries and expectation, and constructive time use that the adolescent experienced. Subjective well-being, on the other hand, is a measure of the adolescents’ affective states, and cognitive appraisals of overall life satisfaction (Diener et al., 2002).

In this study, additive and mediating models among these variables was examined. Specifically our research questions were:

a) Do parenting quality and developmental assets (internal assets, external assets) independently and additively predict adolescent SWB?

b) Do developmental assets (internal assets, external assets) mediate the relationship between parenting quality and adolescent SWB?

Using a preliminary sample of 46 families, regression analyses was conducted and the mediation paths were tested. Results indicate that parenting quality (Beta = .51, p < .000) and internal assets (Beta = .39, p< .01) were both significant and unique predictors of adolescent SWB. These variables accounted for almost 60 % of the variance in the model (R2 = .569).

External assets (Beta = .32, p< .05) and parenting quality (Beta = .52, p< .000) were also both significant and unique predictors of adolescent SWB, and both variables accounted for 53 % of the variance in the model (R2 = .525).

A third model depicting the relationship between parenting quality and adolescent SWB explored adolescent internal assets as a mediator. Including internal assets in this
model resulted in a reduction in the regression coefficient from .67 to .51. Lastly, external assets was examined as a mediator between parenting quality and adolescent SWB. Including external assets into the second model also reduced the regression coefficient between parenting quality and adolescent SWB from .67 to .52.

These findings suggests that prevention efforts that help develop parenting quality can contribute toward positive youth functioning as seen from higher subjective well-being, or indirectly by facilitating the development of youth internal and external assets.

*EARLY CHILDHOOD DEVELOPMENT*

PREVENTIVE INTERVENTIONS WITH YOUNG CHILDREN

154 MEETING THE NEEDS OF FAMILIES WITH AT-RISK INFANTS AND TODDLERS: SERVICE COORDINATION PRACTICES IN HOME VISITING PROGRAMS. Susan Allen1,1University of South Florida, St. Petersburg, FL United States

Preventive home visiting developed over the last several decades to support families of infants and toddlers who are at risk for developmental delays or child maltreatment. Many of these programs are based on the ecosystems perspective that supports a strong parent component of services as essential for positive child outcomes.

This study examined the experiences of parents with service coordination / case management. Service coordination was conceived as having three interrelated components: a help-giving approach on a continuum of professional- to family-centered, the parent-service coordinator relationship, and specific interventions. The research examined aspects of parents' experiences with their home visitor that affect satisfaction and the intensity of services received, as well as parents' perceptions of assets and barriers for effective service coordination. Ninety mothers served by Help Me Grow home visiting in two adjacent Ohio counties were surveyed regarding interventions received and desired, the nature of the parent-service coordinator relationship, level of need, satisfaction with the program, and assets and barriers to effective practices. Parents were interviewed by phone or in their homes. Previously developed instruments measured the approach to help-giving and level of family need. Instruments developed as part of this research measured the intensity of service coordination interventions received and desired and parent satisfaction. Open-ended questions assessed assets and barriers. Quantitative analysis involved descriptive statistics, t-tests, correlations, and linear regression. Content analysis was used for the responses to open-ended questions.

Results indicate that families who perceive services to be more family-centered receive a higher intensity of interventions and are more satisfied. Level of need did not predict intensity of services received. Families who received more visits monthly on average had more intensive services and were more satisfied than those who received less frequent visits. Overall, families perceived that the program met their needs when they received family-centered interventions involving a service coordinator-parent relationship that was responsive to family-identified goals and characterized by frequent contacts. Results also suggest that, although the service coordination component of home visiting programs is valued, interventions to monitor child development and educate parents are valued more. Hiring practices and service coordinator training that support the development of family-centered relationships as well as policies that promote relationship building and allow flexibility for frequent service coordinator-parent contact are recommended.

INTERVENTION IN PSYCHOMOTORICITY TO PREVENT PHYSICAL AND MENTAL HEALTH PROBLEMS IN PRE-SCHOOL CHILDREN ATTENDING DAYCARE CENTERS. Suzanne Gravel1, Jackie Tremblay1,1Cégep de Jonqui ère - Tréfie, Jonquière, Quebec Canada

The TRÉFIE research team at the Cégep de Jonquière College carried out a three year research project in conjunction with two daycare centers in Saguenay, Quebec. The poster presentation describes the psychomotor practices integrated in the activity programs in both centers. The researchers explain the impact of these practices on a child’s development and their relevance as preventative measures. A characteristic of these practices is to physically allow each child to express himself through play and to gradually bring him to more cognitive forms of communicating, such as drawing and speaking. The role of the adult is to encourage the child to express himself and to incite him to talk about his everyday experiences. This becomes an important means of honing the child’s communication skills since there is someone who listens to the child and yet the child also plays an active role contributing to the conversation. Furthermore, movement appears to be a preventative measure, since children’s inactivity has the potential of becoming a public health problem. The final research report will include the training program tested with the personnel, as well as research results targeting the competencies to be developed when accompanying pre-school children in their development.

INTO THE DIGITAL DIVIDE: EVALUATION OF A PUBLICLY-FUNDED STATE INITIATIVE TO PROVIDE PRE-SCHOOL CLASSROOMS WITH COMPUTERS. Cara Poon1, Clancy Blair1,1Pennsylvania State University, University Park, PA United States

Opinion is divided as to the role of computer use in preschool education. Proponents document the potential for cognitive, social, and intellectual enhancement, while detractors identify potential hazards to these areas of early childhood development, including physical risks, and developmentally inappropriate usage (Alliance for Childhood, 2002; National Association for the Education of Young Children [NAEYC], 1996).
Currently, the state of Pennsylvania is promoting preschoolers’ use of computer technology through a publicly-funded initiative, CyberStart, that provides licensed early child care providers and educators free computers, internet access, and teacher training.

This evaluation of CyberStart examined teacher utilization of program resources among the 146 preschool educators participating in the first phase of the program. Teachers completed pre- and post-implementation surveys regarding developmentally-appropriate practices and beliefs (DAP/B), (Charlesworth, Hart, Burts, Thomasson, Mosley, & Fleege, 1993; Marcon, 1992), and attitudes towards computers (Selwyn, 1999). Demographic data on race, sex, education, income, and child care experience were also collected.

Chi-square and paired t -tests were used to analyze teacher-reported change in computer use, attitudes toward computers, and DAP/B. Results indicated that the number of teachers reporting regular classroom computer use significantly increased, $\chi^2(6, N = 131) = 18.44, p = .01$. Results also revealed significant changes in teachers’ attitudes towards computers. Teachers’ computer anxiety scores significantly decreased from Time 1 ($M = 19.60, SD = 9.13$) to Time 2 ($M = 17.21, SD = 8.81$), paired- $t(142) = 3.77, p < .001$. In addition, teachers’ perceptions that computers are useful for educational purposes significantly increased from $\chi^2(1, N = 142) = 4.23$ to $\chi^2(1, N = 14.23)$, paired- $t(142) = 13.47, p < .001$. Similarly, teachers’ perceived control of computers significantly increased $\chi^2(1, N = 14.77, SD = 5.01)$, Time 2 ($M = 15.81, SD = 4.24$), paired- $t(142) = 3.28, p = .001$. No program impact was observed on measures of teacher reported DAP/B: [Time 1 ($M = 38.23, SD = 7.64$), Time 2 ($M = 37.20, SD = 7.92$), paired- $t(137) = 1.85, ns$]; [Time 1 ($M = 45.83, SD = 8.93$), Time 2 ($M = 45.69, SD = 10.47$), paired- $t(134) = .16, ns$]. Further analyses will examine correlates of changes in computer use and attitudes towards computers with DAP/B and demographic characteristics. It is expected that findings will help to inform the debate over the role of computers in early childhood education.

157 DO EARLY INTERVENTION PROGRAMS ALLEVIATE BEHAVIORAL PROBLEMS IN CHILDREN WITH LEARNING DISABILITIES?.
Jennifer Yu1, Stephen Buka2, Marie Mc Cormick1, Garrett Fitzmaurice1, Alka Indurkhya2, 1Harvard School of Public Health, Boston, MA United States; 2Harvard University, Boston, MA United States

Background: Although early interventions such as Early Head Start demonstrate positive behavioral findings in children typically at risk for psychosocial maladjustment, it is unclear if such programs would produce similar results in other high-risk populations. This paper aims to fill this gap in the literature by examining the influence of an early intervention program received at ages 0-3 on the behavioral development of 8-year-old children with verbal (VLD) and nonverbal (NVLD) learning disabilities.

Method: The study sample was derived from a multi-site, randomized clinical trial examining the effects of an early intervention on the cognitive, social, and emotional development of 985 low birthweight infants. Children were identified as VLD or NVLD based on their discrepancy between cognitive performance and academic achievement in reading and arithmetic, respectively. Clinically-defined externalizing and internalizing behavior problems were identified using the Achenbach Child Behavior Checklist.

Results: There was a significant interaction between VLD and the intervention when predicting internalizing behavior. Specifically, VLD children who received the early intervention were three times more likely to exhibit internalizing behavior problems when compared to VLD children who did not receive the intervention ($p<0.01$). This interaction was not significant for externalizing behavior problems in VLD children. In addition, the intervention did not significantly modify the relationships between NVLD and externalizing or internalizing behavior.

Conclusion: The findings suggest that the early intervention had little impact on most clinical behavior problems in learning disabled children. The findings also suggest that early intervention programs may have iatrogenic effects on the behavioral outcomes of VLD children. Before drawing such conclusions, there are a number of factors to consider, such as methodological issues or the potential consequence of early intervention services without subsequent educational support.

A number of implications are associated with these findings. For instance, most evaluations of early interventions recommend additional “booster” resources, such as counseling and family support programs, in order to extend the positive effects of the intervention into later life. This paper discusses how incorporating similar services into special education programs may benefit learning disabled children by reducing the risk of future behavioral problems.

158 INFANT-PARENT ATTACHMENT PILOT PROJECT.
Jeff Den Otter1, Shelia Bulmer2, 1Department of Family & Community Services, NB, Woodstock, New Brunswick Canada; 2Department of Family & Community Services, NB, Fredericton, New Brunswick Canada

A study was conducted to test the effectiveness of providing early intervention services to parents who exhibit characteristics that might impact negatively on their capacity to form healthy attachments with their infants. An intervention, Modified Interaction Guidance, which has demonstrated clinical validity in increasing the incidence of secure attachment in infants, was offered on an in-home basis to moms evaluated as being generally at risk of having children with developmental problems. It is believed that evaluation of risk in other areas will be correlated with risk of having infants with disorganized attachment at 12 months. It is also believed that the predicted incidence of disorganized attachment in infants will be reduced through the use of the intervention.
In New Brunswick the PHPA (Public Health Priority Assessment) is used with mothers of newborns to evaluate risk of future developmental problems. Moms evaluated at-risk by this measure were offered Modified Interaction Guidance, an intervention that reduces atypical caregiver behaviors and increases maternal sensitivity and responsiveness to the needs of the infant. This project used this intervention through home visitation with paraprofessionals as a prevention initiative.

The hypotheses were:
1. That mothers who were at risk for raising children with developmental problems related to environmental and family factors were also at risk for raising children with disorganized attachment measured by coding for disrupted communication, a predictor of disorganized attachment, using the AMBIANCE (Atypical Maternal Behavior Instrument of Assessment and Classification)
2. That there would be no significant change in the communication pattern for the control group families.
3. That mothers in the treatment group would change their communication pattern.
4. That there would be more secure babies and fewer disorganized babies at 12 months in the treatment group.

The intervention group was recruited by Public Health Nurses. The intervention was delivered through the regular paraprofessional home visiting program in the area. The control group was comprised of moms in rural communities with a similar demographic pattern. The control group participated in a video recording of mom and baby at 4 months and in the Strange Situation procedure at 12 months. The intervention group consisted of 30 families. The control group had 25 families.

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THE MATERNAL SUBSTANCE ABUSE AND CHILD DEVELOPMENT PROJECT. Karen Howell1, Emory University, Atlanta, GA United States

Since 1980, the MSACD Project has been in the forefront of Georgia's Prevention and Intervention efforts as well as in research on Fetal Alcohol Syndrome and other drug exposures. The MSACD Project provides multiple prevention-centered activities in the form of information dissemination, education, consultation, and problem identification and referral to the public and other professionals and direct services to substance abusing women and their children. Last year alone, the MSACD Project served over 22,000 individuals via its website; published over 20 newsletters and Maternal Substance Abuse NewsLINES; developed fact sheets and brochures and curriculums related to high-risk maternal behaviors and the developmental consequences of maternal substance abuse; provided education and training to over 3,000 individuals in the public and professional community; worked with the food and beverage industry to promote positive alternatives to drinking alcohol during pregnancy; facilitated community-based processes to enhance community ability to effectively address maternal substance abuse issues by participation in both national and regional/state Task Force and Advisory Groups; and identified over 200 children and youth at high-risk for substance abuse due to their prenatal exposure to alcohol, tobacco and other drugs. This poster presentation will be an opportunity to outline the numerous prevention mechanisms that the MSACD Project is involved in, as well as to distribute the materials that have been generated by the Project thus far. Information will be presented on the poster regarding the MSACD Project's prevention efforts as well as the prevention and intervention efforts of the Marcus Institute's Fetal Alcohol Syndrome Clinic. The MSACD Project's "Best Practices Model" of identification, education, and prevention of alcohol-related birth defects will be outlined via this poster presentation and materials provided for all participants (e.g., FAS Fact Sheet, Smoking During Pregnancy Fact Sheet, Illegal Drug Use During Pregnancy Fact Sheet, FAS brochure, FAS Clinic brochure, as well as examples of curriculum modules created by the MSACD Project).

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A DEVELOPMENTAL PERSPECTIVE ON POSITIVE PSYCHOLOGY: ENHANCING COMPETENCE AMONG HOSPITALIZED CHILDREN UNDERGOING PAINFUL PROCEDURES. Cristina Bares1, University of Michigan, Ann Arbor, MI United States

One of the aims of positive psychology is to promote the positive qualities that individuals possess. Knowledge of how positive qualities change throughout development and how to promote well-being during childhood requires an understanding of normative developmental tasks and characteristics of children who adapt despite difficulties. The study of children at risk for developmental problems has revealed that despite negative circumstances some children overcome adversity. Resilient children have been shown to exhibit self-efficacy, relationships with prosocial adults, and good intellectual functioning. Building upon these qualities among at-risk children fits with the aims of positive psychology. This paper will discuss a model that promotes well-being through enhancing competence among hospitalized children who have cancer. It has been shown that the pain and distress experienced by hospitalized children during invasive medical procedures can be a risk for decreased medical compliance and psychosocial problems. If parents and physicians communicate with children in a way that enhances children’s sense of self-efficacy, children may experience less distress during subsequent procedures. Additionally, children may be more likely to comply with other medical treatments. The physical and emotional discomfort elicited during painful medical procedures is physically unavoidable. If children believe that they can manage the pain elicited through the procedure they are likely to moderate their emotional reactions to the procedure and, in part, decrease their distress. Before painful medical procedures, parents can help children increase their positive expectations about their ability to cope with the pain. Also, during the procedure parents can provide positive feedback and guidance to their child to encourage the child’s sense of mastery. Competence enhancement communications should be linked to children’s age appropriate developmental
tasks. For instance, preschool children will benefit from communication that elicits, and encourages, self-control behaviors. Similarly, school age children will benefit by being informed of what adults expect of them during the procedure, what behaviors would fulfill those expectations, and by parents who can guide the child’s behavior to meet the expectations. Parents and health professionals can reframe children’s cognitions about the procedure and about children’s abilities to overcome the pain by using a developmentally appropriate intervention that enhances self-efficacy and competence.

161 TRAINING EARLY CHILDHOOD EDUCATORS TO DELIVER AN EVIDENCE-BASED PARENTING PREVENTION PROGRAM: DO PROFESSIONALS AND PARAPROFESSIONALS DIFFER?. Sharon Kingston1, Laurie Miller Brotman1, Esther Calzada1, Melissa Caldwell1, Yael Bat-Chava1, Walter Chen1, Michelle Harris1, 1New York University, NY, NY United States

ParentCorps is an evidence-based preventive program aimed at promoting positive parenting practices and child social competence in preschoolers from low-income, urban neighborhoods. ParentCorps is being delivered by educators from the targeted schools in combination with psychologists and community members. We developed an 8-day training program to prepare the educators for implementation. This paper presents data from the training evaluation.

Twenty-four professionals (teachers, social workers) and 16 paraprofessionals (classroom assistants and family workers) participated in training. Four psychologists delivered the training program to professional and paraprofessional school staff as a group. We were interested in evaluating baseline knowledge and attitudes, satisfaction with training, changes in knowledge and attitudes at the end of training, and whether there were baseline differences or training differences for professionals and paraprofessionals.

Educators completed pre and post-training measures of knowledge and attitudes. Satisfaction was measured post training. Thirty-eight participants completed both assessments. For the group as a whole, knowledge of evidence-based parenting strategies on two measures (t(35) = 5.14, p < .05; t(35) = 8.64, p < .05) and group facilitation skills (t(35) = 3.19, p < .05) improved significantly.

Prior to training, relative to paraprofessionals, professionals were more knowledgeable about the appropriate use of parenting strategies and group facilitation skills (t(38) = 2.45, p < .05; t(38) = 2.73, p < .05; t(38) = 2.45, p < .05), believed that behaviorally-based classroom management strategies were more useful (t(38) = 2.33, p < .05), and were more confident in their ability to deliver ParentCorps (t(38) = 2.27, p < .05). No differences were found, however, based on professional status in knowledge gain: professionals and paraprofessionals were equally likely to demonstrate increased knowledge after training. Paraprofessionals and professionals reported similar rates of satisfaction with training.

The training program led to expected gains in knowledge and attitudes. Although professionals began training with more knowledge of evidence-based strategies and were more confident in their ability to deliver ParentCorps, professionals and paraprofessionals did not respond differently to training. However, because paraprofessionals started training with less knowledge, they may need additional training if they are expected to carry out the same interventions as professional staff. Future efforts will examine potential differences in program implementation.

*EARLY CHILDHOOD DEVELOPMENT*

DEVELOPMENT EPIDEMIOLOGY AND BASIC RESEARCH WITH YOUNG CHILDREN

162 DISTINGUISHING PROACTIVE AND REACTIVE AGGRESSION AND THEIR CO-OCCURRENCE USING CONFIRMATORY FACTOR ANALYSIS. Paula Fite1, Craig Colder1, 1University at Buffalo, Buffalo, NY United States

In order to better understand aggressive behavior and ultimately improve prevention and intervention strategies, researchers have differentiated between proactive (goal oriented and calculated aggression) and reactive aggression (aggression in response to behavior that is perceived as threatening or intentional). However, research up to this point has examined these two subtypes of aggression by either controlling for one dimension of aggression while predicting the other or by creating groups based on arbitrary cut-off criteria. These data analytic strategies limit one’s ability to examine the continuum of pure and co-occurring dimensions of proactive and reactive aggression. Thus, the current study used a dimensional approach and distinguished co-occurring and pure dimensions of proactive and reactive aggression using confirmatory factor analysis. In addition, age and sex were examined as predictors of these dimensions.

The current study used a high-risk sample of 102 children (70 males) ranging from 9-12 years of age (mean = 10.86, SD = 1.22). Sixty-four percent of the children were Caucasian and thirty-six percent were minority.

Caregiver reports of the Proactive and Reactive Aggression Questionnaire and two items of the Disruptive Behavior Disorders Questionnaire were used as observed variables to construct three independent latent variables: pure proactive, pure reactive, and the co-occurrence of proactive and reactive aggression. This model fit the data well ($\chi^2(26)=29.08$, p=.31, CFI=.99, RMSEA=.03). Furthermore, there was significant variance in each of the latent factors, suggesting substantial individual differences on each of these dimensions. The 3 latent factors were then regressed on age and sex. Age was positively related to the co-occurring factor but not the pure factors. Males were more likely to exhibit pure reactive aggression, and there was a trend (p<.10) for
females to be higher than males on pure proactive aggression. Sex was unrelated to the co-occurring factor.

In sum, the confirmatory factor analysis indicated that there are three dimensions of proactive and reactive aggression: pure proactive aggression, pure reactive aggression and their co-occurrence. Furthermore, child age and gender seemed to distinguish the dimensions. Future research would benefit from using this dimensional approach to examine the precursors and antecedents (i.e., parenting and temperament) of proactive and reactive aggression. As identifying unique predictors of these dimensions may help to refine and further specialize current prevention strategies of aggressive behavior.

(3) Are the resulting patterns the same for boys and girls? Data are drawn from 180 6-year-old twin pairs whose kindergarten teachers rated their levels of indirect and physical aggression. Preliminary results showed similar levels of hereditary and unique environmental influence on both indirect and physical aggression. Moreover, there was a moderate to strong overlap between the environmental factors influencing physical and indirect aggression. This pattern held for both girls and boys. The implications of these findings for prevention efforts targeting the different forms of aggression will be discussed.

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**163 THE ETIOLOGY OF INDIRECT AGGRESSION: DISENTANGLING GENETIC AND ENVIRONMENTAL EFFECTS. R. Mara Brendgen1, Michel Boivin2, Frank Vitaro3, Daniel Pérusse3, Ginette Dionne4, Alain Girard3, 1Université du Québec à Montréal, Montreal, Quebec Canada; 2Universite Laval, Quebec, Canada; 3Universite de Montreal, GRIP, Montreal, Quebec Canada; 4Laval University, Montreal, Quebec Canada**

Attempts to understand and prevent childhood aggression have been mainly guided by a male-oriented model with a focus on physical aggression. New evidence, however, has shown that many children – especially girls – inflict severe damage to their peers through more indirect forms of aggression such as psychological threats or social exclusion of the victim. The recognition that aggression may be expressed differently in girls and boys, together with an increased awareness of the serious consequences for the victims of indirect aggression, has highlighted the need for a better understanding of this type of aggression. This knowledge is essential for the development of effective prevention programs that are tailored toward aggressive behavior in its various forms. One difficulty when investigating the etiology of indirect aggression (or any other behavior) is how to interpret the findings if only one child per family is assessed. For example, the links between putative environmental factors – such as parental behavior - and aggressive behavior in the child may be due to the genetic transmission of problem behaviors or caused by other environmental factors that were not measured. The use of twin designs can address this problem by testing additive models of variance decomposition, which distinguish between genetic influences, shared environmental influences and nonshared environmental influences on phenotypic similarity between twins. Since prevention efforts usually target environmental risk factors of a problem behavior like indirect aggression, it is crucial to examine the relative contribution of environmental factors versus genetic factors in the etiology this behavior. To this end, the present study will address the following questions: (1) What is the relative contribution of genetic, shared environmental, and/or nonshared environmental factors on indirect aggression compared to physical aggression? (2) To what extent are indirect aggression and physical aggression determined by the same genetic and/or environmental factors?

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**164 VALIDATION OF THE NIPISSING DISTRICT DEVELOPMENTAL SCREEN FOR USE WITH INFANTS AND TODDLERS. V. Dahinten1, Laurie Ford1, Vanessa Lapointe1, 1University of British Columbia, Vancouver, British Columbia Canada**

The purpose of this study was to evaluate the concurrent validity of the Nipissing District Developmental Screen (NDDS), with the results from direct child assessments, in children aged 4, 18, and 24 months. The NDDS is a parent-completed measure that addresses vision, hearing, speech-language, gross and fine motor, cognitive, and self-help skills, for use with children from 1 month to six years of age.

The early identification of developmental delays has been shown to contribute to school readiness and other outcomes. While severe developmental delays may be recognized at birth, other less severe delays often remain undetected until the child begins school. Developmental screening is generally part of the Canadian public health nurse’s role, with the children being screened often coming from ‘high risk’ families. However, the determinants of developmental delays are not singular nor easily identified at the individual level. Even biological risk factors are not a powerful predictor of developmental outcomes unless examined in conjunction with the child’s social environment. Thus, there is a need for more widespread screening rather than targeted screening that focuses on some pre-identified high-risk group. This screening needs to be comprehensive and economical so it can be administered on a large-scale basis to identify children who require more extensive assessment. Recognition of this need, combined with evidence that parents can be effectively assisted to identify developmental delays using parent-completed screening tools, has led to increased interest in more universal, family and community-based developmental surveillance throughout the early years.

Thirty-five children at each of the ages 4, 18, and 24 months (& their families) recruited from the population of families who are attending the public health unit immunization clinic or utilizing the services of a community family support centre comprise the sample. All socioeconomic levels are represented, and the sample is diverse in terms of apparent risk.

Direct assessments were completed using the Bayley Scales of Infant Development- Second Edition and took place immediately following the NDDS screening or at a time agreed to with the parent.
The sensitivity and specificity rates, and the positive predictive value of the NDDS were calculated for each age group. Calculations were repeated using both the original “1-flag rule” (1 item identified as delayed) and the more recent “2-flag” rule as criteria for “identifying” a child as requiring further assessment.

165 ASSESSMENT OF PROBLEMATIC TODDLER BEHAVIOR IN A PREVENTATIVE DEVELOPMENTAL INTERVENTION. Tracy Kline1, Melvin Wilson1, Daniel Shaw2, Frances Gardner3, Thomas Dishion2, Emily Winslow2. 1University of Virginia, Charlottesville, VA United States; 2University of Pittsburgh, Pittsburgh, PA United States; 3University of Oxford, Oxford, United Kingdom; 4University of Virginia, Rare., OR United States; 5Arizona State University, Tempe, AZ United States

Familial research literature suggests that socialization processes are central to the emergence of early childhood behavioral problems (e.g. conduct disorder). Dishonized family management practices can lead to coercive parent-child interactions. Coercive interactions can then lead to an increase in the child’s aversive behaviors, which parents reinforce by acquiescing in a parent-child disagreement (Gardner, 1989; Patterson, Reid, & Dishion). Children take advantage of acquiescence, becoming less manageable by pushing parental boundaries. In frustration, parents often assert more dominance in an attempt to regain power, which begins the cycle again. Drug abuse literature suggests that this coercive parenting cycle can lead to early onset drug use, which can later lead to adult drug abuse (Robins & Przyabeck, 1985).

The Early Steps Project was created to integrate developmental and intervention research in the design of an ecologically-oriented, family-centered intervention to prevent antisocial behavior and early-onset substance abuse among high risk families with toddlers. One issue that the project is concerned with, because of the desire to integrate Early Steps methodology in the existing WIC community parenting services, is the quality of measures used. Therefore it is necessary to critically examine the measures used to evaluate families before they are available for practitioners.

Rasch measurement methodology (1960) was used to examine the assessment tools at the item level and identified problematic items based upon irregularities in person responses. Two questionnaire evaluations will be discussed, the Eyberg Child Behavior Inventory (Eyberg) and the Adult Child Relationship Scale (ACRS). The data for the current item analyses comes from the Early Steps pilot study and involves 120 participants measured on the ACRS and 272 participants measured on the Eyberg. Three types of analyses were preformed using different Rasch procedures. First, results from Rasch item analyses indicate that the ACRS and the Eyberg have sound measurement properties; however, there are several items showing irregular response patterns. Second, differential item functioning (DIF), or multiple group, analyses were performed. One analysis compared the study’s qualifiers to the non-qualifiers on the Eyberg questionnaire and another compared treatment and control groups. The Eyberg DIF analyses show that the problem subscale was better at differentiating between groups than the intensity subscale. Finally, the established treatment and control groups were evaluated against child inhibition score, measured by behavioral observation. These results will be discussed in terms of preventative intervention and family centered therapy.

166 UNDERSTANDING THE DETERMINANTS OF VICTIMIZATION AMONG CHILDREN: GENETIC VERSUS ENVIRONMENTAL EFFECTS. Véronique Lameache1, R. Mara Béndgen2, Michel Boivin3, Frank Vitaro4, Daniel Perusse5, Ginette Dionne6, 1Université du Québec à Montréal, Montréal, Quebec Canada; 2Université du Québec à Montréal, Montréal, Quebec Canada; 3Université Laval, Quebec, Canada; 4Université de Montréal, Montreal, Quebec Canada; 5Laval University, Montreal, Quebec Canada

Empirical evidence indicates that victimization among children is associated with serious social, behavioral, emotional and academic adjustment problems. Peer victimization affects 10% - 15% of children and remains quite stable throughout the school years. Research on this topic has identified individual, peer-related and family-related risk factors, which themselves are multidetermined, notably by genetic and environmental factors. This suggests that victimization may be influenced by genetic liabilities, on the one hand, and by environmental factors, on the other hand. Little is known, however, about the relative effects of genes and environment on victimization. Examining this issue has important theoretical as well as prevention-related implications. Preventive efforts put forth to date have mainly focused on environmental risk factors of victimization notably through the implementation of school intervention programs designed to increase teachers and students’ awareness of victimization instances and to identify effective ways of countering bullying in schools. There is little doubt that these prevention programs offer productive efforts in reducing peer victimization in schools. However, preventive efforts which primarily target environmental risks factors of victimization may overlook the contribution of genetic influences in the etiology of this behavior. The development of effective prevention programs requires a broader understanding of the genetic as well as environmental factors which increase the risk of being victimized. In order to shed light on this issue, the aim of this study is to examine the relative contribution of genes, shared environment, and nonshared environment to individual differences in victimization using a twin design. Participants are 275 seven years old twin pairs (91 MZ, 184 DZ) from the Quebec Newborn Twin Study. Victimization experiences will be assessed through children’s self-report on the Peer Victimization Scale (PVS). Alternative univariate models derived from the basic ACE model of quantitative behavioral genetics will be tested to examine the relative contribution of genes, shared environment and nonshared environment to victimization. The discussion will focus on
The purpose of this study was to develop and validate a self-report measure of the extent to which fathers deny paternal responsibility for and impact of engaging in parenting strategies that are potentially distressing and harmful to children. Prior to this study no instrument existed which assessed the justifications specifically used by fathers for child maltreatment. The measure developed consists of 5 instances depicting emotional distress, interparental conflict, intimidation and emotional neglect. Using open-ended questions and rating scales, respondents indicate the importance they attribute care-giving success and failure to themselves, the child, spouse, and situation. Specific attention was given to fathers' tendency to minimize the impact of unsuccessful father-child interactions and to the extent to which fathers attributed blame for negative parent-child interactions to children's behaviour or characteristics. Using a sample of 60 father-child dyads ranging from no-risk to high-risk relationships, the newly developed measure was administered along with the Child Abuse Potential Inventory (CAPI Form VI; Milner, 1989), the Parenting Stress Index Short Form (PSI; Abidin, 1995), a clinical interview and a child-father behavioural observation in order to assess the measure's reliability and validity. It is expected that strong internal consistency and test-retest reliability will be obtained. Strong concurrent validity is also expected between self-report and interview ratings. It is further hypothesized that when looking at the relationship between the denial measure and the CAPI, the newly developed measure will differentiate between clinical and non-clinical groups once demographic differences and stress in the parent-child relationship (i.e. PSI) are controlled. Finally, using hierarchical multiple regression techniques to assess the association of the newly developed measure to the observational data collected it is expected that father's denial will contribute to the prediction of hostility. On the basis of results, the usefulness of the Denial of Responsibility and Impact measure for risk assessment in research and clinical settings will be discussed.

This paper is concerned with understanding potential gender differences in early social adaptation which may, in turn, enhance our understanding of the impact of preventive trials which show gender differences. Life course/social field theory is central to our research on developmental processes and the design and impact of preventive trials. Central to the theory is that mastery of the social task demands in each main social field, at each stage of life, leads to later successful social adaptation in the same, and in other, social fields. Mastery early in life can help prevent later failures and poor psychological and physical well-being. In first grade classrooms, social task demands are defined by the teacher. Ratings of social adaptation status relevant to the classroom include academic achievement, disruptive/aggressive behaviors, and pro-social behavior.

Two prior generations of preventive interventions delivered to epidemiologically-defined populations of first graders in Baltimore have shown that early mastery of the role of being a student has positive effects into early adulthood. However, the impact of an intervention aimed at aggressive/disruptive behavior was found for only the most aggressive boys and no impact was found for girls. These
findings could be because boys typically display more aggression than girls or because the wrong items have been employed in measures of aggression, thereby limiting the ability to find intervention impact for girls. The research presented here was designed to deliberately assess whether there are gender differences in early social adaptation, particularly aggression.

Items of behavior indicating that children were progressing successfully or not as students were solicited from over fifty elementary school teachers. Items specific to girls and to boys were also elicited. Data for this paper come from baseline interviews with twenty-four teachers participating in a randomized field trial. The teachers rated an epidemiologically-defined population of 433 first grade students. In initial psychometric analyses, the items were reduced to a pool of 75 behavioral indicators. Analyzes were conducted separately by gender on the total pool of items. Preliminary findings indicate similar factor structures for boys and girls for academic achievement, concentration/attending, and shy behavior. In keeping with prior work by Crick, an aggression factor was found that included items of both overt aggression as well as items of relational aggression. Girls showed more relational aggression and less overt aggression than boys. Implications for the theory, design, and understanding impact of preventive trials will be discussed.

*ECONOMIC ANALYSIS*

170 COMMUNITYLINK: THE INTER-CONNECTED RELATIONSHIP - RESEARCH, POLICY AND PRACTICE. Helen Myers1, 1British Columbia Ministry of Children and Family Development, Victoria, British Columbia Canada

CommunityLINK is the British Columbia Ministry of Children and Family Development’s approach to supporting vulnerable students in the public school system. Traditionally the services provided included programs such as school meals, inner city supports, community involvement and partnerships as well as child and youth care workers. The poster session will present the approach taken to determine effectiveness of the programs funded, when the continuation of funding was in jeopardy; the economic analyses that contributed to the funding model; and, the practical application of research and evidence in redefining public policy. The session will also address implementation of the policy as school districts work with the policy, guidelines and funding allocation in transforming existing disparate services into a co-ordinated CommunityLINK approach.

171 COST EFFECTIVENESS ANALYSIS OF THE RECONNECTING YOUTH INDICATED PREVENTION PROGRAM. Paul Brodish1, Denise Hallfors1, Shereen Khatapoush2, Victoria Sanchez2, Hyunsan Cho1, 1Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 2Prevention Research Center, Berkeley, CA United States

Background: One source of school district-level resistance to intensive, targeted interventions may be the heavy investment in relatively small numbers of students, with relatively modest impacts on important student performance indicators. This study evaluates the cost effectiveness of the Reconnecting Youth (RY) school-based indicated prevention program for high risk youth (Eggert et al., 1994). Methods: An effectiveness trial of Reconnecting Youth in two large urban school districts identified students in grades 9 – 11 referred by teachers or in the upper 25% of absences and lower 50% of grade point average (GPA) for grade as “high risk,” and compared them to “typical” youth. Standard methodology for evaluating the effectiveness of prevention programs was employed (Haddix et al., 2003). The analysis adopted a school decision-maker (district administrator/coordinator or school principal) perspective and a study baseline to high school graduation time horizon. Secondary analyses used a societal perspective and student lifetime time horizon. Data were collected in 4 waves (baseline, 6, 12, and 18 months) for 3 student cohorts over 4 years, beginning in September 2002. Students were randomized to RY classes (Experimental) and no treatment (Control) groups. Students in the experimental group who completed more than 50% of RY classes were designated high-dose Experimental. Prior efficacy trial data predicted the following endpoint improvements: 1) 10% increase in attendance; 2) 18-20% (approximately 0.3 point) increase in GPA; and 3) 10% decrease in drop-out rate. Costing considered both intervention and outcome-related costs. Results: Preliminary results for two waves of data from two cohorts at one site (n = 274) indicate a mean (SD) improvement of 0.30 (0.68) points GPA in the high dose experimental group, compared to controls. Total direct costs per student enrolled in RY, compared to control, were $1,365.12, giving a cost effectiveness ratio of $4,550 per point improvement in GPA. Direct costs were roughly 67% of the total annual education cost per student ($6,770) in the school district. Conclusions: Caution is warranted in interpreting preliminary effectiveness results based on this explanatory, rather than intent-to-treat analytical approach. Student follow-up continues with greater benefits anticipated after longer program exposure. Most benefits accrue to society years later, rather than to the district, which bears additional indirect costs of teachers’ and students’ time away from core subjects. However, since school districts receive funding based on attendance and financial incentives for academic achievement and higher graduation rates, program costs could be partially offset by improvements on these outcomes.

172, 173, 174, 175 WITHDRAWN

*EVIDENCE BASED STANDARDS*

PARENTING TRAINING AND FAMILY SUPPORT PREVENTION PROGRAMS
EVIDENCE BASED STANDARDS FOR DELINQUENCY PREVENTION. Elaine Blechman1, Mike Stoolmiller2, 1University of Colorado at Boulder, Boulder, CO United States; 2University of Oregon, Marquette, MI United States

With an interest in evidence-based standards for delinquency prevention, we tested prominent theories about the longitudinal development of criminal offending. Application of growth-mixture modeling to 505 youths’ officially recorded offenses yielded four latent trajectory classes (early onset, adolescence peaked, low endpoint prevalence; early onset, increasing, high endpoint prevalence; late onset, peaked, low endpoint prevalence; late onset, peaked, high endpoint prevalence) differing along three dimensions (early vs. late onset; adolescence peaked vs. increasing shape; low vs. high endpoint prevalence). Results disconfirm Hirschi and Gottfredson’s assertion of a universal adolescence-peaked age-crime curve and Moffitt’s and Patterson’s assertion that early onset is strongly linked to high endpoint prevalence. Results point to two rare but important trajectories that are ignored by contemporary delinquency prevention efforts, the early-peaked-low and the late-peaked-high. Evidence-based standards for identification of trajectory subtype and for matching of intensity, duration, and focus of prevention efforts to trajectory subtype are offered. Recommendations are also made for thorough identification of naturally occurring offending trajectories and subsequent revision of developmental theories.

PRELIMINARY RESULTS OF A MULTI-COMPONENT PARENTING INTERVENTION FOR FAMILIES IN FOSTER CARE. L. Oriana Linares1, Daniela Montalto1, Nicole Rosbruch1, Jose Alvir1, 1New York University, New York, NY United States

Neglected children in foster care represent a vulnerable population at high risk for behavioral problems due to multiple pre-placement and placement adversity factors. The purpose of this study was to evaluate the effectiveness of two evidence based interventions to improve parenting practices and build co parenting alliances in a foster care setting. The two components of the intervention included a 12-week efficacious parenting course (Incredible Years; Webster-Stratton, 2001) and concurrent co parenting sessions. The sample included 101 biological (BioP) and foster (FosP) parents randomly assigned to two conditions: intervention (n=69) and ‘usual care’ comparison (n=32). Participants were BioP, FosP (non-kinship), and target foster child. Families were only eligible if target child was between 3-10 years of age and recently placed (within the last 12 months) due to substantiated parental neglect and/or physical abuse. Families in both conditions were assessed prior to the intervention (baseline), immediately following the intervention (post-intervention), and 3 months later (follow-up). Measures were gathered from parents, teachers, and blind observers. BioP and FosP reported on child externalizing and internalizing (CBCL), conduct problems (ECBI), child discipline (negative and positive; PPI), co parenting practices (Margolin, Gordis, & John, 2001) and maternal distress (BSI). Teachers reported on school problems (SESBI-R). FosP reported on social skills in the home (SSRS). Trained interviewers made observations of the foster home environment (HOME). Intervention effects were examined using ANCOVA analyses, with baseline scores used as covariates to control for initial functioning. FosP of children in the intervention condition reported higher social skills in the home, as compared to those in the ‘usual care’ condition (adjusted mean=98.65 vs. 86.82, p=.020). At follow-up, BioP in the intervention reported less harsh discipline (adjusted mean=1.83 vs. 2.34, p=.027), and more positive discipline (adjusted mean=5.13 vs. 4.32, p=.003) than BioP in the usual care condition. This study adapted and augmented an efficacious parenting program to meet the needs of families in foster care. Our results showed a moderate decline in harsh parenting and improvement in positive parenting for BioP (but not FosP). Given the extraordinary parenting needs of caregivers serving maltreated children, the observed positive changes in parenting practices among BioP are promising. However, the study also suggests that broader interventions (i.e., in the home) might be necessary for FosP.

CAPC, A FEDERAL EARLY CHILDHOOD INITIATIVE; WHAT’S THE EVIDENCE?. Michelle Caza1, John McLennan1, 1University of Calgary, Calgary, Alberta Canada

Introduction
The Community Action Program for Children (CAPC) is one of the largest federal-provincial initiatives in Canada aimed at improving child development and family support in the early years. A recent national evaluation found little to no impact of this program for participating children compared to a matched naturalistic sample (Boyle and Willms, 2002). The failure to use effective interventions may be a significant contributor to this negative outcome. However, there has been minimal consideration of the evidence supporting specific interventions used within the CAPC.

Method - All CAPC programs offered in nine provinces and three territories were extracted from the federal government’s CAPC website. In total there were 229 sites offering a variety of programs. Unfortunately, we were not able to include programs offered in the province of Quebec due to resource limitations for translation purposes (Quebec has 259 different sites). From the 229 sites, we extracted those programs that appeared to be structured, i.e., that appeared to have a set curriculum. Evidence supporting these programs was sought through (i) a search on a meta-search engine (Dogpile); (ii) a search of Psychology and Behavioral Collections, PsycINFO, Medline, ERIc, and Social Work Abstracts Plus databases; and (iii) contacting program developers to identify evaluation reports. Evaluation reports were reviewed for quality of design and outcomes using the Effective Public Health Practice Project Quality Assessment Tool for Quantitative Studies.

Results - Seventeen percent (n=81) of the sample sites offered structured programs. In total there were 43 different
structured programs. Despite the requirement for evaluation by the funder, very few have been evaluated using rigorous methods. The types of evaluations, in most cases, did not allow determination as to whether the children’s outcomes were improved by the programs. Very few of the 43 structured programs have been evaluated using randomized controlled or quasi-experimental designs or used standardized measures.

Discussion - The majority of CAPC programs have not been rigorously evaluated to determine whether they are effective in improving child outcomes. The possibility that many of these programs are ineffective may underlie the failure to demonstrate overall change in child outcomes in the national evaluation. Substantial investment is required to foster and support rigorous evaluation of the untested programs offered through CAPC to rectify the present state of affairs.

179 A NORWEGIAN REPLICATION STUDY OF PARENT TRAINING FOR CHILDREN AGED 4-8 YEARS WITH CONDUCT PROBLEMS. Bo Larsson1, Graham Clifford2, Willy Tore Morch3, Maj-Britt Drugli2, Sturla Fossum4, 1Child & Adolescent Psychiatry, Dept. of Neuroscience, Trondheim, Norway; 2Norwegian Technical & Science University, Norway; 3University of Tromso, Norway; 4University of Tromso, Tromso, Norway

In the present intervention study 130 families having a child aged 4-8 years with a diagnosis of ODD or CD, or both, participated in a controlled outcome study. The families were randomised into basic parent training (PT) developed by Webster-Stratton, PT combined with child therapy (The Dinosaur school), or a waiting-list control condition (WL). Before intervention therapists were trained and the written material translated into Norwegian, in addition to dubbing of video vignettes depicting typical everyday problems between parent and child. The study was conducted at two sites in Norway, Trondheim and Tromso. One important purpose of the replication was to examine how treatment procedures would perform when offered to families with an ODD or CD child in another country and cultural setting. Since the Eyberg Child Behavior Inventory (ECBI) was used a screening measure, it was first standardised at the two sites.

All children received a diagnosis of ODD and about one quarter also had a CD diagnosis; 75% of the children were boys and 25% were girls. The children in the Dinosaur school received treatment in groups of 4-6 children for 18 sessions over 4 months, whereas parent training groups typically included 10-12 parents, who received treatment during 12-14 sessions (for 2 hours once a week). Eight families dropped out during treatment.

The results showed that mothers consistently rated higher levels of behavioural problems on the ECBI among the children both before and after treatment, compared with fathers. Behavioural problems among children in the two active treatment groups were significantly more improved than for children in the WL group (effect sizes ranged from 0.63 to 0.72). After treatment about half of the parents in the two active treatment groups rated their children's functioning within normal variation as compared to 25% of those in the WL group. Similar results were also obtained on the Child Behaviour Checklist for aggression and externalising problems, and there was a reduction of internalising problems. Teachers reported fewer conduct problems among children in school, and those who received child therapy (the Dinosaur school) increased their social competence. One-year follow-ups are presently being conducted, and this includes assessment of psychiatric diagnoses.

The results of the study will have nationwide implications for training of therapists and mentors, as well as for dissemination and implementation of the Webster-Stratton intervention approach.

180 WHAT INTERVENTION STRATEGIES ARE COMMUNITY-BASED VIOLENCE PREVENTION PROGRAMS USING? Joel Sagawa1, Shannon Mcgovern1, Asha Ragin2, Rojas-Flores Lisseth1, 1Fuller Youth Initiative, Pasadena, CA United States; 2Fuller School of Psychology, Pasadena, CA United States

There have been increasing efforts to disseminate empirically derived “best practices” to community-based youth violence prevention programs. However, the dissemination of such information has yet to come to full fruition, and many programs continue to employ practices outside of the “best practice” literature. As one component of the Fuller Youth Initiative (FYI), a violence prevention project working to decrease youth violence and promote positive youth development through research, program evaluation, and education, this study explores the strategies of various youth violence prevention programs throughout the Greater Los Angeles Area.

A structured phone interview was conducted with the directors and/or program administrators of each participating adolescent program. After this data was collected, a team of five categorized programs into four identified “best practice” strategies (mentoring, social cognitive, family-based and home-visiting). Programs that used a combination of strategies were categorized as using “multiple” strategies and programs that did not fit into any one of the above categories were classified as “other”. The programs classified as “other” were then classified into a defined category (i.e. tutoring) in which the raters came to a 4/5ths consensus. In addition, principles of positive youth development were identified in each “other” category. Analysis only included programs that ranked violence prevention as important or very important to their program.

Descriptive information was obtained from 46 of the 76 programs contacted. Of these 46 programs, 37 identified violence prevention as either important or very important to their program. Twenty-four percent of these programs were classified as employing exclusive “best practice” strategies, 24 percent were classified as employing some combination of strategies (i.e. social cognitive and recreational), and 51 percent were classified as exclusively employing some “other”
strategy. Of these “other” strategies, most were classified as either recreational, (43%), career development (36%), diversion (14%), or tutoring (14%) strategies. Additionally, several “other” strategies were classified as either a faith based, community, art and cultural, or therapy strategy.

These preliminary results suggest that youth violence prevention programs are practicing a wide variety of strategies. In fact, many of these programs continue to practice strategies found to be ineffective despite the dissemination of “best practice” literature. This disparity between research and practice furthermore supports the continued effort of prevention scientists to study programs from a positive youth development perspective.

181 EVIDENCE-BASED PREVENTION IN POLAND: BARRIERS AND OPPORTUNITIES. Krzysztof Ostaszewski1, Institute of Psychiatry and Neurology in Warsaw, Warsaw, Poland

Over the last ten years or more Poland and other Eastern European countries have witnessed a growing interest for innovative prevention programs especially in the field of substance abuse. This interest reflects an increasing trend in consumption of alcohol and drugs among young people. In Poland the number of country-wide school-based prevention programs has increased from a very few in the early 1990s to almost 30. Although all these programs represent “best practices in prevention” and are recommended by the Ministry of Education, only a few of them have been evaluated in quasi-experimental studies to assess their effectiveness. In most of the cases, the proof of the program “evidence” is based on qualitative process-oriented methods of evaluation only.

The use of evidence-based prevention is currently limited to a small group of researchers only, and has little impact on policy makers and prevention practice at the national and local level. Due to several limitations including the absence of significantly sized grants, the efficacy prevention studies based on randomized controlled trials do not exist in Poland. However several prevention projects have been successfully developed, implemented and evaluated by using alternative approaches, such as action research or participatory studies (e.g. Moskalewicz et al. 1998). Research methods have been broadly used to determine risk factors, patterns of use, social and health consequences of substance abuse, define populations at risk etc. These studies provide pre-intervention data, but only few scientific centers have been using research strategies to develop and evaluate prevention programs. This creates a gap between pre-intervention research and prevention programming, a gap that will be addressed in this presentation. In reality, most of the prevention programming has been conducted by schools psychologists, prevention local leaders and NGOs.

A group of prevention researchers from the Institute of Psychiatry and Neurology in Warsaw have been challenged by this situation. The strategy used to deal with it and promote evidence-based prevention in Poland includes several actions on different levels: (1) culturally appropriate adaptation and implementation of foreign evidence-based programs (e.g. school curricula used in Project Northland), (2) promotion of alternative research strategies for documenting evidence (e.g. action research, evaluations that combine qualitative and quantitative methods), (3) providing research-based guidelines (concept of theory driven prevention and knowledge on “key program components”), (4) organizing training courses on evaluation for program developers and delivers, (5) popularize research prevention results in journals for teachers and educators.

182 INVESTIGATION OF CHARACTERISTICS OF DWI COLLEGE STUDENTS. Syungdon Ryu1, Jeewon Cheong2, David Mackinnon3, State University of New York at Albany, Guilderland, NY United States; 2University at Albany, SUNY, Albany, NY United States; 3Arizona State University, Tempe, AZ United States

Much of the prior research on drinking and driving has focused on distinguishing the characteristics of the drunk drivers relative to the general driving population, in an attempt to provide information for legal and educational prevention strategies. The present study examined the characteristics of college students who have driven after drinking (DAD) and who have driven while feeling intoxicated (DWI), a more severe state than having a couple of drinks. A questionnaire study was conducted at a large public university in the Northeastern US and 271 students were recruited. Using logistic regression, the predictors of DAD and DWI were examined in separate analyses. The predictors for both analyses included (1) demographic variables (age, sex, and ethnicity), (2) group characteristics in drinking situations (group size, sex composition, peers’ drinking status, and number of cars when drinking), (3) drinking patterns (monthly alcohol use, number of drinking locations per drinking occasion, and number of destinations per drinking occasion), and (4) personality characteristics (impulsivity and self-regulation). Out of 271 participants, 22.2% had the experience of DAD and 11.6% had the experience of DWI. In predicting DAD behavior, including demographic variables, group characteristics, drinking patterns, and personality sequentially improved the model fit significantly at each step (\(\Delta \chi^2 (3) = 13.338, p<.01; \Delta \chi^2 (5) = 14.924, p<.05; \Delta \chi^2 (3) = 13.835, p<.01; \Delta \chi^2 (4) = 12.123, p<.05\), respectively), indicating that these characteristics are significant predictors of DAD behavior. For DWI, demographic variables, group characteristics, and personality improved the model fit at each step (\(\Delta \chi^2 (3) = 10.949, p<.01; \Delta \chi^2 (5) = 14.445, p<.05; \Delta \chi^2 (4) = 20.699, p<.01\), respectively); however, the participants’ drinking pattern did not (\(\Delta \chi^2 (3) = 4.271, ns\)). Furthermore, examining the specific predictors individually, there were similarities and differences in predicting DAD and DWI. Age and self-regulation were significant predictors for both DAD and DWI. On the other hand, DAD was dependent on the size of group in drinking situation, while DWI was dependent on
the friends’ drinking status. These findings suggest differences in characteristics predicting DAD and DWI, which is considered a more severe form of DAD. Further investigation will be carried out to examine the similarities and differences among those who do not drive after drinking (NDAD), DAD only, and DWI. Implications for DWI prevention will also be discussed.

**MONITORING SYSTEMS FOR CHILDREN**

183 IDENTIFYING MENTAL HEALTH NEEDS IN SCHOOLS AND THE LAW. Elizabeth Palley, Adelphi University, Garden City, NY United States

The Individuals with Disabilities Education Act defines a disabled student as a student who is unable to make “meaningful educational progress” without specialized interventions to address their disability. As a result of this law, it is incumbent upon school personnel to help identify student need. This study was conducted in an effort to understand how well student mental health needs were identified as a result of the implementation of this law. The study was conducted in three school districts in one East Coast State. Forty school personnel including teachers, school administrators, and district level personnel were interviewed regarding the identification of children with mental health problems. The findings suggest that neither teachers nor school administrators were adequately trained to identify mental health problems. Though the IDEA requires preventive measure be taken to ensure that children with all disabilities, including mental health disabilities, recieve appropriate educational services, in practice these preventive measures are often not taken. As a result, in order to appropriate implement this law, teachers and school administrators need to work closely with social workers or other mental health professionals in order to identify student mental health needs.

184 CHARACTERISTICS OF CHILD MALTREATMENT CASES REFERRED TO A HOSPITAL CONSULTING SERVICE AND IMPLICATIONS FOR PSYCHOSOCIAL RISK ASSESSMENT. Jasmine Eliav, Katreena Scott, Jennifer Coolbear, University of Toronto, Toronto, Ontario Canada; The Hospital for Sick Children, SCAN Program, Toronto, Ontario Canada

A key challenge in the protection of children in Canada and elsewhere is consistency in the decision making policies of health care professionals with respect to identifying and reporting child maltreatment cases to child protection services. Mistakes that are made in judging the degree of risk to a child may have multiple adverse consequences, which can result in continuous abuse or neglect to the child, or, conversely, can cause unnecessary intrusion to a family. Many child protection workers depend on their personal clinical decision making skills to assess and determine the level of risk in potential child abuse cases (Ruscio, 1998). Given literature on the fallibility of human decision making and knowing the high stakes involved in child placement, more standardized and empirically validated means of assessing risk for child maltreatment are needed.

A retrospective review of cases seen by a hospital consulting service for child abuse and neglect was conducted from January 2002 until March 2003. Information was collected on the types of cases referred to the hospital consulting service, the referral agencies, the age of the children investigated, the alleged perpetrator, the type of alleged abuse, the types of injuries incurred, the medical risk ratings and the case outcomes. Approximately 50% of the cases under investigation involved children less than one year and six months of age. In terms of abuse characteristics, 91.8% of the cases were referred due to concerns of physical abuse and the remaining 8.2% of cases were referred due to concerns about neglect. The most common medical findings were injuries and fractures investigated as new injuries. Finally, typically the cases were found to pose either moderate to mild physical risk to the child with the majority of cases resulting in a decision not refer to a children’s aid society. Overall, it was found that in medically ambiguous cases there is no standard psychosocial protocol currently in place to promote consistent decision-making.

Understanding the types of cases referred to this hospital consulting service elucidates the need for empirically based and theoretically driven psychosocial protocols that promote the systematic collection of psychosocial information in child maltreatment cases. Although there is a long road ahead in terms of creating reliable and valid psychosocial risk assessment protocols to aid in decision-making, movement away from purely clinical decision-making in hospital settings is an important step forward in the assessment of medically ambiguous cases of suspected child maltreatment.

185 SEXUALITY IN TELEVISION CARTOONS. Elizabeth Waiters, Scott Martin, Joel Grube, Prevention Research Center, Berkeley, CA United States

Although the research is inconclusive, there are concerns about children’s and adolescents’ exposure to sexual content in the media and what effect such exposure may have on the sexual attitudes and behaviors of young people. While much research has focused on sexual content in television programming in general, little is known about the presentation of sexuality in television cartoons to which young viewers are exposed. As part of a larger study to understand the relationship between adolescent sexuality and images and themes of sexual content in television programming, the current study examined the portrayal of sexual talk and behavior across 113 episodes of eight different television cartoons. The sample of cartoons were videotaped between the months of November and December 2001 from 3 different cable and broadcast networks. The sample included afternoon cartoons oriented towards pre-teen viewers (Buzz Lightyear of Star Command, Sabrina the Animated Series, Disney's the Legend of Tarzan, and X-Men: Evolution), as well as prime-time cartoons oriented towards adult and older adolescent viewers (The Simpsons, King of the Hill, Family Guy, and
**Futurama).** Preliminary analyses reveal that sexual behaviors in afternoon cartoons consist primarily of provocative attire and physical flirting (such as hugs, googly eyes, and non-intimate touches), whereas sexual talk centers around romantic relationships, flirting, kissing, and innuendo regarding sexual intercourse. In comparison, sexual behavior in prime-time cartoons imply or depict sexual intercourse and genitalia, kissing, physical flirting (such as leering, provocative attire and provocative dancing), and implied or discreet nudity, whereas sexual talk focuses primarily on sexual innuendo regarding male genitalia, female body parts, sexual intercourse and homosexuality. Overall, although sexual content in afternoon television cartoons occurs less frequently, is less explicit and is less humor-oriented than in primetime television cartoons, young viewers are exposed to a number of sexual references in pre-teen-oriented television cartoons as well as more explicit references to sexuality in prime-time television cartoons that have large youth audiences. The results of this study indicate the need for media literacy programs to address the content of animated television series in their curricula, as well as the need to inform parents of the importance of monitoring the television cartoons that children watch. These findings further suggest a need for the television industry to implement a more comprehensive TV Parental Guidelines ratings system that will allow parents to make better informed decisions about which cartoons their children view.

### MONITORING SYSTEMS FOR COMMUNITY AND FAMILY ALTERNATIVES TO OUT-OF-HOME PLACEMENT OF JUVENILES. Rosemary Sarri1, Mary Ruffolo1, Sara Goodkind1, Jeffrey Shook1, 1University of Michigan, Ann Arbor, MI United States

Monitoring Systems to Evaluate Community and Family Alternatives to Out-of-Home Placement of Juveniles

To change its pattern of having the largest number of juveniles in out of home placement in Michigan, Wayne County implemented several programs including youth assistance, after-school, Family to Family services, community prevention and treatment. This paper reports on the monitoring systems for of two of the several programs that were established, one to serve adolescent at-risk and delinquent girls and the other to address the needs of abused/neglected juveniles who AWOL placement.

1. The Female Services Advisory Committee promoted several community programs to prevent residential placement of hi-risk and delinquent girls; the University of Michigan completed a longitudinal evaluation of these programs.

2. A Court appointed task force was charged with developing a system to reduce secure residential placement of abused/neglected juveniles who AWOL placement. Several innovative policies and programs are being implemented and monitored to determine compliance and effectiveness. Methods: Longitudinal surveys were conducted of a sample of adolescent females in different community-based as compared with residential placement. For abused/neglected children a multi-method evaluation of juveniles who AWOL placement was instituted by a coordinated inter-agency effort. Alternative programs are being established, including Family to Family treatment, peer advocacy, mental health services, involvement of fictive kin, with close administrative supervision by the Court and state agency to prevent inappropriate placement. Results: Monitoring of these programs has shown that prevention and early intervention programs are effective in reducing out-of-home placement and in active involvement of family in critical decision making. The longitudinal study of adolescent at-risk females showed that those in community based placement had reduced depression, negative life events, crime, substance abuse and perceived discrimination while positive coping skills and school performance increased. For the youth who AWOL placement a sample are being interviewed to determine their perceived well-being to be used along with family case review data. Results from monitoring of the programs has been useful in further program innovation and support for on-going monitoring by the Court and other policy makers. Implications: Systematic monitoring and evaluation with feedback to program operators and policy makers will increase support for prevention and early intervention programs. Direct involvement of adolescents in program decision making and policy advocacy can be particularly effective.

### CHANGING LEVELS OF INTRINSIC AND EXTRINSIC MOTIVATION THROUGH THE TIMewise: LEARNING LIFELONG LEISURE SKILLS PROGRAM -- PREVENTING THE INITIATION OF SUBSTANCE USE. Linda Caldwell1, Mildred Maldonado-Molina1, Ty Ridenour2, Edward Smith1, 1Pennsylvania State University, University Park, PA United States; 2Pennsylvania State University, State College, PA United States

Leisure has been defined as the “social institution most closely associated with the world of adolescence” beyond school (Hine, Mortimer, & Roberts, 1990, p.127). Lack of constructive activities during one’s leisure time, as well as lack of being self-determined in leisure, has been reported to be a risk for behavior problems and substance use. Leisure time activities among rural populations is (a) greatly understudied and (b) potentially an important focus of prevention of problem behaviors among rural students. To this end, a leisure education program (TimeWise) was developed to increase positive use of leisure time, as well as increase intrinsic motivation and decrease extrinsic forms of motivation in leisure, while mitigating or preventing the initiation of substance use and abuse. To evaluate the efficacy of the program, middle school students (N= 634) from rural, central Pennsylvania participated in TimeWise over three years. Schools were randomly assigned to receive the TimeWise intervention or to control (no intervention). Motivation was measured using the Free Time Motivation Scale for Adolescents (FTMS-A, Baldwin & Caldwell, 2003), which assesses five of the motivational self-regulatory scales:
amotivation, external, introjected, identified, and intrinsic motivation. Scores from identified and intrinsic motivations were combined to create a measure reflecting intrinsic forms of motivation. The extrinsic motivation and amotivation scales were combined to create a external motivation score. Baseline scores were not different between the TimeWise schools and control schools. Preliminary outcome results suggest that TimeWise participants reported greater intrinsic motivation compared with the control group. Moreover, the TimeWise intervention group reported lower external motivation when compared with the control group. Results suggests that the TimeWise intervention can help middle school students to pursue more self-determined, and consequently constructive leisure time activities. This is important as intrinsic motivation predicts lower levels of substance use, while extrinsic forms predict higher substance use.

**188**
**JUST SAY “KNOW”: WHAT TEENS WITH DRUG AND ALCOHOL PROBLEMS HAVE TO SAY TO SCHOOLS.** Alan Amftiz, The College of New Jersey, Yardley, PA United States

Teens with drug and alcohol problems often find themselves marginalized within schools that are under-equipped to meet the needs of students whose problems are not primarily academic. Complex layers of related issues, including learning disabilities, behavioral disorders, emotional disturbance, family and personal problems are intertwined with drug and alcohol abuse, as age of initial use grows ever earlier with each new school year. Despite the highly social nature of early drug use in adolescents, increased isolation and social fragmentation often parallel increased usage as students move from experimental to integrated and habitual phases of use.

This proposal draws on two studies to explore the role of schools in relation to the shifting spheres of influence in the lives of teens who are heavily involved in drug and alcohol use. One study, a multi-method program evaluation, focuses on teens from a suburban public high school enrolled in a diversionary program for teens facing legal charges surrounding drugs, alcohol and delinquent behaviors, including school and community-based violence. The second study, an in-depth interview-based ethnography, focuses on teens in recovery at a residential therapeutic community school for teens with drug and alcohol problems.

In both studies, students discuss what schools, in general, could be in order to reach them better and teachers, in particular, should know in order to teach them better. Analysis of multiple data sources (including surveys, in-depth interviews, focus groups and other sources) yields a portrait of the shifting priorities and relationships in the lives of drug-involved teens. Few studies have worked closely with students to examine academic responses to both treatment and prevention of adolescent substance abuse from the students’ perspective. The students in these studies articulate ways that school can be a positive, transformative experience that reconnects them to healthy development.

The findings from these studies carry several important implications for educational practice relating to prevention, intervention and treatment, including:
- Extended notions of teacher preparation that involves working closer with challenging students to better understand their context
- Better understandings of how troubled teens live an "enacted curriculum" within therapeutic school settings where curriculum is method
- A method of uniting seemingly disparate components of therapeutic education based on collaborative work and
- A base from which to develop a shared-knowledge community within the growing social context of therapeutic education, where teachers, counselors and students learn from, and with, each other.

**189**
**BUILDING A FRAMEWORK OF EFFECTIVE PROGRAM FACILITATION IN A FAMILY-BASED PREVENTION PROGRAM.** Cady Berkel, Tracy N. Anderson, Yi-Fu Chen, University of Georgia, Athens, GA United States

Based on a review of the literature, researchers know very little about what makes a successful program facilitator. Participant outcome scores are linked with faithful program implementation, which must be considered in order to interpret outcomes and program efficacy. In terms of measuring implementation, the quality of the presentation may be just as important as the content area covered. In the current study, authors propose to determine the effects of facilitator characteristics on participant outcomes in the Strong African American Families (SAAF) program. SAAF is a family-based program designed to support the successful navigation of adolescence, delaying the onset of alcohol use and sexual debut in rural African-American youth. In the 7-week program, 1-hour youth and caregiver sessions ran concurrently; then participants came together for 1-hour family sessions.

The current study hypothesizes that facilitator characteristics will be linked to enhanced use of racial socialization by caregivers and reduced positive images of alcohol users in adolescents. The outcomes measures were chosen because they comprise a major focus of the program and should be closely linked with facilitator practices. Thirty-three African-American community members served as program facilitators, with 7-to 15-families per group. Facilitator characteristics examined will be demographic factors (i.e., age, gender, and education) and facilitation skills (i.e., interpersonal skills, delivery quality, and fostering reflection). The authors hypothesize male and highly educated facilitators will be associated with a higher rate of change in participants. Age will play a differential role such that caregivers will be more responsive to older facilitators and
younger facilitators will be more beneficial for youth. Furthermore, authors hypothesize that facilitators scoring higher on interpersonal skills, delivery quality, and fostering reflection will be better able to guide participants to more successful rates of change.

Facilitator demographic data was collected during the hiring process. All program sessions were videotaped. These videotapes will be used to rate facilitators on interpersonal skills, delivery quality, and fostering reflection. A rigorous process of interrater reliability will be conducted. Additionally, raters will record observations of commonly used facilitator techniques and whether participants reacted positively or negatively. Pre-test, post-test, and long-term follow-up data from 320 intervention families will be used to assess the rate of change in the proposed outcome variables for participants. Three-level Hierarchical Linear Modeling (HLM; time, individual, and facilitator) will be used to test our research hypotheses for youth and caregivers.

190 CURRENT OUTCOME RESEARCH ON PREVENTIVE MENTAL HEALTH PROGRAMS FOR CHILDREN AND ADOLESCENTS: A META-ANALYSIS SPANNING THE LAST DECADE: 1992-2002. Jessica Wolf1, Joseph Durlak1, Fred Bryant1, 1Loyola University of Chicago, Chicago, IL United States

Over 100 narrative and meta-analytic reviews of the outcome research on prevention have been published since 1991 as suggested by the web site jointly sponsored by APA and SPR (http://www.oslc/spr/apa/summaries.html). However, the information offered by each of these reviews is limited because of the scope and focus of each work. This makes it difficult to draw conclusions about the field of primary prevention mental health programs. The meta-analysis by Durlak and Wells (1997) has been the most comprehensive review. Their evaluation of 177 interventions yielded significant mean effects ranging from 0.24 to 0.93 depending on the program’s focus and target population. Although appearing in 1997, the Durlak and Wells review only evaluated studies that had appeared by the end of 1991. In the past decade, the science of primary prevention has become more sophisticated in the conceptualization, execution and evaluation of interventions, indicating the need for an analysis of the current status of the field. This project is a meta-analysis of the outcomes of 250 primary prevention mental health programs targeting children and adolescents that have appeared between 1992 and 2002. Interventions targeting a variety of mental problems such as depression, anxiety, violence, and aggression, are included. This review includes published and unpublished evaluations with a mental health focus that include a control group, that have collected at least one behavioral outcome measure, and that target participants under 18 years of age. Examining the broad area of child and adolescent mental health also allows for a better look at what is effective across different areas of prevention. For example, many organizations have identified “model programs” or the “best practices” in prevention programming. However, the evaluative criteria used to determine which programs qualify as “models” differ among the organizations, the magnitude of the effects produced by recommended interventions has not been specified, and factors presumed responsible for positive results have not been systematically evaluated. This review applies the sophisticated statistical techniques of optimal data analysis (ODA) and hierarchical optimal classification tree analysis (CTA) to identify moderators of program effectiveness. These statistical methods have previously not been employed with meta-analytic techniques; their use permits the identification of pathways through which effective and ineffective strategies can be evaluated, and alternative theories of change can be compared. The need for identification and evaluation of potential mediating variables is also essential in the field of prevention, and two mediational models are examined in this meta-analysis.

191 AIDS EDUCATION FOR PRIMARY SCHOOL CHILDREN IN TANZANIA: A MEDIATION ANALYSIS. Kari Kugler1, Melissa Stigler1, Kelli Komro1, M. Leshabari2, Knut-Inge Klepp3, 1University of Minnesota, Minneapolis, MN United States; 2University of Dar es Salaam, Dar es Salaam, Tanzania; 3University of Oslo, Oslo, Norway

Mediation analysis is an advanced statistical technique often used to understand why an intervention worked or failed to work, and can provide meaningful feedback that can be used to inform the design and implementation of prevention programs. This presentation will examine the results of a mediation analysis of Ngao, a school-based AIDS education program for children in grades 6 and 7 originally implemented in Tanzania in the early 1990's. The results of several carefully conducted evaluations of Ngao previously demonstrated that this program successfully achieved its two main goals, namely (1) to reduce unsafe sexual behavior among these young adolescents (including decreasing their intentions to be sexually active in the near future) and (2) to foster more positive attitudes towards people living with AIDS in their communities. The present study examined which factors, or potential mediators, were responsible for the positive effects observed in regards to these two outcomes. That is, it endeavored to determine which intervention objectives, when met, could account for Ngao's success. Potential mediators of the intervention's effect considered in these analyses included (1) exposure to AIDS information, (2) communication regarding AIDS, (3) knowledge of AIDS, (4) perceived susceptibility to AIDS, (5) perceived severity of AIDS, (6) attitudes towards engaging in sexual intercourse, (7) normative beliefs about sexual intercourse, and (8) self-efficacy in regards to refusing offers of sexual intercourse. The study was conducted on the cohort of students present at baseline and twelve months after the implementation of Ngao began (n=814). Analyses were based on the rationale and procedures identified by MacKinnon and colleagues. Results indicate that increasing exposure to AIDS information and correcting knowledge about HIV transmission and prevention were important in regards to alleviating some of the stigma
associated with people living with AIDS. Moreover, encouraging more restrictive norms in regards to sexual intercourse appears to have been central to successfully decreasing unsafe sexual behavior among these students, including their intentions to be sexually active in the future. This suggests that these elements should be retained in future AIDS education programs for young adolescents in Sub-Saharan Africa that are designed to achieve similar goals. More research is needed to determine which predictive factors are most important to target in these school-based programs and which intervention strategies are most appropriate in terms of changing them, however - as this study was not able to explain all of the intervention's effect in regards to these critical outcomes.

192 EVALUATION OF THE ABAN AYA PREVENTION PROGRAM WITH THIRD-ORDER LATENT GROWTH MODELS. James Burns1, Eisuke Segawa1, Brian Flay1, 1University of Illinois at Chicago, Chicago, IL United States

The ABAN AYA youth program was designed to prevent multiple problem behaviors among inner-city African American youth, including violence, substance-use and unsafe sex. We hypothesize that there exists a latent problem behavior that “causes” the multiple problem behaviors. In order to test this hypothesis directly, we used multi-indicator growth modeling. We considered latent scores for each behavioral domain, e.g. violence, substance-use, school delinquency, provoking behavior, and unsafe-sex, to be indicators of a latent factor of general problem behavior. That is, we created the general latent problem behavior variable from item scores using a nested multiple-indicator (i.e., a second-order factor) model. Our main interest was in whether the ABAN AYA program reduced the growth of the general problem behavior relative to the control group. The main advantage of this approach is that we use a better measurement (second-order factor) model for the general problem behavior than simply summing items. We specify serial correlations at each level, i.e., item, specific problem behavior, and general problem behavior to improve the measurement model. Because the growth model is a special factor model as well, our model may be considered a third-order factor (or latent growth) model. Our result showed that the ABAN AYA prevention program significantly reduced the growth of general problem behavior, consisting of violence, substance use, and school delinquency, relative to the control group.

193 PREVENTATIVE PARENTING GROUPS: A META-ANALYSIS. Matt Goodman1, 1Program for Prevention Research Arizona State University, Tempe, AZ United States

The goal of this study is to conduct a meta-analysis on studies examining the efficacy or effectiveness of preventative parenting groups. The meta-analysis includes 44 studies and approximately 3600 families. This study will focus on four questions: (a) How much do Prevention Groups help families? (b) Do Prevention Groups help some populations (e.g. mothers) more than other populations (e.g. fathers)? (c) Are certain types of Parenting Groups (behavioral) more helpful than others (e.g. non-behavioral)? (d) How well do prevention groups recruit parents or if we build it will parents come? Unlike past reviews this study will examine only parenting groups and not include other types of parenting interventions (individual interventions or clinical interventions). In addition, this study will include programs from different orientations, serving different populations and using different formats. As a result, this study will be able to identify if certain treatment or population factors moderate the impact of parenting interventions.

*RECENT ISSUES IN RESEARCH METHODS*

194 USING GROUNDED THEORY ANALYSIS FOR INTERVIEW DATA: A COMPARISON OF AMERICAN INDIAN AND CAUCASIAN COMMUNITIES ON ISSUES RELATED TO INTIMATE PARTNER VIOLENCE. James Wood1, Pamela Jumper Thurman1, Ruth Edwards1, Barbara Plesed1, Robert Foley1, Randall Swaim1, 1Colorado State University, Fort Collins, CO United States

Intimate Partner Violence (IPV) is a problem in most communities. However, few researchers have examined how perceptions and other factors related to IPV can differ across different ethnic groups. The authors use Grounded Theory analysis to investigate differences in how factors associated with IPV interrelate in communities made up of primarily American Indian or Caucasian people. Grounded Theory Analysis was chosen because it allows the researcher to create a model of factors involved in a particular issue, based on the unique cultural milieu and perceptions of the group(s) being examined. This in turn allows for theory creation, which suggests appropriate policies and interventions based on the specific nature of a community, maximizing community ownership of efforts and minimizing the imposition of ideas or models that may not fit a community’s way of life. One on one interviews were conducted in four geographically dispersed rural communities, two primarily American Indian communities and two primarily Caucasian communities. A total of twelve interviews were conducted, three from each community. Results will be reported incorporating major themes that differ between the two groups in two models showing how major factors related to IPV interact for each group.

195 MULTI-INDICATOR GROWTH MODEL FOR ORDINAL VARIABLE WITH MISSING OBSERVATIONS. Eisuke Segawa1, 1University of Illinois at Chicago, Chicago, IL United States

Growth of a scale score is usually analyzed in two steps, creating a scale score at each time point by summing items in a scale (measurement step) then analyzing its growth (growth analysis step) over time. Multi-indicator models for growth (growth of factor model or second order latent growth model) combines the two steps. They are capable of analyzing
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Data sets with missing data at both item- and time-level straightforwardly when observed variables are normal using modern SEM software. In addition, they can decompose variances into error and trait, and investigate measurement invariance properties.

Although they have such advantages, appropriate software is not available when data are binary or ordinal with missing observations. In order to analyze such data, we formulated them as special three-level hierarchical generalized linear models. They are special because they include a factor-analytic model for the first and the second nested data structures. Our models can analyze not only data with item- and time-level missing observations, but also data whose time points are freely specified over subjects. Further, we implemented “autoregressive error degree one” structure for the trait residuals. Our approach is Bayesian. Markov Chain Monte Carlo computational methods are used. Our sampling strategy is more efficient because we do not sample missing observations. The full conditional posterior distributions for Gibbs sampler are in simple forms. The models are illustrated with four simulated data sets and one real data set with planned missing items within a scale.

196 THE ETHICS OF ONLINE RESEARCH: ISSUES, GUIDELINES AND PRACTICAL SOLUTIONS. Marilyn Hill1, Colin King2, Colleen Eckert-Denny1, Elaine Gibson1, Brenda Pankoff1, Tammy Ripe1, 1St. Joseph’s Health Care, London, Ontario Canada; 2Ontario Institute for Studies in Education of the University of Toronto, Toronto, Ontario Canada

Psychology and its allied disciplines have witnessed a large increase in experimental studies utilizing the internet as a principal or supplemental component to research. However, the development of comprehensive ethical guidelines for web-based research has not kept pace with rapid advances in this field of research. This presentation will provide an in-depth examination of the ethical issues involved in conducting research on the internet. Existing guidelines for web-based research will be reviewed, addressing issues such as the informed consent process, participant privacy and confidentiality and researcher - client communication. Using a web-based treatment follow-up program and its associated treatment outcome study as a model, specific guidelines and practical solutions will be provided for a number of ethical concerns.

197 AN EXPERIMENTAL STUDY OF BIAS IN PARENTAL REPORTS ABOUT PARENTING. Sarah Morsbach1, Ron Prinz2, 1University of South Carolina, Columbia, SC United States

Research in the area of self-report has suggested that individuals tend to respond in socially desirable ways (DeMaio, 1984), and parental self-report may be one area which is particularly vulnerable to socially desirable responding. A large body of research has indicated that manipulations of language and format can affect responses and reduce social desirability in self-report (Schwarz, 1999). However, such manipulations have not yet been applied to the area of parenting.

The current study is an experimental examination of the effects of different item formats on parental self-report. One hundred and sixty parents of young children rated their parenting behaviors in response to items with either a standard, biased, permissive, or augmented-permissive format. Standard items were taken verbatim from the Alabama Parenting Questionnaire (APQ), and three other measures were created by modifying the format of APQ items. Permissive and augmented-permissive items were modeled after item formats that have been shown to reduce socially desirable responding in the field of Public Health. Biased format items, on the other hand, were designed to increase socially desirable responding through the use of language suggesting one end of the rating scale to be more desirable than the other.

Results are presented in terms of comparisons among the conditions to determine which particular item clusters (e.g., parental involvement) are affected by the item format manipulations. A comparison of responses supports the assertion that item format does affect socially desirable responding in the area of parenting, particularly in the parenting domains of involvement and corporal punishment. The augmented-permissive item format tended to decrease socially desirable responding, whereas the biased item format tended to increase socially desirable responding. The permissive item format did not appear to affect responding. This pattern of results is discussed with respect to implications for parental assessment procedures and parents’ perceptions of constructs.

198 DOCUMENTING INTIMATE PARTNER VIOLENCE ALONG THE US-MEXICO BORDER: CRITICAL ISSUES IN SAMPLING, RECRUITMENT, AND RETENTION. Satya Krishnan1, Pe Gerard Weideman2, 1New Mexico State University, Las Cruces, NM United States; 2Studio B.E.S.T., Inc, Mesilla, NM United States

The border between United States and Mexico is defined by a 2,000 mile-long stretch of land across the continent. This simplistic physical representation fails to capture the unique and complex blend of cultural, economic, political, and social factors that ultimately constitute the territory known as the ‘borderlands’ (Ford, Barnes, Crabtree, and Fairbanks, 1998). These borderlands are largely rural with few cities interspersed. This geographic vastness creates a physical isolation that often limits interaction between and among service providers and community members. In addition, these borderlands are greatly influenced by poor economic conditions, fewer opportunities for educational attainment, and by the melding of multiple cultures including the dominant Hispanic and Anglo cultural traditions and customs as well as those of the Native American tribes. Finally, the permeability of the border between the two countries plays an important role in defining the nature of the communities that emerge and sustain in these borderlands. The permeability not only
accounts for some of the expansion in the population that lives in these communities but allows for individuals to move back and forth between two countries on a regular and frequent basis (Ortega, 1992). Our research for the past seven years has focused on documenting and understanding violence experienced by women in their intimate heterosexual relationships who live in these border communities. Our focus has been on women from minority communities. This focus on minority women, especially Hispanic and Native American women, who are often oppressed by class, culture, ethnicity, economics, and race in imperative in communities and states such as New Mexico which have a culturally diverse population living in them (Krishnan, Hilbert, & VanLeeuwen, 2001). Our presentation will focus on the critical issues in sampling, recruitment, and retention of participants in research studies, particularly in longitudinal studies, that are essential to investigate issues of intimate partner violence. Secrecy, distrust, fears, issues of confidentiality and privacy, cultural competency, tracking of participants over time, avenues and time for expression, scheduling issues, closure and termination will be discussed in developing more effective sampling, recruitment, and retention strategies.

**199 MULTILEVEL ANALYSES OF ADOLESCENT PROBLEM BEHAVIORS.** Keith Smolkowski
Oregon Research Institute, Eugene, OR United States

This poster will present a multilevel analysis of adolescent problems and the correlates of those problems. There has been substantial progress in the analysis of risk and protective factors associated with adolescent problems. A correlation between a risk factor and a problem behavior at one level, however, does not necessarily imply that the same relationship exists at other levels. For example, an individual-level relationship between risk factor and a problem does not mean that the prevalence of a problem at the school level can be predicted from the prevalence of the risk factor. We investigate relationships between a set of ten risk and protective factors and antisocial behavior, drug use, and depression with a population-based sample of 8th and 11th graders in Oregon. We used a random coefficients analysis to account for variance at the individual, cohort, and school levels. We found relatively little variance at the cohort and school levels. As Singer (1998) has noted, little variance at the school level “places an effective ceiling” on the variance in problem behavior that school-level risk and protective factors can account for. The poster will compare the individual-level and school-level correlations between influences and problems. It will also examine the role of cohort variability. Preliminary evidence indicates that school level correlations between risk factors and problems are attenuated when cohort variability is accounted for. The implications of these findings for prevention research and practice will be enumerated.

**DEMONSTRATING THE USE OF CONFIRMATORY FACTOR ANALYSIS, A LATENT VARIABLE APPROACH.** Adam C. Carle, Ph.D.
U.S. Census Bureau, Washington, DC United States

Unlike other sciences, measured variables in the social sciences are often unobservable, latent variables. Attempts to compare the correlates, prevalence, and course of mental illness across groups in order to inform prevention research are dependent on the cross group validity of the measurement instrument. When measuring unobservable variables, the possibility exists that a test may be biased across groups. Measurement bias is present on an instrument when individuals equivalent on a latent trait, but from different groups, do not have identical probabilities of producing observed scores. Bias can attenuate or accentuate group differences, as well as lead to inaccurate diagnoses. Recent years have seen an increased call for empirical studies establishing the cross group validity of measurement instruments. Latent variable models have made a relatively recent entry in the research methods field and offer a powerful method of investigating bias. Unfortunately, few researchers receive training in these models; find it difficult to understand studies employing them; and issues of measurement invariance are often ignored. The current paper addresses the possible effects of measurement bias, why prevention scientists should find it of concern, and presents empirical data as an applied example demonstrating the use latent variable models in prevention research. Data from a larger, longitudinal study examining depression and anxiety among children and adolescents (see Cole, et al. 1998) were used to assess the validity of the Children’s Depression Inventory (CDI: Kovacs, 1992) across 365 boys and 415 girls in the third and sixth grades. A series of hierarchical, confirmatory factor analyses examined whether a five-factor model, equating factor loadings, intercept terms, and uniquenesses fit the data well across boys and girls. Implications of the results with respect to both the CDI and prevention research are discussed.

**201 STANDARDS FOR DESIGN OF WEB-BASED SURVEYS IN ALCOHOL AND OTHER DRUG RESEARCH.** Scott Crawford
MSIResearch, Livonia, MI United States

[NOTE TO ORGANIZERS: This session is really ideal as a "short course" that would last approx. 2-4 hours. A similar short course based on more general population studies will be presented at the American Assoc. for Public Opinion Research. This author has taught a week long, 15 hour, "Web Survey Implementation" course at the University of Michigan Summer Institute for Survey Research Techniques for four years. See http://www.isr.umich.edu/src/si/index-2003.html for course description. If SPR is interested in holding a similar short course at this years meeting, please contact me. Otherwise, please consider this as a standard paper presentation.]

As web-based surveys proliferate, it is now time to focus attention on standards of best practices in Web-based survey design. Standards for paper-based survey designs are well
known. And now, there is enough evidence to show that Web-based survey design is at least as important, and likely much more important, to the the collection of high quality prevention research data.

Based in theories of self-administered survey methodology and human-computer interaction, those conducting Web-based surveys have developed their own set of standards for how to best apply those theories in practice. In many situations, empirical evidence has been uncovered to support those standards. In this session, I will describe the Web-based survey design standards that have emerged from science-based evaluations over several years of using this mode in survey research experiences, especially in support of alcohol and other drug surveys. Justification for the standards will be described by reference to the appropriate theoretical framework from which the standards were developed. Empirical evidence, where available from experiences, experiments, and published works, will be presented to support those standards. Specific research to be discussed will include alcohol and other drug studies of post-secondary, secondary, and elementary school populations. This session is designed to educate prevention researchers in the issues and approaches involved in the design of Web-based surveys used in their work.

I will also discuss where gaps in research exist and provide suggestions for prevention researchers to include survey methods studies within their ongoing studies.

202 TRANSLATING RESEARCH TO POLICY: LESSONS FROM META-ANALYSIS. Jim Derzon1, Pacific Institute for Research and Evaluation, Calverton, MD United States

Although many policy makers turn to research to inform policy, only a modest proportion of research that is developed and published directly informs that process. Many of the parameters used to report findings relevant to prevention are near un-interpretable abstractions to many of our principle audiences, those stakeholders who decide what programs ought be adopted, the policy makers who decide what activities and programs to fund, and the politicians who set priorities and are accountable. Partly this disconnect is attributable to the statistics and methods we use to summarize evidence, part can be attributed the paucity of tools and methods for translating findings into meaningful parameters. This paper discusses how the utility of findings may be limited by their presentation and will introduce some of the methods used by meta-analysts to translate findings into policy-relevant indices.

For example, the predictive validity of risk and protective factors has been a critical feature of our research. However, when expressed as a correlation, the information is of limited use to prevention practitioners since it ignores the underlying base rates, and may confound the percentage of those with the predictor who have the outcome (positive predicted value) with sensitivity (the percentage of those with the outcome who had the predictor). Knowing each of these values can be critically important when identifying cases for an intervention that is expensive, harsh, or limits opportunity.

In a primary study, these values are easily calculated, but when translating other’s research it is necessary to convert correlations or d-scores into a 4-square table to calculate these values. In addition to demonstrating this conversion, we will introduce other useful indices, such as Cohen’s standardized difference scores (u1, u2, u3) and Rosenthal’s Binominal Effect Size Display (BESD).

Multivariate findings, such as regression, can be translated into a single standardized parameter by creating a synthetic estimate in which the independent variables that are ancillary to the relationship being tested are “covaried” out. Thus, in the case of an intervention whose effects were moderated by dosage or by some in the comparison group receiving compensatory services, the attenuation in effectiveness due to these confounds can be statistically estimated and removed to create an optimized “as-if-everyone-got-the-full-treatment” estimate. Without caveats, this estimate is understandable by and useful to practitioners and other decision makers.

203 TESTING A REVISED VERSION OF THE CES-D AMONG MEXICAN STUDENTS: THE ASSOCIATION BETWEEN DEPRESSION, SUICIDE ATTEMPTS, EXPOSURE TO VIOLENCE, AND DRUG INVOLVEMENT. Fernando A. Wagner1, Catalina González-Forteza2, Luciana Ramos-Lira2, 1DARP/CHDS Morgan State University, Baltimore, MD United States; 2Instituto Nacional de Psiquiatría, Mexico, Distrito Federal Mexico

Background: Prior research has found depression to be associated with several other psychosocial problems, such as violence victimization, suicide attempts and drug use. An important feature of earlier studies is the dichotomous scale used to ascertain depression in community samples (presence/absence of symptomatology), which implies several limitations, such as the omission of potentially important differences in the intensity of the symptoms and their underlying structure. In the present study, we analyze data obtained using a revised edition of the CES-D (Eaton et al., 1999) that has been recently adapted into Spanish (Reyes et al., 2003). This study attempts to replicate the association between depression and each of the following: suicide attempts, exposure to violence, and drug involvement, as a means to test for the concurrent validity of the revised instrument. Methods. The data are from the entire student body of two middle schools located in the Historic Downtown of Mexico City (n=767, inter-quartile age range 13-15 years). The new version of the CES-D allows assessing five levels of current depressive symptomatology (past two weeks) in reference to DSM-IV criteria for major depressive episode: (1) significant symptoms of major depression episode (MDE), (2) probable major depressive episode, (3) possible major depressive episode, (4) sub-threshold depression, and (5) no symptoms of depression with clinical significance.” Results: One out of ten female students met criteria for significant
symptoms of MDE, and one out of twelve had probable significant symptoms. Male students are between three and seven times less likely to have high levels of depression symptomatology, compared to females. Students with significant symptoms of MDE were estimated to be more likely to have attempted suicide (OR= 12.86, 95% CI, 6.45–25.6) than those with no symptoms of clinical significance. Also, students with significant symptoms of MDE were more likely to have suffered violence (OR= 6.62, 95% CI, 2.56–17.06), to have smoked tobacco in the past month (OR= 3.03; 95% CI, 1.31–7.03), and to have used marijuana (OR= 3.00;95% CI, 1.07–8.42). There are some differences in the strength of the association compared to other levels of symptomatology. Comment: The revised version appears to be at least as valid as the original, at least from the viewpoint of concurrent validity. Further studies will allow for better calibration of the instrument and its thresholds.

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204 PSYCHOMETRICS OF THE ASSESSMENT OF LIABILITY AND EXPOSURE TO SUBSTANCE USE AND ANTSOCIAL BEHAVIOR (ALEXSA) FOR CHILDREN. Ty Ridenour1, Mark Greenberg1, 1Pennsylvania State University, State College, PA United States

Self-report surveys for adolescents have provided rich information regarding prevention program outcomes, etiology of problem behaviors, and communities’ selection of prevention programs for their children. More recent prevention and etiological efforts have focused on children younger than age 12. However, these efforts are limited by the lack of a self-report survey for children. The ALEXSA (Assessment of Liability and Exposure to Substance use and Antisocial behavior) was recently developed to provide a self-report assessment of over 100 “risk and protective factors” for children and early adolescents. Development of the ALEXSA is funded by NIDA (K01 00434) and the Penn State University Children, Youth, and Families Consortium. Measures that were selected as model measures were those that evidenced at least good psychometric properties, and accounted for unique variance in substance use or antisocial behavior. ALEXSA measures span a wide range of domains including demographic, social, family, community environment, interpersonal (academic, affective, behavioral, biological, cognitive, competency, and religiosity), and substance use-specific risks. The ALEXSA is computer-administered and requires no minimum reading or writing skills, includes audio readings of text and professional cartoon illustrations, and can be tailored to best fit the research interest of a diversity of projects. Also, new measures can be added to the ALEXSA. Focus groups data from 25 nine to 12 year old African-Americans and Caucasians were used to refine the illustrations and wording of questions. Test-retest data from 400 nine to 12 year olds are being collected; participants are from rural and urban regions and include children from mental health settings and public schools. Preliminary analyses suggest that the ALEXSA measures are reliable (84% of the continuous ALEXSA measures had test-retest reliabilities of .6 or higher). Children indicated that the computer format, professional cartoon illustrations, and audios were acceptable. The most up-to-date reliability and validity data from African-American, Caucasian, and Latino samples will be presented. Preliminary feasibility data suggest that the ALEXSA will be useful for a wide range of settings and purposes. Current expansion of the ALEXSA includes development of a Spanish version, the addition of an evaluation of the TimeWise (Caldwell, 2003) prevention program, and creation of gender- and ethnic-specific illustrations.

*THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

205 PREDICTING OUTCOME IN BEHAVIORAL PARENT TRAINING: EXPECTED AND UNEXPECTED RESULTS. Elizabeth P. Mac Kenzie1, Paula J. Fite2, John E. Bates3. 1University of Washington, Seattle, WA United States; 2State University of New York at Buffalo, Buffalo, NY United States; 3Indiana University Bloomington, Bloomington, IN United States

This study examined the relationships among clinical utility and treatment outcome variables in Behavioral Parent Training. The sample included 21 mothers with 3-8 year-old children with significant externalizing behavior problems who received treatment for Oppositional Defiant Disorder. The primary aim was to relate two treatment feasibility variables, client resistance and treatment acceptability to maternal ratings of child improvement. We also examined the relationship between treatment feasibility variables and parent and family risk factors that appear to mitigate the effectiveness of BPT such as low SES, single-parent status, and maternal depression. Outside observers coded videotapes for maternal resistance exhibited in treatment sessions during which discipline techniques were discussed. Mother reports were used to measure treatment outcome (child improvement) and treatment acceptability. Effect size calculations yielded large pre-post improvements in children’s externalizing behavior. Results of correlation analyses revealed the following pattern of significant findings: (1) a positive relationship between treatment acceptability and child improvement, (2) a negative relationship between maternal resistance and the risk factors, low SES and single-parent status, and (3) a negative association between SES and child improvement. The first finding was expected, but the latter two were not. Although this was a small study with many limitations, the pattern of findings raises intriguing issues for further study. The need for empirically tested models of BPT that incorporate service utilization, risk and protective factors, and implementation is discussed.
206 THE CONNECTION BETWEEN HEALTH STATUS AND SOCIAL SECURITY FOR LOW-INCOME ELDERLY WOMEN AND PEOPLE OF COLOR IN THE US. Marcia Shobe1, Kameri Christy-Mcmullin2, 1University of North Carolina at Charlotte, Charlotte, NC United States; 2University of Arkansas, Fayetteville, AR United States

Social Security benefits comprise the largest pool of income for low-income elderly households in the United States. Yet the current Social Security system will start surpassing annual cash income in 2017. Like the United States, most social insurance programs throughout the world are facing serious fiscal problems, compelling many nations to seek supplementary approaches to social insurance benefits. Based on the examination of alternative approaches to the current system in other countries such as the United Kingdom, Germany, Japan, France, and Sweden, current political momentum in the United States suggests the privatization of Social Security. Given the likelihood of privatization in the near future, particular attention is focused on elderly subgroups that typically experience economic disadvantage, namely women and racial/ethnic minorities. The interrelatedness of economic resources, age, and health indicators, as well as the economic resources and hardships experienced by elderly African Americans, Hispanics, and women are discussed. Policy makers need to be mindful of how this policy change will impact the health and well being of low-income elderly populations. Recommendations regarding the needs of women and minorities should privatization occur are also presented.

207 CLASH OF CULTURES: THE QUALITY OF PARENT-CHILD RELATIONSHIPS IN ASIAN AMERICAN FAMILIES. Khanh Dinh1, Lowell, Lowell, MA United States

Asian Americans (AA) represent the fastest growing population in the United States, yet little is known about their life experiences, especially those pertaining to the immigrant family. The U.S. Census indicates that between 1990 and 2000, the general population grew by 13%, while the population of Asian Americans grew by 72%. It is projected that by 2020, the AA population will increase to 20 million. Immigration is the most significant force behind the current growth; approximately 70% of the AA population is comprised of foreign-born individuals. With the dramatic growth of this population, presently and in the near future, it is imperative that researchers and service providers acquire a better understanding of the life experiences of Asian immigrants. This understanding would contribute to our current knowledge on immigrant psychology, as well as provide valuable information for developing intervention programs to address the special needs of Asian immigrant individuals and families. The main purpose of this study was to examine the respective roles of acculturation and intergenerational conflict (i.e., parent-child cultural gap) as predictors of the quality of mother-child and father-child relationships among 172 Asian American college students and their parents (154 mothers and 122 fathers). The results showed that intergenerational conflict played a particularly significant role in the quality of mother-child relationship, whereas both acculturation level and intergenerational conflict were important in the quality of father-child relationship. As predicted, intergenerational conflict accounted for significant variance in the regression model, above and beyond contributions made by acculturation and demographic variables. The results also showed that generational status was positively associated with acculturation and negatively associated with intergenerational conflict, suggesting an increase in acculturation level and a decrease in the parent-child cultural gap in subsequent generations. Findings from this study provide implications for future research and intervention approaches with Asian American families. Future research should place a greater emphasis on the assessment of intergenerational conflict, which would provide information about the dynamics of the cultural disconnect that may exist in many immigrant families. Intervention programs with Asian immigrant families should include a psychoeducational component about the way in which parents and children may experience differential adaptation to the new culture. This may help normalize the acculturation experience and assist family members in preparing for potential acculturative stresses, which, in turn, may help minimize the intensity of the cultural clash.

208 FATAL RED LIGHT CRASHES: THE ROLE OF RACE AND ETHNICITY. Eduardo Romano1, Bob Voas2, A. Scott Tippetts2, 1PIRE, Calverton, MD United States; 2Pacific Institute for Research and Evaluation, Calverton, MD United States

Objective - To look at possible cultural differences associated with traffic fatalities by investigating the role of drivers’ race/ethnicity on fatal red light running crashes.

Methods - Within the last several years, the collaboration between the National Center for Health Statistics (NCHS) and the National Highway Traffic Safety Administration (NHTSA) allowed information on race/ethnicity to be added to the Fatality Analysis Reporting System or FARS (FARS, 1999). We took advantage of this data set (for 1990-1996) to study the role of race/ethnicity on red light running crashes. Following Retting et al (1999), we identified a red light running crash as one that i) took place at an intersection, ii) was controlled by a traffic signal, and iii) had a driver level factor of “failure to obey traffic control device.” We described and characterized this subset of crashes according to the drivers’ race/ethnicity (African-Americans, Hispanics, and Whites), age, and gender. Using chi-square tests we investigated the association of these factors with presence of alcohol, for different days of the week and day hours. Logistic regressions were applied to investigate the joint effect of race/ethnicity and other factors such as previous DUI offenses on the incidence of red light running crashes.
Results - The incidence of red light running crashes among FARS drivers was lower among Whites than African-Americans or Hispanics (p<0.01). Such a difference was even more preponderant for Hispanics on weekends, when presence of alcohol among red light runners in FARS proportionally increased for this group. Most red light running fatalities occurred at dark (between 6pm and 8am). Racial/ethnic differences regarding presence of alcohol and hour of the day when the red light running crash took place were also observed, particularly among young (ages 20 or less) and old victims (ages 70 or more).

Discussion - Racial/ethnic differences associated with red-light violations were observed. Such differences seem to be heavily moderated by other factors such as alcohol consumption and age. Further research, particularly on the role of acculturation among Hispanic immigrants on red light crashes is required. The authors wish to thank NIAAA, Grant Number: 1 R21 AA13384-01, for their generous support of this research effort.

209 ACCULTURATED HISPANICS AND FATAL MOTOR VEHICLE CRASHES IN THE US: PRELIMINARY RESULTS. Eduardo Romano1, Bob Voas2, A. Scott Tippetts2, 1PIRE, Calverton, MD United States; 2Pacific Institute for Research and Evaluation, Calverton, MD United States

Introduction - Fatal motor vehicle crashes (MVCs) are a major problem in Latin America. Causes for such a problem include the drivers’ i) failure to perceive the danger of D&D, ii) failure to follow traffic laws and regulations, iii) lack of proper driving training, iv) easy access to driving licenses, and v) inadequate law enforcement (Elgueda, 2001, Luchemos por la Vida, 2001). The 2000 census counted about 56,000,000 foreign-born residents in the US. Latin Americans comprise about 52% of these new immigrants. How well new Latin American immigrants are driving in the US?

Objective - To incorporate a stochastic, language-based measure of acculturation (as a proxy for recent vs. old immigrants) for Hispanics in FARS, and investigate possible cultural differences associated with traffic fatalities by acculturation level.

Methods - Only recently, through the collaboration between NHTSA and the National Center for Health Statistics (NCHS), has it been possible to link detailed national motor vehicle fatality data from FARS with race/ethnicity information from state death certificates. A language-based acculturation index for Hispanic drivers was also recently incorporated into FARS 1990-1996 by this research team through a zip code identifier. With these additions, we studied the association of acculturation with fatal crashes in which the Hispanic driver was i) sleepy, fatigued, or drowsy; ii) inattentive; iii) failed to obey a stop sign; iv) failed to obey a yield sign; v) involved in a hit-and-run incident, or vi) showed other bad-driving attitudes, including among others: failing to maintain proper distance, unsafe lane change, improper passing, or driving in a negligent manner. Chi square tests and logistic regressions were applied to study these relationships among the approximately 9,000 Hispanics in the file.

Results - Acculturated Hispanic drivers were less represented in “hit-and-run” (p<0.05), “drowsiness-related” (p<0.05), and “failure to stop-related” crashes (p<0.06) than their acculturated counterparts. Acculturated Hispanics were more represented in fatal crashes associated with “inattention” (p<0.05). No acculturation-related difference was detected for “other bad driving attitudes” or “failure to yield.” Logistic regressions confirm the role of acculturation on these crashes, although in some cases such a role was heavily moderated by alcohol consumption.

Discussion - Acculturation among Hispanics seems a factor in shaping fatal MVCs. Such a role seems to be heavily moderated by D&D. More research on the interactions between acculturation, D&D and fatal MVCs is needed. The authors wish to thank NIAAA, Grant Number: 1 R21 AA13384-01, for their generous support of this research effort.

210 ATTENDANCE IN SCHOOL-BASED AFTER-SCHOOL PROGRAMS AND THE SCHOOL INVOLVEMENT OF MIGRANT LATINO FAMILIES. Nathaniel Riggs1, Mark Greenberg2 - Pennsylvania State University, University Park, PA United States; 2Pennsylvania State University, State College, PA United States

There is a great deal of evidence suggesting that children’s academic performance and social well-being profit from aspects of parent-teacher collaboration such as quality of the parent-teacher interactions, participation in educational activities at home, and participation in activities at school. One possible reason for this link is that constructive parent-teacher communication has been associated with clearer parent understanding of what teachers expect from their children as well as parental instruction regarding how to better enhance their children’s education.

Minority families tend to demonstrate lower levels of parent-teacher involvement. Furthermore, Latino parents have been found to offer few suggestions at parent-teacher meetings and know significantly less about their children’s academic development than do Caucasian parents. Children’s participation in school-based after-school programs may be one avenue through which enhanced links can be formed between parents and schools. This may be true if school-based after-school programs serve as a bridge between parents and their children’s regular school day activities.

The current study investigated the association between migrant Latino children’s (N = 60) attendance in after-school programs and change in three aspects of parent-school involvement over a two year period. Hierarchical linear regression analyses were conducted to test hypotheses that parents of children with higher rates of attendance in school-based after-school programs would report greater increases in involvement with their children’s regular school-day activities.
Results demonstrated that, after controlling for other important variables, parents with children who had higher after-school program attendance rates were more likely to report increases in the quality of relationships with their children’s schools, increases in the frequency of parent-teacher contact, and increases in school volunteerism over a two-year period. Among the implications of these findings are that school-based after-school programs may serve as a bridge between parents and their children’s schools, and that these programs may be particularly beneficial for minority parents who tend to report lower levels of school involvement.

211 PATHWAY TO SUICIDALITY IN CHINESE ADOLESCENTS. Jenn-Yun Tein1, Xianchen Liu1, 1Arizona State University, Tempe, AZ United States

Suicide represents a major worldwide social and public health problem. Suicide risk begins to increase during adolescence. Literature has described suicide characteristics in western adolescents; but little is known about the risk for suicidal ideation and behavior (attempt, self-harm) in Chinese youth. Correlates of suicidal ideation, attempt and completion, found in previous studies, include biological, cognitive, psychological, social and family factors. Evidence has shown that abnormalities in the serotonergic system are associated with suicide. External locus of control was associated with increased suicide risk. At least 90% of child and adolescent suicide victims had psychiatric disorders. Depression and substance use have been the most significant psychiatric problems in those who attempted or completed suicide. Research has consistently shown a significant association between negative life events and suicide. This study, as part of a large-scale epidemiology survey on mental health in Chinese youth, examined the pathway of negative events to depression, to suicide through locus control, sleeping problems, and substance use (smoking/drinking). The pathway across age and gender was also compared, controlling for family SES. Participants were 817 junior and 548 senior high-school students (60% boys) from Shandong Province, China. Family SES was measured by father’s occupation (80% farmers) and education level (68% less than high-school). SEM was used to examine the pathway model. Mean differences were also examined across groups. The rates of suicidal ideation and behaviors were significantly higher among seniors than juniors. Girls were more likely to report suicidal ideation. For suicide attempts no gender difference was observed. The pathways between negative events and suicide were similar across age and gender. External locus of control, sleeping problems, substance use and depression were significantly associated with negative events for all children. External locus of control had significant relations with depression for junior girls and senior boys; sleeping problems had significant relations with depression for senior girls. Suicide was significantly associated with depression for all children. Suicide had a direct relation with smoking/drinking for all children except junior girls. After accounting for depression, suicide was not directly associated with stress. This study shows that smoking/drinking, external locus of control, sleeping problems, and depression were possible mediators of the relation of negative events and suicide for Chinese youth. Further longitudinal study is required to confirm the mechanisms of this pathway. Interventions can be designed accordingly to effectively prevent suicide among Chinese adolescents.

212 PSYCHOSOCIAL PREDICTORS OF SUICIDAL IDEATION IN TEENAGE AFRICAN-AMERICAN MALES. Thomas Locke1, Michael Newcomb1, Rodney Goodyear2, 1University of California, Los Angeles, Los Angeles, CA United States; 2University of Southern California, Los Angeles, CA United States

Approximately 12 young people between the ages of 15-24 die every day by suicide in the United States (American Association of Suicidology, 2003) Data from the CDC show that persons under age 25 accounted for 15% of all suicides in 2000. Ethnicity plays a major role, with Black and White males being most prone to kill themselves (CDC, 2003). Recent changes in the suicide rates for young Black males are alarming. The suicide rate for Black male youth aged 10-14 has increased 180% since 1980, and 80% for Black male youth aged 15-19 (American Association of Suicidology, 2003). In addition to completed suicide, suicidal ideation and attempts are also serious problems as they are often precursors to suicide completion. The current study assesses multiple domains as predictors of suicidal ideation in a large community sample of Black male teens. Variables were selected based on an expanded version of the ecodevelopmental perspective (Newcomb, Locke, & Goodyear, 2003) and include childhood maltreatment, parental alcohol-related problems, family disconnection, attachment, social conformity, and polysubstance problems.

Method - Participants. Data were collected from 89 male adolescents (mean age = 17 years old; range: 13 - 24) who self-identified as African-American.

Measures. - A five-item measure of suicidal ideation assessed this outcome domain. Other measures used were the Childhood Trauma Questionnaire, Children of Alcoholics Screening Test, scales assessing relations with family, parents, and overall positive childhood quality, Collins and Read (1990) Attachment Scale, two scales assessing religious commitment and law abidance, scales measuring assertiveness, sense of competence/effectiveness, and confidence in problem solving, and four scales assessing substance use during the past six months.

Results - A stepwise multiple regression equation was conducted with suicidal ideation as the dependent variable. In total, only two of the eighteen variables predicted suicidal ideation. The following predictor variables are presented in order of best to worst predictor: good relationships with parents (Beta = -.29, p<.00), and problem-solving confidence (Beta = -.28, p<.01).

Discussion - Two domains were identified which serve as protective factors that related to suicidal ideation in Black
male teens. Protective factors are those variables that were found to predict lower levels of suicidal ideation. Suicide prevention initiatives that focus on strengthening family connection and fostering a sense of confidence in problem solving are likely to have a salutary effect in this population.

213 PSYCHOSOCIAL PREDICTORS OF CIGARETTE SMOKING IN TEENAGE LATINO MALES. Thomas Locke1, Michael Newcomb1, Rodney Goodyear2, 1University of California, Los Angeles, Los Angeles, CA United States; 2University of Southern California, Los Angeles, CA United States

Nicotine is one of the most heavily used addictive drugs in the United States. In 2002, 30 percent of the U.S. population 12 and older used tobacco at least once in the past month. Cigarette smoking is the most popular method of taking nicotine, resulting in more than 440,000 deaths each year (NIDA, 2003). Ethnic and gender differences are noted in prevalence rates for different groups including Hispanics (22% of Mexican females versus 36% of Mexican males smoked cigarettes- SAMHSA, 2003). While existing data are useful and available, little research has focused on predictors of cigarette use in Latino teenage males.

Predictors of cigarette use in a community sample of Latino teenagers were assessed. Variables were selected based on an expanded version of the ecodevelopmental perspective (Newcomb, Locke, & Goodyear, 2003) and include childhood maltreatment, parental alcohol-related problems, family disconnection, attachment, social conformity, depression, and suicidal ideation.

Method - Participants. Data were collected from 349 males (mean age = 17 years old; range: 13 - 24) who self-identified as Latino; primarily of Mexican-American descent.

Measures - Frequency of use of cigarettes within the past six months assessed this outcome domain (Range = none to 2 packs per day). Other measures include the Childhood Trauma Questionnaire, CAST-6, relations with family, parents, and overall positive childhood quality, Collins and Read Attachment Scale, religious commitment, law abidance, assertiveness, sense of competence, and confidence in problem solving, a four-item depression scale, and a five-item measure of suicidal ideation.

Results - 50 percent of the sample reported using cigarettes. We ran a stepwise multiple regression equation with cigarette smoking as the dependent variable. In total, three variables predicted cigarette smoking. The following are presented in order of best to worst predictor: assertiveness (Beta = .21, p< .00), law abidance (Beta = -.15, p< .01), and suicidal ideation (Beta = .14, p< .01). Correlations were run and are consistent with the predictive relationships.

Discussion - Several psychosocial domains identified, which serve as both risk and protective factors for cigarette use. Risk factors were assertiveness and suicidal ideation. Protective factors are variables that were found to predict lower levels of cigarette use. The only protective factor that emerged from this analysis was law abidance. Prevention initiatives that focus on increasing attitudes of law abidance, reducing suicidal ideation, and seeing the potential negative consequences of assertiveness are likely to have a positive influence on cigarette use in this population.

214 DRINKING AND ALCOHOL-RELATED SOCIAL PROBLEMS AMONG YOUNG BLACKS. Dionne Godette1, Susan Ennett2, 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 2University of North Carolina at Chapel Hill, Chapel Hill, NC United States

Objective: Alcohol misuse poses a substantial threat to the health of young people in the United States. It is one of the leading contributors to preventable injury and adverse social consequences among adolescents and young adults and the Black sub-group of these young people suffer some of the most severe consequences relative to their quantity and frequency of use. As a result, the main objectives of this study were: (1) to use life course development theory and primary socialization theory to inform the exploration of developmental patterns of alcohol use and its relationship to the development of alcohol-related social problems among young Blacks, and (2) to explain the patterns of alcohol use and alcohol-related social problems with theoretically informed predictors such as baseline measures of parent control, friend control, religious control and gender. Methods: Latent curve analyses were conducted on the sub-sample of Black respondents to the Longitudinal Study of Substance Use Careers. The survey respondents were one cohort of 641 adolescents (46% of the Black respondents) in the 6th through 8th grades in a county in North Carolina. These adolescents were surveyed at four unequally spaced time intervals, over a period of 10 years. The respondent ages ranged from 10 – 16 at baseline to 18 - 24 by the 3rd follow-up. Results: Preliminary results revealed that the trajectories of alcohol use are non-linear among the young people included in this study; however, the trajectories of alcohol-related social problems are linear and the data support the addition of predictor variables to explain variance that is observed between study participants as it relates to alcohol use and alcohol-related social problems. The predictive value of the baseline measures of parent control, friend control, religious control and gender are currently under evaluation.

215 IDENTIFYING PREVENTION STRATEGIES FOR TEEN PREGNANCY IN CENTRAL CALIFORNIA. Virginia Rondero Hernandez1, 1Society for Prevention Research, Fresno, CA United States

In 2001, the rate of live births to teens aged 15-19 in the San Joaquin Valley of Central California was 67 per 1,000 (California Department of Health Services, 2001). This rate was 48 percent higher than the rate for the entire state of California and the U.S. (National Vital Statistics Reports, 2002). The San Joaquin Valley is characterized by a large number of immigrants from Mexico and Southeast Asia, a large number of agriculture-related industries, the highest...
This research questions whether demographic characteristics of the San Joaquin Valley contribute to the incidence of teen pregnancy in this region and hypothesizes the incidence of live births to mothers aged 15-19 is related to living in households where the head(s) of household 1) are primarily female, 2) are employed in agriculture-related industries, 3) earn incomes at or below 200% of the federal poverty level, 4) have less than a high school education, 5) maintain households of four persons or more, 6) were born in a foreign country, 7) have limited fluency in the English language, and 8) are primarily of Hispanic background.

The sample consists of 8,823 cases of live births to teens aged 15-19, which occurred during 2001 in the eight San Joaquin Valley counties as reported by the Center for Health Statistics, California Department of Health Services. The design is quasi-experimental, using ANOVA and Fisher’s PLSD tests to detect group differences and differences among quartiles of the sampling distribution of each independent variable cited above as it relates to the incidence of teen pregnancies in the San Joaquin Valley during 2001. Descriptive statistics are included in order to fully describe the dimensions of the variables studied. Results indicate that each independent variable is significantly related.

The results have direct implications for teen pregnancy prevention strategies for all eight counties in the San Joaquin Valley, especially for rural areas and impoverished neighborhoods and communities in which English is not the predominant language and culture influences the ways in which public health education about preventing teen pregnancy is perceived and utilized by residents of these communities.

ATTENTION TO ISSUES OF CULTURAL DIVERSITY IN PREVENTION: RESULTS OF A CONTENT ANALYSIS OF OUTCOME RESEARCH

Joseph Durlak1, Kei Kawashima1, Richard Yuen1, Daniela Weksler1, Joanne Ortei1, Loyola University of Chicago, Chicago, IL United States

On the one hand, the importance of including cultural/ethnic groups in basic and applied research is no longer a debatable question. Many strands of evidence support the notion that studying cultural diversity enriches science and makes empirical findings relevant and applicable to more populations. On the other hand, there are large gaps between what should be done and current practices. For example, content surveys conducted in many social science areas have consistently indicated that very little research has focused on cultural/ethnic issues (e.g., Bernal & Enchautegui-de-Jesus, 1994; Graham, 1992; Ponterotto, 1988; Serafica, 1999).

How well does prevention outcome research attend to issues of cultural diversity? Which groups are being studied or being ignored? Are appropriate subgroup analyses being conducted and reported to ascertain if some groups are responding differentially to the intervention? What implications can be drawn from a review of the current literature? This presentation attempts to answer these types of questions.

The purpose of this poster is to provide an overview of the ways that prevention outcome research has attended to issues of cultural diversity. The data are drawn from an extensive and on-going review of prevention research. Interventions are examined that focus on mental health issues, broadly defined. That is, eligible studies included those attempting to prevent negative mental health outcomes across a broad array of indices ranging from future reductions in clinical disorders to lowered rate of all types of behavioral and social problems (aggression, antisocial behavior, and symptoms of depression and anxiety).

Reports appearing by the end of 2003, focused on mental health issues as defined above, and targeting children and adolescents from birth through age 18 were evaluated, including international studies. Over 250 published and unpublished studies are already included, and those appearing in the latter months of 2003 will be added.

A detailed content analytic coding system was developed that assessed, among other things, cultural diversity in terms of target populations, ways in which the intervention was tailored or customized to accommodate certain groups, and elements of analyses that assessed differential attrition and outcomes among participants.

Findings provide a useful overview of the manner in which prevention scientists have attended to issues of cultural diversity in outcome research, what gaps exist, and what should be priorities for the next generation of research.
education aspirations, parental involvement in school related activities, and parental educational level. For example, youth from remote rural communities were less likely to believe they would go on to college, more likely to believe that lack of money or training would interfere with their ability to get the job they wanted after completing high school, more likely to report that their parents did not attend school meetings, and reported a significantly lower mean parental education level compared to students from the other community rurality levels. Implications for educational policies and future research are discussed.

218 WITHDRAWN

219 PREVENTION IN CONTEXT: CLASSROOM HETEROGENEITY AS A MODERATOR OF PATHS’ PROGRAMMATIC EFFECTIVENESS, Lisa Chauveron1, Daniel Perkins2, Pennsylvania State University, University Park, PA United States

Promoting Alternative THinking Strategies’ (PATHS) effectiveness has been repeatedly proven in controlled, empirically-validated randomized trials evaluating students’ behavior who are in regular education classrooms, as well as those including special needs (e.g., deaf and special education) or at-risk children (Conduct Problems Prevention Research Group, 1999a; Greenberg, Kusche, Cook, & Quamma, 1995). No research has been conducted to examine the relationship between classroom heterogeneity and PATHS effectiveness.

This study examined whether the degree of heterogeneity among classroom members (i.e., students’ racial or ethnic backgrounds, their neighborhood SES, neighborhood education level, and neighborhood immigrant status) moderates the effectiveness of the PATHS Curriculum. Two hypotheses were investigated. First, it was expected that students in more heterogeneous classrooms would receive lower social and emotional ratings by their teachers than students from more homogeneous classrooms. Second, that the degree of classroom heterogeneity would moderate the PATHS program’s effectiveness in improving their social and emotional competence such that those students in more heterogeneous classrooms would have lower social and emotional change scores than those in more homogeneous ones.

The data for this study included participants from Schools and Families Effective Together (SAFE-T) project. Two-hundred and two students in all attended one of the three treatment schools and 124 students attended the two control schools in a total of 19 classes. For Hypothesis 1, social and emotional competence was negatively affected by more neighborhood working class status, more heterogeneous child ethnicity, less immigrant status, and more poverty status. Gender differences were found. For Hypothesis 2, no treatment effects were found, so no moderations occurred. An effect was found for the school’s influence on change scores, though, and significant moderators of this relationship were found. First-order interactions showed that for both boys and girls, moderating variables were reflected in significant interactions between child ethnicity and school, neighborhood immigrant status and school, neighborhood poverty status and school, and neighborhood postsecondary schooling and school on social contact. Results are discussed and policy implications and recommendations are given.

220 EXPLORING THE ROLE OF CONTEXTUAL FACTORS IN RACIAL DIFFERENCES IN NORMATIVE SMOKING PERCEPTIONS, Kevin Davis1, James Nonnemaker1, Matthew Farrelly1, RTI International, Research Triangle Park, NC United States

Research has shown that adolescents overestimate smoking prevalence among people their age and that these misperceptions are greatest among African American and Hispanic youth. Many studies explain this as evidence of a “false consensus effect” whereby youth perceive smoking behavior to be relatively common. However, these differences remain largely unexplained due to patterns of lower minority smoking and thus less opportunity for exposure to other smokers. Few studies have reported on racial differences in perceived smoking prevalence and none have examined potential factors associated with these differences. This study reports evidence that these differences may be associated with exposure to a combination of contextual factors rather than youths’ own smoking status or selective exposure to other smokers.

This study uses the 1999-2002 Legacy Media Tracking Surveys (LMTS), the 1997 National Longitudinal Survey of Youth (NLSY), and the 2002 National Youth Tobacco Survey (NYTS) to examine racial variation in contextual factors associated with normative smoking perceptions. The LMTS is a national phone survey of youth ages 12 to 17 in the U.S. The NLSY ’97 is the first wave of a national longitudinal study of youth in the U.S. and the NYTS is a school-based survey of U.S. youth.

Perceived smoking prevalence is measured in the LMTS by a question that asks youth “Out of every 10 people your age, how many do you think smoke?” Contextual factors measured in the LMTS and NLSY ’97 included urban status, exposure to pro-tobacco imagery on TV and in movies, home smoking restrictions, living with a household smoker, parental communication about smoking, and parental educational attainment.

Perceived smoking prevalence was found to be overstated by all races and significantly higher among African Americans and Hispanics while lower among Asians, relative to whites. African American youth were significantly more exposed to several contextual factors that are associated with higher perceived smoking prevalence while Asian youth were significantly less exposed to these factors. These factors included exposure to pro-tobacco imagery on TV and in movies, urban status, living with a household smoker, parental communication about tobacco, home smoking restrictions, parental education.
Our study indicates there may be distinct contextual factors related to racial differences in normative perceptions about smoking. Perceived smoking prevalence has been shown to be associated with current smoking status in both cross-sectional and longitudinal studies, suggesting that contextual factors are strong considerations in the pathway to smoking.

221 SEXUAL NETWORKING: PREVALENCE AND CORRELATES IN A RURAL SOUTH AFRICAN SETTING. Elias Mpofu1, Khalipha Bility1, Alan Flischer2, Hans Onyai3, Carl Lombard4, 1Pennsylvania State University, University Park, PA United States; 2University of Cape Town, Cape Town, South Africa; 3University of the North, Sovenga, South Africa; 4Medical Research Council of South Africa, Tygerberg, South Africa

Unsafe sexual practices or behaviors resulting in potential exposure to HIV/STD are well researched in urban settings. Yet very little is known about the prevalence and correlates of risky sexual behaviors in rural settings. This study investigated sexual networking among rural South African early adolescents (N= 664; Mean age = 13.85 years; SD = .89), late adolescents (N = 784; Mean age = 17.5 years; SD =1.33), and young adults (N= 125; Mean age = 22.57 years; SD = 1.62). The participants self-reported on number of sexual partners, non-condom use, anal sex, and use of mind altering substances. About six-percent of early adolescents (i.e., 11-15 years) had multiple sexual partners. Older females were involved with multiple sexual partners more that their male peers. Males were more likely to engage in unprotected sex or to use mind-altering substances. Anal sex occurred in both males and females to an extent greater than chance.

*THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

AGGRESSION AND ANTSOCIAL BEHAVIOR IN GIRLS

222 AGGRESSION AND ANTSOCIAL BEHAVIOR IN GIRLS. Shari Miller-Johnson1, Lisa Serbin2, 1Duke University, Durham, NC United States; 2Concordia University, Montreal, Quebec Canada

Only recently has there been scholarly attention to the study of aggressive and antisocial behaviors by girls. Traditionally, much of the original theoretical work did not include girls, and we know little about the developmental pathways and mechanisms of these behaviors in girls. However, girls are becoming increasingly violent and delinquent. Although most offenses committed by girls continue to be less serious status offenses, girls are increasingly becoming involved in gangs and more serious crimes. In addition, researchers have only recently begun to study more indirect forms of aggression that may be more characteristic of girls. Furthermore, there has been only limited study of intervention models to reduce girls' aggression and mechanisms that may explain outcomes over time. Thus, it remains unknown whether the developmental trajectories and processes that lead to antisocial outcomes are the same for girls as they are for boys.

The proposed symposium includes three papers that will examine longitudinal patterns of aggression in girls, including two basic longitudinal studies and one longitudinal intervention study. The first paper will draw on data from the Fast Track Project, a multi-site study of the development and prevention of conduct problems. Data will examine the developmental course of conduct problems for early starter girls. The second paper will investigate developmental patterns of physical and indirect aggression during the preschool and elementary school years for a large sample of boys and girls. The third paper will examine the impact of a gender-specific preventive intervention to reduce aggressive and antisocial behavior among girls, with a focus on processes related to change over time. A senior researcher serving as discussant will integrate findings from the set of papers and will provide an agenda for future directions in the study of aggression by girls. Given girls' increased antisocial behavior and their role as mothers of the next generation, it is imperative that we understand processes and outcomes of aggressive and antisocial behavior in boys and girls. Overall, results from this symposium will add to our understanding of how gender contributes to the development of antisocial and aggressive behavior in girls and will have implications for preventive interventions and public policy.
understand more fully the individual and family factors that contribute to change in these young antisocial girls. In the first year of a formal evaluation, 44 girls referred to the EGC were randomly assigned to an intervention and a waiting list control group. There were 22 girls in the intervention (Cohort 1) and 22 girls in the waiting list control group (Cohort 2); however, 8 families assigned to Cohort 2 did not participate in the intervention after they had completed the initial research measures. The girls ranged in age from 9 to 12 years old. The treatment for the first group was offered in January to March. In April to June, the waiting list control group received the program.

Assessments of the girls’ behaviour problems, parenting, and family factors were gathered prior to the onset of the program, at the end of the treatment for Cohort 1, and at the end of the treatment for Cohort 2 (which comprised a three-month follow up for the girls in Cohort 1). We will present the results of the program evaluation, with a specific focus on those factors that relate to change in the girls’ and parents’ profiles through the treatment process.

*THE ROLE OF GENDER, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

LATINA PREGNANT WOMEN AND MOTHERS

PREVENTING MATERNAL DEPRESSION IN LATINAS: LESSONS LEARNED. Huynh-Nhu Le1, Guido Urizar, Jr.2, Tamar Mendelson3, Jose Soto3, Manuela Diaz2, Ricardo Munoz2, 1George Washington University, Washington, DC United States; 2Stanford University, Stanford, CA United States; 3University of California, San Francisco, San Francisco, CA United States

Depression during the antenatal and postpartum periods results in negative health consequences for both women and their infants. Therefore, interventions aimed at preventing the onset of depression during these critical developmental periods are needed. The Mamás y Bebés/Mothers and Babies: Mood and Health Project is a pilot study investigating the effectiveness of a cognitive-behavioral intervention for preventing maternal depression. Low-income, Spanish- and English-speaking pregnant women were recruited from an obstetrics clinic at a public sector hospital in California, screened for risk of developing depression (based on elevated depression scores and/or depression history), and randomly assigned to a group intervention or no-treatment control. The intervention was a 12-session, culturally tailored prenatal course, aimed to promote mood and health of mothers and their babies (the Mothers and Babies Course; Muñoz et al., 2002). Assessments were conducted at multiple time points: pre and post-treatment, and up to 18 months postpartum. In this presentation, we report the preliminary results for the 37 Latina participants (intervention group, n = 24 vs. control group, n = 13) in our sample. Retention rates were exceptionally high (> 90%) for this sample. Preliminary results indicate no significant differences between the intervention and control groups in the incidence of major depressive episodes or depressive symptoms in mothers, as
measured by the Maternal Mood Screener (Le & Muñoz, 1997) and the Center for Epidemiological Studies for Depression (CES-D; Radloff, 1977). At 18-month follow-up with infants, there were also no significant differences between the two groups on either cognitive or socio-emotional development, as measured by the Vineland Social-Emotional Early Childhood Scales (SEEC; Sparrow, Balla, & Cicchetti, 1998) and the Mullen Scales of Early Learning (MSEL; Mullen, 1995). Despite these null findings in self-report instruments, results from focus group data suggest that the intervention was effective in increasing positive coping skills and decreasing depressed mood in intervention participants. Implications for targeting high-risk Latina subgroups in the development, implementation, and evaluation of depression prevention will be discussed.

226 DEVELOPING A CULTURALLY APPROPRIATE DEPRESSION PREVENTION PROGRAM: THE FAMILY COPING SKILLS PROGRAM. Esteban Cardemil1, Ivan Miller2. 1Clark University, Worcester, MA United States; 2Brown University, Providence, RI United States

Depression can have particularly deleterious effects on individuals from racial/ethnic minority and low-income backgrounds due to the underutilization and premature termination of mental health services. Culturally appropriate prevention programs offer one way to provide accessible and effective mental health services to these underserved populations. Unfortunately, very few programs have been specifically developed for these populations, despite emerging evidence that they can be efficacious.

In response to these concerns, we are currently evaluating The Family Coping Skills Program (FCSP): a novel depression prevention program developed specifically for low-income Latina mothers of young children. The FCSP integrates both group and family components into a cohesive six-week program. The group component consists of six 90-minute cognitive-behavioral sessions. In these sessions, participants learn how to accurately identify and distinguish among their emotions and thoughts, understand the connections between their thoughts and emotions, and evaluate their beliefs and replace unrealistic pessimistic ones with more accurate interpretations of their problems. The family component consists of two one-hour family sessions, in which the original group member and one other family member meet with the therapist to discuss stress management, healthy family communication patterns, and problem-solving skills.

Throughout the development of the FCSP, considerable effort went into ensuring that the program was culturally appropriate for the participants. This effort involved (1) weaving culturally relevant content into both the group and family sessions, (2) delivering the program in culturally sensitive manner, and (3) training and supervising group facilitators to be sensitive to relevant cultural issues when working with the participants.

To date, 27 Latina mothers enrolled in an open pilot trial of the FCSP; of these, 22 ultimately participated. Early results suggest that participants find the group sessions interesting and useful, as over 70% of participants subsequently attended at least four sessions. Attendance at family sessions was lower, with only 41% attending a family session. In addition, preliminary data on change in depressive symptoms (as measured by the BDI) suggests that the FCSP was particularly effective for those participants who reported moderate levels of depressive symptoms at the start of the program (t(8)=2.35, p<0.05, ES=1.17). Implications for the development of culturally appropriate programs for low-income Latinos will be discussed.

*THE ROLE OF GENDER, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

KEEPING GIRLS HEALTHY

227 KEEPING GIRLS HEALTHY: WHAT DO WE NEED TO DO? Tracy Nichols1. 1Weill Medical College of Cornell, NY, NY United States

Historically girls’ engagement in problematic behaviors has been lower than boys. In fact the field of externalizing behaviors is still largely viewed as a male domain, while internalizing behaviors are predominately associated with females. Adolescent girls report greater distress, declining self-confidence, and greater concern with body image and weight than do boys. While girls continue to show higher levels of affective distress, rates of problem behaviors among girls have been increasing in recent years, effectively narrowing the gender gap. Focusing on ways to keep girls healthy throughout adolescence is particularly important due to the number of unique health risks that are linked to women's reproductive role in society as well as the increased prevalence of several health risks among girls.

Although a great deal of research has addressed both the development and prevention of adolescent problem behaviors, little is known regarding the etiology of these behaviors among girls. Still less is known regarding gender differences in the effectiveness of health promotion strategies or how programs can be tailored to include issues relevant to girls. This symposium will address concerns specific to adolescent girls with regards to health promotion and disease prevention. Presentations will pull from a variety of prevention programs to examine the critical topics, strategies, and intervention opportunities that are needed to help girls navigate adolescence and emerge as healthy young women. While the majority of presentations will utilize national data, a global perspective will be included as well.

The symposium will begin with an introductory presentation by the Chair, discussing the emerging field of gender-specific programming. In addition, an outline of relevant topics pertaining to health promotion strategies for girls, such as theoretical perspectives, program content, and implementation processes, will be provided. Three papers will
then be presented addressing issues critical to girls’ health promotion through the examination of several prevention approaches that have been or are being implemented with diverse populations. Papers cover: (a) issues and opportunities for promoting healthy activity and eating patterns among girls; (b) gender differences in program effectiveness on drug use and violence; and (c) the personal, social, and economic factors that have thus far sustained the gender gap in regards to tobacco use in India. The Chair will then lead a discussion on the identified critical issues for girls’ wellness.

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THE D.A.R.E. PLUS DRUG AND VIOLENCE PREVENTION TRIAL: WORKS FOR BOYS BUT NOT FOR GIRLS?. Kelli Komro1, Melissa Stigler1, Cheryl Perry1, 1University of Minnesota, Minneapolis, MN United States

The goal of the D.A.R.E. Plus Project was to demonstrate whether an expanded D.A.R.E. at the middle school level, with supplementary components developed by the research team, would reduce drug use and violent behavior among adolescents. The study design involved 24 middle schools in Minnesota which were randomly assigned to one of three conditions: 1) D.A.R.E. Plus, 2) D.A.R.E. junior high curriculum only, or 3) control condition. One group of students formed the study cohort and was followed from the beginning of seventh through the end of eighth grade. The behavioral effects of the D.A.R.E. curriculum and D.A.R.E. Plus intervention were evaluated using three student surveys, one baseline and two follow-ups. Response rates to the student surveys were between 92-93%. In the final follow-up, 84.0% of the original cohort was surveyed. Of the 7261 students included in the analyses, 48.4% were girls, 67.3% were white, 12.7% were Asian, 7.5% were black, 3.6% were Hispanic, and 4.0% were Native American. Boys in the D.A.R.E. Plus schools were significantly less likely than boys in the control schools to report alcohol and cigarette use, and lower levels of violence. There were no statistically significant behavioral effects among girls. Other prevention programs also have found effects for boys and not girls. Thus, this presentation will explore the lack of positive outcomes for girls. First, we will explore differences between boys and girls in the conceptual theory that was used to design the intervention. Results of regression analyses exploring psychosocial risk factors for drug and violent behaviors among boys compared to girls will be presented. Secondly, the utility of the action theory that was the foundation of the intervention will be explored for boys compared with girls. We will use growth modeling to investigate potential differences in participation and effectiveness of each intervention component for boys compared with girls. Process measures will be used to assign a level of intervention ‘dose’ to students, given their exposure to the four main intervention components (classroom curricula, parent program, extracurricular activities, and neighborhood organizing). The ‘dose’ variables will then be entered as time-varying covariates into a multi-phase, mixed-effects model for repeated measures data, to determine which components altered the normative trajectory of psychosocial factors and behavioral outcomes. The results of these analyses should (a) provide direction for enhancing the effectiveness of future multi-component prevention approaches for girls and (b) generate further hypotheses that could be tested in subsequent experimental designs.

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ISSUES AND OPPORTUNITIES FOR PROMOTING HEALTHY PHYSICAL ACTIVITY AND EATING PATTERNS AMONG ADOLESCENT GIRLS. Amanda Birnbaum1, 1Cornell University Medical College, New York, NY United States

Physical inactivity and poor eating are common among adolescents. These behaviors set the stage for chronic disease risk and mental and social health concerns. Overweight among adolescents has tripled in the past 20 years, from 5% to 15%, and overweight youth are more likely to become overweight adults. There is evidence that physical activity and diet are habituated during adolescence, and some physiologic processes of adolescence, such as peak bone mass development, have direct effects on future health. Thus, poor diet and inactivity threaten healthy development even among healthy-weight youth.

The role of gender in adolescent diet and activity is evident but not fully understood. The complicated relationships females have with their bodies begin or deepen during adolescence, as pubertal changes occur in a social context of gender-based messages about body shape, size, and normative behaviors. Gender differences appear especially salient for physical activity. Physical activity levels decline during adolescence among both males and females, but more steeply among females. Two recent middle school-based intervention studies targeting both physical activity and eating found different sex-specific effects: one increased physical activity in boys only, and one reduced obesity in girls only.

Drawing from theory and practical intervention experience, this presentation will identify issues and opportunities for promoting healthy activity and eating for adolescent girls, emphasizing the role of the social environment. For example, female role models for healthy activity and eating are limited and tend towards images of elite athletes and highly idealized body types. Images of females with varied, “realistic” bodies either eating regular balanced meals or engaging in physical activity and being regarded positively for doing so are scarce in both media and community settings. Social valuation of thinness contributes to frequent dieting reported by adolescent girls of all weights and sizes, but at the same time portion sizes are increasing and many middle and high schools offer less than salutary food and beverage choices. The displacement of milk by diet soda and other soft drinks poses a particular threat for girls’ bone health, especially when combined with physical inactivity. Opportunities for girls of all sizes and abilities to be physically active in community settings are lacking, and qualitative research indicates that coed physical education classes present
barriers for some girls, particularly those who are overweight and inactive. Parents’ safety concerns may also affect girls disproportionately. Giving thought and voice to issues and concerns for girls will be an important step towards developing and sustaining effective interventions.

*THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

PREVENTION ACTIVITIES IN THE LATINO COMMUNITY

230 LATINO YOUTH'S ENGAGEMENT WITH NORTH CAROLINA PUBLIC SCHOOLS: STUDENTS PERSPECTIVES. Elvia Y. Valencia1, Duke University, Durham, NC United States

Latino students dropout of school at alarming rates in the United States. North Carolina as one of the states with the fastest growing Latino population and the state with the highest influx of school-aged children is currently struggling with this problem. The latest statistics of ninth- and tenth-grade dropouts in North Carolina indicate that Latino adolescents have the highest early dropout rate compared to all other ethnic groups.

Research studies as well as local administrative agencies produce dropout statistics for Latinos in the United States and in North Carolina. Nonetheless, many of these reports are generated by administrative officials who may or may not have direct contact with the children and therefore might not be a good indicator of reasons why children dropout of school. This study is an attempt to understand the youths' perspectives and the factors that contribute to their decision to dropout of school.

This presentation is based on preliminary quantitative findings of student surveys and a student workshop gathered from the Hispanic Educational Summit of 2003 sponsored by the North Carolina Society of Hispanic Professionals (NCSHP). More than 650 seventh through twelfth-grade Latino students from 26 counties in North Carolina participated in the Summit. Qualitative data was obtained via an open-ended questionnaire administered in both English and Spanish. Common themes were derived from the responses through several meetings with members of the NCSHP. Similarly, during the Hispanic Student Workshop session, approximately 100 students mostly eleventh and twelfth graders were asked the following question: “What are the major concerns, issues, and problems you are experiencing in your life, family, and school?” Other common themes, which were derived from this workshop, are presented.

Analyses of the qualitative data reveal that Latino students are facing various challenges in their schools. Some of these challenges are similar to those of other students at risk of dropping out school, but many of them are unique to Latino students. Their responses also reveal that Latino youth have high aspirations and goals and they are asking for support in reaching those goals. Implications for possible research and interventions are discussed.

231 BEHAVIORAL OBSERVATIONS WITH SPANISH-SPEAKING LATINO PARENTS: INFORMATION TO CULTURALLY ADAPT INTERVENTIONS TO PREVENT CHILD BEHAVIOR PROBLEMS. Melanny Domenech Rodriguez1, Melissa Davis1, Scott Bates1, 1Utah State University, Logan, UT United States

This paper will present data on behavioral observations of Spanish-speaking Latino parents (47 fathers, 48 mothers) of children between 5 and 9 years of age. Each parent was observed interacting with the child in a laboratory setting and asked to engage in a family planning task, two problem solving tasks, and a skills building task. Results will be presented for (a) frequency of parenting practices --positive involvement, problem-solving, effective limit setting, skills encouragement, monitoring—as ascertained via global coding, and (b) predictive power of parenting practices across mothers and fathers (externalizing and internalizing behavior problems). Additionally, qualitative behavioral observations that were not easily categorized into the quantitative coding of parenting practices will be discussed. These data will be used to make recommendations on how to adapt preventive parenting interventions specifically aimed at reaching Spanish-speaking Latino parents.

232 DISPARITIES IN LATINO/A MENTAL HEALTH: ISSUES OF ACCESS AND UTILIZATION OF SERVICES. Elizabeth Wieling1, University of Minnesota, St. Paul, MN United States

The primary goal of this exploratory qualitative research study was to gain a better understanding of issues related to access, barriers, and utilization of preventive interventions related to mental health by the Latino/a population in a metropolitan area in the Midwest. By interviewing both Latino/a mental health service agencies/providers and Latino/a community members through a series of focus groups, first hand insights were obtained about perceived opportunities, struggles, and barriers this population experiences when interfacing with the mental health arena. The necessity for this study is timely given the rapid growth of the Latino/a population and their underutilization of preventive and clinical intervention services. This study contributes to our understanding of health disparities in preventive intervention and research in the mental health field. Latinos/as continue to struggle against barriers that limit their access to adequate mental health services and under-utilize services in comparison to the general population. Latino/a families are often exposed to several factors (e.g., poverty, racism, socio-economic disadvantage, language and cultural barriers, undocumented status, etc.) that converge to increase their risk factors and potential need for mental health services. It is essential to understand and appreciate the characteristics of Latino/a subgroups and to develop innovative ways of
reaching Latino/a communities. Preliminary results indicate that fear due to immigration status, stigma associated with mental health, disparate understanding of intervention and clinical services, time-limited services, economic and language barriers, lack of culturally competent professionals, tensions within Latino/a community leaders/services, and lack of information/education are leading barriers preventing Latinos/as from gaining access to preventive and clinical services.

*THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH*

GENDER AND SUBSTANCE ABUSE PREVENTION FACTORS

233 GENDER DIFFERENCES IN YOUTH PERCEPTIONS OF SUBSTANCE ABUSE RISK AND PROTECTIVE FACTORS IN 36 COMMUNITIES. David Forrest1, Zili Sloboda1, Margaret Tonkin1, Richard Stephens1, Joseph Williams1, Susan Michelle Henry1, 1University of Akron, Akron, OH United States

As part of a national evaluation of an adolescent substance abuse prevention program, the researcher conducted 36 small-scale ethnographic case studies that examine how adolescents "see" substances and substance use within the overall social and economic context of their communities. Narratives about the perceptions of risk and protective factors revealed different narrative themes as characteristic of different types of communities. Preliminary analysis suggests that gender is an important variable for understanding differences in how adolescents respond to some risk and protective factors in communities with high stress versus low stress middle schools. While males appear to have higher perceived control than females in communities with low stress middle schools, females appear to have higher perceived control than males in communities with high stress middle schools. Differences in ethnic background also appear to be associated with different perceptions of certain factors. This paper illustrates how a qualitative understanding of contextualized narratives serves to provide insight into the potential effectiveness of prevention programs for youth in different types of communities.

234 GENDER DIFFERENCES IN STUDY MEDIATORS IN A MIDDLE SCHOOL PREVENTION CURRICULUM. Joann Toth1, Zili Sloboda1, Margaret Tonkin1, Richard Stephens1, Jesse Marquette1, Joseph Williams1, Susan Michelle Henry1, 1University of Akron, Akron, OH United States

Nearly all substance abuse prevention programs target both sexes and have not investigated the possible differential effects of the program for females and males. This paper will explore the gender differences in the effectiveness of a new school based adolescent substance abuse prevention program. Using data collected to evaluate a universal, school based substance abuse prevention program (the Adolescent Substance Abuse Prevention Study funded by the Robert Wood Johnson Foundation), gender differences in mediated outcomes were examined. Pre-test data from approximately 15,000 7th graders suggest that adolescent females have significantly higher estimates of drug use among 8th graders at baseline than adolescent males. At the posttest, after exposure to the program, adolescent females have significantly better change scores on three of the five measured mediated outcomes, in particular normative beliefs. Although this substance abuse prevention program was created using the principles of prevention put forth by the National Institute of Drug Abuse, preliminary analysis suggests that the program, which is highly interactive and has real life situational problems, has a stronger impact on adolescent females.

235 GENDER DIFFERENCES IN EXPECTANCIES FOR ALCOHOL USE FOR 7TH GRADERS IN SIX METROPOLITAN AREAS ACROSS THE U.S.. Margaret Tonkin1, Zili Sloboda1, Richard C Stephens1, Jesse Marquette1, Joseph Williams1, Joann Toth1, Susan Michelle Henry1, 1University of Akron, Akron, OH United States

In a sample of 7th graders drawn for the purpose of testing a universal substance abuse prevention program (n=14,792), we examine the differences (at baseline) in negative and positive expectancies for alcohol between 7th grade males and females. We find that females have significantly higher negative expectancies and significantly lower positive expectancies than their male counterparts. When we classify males and females by personal risk status, we find that low risk females have significantly higher negative and lower positive expectancies than low risk males, and both low risk males and females have significantly higher negative and lower positive expectancies than high risk males and females, who have statistically similar negative and positive expectancies. These relationships remain the same after controlling for substance use in the 30 days prior to the students’ being interviewed. These findings have implications for tailoring alcohol prevention/intervention programs to address the differential expectations of males and females and high and low risk adolescents.

*TOBACCO, ALCOHOL AND DRUG CONTROL POLICIES*

236 EVALUATION OF STATEWIDE TOBACCO CONTROL PROGRAMS USING INTERRUPTED TIME-SERIES ANALYSIS. Vincent Chen1, 1University of Minnesota, Minneapolis, MN United States

As seen in several other states, Minnesota funds statewide comprehensive tobacco-use prevention programs that include a state-level intervention component. The efforts target the entire youth population in the state through multiple programs such as media campaigns, law enforcement and state tobacco legislations and policies. These statewide endeavors are expected to result in a time specific effect on youth tobacco-related behaviors. However previous evaluation studies have only examined a single interruption (effect) from a specific program on the general smoking trend over time. The study
will explore the effects of many interventions and their interactions simultaneously on youth smoking prevalence at different points in time.

Each month between 2000 and 2003, our study surveys six hundred aged 12-16 Minnesota adolescents and one hundred of their counterparts from other Midwest region (North Dakota, South Dakota, UP Michigan, Kansas) based on a stratified clustered random sampling plan. The survey data constitute two representative monthly time-series of smoking prevalence over the three-year period. This is a time series quasi-experimental design, which uses Minnesota as the intervention group and the upper Midwest region as the comparison group. In such state-level time series analyses, Box-Jenkins interrupted time-series analysis is employed to analyze the statewide effects of specific statewide events and policies on adolescent smoking prevalence.

Three hypotheses were tested in the study: first, tobacco control expenditures in MN had a significant effect on its youth smoking prevalence; second, media campaign and advocacy in MN was significant in affecting its youth smoking prevalence; and third, tobacco access law enforcement in MN affected its youth smoking prevalence significantly.

Analyses based on the data collected thus far show none of these three statewide tobacco control measures had a significant effect on Minnesota’s youth smoking rates over the period from October 2000 to January 2003. However, These results may not be conclusive due to several limitations. The statistical model could be miss-specified for its relatively short time series (28 time points only) and possible omission of some important statewide policy variables and yet-to-be determined delayed effects. Further analyses will be conducted to arrive at more definite conclusions when all primary and supplemental data have been collected to fully address these issues.

237 RESTRICTING YOUTH ACCESS THROUGH COMMERCIAL AND SOCIAL SOURCES. Paula Colwell, Murray Kaiserman, Tobacco Control Programme - Health Canada, Ottawa, Ontario Canada; 2Health Canada - Tobacco Control Programme, Ottawa, Ontario Canada

Since implementation of legislation restricting the sale of tobacco products to adolescents under the age of 18 (federally) and 19 (in some provinces), Health Canada has monitored retailer willingness to sell to minors. While more retailers are unwilling to sell tobacco products to youth (47.9% in 1995 vs to 70.3% in 2002), the level has remained relatively flat over the past few years. While retailers are more unwilling to sell to youth, youth are much more able to find sources of tobacco. For example, in 2002, about 25% of youth aged 15-19 usually obtain their cigarettes from a friend, either through purchase (5%) or socially (20%). An additional 7% usually obtain their cigarettes from family members, while, the rest (about 68%) buy cigarettes at retail outlets. It is this ability to find both commercial and social sources that is hindering prevention of youth uptake. In recent focus groups, social suppliers informed Health Canada that, while feeling guilty about supplying younger smokers, it was the norm to share as it was a friendly thing to do. These attitudes make it that much more difficult to discourage uptake. These and other results will be discussed in the context of youth prevention and what strategies need to be developed in order to deal with both supply and demand of tobacco products to and by youth.

238 TOBACCO YOUTH ACCESS POSSESSION, USE, AND PURCHASE LAWS: MEASURES OF STATE AND LOCAL ENFORCEMENT. Cindy Tworek, Gary Giovino, K. Michael Cummings, Andrew Hyland, Frank Chaloupka, Roswell Park Cancer Institute, Buffalo, NY United States; 2University of Illinois at Chicago, Chicago, IL United States

Despite recent increases in state-based legislation restricting minors’ possession, use, and purchase (PUP) of tobacco products, evaluation of state and local PUP enforcement efforts has been minimal. This study collected and analyzed state and local PUP enforcement data to develop enforcement indices. The state enforcement index (SEI) was developed from tobacco control key informant interviews in 45 states with at least one PUP law. SEI components include: enforcement level, resources, patterns, actions, citations, penalties, and publicity (maximum: 35 points). The local enforcement index (LEI) was developed from ImpacTeen key informant interviews with enforcement officials in 95 community sites for 2000 and 2001. LEI components include: community enforcement, priority, resources, patterns, actions, and parent notification (maximum: 15 points). Duration, in years a law has been effective, was also obtained from state tobacco policy data at Roswell Park Cancer Institute. Possession had the highest mean SEI in 2000 (mean = 8.25, SD = 7.28) and 2001 (mean = 8.90, SD = 7.56). Purchase had the lowest mean SEI for both years, but the longest mean duration of years effective for 2000 (mean = 7.65, SD = 8.35) and 2001 (mean = 8.41, SD = 8.58). Duration was positively and significantly correlated with SEI possession (r = .53, p = .00) and use (r = .43, p = .00) scores in 2000. SEI possession (r = .51, p = .00), use (r = .39, p = .00), and purchase (r = .29, p = .04) scores were positively and significantly correlated with duration in 2001. Mean possession LEI scores were similar for 2000 (mean = 6.76, SD = 4.67) and 2001 (mean = 6.91, SD = 3.85); however, state and local possession enforcement scores were not highly or significantly correlated in 2000 (r = .24, p = .11) or 2001 (r = .15, p = .31). State possession laws had the highest enforcement scores and the highest positive significant correlations with duration of years effective; however, there were no associations between the strength of state and local possession enforcement. State purchase laws had the lowest enforcement scores and were the least correlated with duration; however, state purchase laws had the longest mean duration of years effective for both 2000 and 2001. These enforcement measures will subsequently be applied to study the effects of state and local PUP enforcement on adolescent smoking behavior, attitudes toward smoking, and access to cigarettes.
The Robert Wood Johnson Foundation provided funding for these analyses.

239 PROBLEM OF SMOKING FROM RUSSIAN DOCTORS’ POINT OF VIEW: NO ONE’S LAND OR A MANAGEABLE RISK FACTOR? Olga Yikhireva1, Svetlana Shalnova1, Alexander Alexandrov1, Vladimir Levshin2, Alexander Deev1. 1State Research Center for Preventive Medicine, Moscow, Russia; 2Cancer Research Center, Moscow, Russia

In Russia, where at least every second man and every tenth woman are current smokers, medical society remains quite passive in the field of tobacco control. According to the results of our randomized representative cross-sectional survey (3,327 physicians working in 20 district out-patient clinics and 13 hospitals of Moscow were questioned in 2000; response rate 73.6%), the age-adjusted smoking prevalence in male physicians was 47.4%, being similar to that in Russian men with higher education (47.8%). In female doctors it was significantly higher than that in Russian women with similar education level (25.6% vs 7.8%; p<0.001).

As Russian doctors and smokers know little about modern methods of nicotine dependence treatment, there is a need to obtain authentic, valid data on such methods’ efficacy and safety in Russian clinical practice. Open, randomized study of nicotine gum/inhaler in smoking cessation/reduction was performed in 2002-3, being one of the first NRT trials in our country. One hundred sixty nine relatively healthy male smokers aged 18-60 years were randomly assigned to free choice vs admission of Nicorette gum (2/4 mg) or inhaler (10 mg). Twelve-month results were obtained for 152 subjects (response rate 89.9%). Overall point prevalence abstinence levels were 21.3%, 18.4%, and 19.7% at 3, 6, and 12 months, respectively. Reduction (smoking no more than 50% of basic daily cigarette amount) rates were 52.9%, 39.5%, and 35.5%, respectively. The main predictors of long-term efficacy were nicotine dependence severity (time to first cigarette). Neither abstinence, nor reduction rates depended on Nicorette form (gum vs inhaler), or on choice vs admission factor. Both NRT forms seemed to be safe and well tolerated.

To disseminate the skills and knowledge on modern methods of nicotine dependence treatment, local teams of cardiologists and oncologists launched an initiative “Tobacco Control Educational and Training Workshops for Russian Doctors”. The project has been supported by an ACS UICC Tobacco Control Seed Grant. In 2004 there will be held five full-day workshops for interested doctors from various professional fields. Results of the first two workshops will be presented.

240 REDUCTIONS IN HEART DISEASE MORTALITY ATTRIBUTABLE TO TOBACCO CONTROL POLICY IN THE UNITED STATES. Matthew Farrelly1, Trevor Woolery2. 1RTI, Research Triangle Park, NC United States; 2Centers for Disease Control and Prevention (CDC), Atlanta, GA United States

Objective: Cigarette smoking is recognized as a significant predictor of heart disease, one of the leading causes of death in the United States. The past 15 years have seen the rise of comprehensive statewide tobacco control programs (TCPs), such as those in California, Massachusetts, and New York, and large increases in cigarette excise taxes. This paper investigates the impact of funding for TCPs and increasing cigarette taxes on heart disease death rates in the United States between 1979 and 1998.

Methods: We use a two part model that first estimates the effect of funding for TCPs and cigarette taxes on state aggregate cigarette consumption, and then estimates the effect of cigarette smoking and other covariates on state heart disease death rates. Our model of cigarette consumption controls for illegal smuggling and state socioeconomic characteristics. The model of mortality controls for alcohol consumption, age distribution, the prevalence of high blood pressure, and mean state body mass index. The two part structure of the model explicitly attributes changes in death rates to policy induced changes in cigarette consumption.

Results: Funding for TCPs and cigarette taxes independently and significantly reduce state aggregate cigarette consumption. Significant predictors of heart disease mortality include cigarette consumption and high blood pressure. A 10% increase in the cigarette excise tax could be expected to decrease mean cigarette consumption by 2.3%. This change in cigarette consumption is associated with a 0.26% decrease in heart disease death rates, which is equivalent to approximately 1870 averted heart disease deaths per year in the United States.

Conclusions: Comprehensive statewide tobacco control programs and cigarette excise taxes are effective policy tools for reducing cigarette consumption. Furthermore, declining cigarette consumption brought about by these policy interventions are associated with real decreases in the number of heart disease deaths in the United States.

241 AN EVALUATION OF JUVENILE DRUG COURTS IN NEW MEXICO: PRELIMINARY FINDINGS AND RECOMMENDATIONS. Satya Krishnan1, Matthew Weideman2, Denisse Licon1, 1New Mexico State University, Las Cruces, NM United States; 2Studio B.E.S.T., Inc, Mesilla, NM United States

Although adult drug courts have been in existence since 1989 in the United States, juvenile drug courts began implementation only in the mid-1990’s (National Institute of Justice Solicitation, 2000). “Since its authorization in the President’s 1994 Crime Act, the drug court program has demonstrated the value of its niche in the criminal justice system,” said the then US Attorney General Janet Reno. She also indicated that drug courts can have a strong influence in how the leverage of the courts help drug-addicted offenders accept their addictions, receive treatment, live better lives, and contribute positively to safer and healthier communities. Existing research continues to show that drug courts reduce recidivism. Both adult and juvenile drug courts give
nonviolent offenders a opportunity to stop using drugs and make a contribution to the communities they live in. These courts attempt to incorporate treatment to participating offenders and emphasize education and vocational skills needed for employment while monitoring their progress closely with the help of a team of service providers. Such programs are critical in a poor and rural border state such as New Mexico characterized by limited resources and a prevalence of alcohol and illicit drug abuse and dependence. The current collaborative study conducted during the spring-summer of 2003 was designed to evaluate the juvenile drug courts in New Mexico by surveying the work accomplished by the juvenile drug court coordinators as well as by the treatment providers. The juvenile drug court programs were evaluated on a variety of indicators including behavioral, educational, familial, psychotherapeutic, and social and community based indicators. Findings on the above indicators and on abstinence and recidivism rates along with recommendations will be presented in our poster session.

242 EVALUATION OF A STATEWIDE TOBACCO PREVENTION PROGRAM. Anthony Biglan¹, Clyde Dent¹, Keith Smolkowski¹, ¹Oregon Research Institute, Eugene, OR United States

This presentation will describe the results of the Oregon Healthy Teens (OHT) study of the prevention of adolescent tobacco use. For three years, the prevalence of tobacco use and factors believed to influence tobacco use have been assessed in a population-based sample of 8th and 11th grade students. Data were obtained from students, a sample of parents, school staff, tobacco prevention coordinators, and law enforcement officials. The rates of illegal sales of tobacco to young people were also assessed through purchase surveys. Schools that received funding for prevention efforts over the past years had a significantly greater decline in tobacco prevalence than those that did not. These findings will be presented, along with evidence about the role of access reduction in adolescent tobacco use. Issues regarding the priorities for tobacco prevention will be discussed in light of the present results and recent reductions in funding for tobacco prevention.

243 MARKETING OF TOBACCO TO YOUNG PEOPLE: EVIDENCE FROM RESEARCH AND TOBACCO COMPANY DOCUMENTS. Anthony Biglan¹, ¹Oregon Research Institute, Eugene, OR United States

This presentation will review the evidence about the influence tobacco marketing practices on adolescent tobacco use. Both the empirical literature and tobacco company documents provide evidence that tobacco companies have long and quite successfully marketed cigarettes to those under 18. The reasons why such marketing is important will be reviewed and the primary techniques used to make cigarettes appealing to young people will be described. The relationship of tobacco marketing to other risk factors for smoking will also be examined. The evidence will be discussed in the context of recent and continuing efforts to reduce tobacco use.

244 THE SCIENCE AND POLICY OF DEVELOPING REGULATIONS FOR REDUCED IGNITION PROPENSITY CIGARETTES. Victoria Tunstall¹, ¹Tobacco Control Programme - Health Canada, Ottawa, Ontario Canada

Fires started by the careless use of smokers’ materials are the leading known cause of fire-related death in Canada. >From an analysis of Canadian fire statistics for the years 1995 to 1999, the Canadian Association of Fire Chiefs (CAFC) reported that at least 14,030 fires were started by smokers’ materials. These fires killed 356 people, injured 1,615 people and cost more than $200 million in property damage.

As recently demonstrated by a leading U.S. cigarette manufacturer, it is possible to produce cigarettes which are less of a fire hazard on a commercial scale. Furthermore, a standard test method exists to test the relative potential of a cigarette to start a fire (ignition propensity).

Health Canada is considering regulating reduced cigarette ignition propensity. The intent of this regulation would be to prevent fires started by cigarettes thus preventing the significant human and financial cost of such fires.

This poster will provide an overview of the research and analysis undertaken by Health Canada in order to derive appropriate regulations for cigarette ignition propensity including the following:

- background research and history of the issue
- testing ignition propensity of cigarettes sold in Canada
- consultations with stakeholders and experts
- specific issues for the Canadian context
- concerns of stakeholders and how they have been addressed
- cost/benefit analyses
- research into smoker fire-risk behaviour
- planned monitoring and evaluation

245 UNDERAGE TOBACCO SALES IN LOS ANGELES: RACIAL, CLASS AND ETHNIC DIFFERENCES. Robert Lipton¹, Aniruddha Banerjee¹, ¹Prevention Research Center, Berkeley, CA United States

According to recent information, teens in Los Angeles are successful about 33% of the time in attempts to illegally purchase tobacco from retail outlets. Two years ago, Los Angeles enacted an ordinance that sought to limit underage tobacco sales through a series of actions such as licensing tobacco retailers, conducting underage sales checks and tracking offenders and repeat offenders. Although Los Angeles is actively involved in tobacco compliance enforcement and information gathering, there is a little systematic understanding of the socio-demographic, vendor, customer and community context in which compliance occurs. In response to this need we describe the spatial distribution of
compliance, in regard to the above mentioned factors, as a way to more fully include information that may bear on compliance enforcement and intervention. We use underage compliance “sting” information from the Los Angeles City Attorney’s office, (689 randomly chosen compliance checks were conducted in 2001 out of a universe of 4000 possible tobacco outlets) Of these checks, 231 violations were issued. For the 814 census tracks in LA City, 82% had full or at least 75% compliance, while 7% had more than 75% violations. The likelihood of compliance shows spatial variations that will be explored in this analysis. Maps will be shown for high prevalence compliance and non-compliance in Los Angeles as well as maps showing hotspots for greater than expected non-compliance. Spatial models will be described that relate socio-demographic measures, neighborhood characteristics, vendor and underage decoy information to compliance. Preliminary data show that non-compliance is highest in densely populated areas in the central and eastern parts of Los Angeles city.

246 TOBACCO CONTROL POLICIES AND YOUTH SMOKING TRANSITIONS. James Nonnemaker1, Chris Nimisch1, 1Research Triangle Institute, RTP, NC United States

Adolescent smoking is of particular interest from both a research and a policy perspective because smoking initiation and early smoking habits are known to have important implications for lifetime smoking and can have important negative health consequences for an individual. The earlier in life a youth begins smoking, the more cigarettes he/she will smoke as an adult with greater incidence of negative health effects. Despite a considerable body of research on the effects of tobacco control policies on youth smoking, important research and policy questions remain. There is little evidence to determine whether the effect of tobacco control policies is to prevent smoking initiation, escalation to regular smoking, or promote smoking cessation. The primary goal of this study is to investigate the relationship between cigarette excise taxes and tobacco control expenditures and smoking initiation, prevent escalation to regular smoking, and cessation using the NLSY97, a nationally representative panel of youth. The specific aims of this study are to (1) estimate the effect of cigarette excise taxes and tobacco control expenditures on the probability that an adolescent (a) initiates smoking, (b) starts smoking regularly (escalates), and (c) who smokes, quits; and (2) investigate the possibility of differential effects of the excise tax and tobacco control expenditures by gender and by race/ethnicity for smoking initiation, escalation, and cessation. A discrete-time hazard model is used to estimate the effect of the excise tax and tobacco control funding on the probability that an individual initiates smoking, escalates to regular smoking, and, if a smoker, quits smoking. The panel data and the discrete-time hazard model allow for the control of unobserved individual and state-level effects.

247 IMPACT OF A LARGE NONRANDOMIZED COMMUNITY TRIAL ON ENFORCEMENT OF UNDERAGE DRINKING LAWS AND UNDERAGE DRINKING. Mark Wolfson1, Daniel Zaccaro2, John Preisser1, Anshu Shrestha1, Tracy Patterson2, Andrea Williams1, Rebecca Hensberry2, David Altman4, Robert Durant4, Kristie Foley4, 1Wake Forest University, Winston-Salem, NC United States; 2Wake Forest University School of Medicine, Winston-Salem, NC United States; 3University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 4Center for Creative Leadership, Greensboro, NC United States

Objective: The Enforcing Underage Drinking Laws (EUDL) program is the first large-scale federal effort focusing exclusively on underage drinking. We report on the program’s one-year impact on law enforcement and youth drinking behavior in local communities funded in 1999 and 2000.

Method: We used a quasi-experimental design, comparing 69 communities that received EUDL funding with 69 matched comparison communities. A telephone survey was conducted with a repeated cross-sectional sample of youth at baseline (N=2384) and one-year follow up (N=2418) to obtain self-report data on alcohol use, alcohol risk behaviors, and negative consequences of alcohol use. Law enforcement officials in each community were surveyed at baseline (N=202) and one-year follow up (N=205) to obtain data on underage drinking enforcement efforts.

Results: After one year of intervention, law enforcement agencies in communities receiving EUDL funding showed relative increases in the median numbers of compliance checks, Cops in Shops operations, and arrests of youth for purchases, possession, or use of alcohol. Small reductions were observed in the number of youth reporting alcohol use, non-violent consequences of alcohol use, perceptions of alcohol use among peers, and attempts to purchase alcohol, although there were no statistically significant differences between youth in intervention and comparison communities.

Conclusions: The EUDL program has produced important changes in the ways local law enforcement agencies address underage drinking. However, these efforts have not yet produced concomitant changes in youth alcohol use.

*TOBACCO, ALCOHOL AND DRUG CONTROL POLICIES*

POLICY MAKING AND PREVENTION IN SCHOOLS

248 SEL IN SWEDISH SCHOOLS. Birgitta Kimber1, 1Botkyrka Kommun, Huddinge, Sweden

This presentation will describe a school-based prevention program evaluation that started three years ago in two compulsory schools in Sweden. The aim of the program is to test the extent to which systematic long-term work on social emotional learning (SEL) in school can reduce psychological ill-health, alcohol- and drug-abuse and maladaptation. The SEL program encompasses structured exercises for pupils so as to train self-awareness, empathy, the handling of emotions,
motivation, and social competence. The project has been run for three school years with pupils aged 6 to 16. The program also includes the training and supervision of teachers and other personnel, and the provision of information and motivation to parents.

Baseline measurements were taken during the school year before the program began. Thereafter, annual measurements have been collected through pupil self-reports and teacher and school administrator reports. Further, 15 randomly selected teachers and 15 randomly selected parents have been interviewed. One hundred and twenty teachers (80 school classes) have participated in the study.

The evaluation employs a field or quasi-experimental design, in which SEL is organized in two Swedish compulsory schools while two other compulsory schools (with the closest possible matching population characteristics) act as comparison schools. One matched pair of the schools (experimental and control) serves an area characterized by heavy social deprivation. The project runs for three school years.

A variety of instruments/subinstruments designed to measure psychological health, drug and alcohol use, social skills, bullying, adaptation, etc. have been administered to all pupils

To assess whether the SEL program has been implemented as intended, systematic studies of the participating teachers have been performed throughout the period – at least four times by two independent observers, and on one or two occasions during each school year by the project leader.

We are now at the evaluation stage of the project. Implications of the evaluation on national policies will be discussed.

249 DEVELOPMENT OF ALCOHOL-AND DRUG-PREVENTION INTERVENTIONS IN SCHOOL – COLLECTIVE EFFORTS BEING MADE BY SOME SWEDISH MUNICIPALITIES. Gunborg Brännström1, Maria Renström2, 1The National Alcohol Commission, Stockholm, Sweden; 2The Office of the National Drug Policy Coordinator, Stockholm, Sweden

Development of alcohol-and drug-prevention interventions in school – collective efforts being made by some Swedish municipalities

5:00 PM – 7:00 PM

TECHNOLOGY DEMONSTRATIONS

✈ 400A, Convention Centre

*MONITORING SYSTEMS FOR CHILDREN*

251 DEMONSTRATION OF THE ASSESSMENT OF LIABILITY AND EXPOSURE TO SUBSTANCE USE

Gunborg Brännström (1), Maria Renström (2)

Background- Alcohol consumption has increased dramatically in Sweden since 1995. In Sweden, like in most European countries, drug abuse among youth increased in the 1990s, although from a lower baseline than in many other countries. In order to counteract this trend, the Swedish Government has adopted two National Action Plans, one on alcohol to prevent injury and ill-health and one on drugs to support a comprehensive and balanced counter narcotics strategy. To implement the action plans, two national bodies have been set up, which are directly answerable to the Government (The National Alcohol Commission and The National Drug Policy Coordinator)

Both action plans are designed to coordinate all actions against alcohol and drugs at national level and provide leadership for the implementation of action, especially at municipal level.

During 2003 one part of this strategy has consisted in three-year alcohol- and drug-prevention programs in 20 senior-compulsory and high schools in the three main cities in Sweden, and also rural areas. Local strategies and action plans has been developed by the municipalities and the participating schools. The National Alcohol Commission and The National Drug Policy Coordinator have initiated and are financing implementation and evaluation of the work. The primary purpose of the investment is to develop local policy and preventive efforts in school on a broad basis, i.e. to promote the school’s collaboration with parents, to develop social and emotional skills, to establish structured free-time activities, and to promote health among Swedish school children. According to a recently published survey of research in Sweden, these are the four most important areas on which preventive efforts should focus. Political commitment at municipal level is identified as a critical factor for success. Close connections between policy, implementation and evaluation are other crucial factors. Both an outcome and a process evaluation will be performed in the schools (experimental and control) to establish whether the actions taken have their intended effects. Also, interviews will be conducted with young people, teachers and other key school personnel to monitor how preventive methods are being applied.

AND ANTISOCIAL BEHAVIOR (ALEXSA) FOR CHILDREN. Ty Ridenour1, 1Pennsylvania State University, State College, PA United States

The ALEXSA is a self-report assessment of children’s and early adolescents’ ‘risk and protective factors’ for substance use and antisocial behavior. The ALEXSA is designed for use in school and research settings. Over 125 measures are included in the ALEXSA and they span a wide range of domains including demographic, social, family, community environment, interpersonal (academic, affective, behavioral, biological, cognitive, competency, and religiosity), and substance use-specific risks. Development of the ALEXSA is funded by NIDA (K01 00434) and the Penn State
University Children, Youth, and Families Consortium. The ALEXSA is computer-administered and requires no minimum reading or writing skills, includes audio readings of text and professional cartoon illustrations, and can be tailored to best fit the research interest of a diversity of projects. Also, new measures can be added to the ALEXSA. A copy of the ALEXSA will be available for review on a laptop. Handouts will summarize the ALEXSA measures, psychometric and focus group research that has been conducted to develop the ALEXSA measures, computer requirements of the ALEXSA, and information regarding how to develop additional measures to use with the ALEXSA. Current expansion of the ALEXSA includes development of a Spanish version, the addition of an evaluation of the TimeWise (Caldwell, 2003) prevention program, and creation of gender- and ethnic-specific illustrations.

*RECENT ISSUES IN RESEARCH METHODS*

252 NETWORK GENIE: AUTOMATED SOCIAL NETWORK DATA COLLECTION. William Hansen1, Cheryl Wyrick1, Kelvin Bryant1, Eric Reese1, Tanglewood Research, Inc., Greensboro, NC United States

Network Genie is an Internet-based strategy for collecting social network survey data. The role of social influences on the development of substance use and other high-risk behaviors is almost universally accepted. There is strong evidence to suggest that research-based prevention approaches dealing with the underlying social influences of substance use experimentation are effective. However, little empirical research on social network analysis or sociometric analysis has been completed. A major reason for the lack of research in this area is that collecting and organizing social network data is a cumbersome task. This project gives researchers access to an entirely automated computer-based system for gathering information about adolescents' social network and sociometric status. With this tool, researchers will be able to pursue data collection that will further the understanding of social network phenomena in relationship to the etiology and prevention of drug use and other high-risk behaviors. This Internet-based application was designed specifically to help prevention researchers test theories and hypotheses about the role of peer groups, friendship formation, and social isolation in the onset of drug use and other high-risk behaviors. This application provides tools for gathering, storing, and submitting social network data for analysis using the Internet. The application will allow researchers to collect a wide variety of social network data. Data types will include: (1) relationship identification including identifying subsets of individuals from a larger list (e.g., identifying people who are friends, associates, acquaintances, etc.), (2) rank ordering members of the network, (3) rating members of the network, (4) making sociometric nominations, (5) the identification of ego-centric networks, and (6) questions about the peripheral network. The automated system will assist users in carrying out the following sequential elements: (1) design of survey applications, (2) Internet-based data collection, (3) data reduction and database creation, and (4) launching of or linking to social network analysis applications.
In order to address the current challenges in delivering science-based drug abuse prevention efforts, we developed and evaluated an interactive, computer-based drug abuse prevention program for middle school-aged youth called Head On: Substance Abuse Prevention for Grades 6-8™. The program’s curriculum incorporates the components of primary prevention efforts that have shown to be effective in preventing initiation to drug use (e.g., drug refusal skills, general decision-making skills, and social skills training). This information is presented in the context of both fluency-building Computer-Assisted Instruction (Copyright 1997, HealthSim, Inc.), an educational technology of proven effectiveness that promotes long-term retention of key information that is learned, and video-based simulation technologies.

We evaluated the effectiveness of this multimedia program in a multi-site, school-based, controlled evaluation. Students in several middle schools received drug abuse prevention training during the school year via the computer-based program. Students in other schools received drug abuse prevention training via the Life Skills Training Program, a prevention program that has been repeatedly shown to be effective. Results demonstrated that the Head On substance abuse prevention program promoted significantly higher levels of accuracy in objective knowledge about drug abuse prevention (81%) relative to the demonstrably effective Life Skills Training Program (71%). Participants in the Head On and Life Skills groups generally achieved comparable, positive outcomes after completing their substance abuse prevention intervention on a wide variety of measures, including self-reported rates of substance use, intentions to use substances, attitudes toward substances, beliefs about prevalence of substance use among both their peers and adults, and likelihood of refusing a drug offer. Moreover, a cost-effectiveness analysis demonstrated that the Head On program was only a little more than half the cost of the Life Skills Training program when delivered to middle school youth in a school-based setting. The Head On program may be of substantial benefit in providing drug abuse prevention education to middle school-aged adolescents in a manner that ensures the fidelity of the intervention. It may also provide comprehensive, substance abuse prevention science in a manner that is more cost-effective than the labor-intensive, prevention interventions that have been demonstrated to be efficacious in preventing the initiation of drug use among adolescents and thereby expand the reach of effective drug abuse prevention science.

255 WITHDRAWN
THURSDAY, MAY 27, 2004 PROGRAM

THURSDAY, MAY 27, 2004

7:15 AM – 8:30 AM

CONTINENTAL BREAKFAST & REGISTRATION

- Foyer Salle de bal, Hilton Quebec

7:30 AM – 8:30 AM

NIH NEW INVESTIGATORS WORKSHOP
(REGISTRATION REQUIRED. Pick up breakfast at 7:15 am, session starts at 7:30 am)

- Courville/Montmorency, Hilton Quebec

8:30 AM – 10:15 AM

PLENARY SESSION 2

BENEFITS AND RISKS OF HARM REDUCTION APPROACHES

Chair: J. David Hawkins

- Porte Du Palais, Hilton Quebec

BENEFITS AND RISKS OF HARM REDUCTION APPROACHES. G. Alan Marlatt¹, Mary Jane Rotheram², John Toumbourou³, J. David Hawkins⁵, Addictive Behaviors Research Center, Seattle, WA United States; ²University of California, Los Angeles, Los Angeles, CA United States; ³University of Melbourne, Melbourne, Victoria Australia; ⁴University of Washington, Seattle, WA United States

Harm reduction has been advocated as a strategy for preventing harm associated with the use of alcohol and other drugs. Few comparisons of abstinence versus harm reduction approaches have been done. This panel will investigate the effects of harm reduction strategies at different developmental periods and on different behavior outcomes. G. Alan Marlatt will present Preventing Drinking Problems in College Students: A Harm-Reduction Approach. Mary Jane Rotheram will present Families Living with Substance Abusing Parents with HIV. John Winston Toumbourou A round table discussion session will follow the plenary to allow audience participation.

10:15 AM – 10:30 AM

MORNING BREAK

- Foyer Salle de bal, Hilton Quebec
of an expanded and integrated program results in increased program effectiveness when compared to either the Work and Family Stress or Parenting Wisely programs alone.

258 COPIING WITH WORK AND FAMILY STRESS. Gale Held1, Donald Gordon2, David Snow3, 1CSAP Model Programs Northrop Grumman IT Health Solution, Rockville, MD United States; 2Ohio University, Athens, OH United States; 3Yale University, New Haven, CT United States

The target population for Coping with Work and Family Stress is men and women working in various occupational groups. They consist of diverse ages and ethnic, racial, and socioeconomic backgrounds. It is a 16-session weekly group intervention designed to teach employees how to develop and apply effective coping strategies to deal with stressors at work and at home. The program results in: actual reduction in work and family stressors; increased use of social support; changes in the meaning of stressful events; less reliance on avoidance coping strategies; increased use of a wider range of stress management approaches; prevention or reduction of alcohol and drug use; and prevention or reduction of psychological symptoms such as depression and anxiety.

This program will be discussed in conjunction with the Parenting Wisely abstract submitted as part of this presentation.

259 PARENTING WISELY. Gale Held1, Donald Gordon2, David Snow3, 1CSAP Model Programs Northrop Grumman IT Health Solution, Rockville, MD United States; 2Ohio University, Athens, OH United States; 3Yale University, New Haven, CT United States

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. The program has been tested with families in rural and urban areas and is equally appealing to African American, Hispanic/Latino, and White Families. Parenting Wisely extends beyond the United States, crossing borders into successful implementations in Manchester, England and British Columbia, Canada. The program results in: a reduction in child behavior problems; an improvement in general family functioning; a reduction of maternal depression, and an increase in parent participation in parent education classes. Additional outcomes show that parents favor healthier problem-solving strategies over coercive strategies with each other and with their children. Parents exhibited an increased knowledge and use of good parenting skills, improved problem solving, skill in setting clear expectations, and reduced spousal violence and violence toward their children.

Parenting Wisely is being presented in conjunction with Coping with Work and Family Stress as part of an organized paper symposium.
A challenge to the field is how best to operationalize retention. Difficult-to-engage ethnic minority families may attend sporadically but resume consistent attendance after receiving continued contact with coordinators (Prinz, et al. 2001). Families with different attendance patterns could potentially have attended an identical number of sessions, but differ greatly in their experience of the intervention process. The primary aim of this study was to classify Hispanic and African American parents (enrolled in the 12 experimental condition groups of an efficacy trial of a family-focused preventive intervention) into attendance pattern groups using demographic, family, child, and group level predictors. The intervention was designed to improve family functioning and prevent adolescent problem behaviors (Coatsworth, Pantin, & Szapocznik, 2002). This study used attendance data collected from parent group participants who were then sorted into 3 attendance pattern groups based on retention over 30 sessions. Participants who enrolled either: (1) never became engaged, (2) demonstrated variable attendance patterns over the course of the intervention, or (3) exhibited consistently high attendance. Prior investigation showed that in the total sample (N=143), participant ethnicity, household income, number of family members living in the household, and having multiple family members attending the intervention all contributed to the classification of parents into attendance pattern groups. The current study includes analyses conducted with African American parents (N=47) and Hispanic families (N=96). African American families with more members living in the household and having only one member attending the intervention were more often correctly classified in the consistent, high attendance pattern group. Conversely, Hispanic families with smaller numbers of family members in the household, higher household income, multiple members of the family attending the intervention, and a higher percentage of other parent intervention group members sharing their country of origin were more likely to be correctly identified as exhibiting a pattern of consistently high levels of attendance. Implications are discussed in terms of considerations for practitioners involved in implementing preventive intervention programs with ethnic minority families. Future research will examine how measures of intervention group process relate to participant retention.

262 ASSESSING THE EFFECTS OF SOCIAL NETWORK VARIABLES ON PROJECT RETENTION: IT’S WHO YOU KNOW, NOT WHAT YOU KNOW. Scott Clair1, Richard Spoth1, Chungyeol Shin1, Iowa State University, Ames, IA United States

A challenge of most preventive intervention research projects is maximizing project retention. Other studies have examined factors influencing retention in universal intervention projects (Spoth, Goldberg, & Redmond, 1999). However, little research has examined the potential role of social network variables. Social network variables may allow us to get a better picture of the influence classroom context has on project retention.

Participants in this study were 1649 seventh graders enrolled in 36 rural schools. There were two intervention conditions (LST and LST + SFP) and a control condition. All participants were asked 12 items about the other students in their grade. These included “Who is cooperative?” “Who is disruptive?” and “Who gets mad easily?” Two social network concepts are included in the current analysis: (1) Outdegree - the number of people an individual named; (2) Indegree – the number of times an individual was named by others. The independent variables included the indegree and outdegree for each of the 12 items. The outcome variable is present/absent for the administration of follow up surveys for waves 2 thru 5. Standard t-tests were conducted, the significance level was set at p<.01. Parallel analyses were conducted with outdegree and indegree percents to correct for class size.

Four variables (all outdegree) significantly predicted retention across all waves: disruptive, starts fights, gets mad easily, and cooperative. Individuals that listed more students that were disruptive, got mad easily or started fights were less likely to be present in the project. The fewer people the student listed as cooperative the lower the retention. Two additional variables were predictive only for waves 3 thru 5 were popular outdegree and unhappy outdegree. Results were consistent with the pattern specified above.

It appears that a “negativity bias” in person perception is a predictor of project retention. In each instance the significant predictors deal with the individual’s perceptions of others; if they list more negative and fewer positive individuals they are less likely to be present for project assessments. It is worth noting that NONE of the indegree measures was a consistent predictor. This suggests, for example, that it is not the individual that everyone labels as disruptive that is not present in the project but rather it is the individual that labels everyone else as disruptive. Future research will examine the degree to which this pattern holds among subgroups.

263 PREDICTING PROGRAM PARTICIPATION: RESULTS FROM THE FAMILY CONNECTION STUDY. Kevin Haggerty1, Susan Smith1, University of Washington, Seattle, WA United States

The last two decades have witnessed substantial advances in prevention science, with longitudinal studies providing clarification of the pathways leading to normative and maladaptive development. Identification of risk and protective factors in the family has lead to the development of prevention interventions aimed at improving the odds of positive youth development. Family-based prevention programs have proven effective in reducing a child's risk for the development of substance abuse and other behavior problems. Increasingly, as successful family interventions are developed, the focus turns to how to make programs available
to more families in real-world settings. In this presentation results from the Family Connections, a study designed to evaluate the efficacy of the Parents Who Care program delivered in two different modes will be presented. A sample of 331 European American (n=168) and African American (n=163) families with 8th grade students in the Seattle school district volunteered to participate in the study. Families were blocked on race and gender and randomly assigned to one of three experimental conditions, no intervention control group, (n=106), Parent and Teen Group (PAG), (n=118) and Self-Administered Group (SA) with phone-follow-up (n=107). Families were surveyed and observed prior to intervention, about one month following completion of the intervention, and 12 and 24-months following completion of the intervention. This design allows for a strong efficacy test of PWC as a self-administered program (SA) and parent and adolescent group program (PAG) compared to a randomized control group.

The presented research will identify predictors of program exposure and overall exposure across program modes. Significant barriers to participation in the self-administered mode include parent's own drug use, frequent moves, low parent education and child's attention problems. Significant barriers to participation in the PAG mode include frequent moves and race, with African American families less likely to attend PAG sessions. The evaluation concludes that the self-administered intervention is more accessible to all families, particularly African Americans. Post-intervention analyses reveal that parents in both the SA and PAG conditions report significantly higher levels of intervention specific parenting behaviors than parents in the control condition. These findings present evidence for the capacity of self-administered programs to reach the universal population of families, offering support in a way not always available using more traditional service delivery modalities. Implications of these findings are presented in light of the need for large-scale participation in successful family prevention programs.

CC 4/EARLY CHILDHOOD DEVELOPMENT

LONGITUDINAL FOLLOW UP RESEARCH

Chair: Ray Peters

264 LONGITUDINAL FOLLOW-UP RESEARCH ON THREE EARLY PRIMARY SCHOOL PREVENTION PROJECTS: PATHWAYS AND MEDIATING PROCESSES. Ray Peters1, 1Queen's University at Kingston, Kingston, Ontario Canada

Long-term longitudinal follow-up studies of young children and their families involved in prevention interventions are expensive and often difficult to justify to public and private funding organizations. However, it is exactly this type of research that is considered essential to documenting the complete personal and economic benefits of prevention interventions.

In this symposium, the results of on-going longitudinal follow-up studies of three prevention projects for young children are presented. These projects all initiated the interventions with children just before or at primary school entry, and focused on the prevention of behavioural and emotional problems and long term anti-social behaviour.

Presentations will describe the longitudinal outcomes, and discuss mediating processes relating to the children's developmental pathways from 3 to 15 years after project implementation.

265 THREE-YEAR LONGITUDINAL FOLLOW-UP OUTCOMES FROM THE BETTER BEGINNINGS, BETTER FUTURES PRIMARY SCHOOL PREVENTION PROJECT. Ray Peters1, 1Queen's University at Kingston, Kingston, Ontario Canada

The Better Beginnings, Better Futures Project for young children from ages 0 to 8 and their families has been implemented in eight disadvantaged communities throughout Ontario, Canada since 1991. It is designed to prevent emotional and behavioral problems and promote general development in children, while also focusing on improving family and neighbourhood characteristics, connecting effectively with existing services, and involving local residents in project development and implementation. Five of the project sites are focusing their programs on children from birth to age 4, and the other three on children from ages 4 to 8. There are an average of 550 children in the appropriate age range living in each project neighborhood, for a total of 4500 children and families who are “in scope” for program activities.

An independent consortium of researchers is carrying out project research and evaluation. Major research objectives are to: 1) determine effect sizes of child, family and neighbourhood outcomes from the project; 2) investigate the cost of the project; and 3) describe the local project organization and management, and 4) determine the long term effects of the project via a longitudinal study of the children as they develop into adolescence and young adulthood.

A quasi-experimental longitudinal research design is being employed. From 1993-94 to 1997-98, data were collected from a longitudinal research group of 1400 children and their families in the eight project sites and in three demographically-matched comparison neighborhoods to examine short-term outcomes, costs and project organization. These results have been reported at previous SPR conferences.

An enlarged longitudinal sample of nearly 1900 children and their families is being followed as the children develop into adolescence to determine the longer-term outcomes of the prevention intervention. In 2001-02, the first wave of longitudinal follow-up data was collected on 700 children in the sixth grade, three years after leaving the project window. Analyses of these data will be presented for the first time at SPR. Child, family and neighbourhood outcomes will be
presented and mediating mechanisms for these outcomes will be discussed.

266 LONG TERM RESULTS OF THE MONTREAL EXPERIMENTAL – LONGITUDINAL PREVENTION PROGRAM FOR YOUNG LOW SES DISRUPTIVE BOYS. Frank Vitaro1, Eric Lacourse1, Rachel Boisjoli1, Mara Brendgen2, Richard Tremblay1, 1Université de Montréal, Montreal, Quebec Canada; 2Univ. of Quebec in Montreal, Montreal, Quebec Canada

A longitudinal study with a nested preventive intervention was used to a) assess the long term effects of a preventive intervention on delinquent behavior, b) establish the social validity of these effects, c) examine the processes explaining these effects, and d) verify whether these processes are compatible with prevalent theoretical models of developmental psychopathology. The longitudinal study is based on a sample of 1037 boys who were followed from kindergarten through early adulthood. The randomized multimodal preventive intervention targeted a subsample of boys who were rated disruptive by their kindergarten teacher. The 2-year preventive intervention included social skills training, parent training, and behavior management in the classroom. Follow-up data were collected from age 10 through age 18, and again at age 23. A growth curve analysis and a semi-parametric clustering procedure for longitudinal data showed that the longitudinal delinquency profile of the boys in the preventive intervention was lower than the profile of the boys in the control group. However, it was not different from the boys’ profile in the rest of the sample. Path analysis will be used to examine parent-, peer-, and school related variables that might have mediated the long-term effects of the program on delinquency. These variables correspond to the well established risk/protective factors in developmental models of delinquency (i.e., parent supervision, friends’ deviancy, rejection by conventional peers, school difficulties). The discussion addresses two points. The first point stresses the power (but also the limits) of early preventive intervention to alter risk trajectories and to serve as experimental manipulations of risk/protective factors for model testing. The second point serves to illustrate how a theory driven-top down preventive intervention as the one described here triggered a large scale application of a similar prevention program throughout the Province of Quebec.

267 PREVENTING SEVERE CONDUCT PROBLEMS IN SCHOOL-AGED YOUTH: Robert Mcmahon1, 1University of Washington, Seattle, WA United States

Fast Track is an ongoing, comprehensive, multisite intervention trial designed to prevent serious and chronic conduct problems. It is being carried out by the Conduct Problems Prevention Research Group (K. Bierman, J. Coie, K. Dodge, M. Foster, M. Greenberg, J. Lochman, R. McMahon, & E. Pinderhughes) at 4 US sites. The Fast Track intervention is based on a developmental model of conduct problems that posits multiple influences (child, family, school, peer group, and neighborhood) on the development of antisocial behavior. The intervention began in first grade and continued through tenth grade. The elementary-school phase of the intervention is unique in combining targeted interventions (parent training, home visiting, child social skills training, child friendship enhancement, and academic tutoring) for the highest risk children with a universal intervention promoting social and emotional competence for all children in the intervention schools. The high-risk sample consists of 891 children selected at school entry on the basis of high levels of conduct problems at both home and school during the kindergarten year. Children were randomly assigned to intervention (n=445) and control (n=446) conditions, with school as the unit of randomization. A normative community comparison sample (n=387) was drawn from the control schools. The Fast Track sample is ethnically diverse (approximately 50% African American) and selected from both urban and rural communities. The universal component of the intervention was administered in almost 200 classrooms to all children, with a comparable number of classrooms serving as controls. The focus of the presentation will be on summarizing intervention effects during the elementary school phase of the intervention (i.e., grades 1-5) with the high-risk sample as well as the effects of the universal intervention during this same period. In addition, mediation analyses that address potential mechanisms of influence derived from the developmental model will be presented, as will moderation analyses that address the generalization of intervention effects with this diverse sample.

268 A META-ANALYSIS OF POSITIVE YOUTH DEVELOPMENT PROGRAMS. Joseph Durlak1, Roger Weissberg2, Emily Preheim Dupre1, Jessica Wolf1, Mark Greenberg1, Loyola University of Chicago, Chicago, IL United States; 2University of Illinois at Chicago, Chicago, IL United States; 3Pennsylvania State University, State College, PA United States

The purpose of this symposium is to present the results of an extensive meta analytic review of outcome research on positive youth development (PYD) programs. Over 400 published and unpublished school-based, community-based and combined interventions are evaluated. Several narrative reviews have recently concluded that PYD strategies have merit (e.g., Catalano, Berglund, Ryan, Lonczak & Hawkins, 2002; National Research Council, 2002; Roth & Brooks-Gunn, 2003). However, several important questions remain. First, because several alternative models of PYD have been proposed, what is the best way to conceptualize and define the

Chair: Roger Weissberg

Courville/Montmorency, Hilton Quebec
core features of PYD approaches? Second, what has been the magnitude and range of effects produced by interventions? Third, how has program impact varied as a result of program components, participant characteristics, and specific outcome domains? Fourth, what gaps exist in the field and how can they most appropriately be addressed. Finally, a fundamental question is: What overlap exists between PYD and preventative interventions? The PYD literature asserts that increasing youths' strengths and assets should prevent later problems. Several PYD designs include measures of positive and negative outcomes permitting a test of the relationship between competency enhancement and prevention of later problems. Data relevant to the integration and distinctiveness of prevention and PYD efforts will be presented.

The first presentation in this symposium describes our approach in coding the interventions that, among other things, attempts to evaluate and integrate existing conceptual models of PYD. The second presentation describes the main outcome findings, and the third discusses various moderator and meditational analyses. We will also address our plans for dissemination of key findings to a broader audience of researchers, practitioners, and policy makers. A noted prevention researcher will serve as the Discussant, and substantial time will be available for audience reactions and discussion.

269 WHAT MAKES POSITIVE YOUTH DEVELOPMENT PROGRAMS MORE EFFECTIVE? AN EXAMINATION OF MODERATORS AND MEDIATORS. Jessica Wolf1, Joseph Durlak1, Emily Preheim Dupre1, 1Loyola University of Chicago, Chicago, IL United States

The identification of moderating factors, those factors that serve to increase or decrease the effectiveness of an intervention, and mediating factors, those mechanisms of change underlying positive behavioral change, is one of the foremost issues in positive youth development programming. Many organizations have identified “model programs” or the “best practices” in positive youth development programming. However, the evaluative criteria used to determine which programs qualify as “models” differ among the organizations, the magnitude of the effects produced by recommended interventions has not been specified, and factors presumed responsible for positive results have not been systematically evaluated.

Research and theoretical literature on positive youth development (PYD) and other related fields suggests that many factors may moderate program outcomes. For example, interventions that persist for longer periods of time have been related to larger effect sizes (e.g., Davis & Gidycz, 2000), and interventions using behavioral strategies such as role-playing and rehearsal have also been associated with larger intervention effects (e.g., Tobler, 2000). Ecological theory suggests that targeting the levels of individual, school, and community would be more effective in producing individual change. Other variables theorized to have an effect on the effect of preventive interventions include parental involvement, age of participants, and study methodology.

Examination of study features indicated over 60 possible moderators of outcome. This presentation highlights results using a much smaller set of moderators that were selected because of their theoretical, conceptual and methodological salience in PYD. These included intensity and duration of the intervention, specific program components, participant characteristics including gender, level of risk, and ethnicity, fidelity of implementation, and methodological aspects of the study’s design.

Similarly, the need for evaluation and identification of mediating variables is also essential in order to facilitate the development of more potent programs (Gillham et al., 2001). This quantitative review explores two sequentially linked mediational models emphasized in the positive youth development literatures. The first is that positive changes in youths’ psychosocial environment (i.e., changes occurring in teachers, parents and peers) should result in greater prosocial development. The second is that increases in critical developmental competencies displayed by youth should be linked to both decreases in their subsequent problem behaviors and to improvements in their psychological well-being over time.

270 CONCEPTUAL APPROACH AND CODING PROCEDURES. Emily Preheim Dupre1, Joseph Durlak1, Jessica Wolf1, 1Loyola University of Chicago, Chicago, IL United States

This presentation explains the conceptual underpinnings and practical details of the coding system used in the meta-analysis. The information drawn from each outcome report fell into seven major categories: (1) general information about the report (e.g., year of publication, funding, setting); (2) demographics and other information about the participants; (3) number, type, and source of outcome measures; (4) intervention features (e.g., length of intervention, components involved); (5) elements of positive youth development emphasized in the intervention; (6) methodological features; and (7) effect size data.

A key aspect of coding was the conceptual orientation about positive youth development (PYD). A survey of the relevant literature indicated that two major dimensions characterize ideal PYD interventions. The first dimension comprises the competencies targeted for development, and the second involves how youths’ psychosocial environment fosters, encourages, and reinforces positive developmental changes.

In terms of the first dimension, programs can be identified according to their efforts to promote five general categories of prosocial development, often called the “5 Cs.” These five categories involve competencies, confidence, connection, caring, and contribution. In terms of the second dimension, environmental influences that promote development in these five categories are relevant. Environmental influences include such elements as recognition for behavioral change, creating
viable opportunities for young people, nurturing and supporting youth, communicating high expectations for behavior, giving necessary structure and boundaries, and making constructive use of young people's time and resources.

Although there is consensus about the importance of these two dimensions, current PYD models emphasize different aspects of these dimensions. Therefore, a coding process was developed to examine PYD models developed by five different groups: Roth & Brooks-Gunn, Catalano, Pittman, CASEL, and the Search Institute. Coding procedures thus permitted the examination of how well each of the five prominent PYD models fit the data and predicted outcomes, as well as testing whether an integrative model combining the most useful elements of separate systems would be more informative than previous models.

271 POSITIVE YOUTH DEVELOPMENT: KEY FINDINGS.
Joseph Durlak1, Jessica Wolf1, Emily Preheim Dupre1,
1Loyola University of Chicago, Chicago, IL United States.

The presentation of findings begins with a description of major study characteristics and their distributions to provide the audience with an understanding of the general features of PYD programs, including different subcategories of programs, various participant characteristics, and core intervention elements. For example, approximately 75% of the interventions are school-based, target elementary-aged school children, and take place in the United States. Several distributions of study features are also bimodal in nature. For example, there are large numbers of shorter-term (less than 6 months) programs, but a sizable group lasting more than one year.

The main statistical analyses follow generally recommended meta-analytic procedures (Hedges & Olkin, 1995; Lipsey & Wilson, 2000). That is, reliability in coding was established, effect sizes were weighted by sample size, outliers were identified, and one effect was drawn from each study per research question. The influence of different aspects of methodology was also examined.

In terms of meta-analytic findings, this presentation reports: 1) the overall effectiveness of PYD programs, 2) the magnitude of positive behavioral change in children, parents, teachers, and peers involved in these programs, 3) the relative effectiveness across the different areas of development/outcomes targeted by PYD programs, and 4) a comparison between immediate and follow-up effects of programs in order to investigate the maintenance of change. In addition, the main outcome analyses emphasize the ability of separate models of PYD, including an integrated model that combines across five different systems, to predict effects in different outcome domains (e.g., personal mental health, academic functioning, interpersonal relationships). As suggested in the previous presentation of this symposium, the impact of PYD programs as preventive interventions was also evaluated.
childbearing often occurs within a context of social disadvantage and psychosocial risk, we will also examine the impact of socio-demographics, pregnancy lifestyle habits, maternal mental health, parenting practices, and family functioning on children’s development of hyperactivity. We will use data from four cycles of a nation-wide survey of Canadian children and their families that began in 1994. Our longitudinal sample consists of children aged 0-35 months at the first data collection cycle (and who are 6-8 years at the fourth cycle). Information on children’s hyperactivity was gathered from mothers every two years, and we will estimate hyperactivity developmental trajectories over time. We will then enter information collected from mothers at the first cycle on such variables as age at the birth of the first child, pre-natal smoking, depression, parenting behaviors, and family functioning to determine their predictive value on children’s development of hyperactive behaviors over time. Findings from this study will help us understand how early childbearing and associated risks impact on children’s behavioral development and will inform us of ways in which we can work to prevent such problems by gearing efforts toward young mothers during pregnancy.

274 SOCIAL DETERMINANTS OF BREASTFEEDING AND CHILDREN’S DEVELOPMENTAL OUTCOMES. Lise Dubois¹, University of Ottawa, Ottawa, Ontario Canada

Diet quality in early childhood is important as it may impact on obesity and health later in life. The first years of life are also important for the development of taste and eating behaviors that could last up to adulthood. From birth to school age, the child has to adapt to different types of eating modes: breast milk or formula, the gradual introduction of different solid food, and normal meals eaten with other members of the family. Our use of a Canada-wide survey of children and their families procures an inestimable source of information on these aspects. It gives us a better understanding of the relationship between breastfeeding and different aspects of child development. We will investigate this relationship and also see how early childbearing impacts on breastfeeding practices and children's physical health. We will also look at social inequalities, such as being raised in a poor family. These analyses will give us a better understanding of the relationship between social inequalities, the quality of the diet, and child development and will help guide prevention efforts.

275 THE INFLUENCE OF MATERNAL AGE ON ACADEMIC TRAJECTORIES OF ADOLESCENTS. V. Susan Dahinten¹, Jennifer Shapka¹, University of British Columbia, Vancouver, British Columbia Canada

Prior research evidence has shown that, on average, the children of adolescent mothers perform more poorly on measures of developmental competence than children born to older mothers, even after accounting for social and economic disadvantages in the mother’s pre-childbearing background. However, there is also evidence that the effects of teen childbearing may vary by age of the child. This study contributes to the field by incorporating longitudinal data to compare the cognitive/academic achievement trajectories (spanning early to mid-adolescence) of children who were born to teenage mothers with that of children who were born to older mothers. The longitudinal sample consists of youth who met the following criteria: participated in at least two of the first four cycles of the Canadian National Longitudinal Survey of Children and Youth; were 10 to 17 years of age in 2000-01; and were born to mothers who were less than 30 years old at the birth of their first child. The outcome measures consist of two direct measures of academic achievement. The predictors include: maternal age at childbearing; family socioeconomic factors; maternal depression; family functioning; and child reports of Parental Nurturance and Parental Rejection. Individual growth curve modeling (through HLM) is used to examine the developmental trajectories. Individual trajectories will be created for each of the academic outcomes (spanning a 6 year-period for the oldest cohort and 2 years for the youngest cohort). After controlling for several family background and family process factors, these trajectories are examined as a function of the maternal age at childbearing (young teen, older teen, young adult, and adult). The results will have policy implications related to resource allocation for adolescent mothers and their children, not only in the early years following childbearing, but also for ongoing screening and support.

276 WITHDRAWN

277 INFORMING EARLY INTERVENTION POLICY: AN ECOLOGICAL APPROACH TO MENTAL HEALTH SCREENING IN HEAD START. Alison Miller¹, Stephanie Shepard¹, Susan Dickstein¹, Ronald Seifer¹, Maria Eguia¹, Brown University, East Providence, RI United States

A mission of Head Start is to help low-income children and families develop strengths that foster long-term physical, cognitive, and socioemotional health. To this end, one mandate is to provide mental health screening. From a public health perspective, screening can inform proactive outreach by detecting children and families who may benefit from additional services. However, the screening process is far from uniform or ideal, and programs struggle with ways to best identify at-risk children and families. Typical screening protocols focus on child behavior, failing to consider children’s family context. However, documenting caregiver and family functioning is crucial for assessing children’s risk for maladjustment. Gaining an understanding of relations among caregiver depression, family functioning and children’s socioemotional, literacy, and cognitive outcomes in low-income families is necessary for developing meaningful screening devices.

We developed a community partnership with Head Start to provide brief mental health screening and to implement program evaluation activities to monitor child and family
functioning. We are interested in how these activities inform policy regarding Head Start mental health screening, with the ultimate goal of developing a cost-effective, ecologically valid screening process to identify at-risk children and families and encourage access to mental health services.

At enrollment, 96 Head Start families completed questionnaires assessing child behavior problems and family functioning. At the end of the year, family advocates rated parents’ goal attainment related to family health, mental health, and special service needs (e.g., improve parenting skills, increase social support) using our program evaluation system. Teachers rated children’s language, literacy, and socioemotional outcomes.

Results demonstrate relations among family functioning and child behavior problems at enrollment to independent ratings of family outcomes at the end of school (rs .27-.43). For example, child behavior problems at screening were associated with attaining family health, mental health, and special service needs goals. Meeting these goals related to optimal childhood outcomes at the end of the year (r=.31). Findings highlight bi-directional relations of family functioning and child behavior problems and underscore the importance of including family functioning in early childhood screening protocols. That screening informs selection and attainment of family health, mental health, and special service needs goals, which in turn relates to childhood outcomes, suggests that ecological screening is crucial for proactive outreach to families. Policy implications for mental health screening and practice within Head Start will be discussed.

278 WITHDRAWN

CC 7/THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH

PREVENTION OF RISK AND RISK BEHAVIORS AMONG GIRLS AND WOMEN

Chair: Judith Stein

- Villeray, Hilton Quebec

279 DIETING AS A PROSPECTIVE RISK FACTOR FOR INITIATION OF REGULAR SMOKING AMONG FEMALES AND MALES, Mildred Maldonado-Molina1, Linda M Collins1, 1Pennsylvania State University, University Park, PA United States

Dieting is often associated with smoking behaviors among adolescents. This study aimed to follow-up a previous study examining dieting as a predictor for initiation of smoking behaviors. A previous study (Maldonado-Molina & Collins, 2002) suggested gender and ethnic differences in the prevalence of dieting and the association between dieting and smoking behaviors. Caucasian females had a higher prevalence of dieting behaviors and a stronger association between dieting and smoking behaviors. Numerous studies have examined the association between dieting and smoking initiation among adolescent females and males, however, there have been few studies evaluating dieting and the risk for smoking initiation using longitudinal data. The current study extends previous research by examining dieting initiation as a prospective risk factor for initiation of regular smoking. It is hypothesized that females who are initiating dieting behaviors are more likely to initiate regular cigarette use. Among males, initiation of dieting is not expected to significantly predict smoking behaviors. Analyses were performed on data from The National Longitudinal Study of Adolescent Health (Resnick, et al., 1997). A total of 7795 Non-Hispanic White and Non-Hispanic Black youth were included (4045 females and 3750 males). The dependent variable was whether adolescents initiated smoking regular use or not. Models were separately evaluated for females and males. Age, ethnicity, initiation of dieting behaviors, overweight status, BMI, and availability of cigarettes at home were predictors or covariates. Logistic regression analysis was conducted by using STATA, which allows sampling weights to be incorporated in the analyses. Multiple imputation as a strategy to deal with missing data was also implemented. Results suggested that Caucasians females who are initiating dieting behaviors, and have cigarettes available at home were significant more likely to initiate regular smoking. Older Caucasian males who have cigarettes available at home were also significantly more likely to initiate regular smoking. Overall, results indicated that females who initiated dieting behaviors were at a higher risk than non-dieters to engage in cigarette use behavior. Results also suggested that Caucasian females are more likely than the rest of the sample to initiate smoking behaviors and to engage in regular smoking. These results highlighted the importance of considering the association between initiation of dieting and smoking as part of a constellation of unhealthy and risk-taking behaviors. It is important to acknowledge that females who are initiating dieting behaviors might be a high-risk group for initiating smoking behaviors.

280 THE EFFECT OF PARENTAL HOSTILITY AND DISENGAGEMENT UPON ADOLESCENT ADJUSTMENT: GENDER AS A MODERATING VARIABLE, Gabriela Stein1, Chanqua Walker-Barnes1, 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States

In examining family factors associated with negative adolescent adjustment, a number of scholars have focused upon parental hostility and disengagement. However, researchers have seldom examined the differential impact of these types of parental behaviors on child’s gender. As a result, prevention and intervention efforts aimed at the family factors associated with maladaptive adolescent behavior have focused almost exclusively on parental monitoring, family structure, and behavior management, regardless of an adolescent’s gender. Consequently, the goal of this study is to examine the impact of parental hostility and disengagement...
upon adolescent internalizing symptoms, delinquent behavior, and substance use depending on child’s gender. Data for this study come from a cross-sectional, school-based survey of 187 middle and high school students (7th – 12th graders) living in a rural county. The sample is 52.3% female, ranging in age from 12 to 18 years (M = 15.03, SD = 1.54). The sample is ethnically diverse with 44% of the sample being non-white (34.4% African American, 6.2% Latino, 4.6% Native American, 3.3% Caribbean American, 8% Asian American). The parenting behaviors assessed in this study include: parental hostility, parental disengagement, and parental supervision. Outcome variables include internalizing symptoms, delinquent behavior, and substance use.

Analyses for this paper involve the use of a series of univariate regression analyses examining the of the differential impact adolescent outcomes with child’s gender entered as a moderating variable. The analyses indicate that while parental monitoring is an important predictor in these adolescent outcomes, the emotional aspects of parenting (hostility and disengagement) also play a crucial role. Moreover, this crucial role seems accentuated for girls as opposed to boys. The findings indicate that for girls paternal hostility is significantly related to substance use, minor and major delinquency, and internalizing symptoms. For boys, paternal hostility is only significantly related to minor and major delinquency. In terms of maternal hostility, it is significantly related to delinquency, substance use, and internalizing symptoms for girls but is not significantly related to any of the outcomes for boys. Paternal and maternal disengagement is significantly related to internalizing symptoms for both girls and boys. However, for girls, maternal disengagement is also significantly related substance use and delinquency for girls but not for boys. These findings suggest that prevention and intervention programs may need to be differentially tailored depending on child’s gender – especially when programs target the family factors associated with delinquency and substance use.

281 GENDER MATCHING: DOES GENDER OF PROGRAM IMPLEMENTER MAKE A DIFFERENCE? Sally Graumlich1, James Burns1, Eisuke Segawa1, Brian Flay1, 1University of Illinois at Chicago, Chicago, IL United States

Recent school-based prevention studies have reported gender-specific results. The researchers have questioned whether their results were due, in part, to the gender of the program’s implementer. However due to methodological limitations, their query could not be answered. The Aban Aya Youth Program (AAYP), a longitudinal (grades 5-8), randomized school-based intervention for inner-city African American children, has reported significant outcomes for males only (i.e., violence, drug use, school delinquency, & provoking behavior). The purpose of this study is to examine if the gender of the project’s health educators affected AAYP outcomes. Three latent variables were created for these analyses: 1. problem behavior (violence, substance use and school delinquency); 2. intentions (to use violence and drugs); and 3. process (levels of liking the program and finding the program interesting helpful). A covariate indicating whether students were taught half or more of the lessons by a male health educator was included in the growth analyses. The results of the latent growth models of problem behavior and intentions show that boys receiving the AAYP intervention from male health educators had significantly (p<.05) less increase in the problem behaviors and intentions than those taught by females. For girls, results show trends towards a reduction in problem behavior and intentions when taught by a female health educator. The process growth model results indicate that boys and girls from the AAYP intervention and boys from the attention placebo control group, when taught by a male health educator, appear to maintain a more positive orientation towards their respective program. Our findings suggest that the gender-match of the student and program implementer may influence the outcomes of prevention programs. Clearly, further research is warranted to explore the role of gender-matching in the effectiveness of prevention programs. Our process findings also raise the question as to whether the male health educators may have been more competent in working with students. We can speculate that students, in particular, boys may view the male health educator as more positive role model given that majority of them are from single family households, and few elementary schools have male teachers.

282 MOBILIZING YOUTH FOR TOBACCO-RELATED INITIATIVES IN INDIA: DESIGNING PROJECT MYTRI. Melissa Stigler1, Cheryl Perry1, Monika Arora2, K. Srinath Reddy2, Arima Mishra2, Kelli Komro1, Leslie Lytle1, 1University of Minnesota, Minneapolis, MN United States; 2HRIDAY-SHAN, New Delhi, India

Over the next few decades, deaths due to tobacco are expected to rise dramatically in many developing nations, where the rates of tobacco use are increasing among women and youth. Project MYTRI is a recently funded initiative of the Fogarty International Center (2002-2007) designed to address the pending epidemic of tobacco-related diseases in India from a youth-oriented perspective. Prevention scientists from Delhi, India and Minneapolis, Minnesota are collaborating to design, implement, and evaluate a school-based, multi-component tobacco intervention for students in grades 6, 7, 8, and 9 in 3 cities in India. The goal of the project is to prevent the onset of tobacco use (including tobacco that is smoked and tobacco that is chewed) among these students. The intervention includes two years of classroom curricula, school posters, parent postcards, and peer-led health activism. The focus of the project thus far has been on the development of these intervention components. To this end, 48 focus group discussions were conducted with 6th and 8th grade students (n=435) in Delhi, India to determine if the main intervention objectives developed by the study investigators (e.g., increasing knowledge about the health effects of tobacco and changing normative beliefs about tobacco) were relevant to this population and, if so, how they
could best be used to guide program development. At this time, intervention materials that were designed using this qualitative data are being pilot tested in both private (higher SES, English-medium) and government (lower SES, Hindi-medium) schools in northern India. Intervention strategies and materials will be revised at the end of this process, in time for the trial to commence in April 2004. The evaluation of this program will rely on 3 repeated assessments of 2 cohorts of young people over two years (i.e., 6th-7th graders and 8th-9th graders) and will include state-of-the-art process, intermediate, and outcome measures. Ten schools in each of the cities will be recruited, matched, and randomly assigned to receive the intervention or serve as a comparison. About 15,000 students are expected to participate. The focus of this presentation will be on the development of the main intervention components, with special attention given to the adaptation of primarily Western-based strategies to the Indian context. An overview of the study design and formative development process will also be provided, as well as some commentary on the unique, collaborative nature of MYTRI - which in Hindi (India's national language) also means "friendship."

RISK PROFILES AND TREATMENT OUTCOMES FOR AGGRESSIVE GIRLS IN A GENDER-SPECIFIC PROGRAMME. Margaret Walsh1, Amy Yuile2, Debra Pepler2, Kathy Levene2, 1Earlscourt Child and Family Centre, Toronto, Ontario Canada; 2York University, Toronto, Ontario Canada; 3Earlscourt Child and Family Centre, Toronto, DC Canada

Children who manifest serious conduct problems in their early years are likely to experience increasing difficulties in adolescence and adulthood. These behaviours are often of an externalizing nature, although there is evidence of comorbidity between conduct behaviours and a range of other problems, such as depression, ADHD and anxiety. There is substantial research that certain risk factors are often prevalent in the lives of these children and these factors require our attention and resources. Intervention programmes for children with behaviour disorders have been guided by “best practices” developed primarily for boys.

In 1996 Earlscourt Child and Family Centre (ECFC), a family-focused children’s mental health centre, developed a specialized programme for girls, the Earlscourt Girls Connection (EGC). The EGC is an innovative gender-specific programme for young girls exhibiting antisocial behaviour problems; it was developed in response to a concern for the effectiveness of a mixed-gender program for girls referred for aggressive behaviour problems. This program for aggressive and antisocial girls under the age of 12 incorporates anger management and skill building interventions for both the girls and their parents. The unique component of the girls’ program is a specific focus on building positive relationships between girls and their mothers through enhancing parenting capacity. By promoting positive mother-daughter relationships, the EGC aims to promote relationship capacity among the girls. Internally developed manuals guide these interventions. The long-term objective of the program is to “keep girls out of trouble and in school”.

As part of a multi-phase evaluation of the programme, a retrospective case file assessed some 90 files for level of risk using the ECFC’s Early Assessment Risk List for Girls (EARL 21-G). The EARL 21-G is a risk assessment tool designed to identify a girl’s level of risk in the child, family, and responsiveness domain at intake. This poster presentation will highlight the content of the EARL-21G, profiles of risk for girls between the ages of 9 and 12, and its relation to outcome at six and twelve months post treatment. The role of concurrent internalizing problems, particularly depression, will be highlighted as they relate to risk profile and treatment effectiveness.

SAFETY, PERMANENCY, & WELL-BEING

Chair: Christian Connell

301A, Convention Centre

SAFETY, PERMANENCY, AND WELL-BEING: RESEARCH ON OUTCOMES IN CHILDREN’S WELFARE SERVICES. Christian M. Connell1, Robert J. Flynn2, 1Yale University, New Haven, CT United States; 2University of Ottawa, Ottawa, Ontario Canada

This symposium focuses on research efforts to understand risk and protective factors associated with Children's Welfare Services including both Child Protective and Foster Care functions. The Adoption and Safe Families Act (ASFA; PL105-89), mandates that child welfare agencies work to protect children in the home, removing them only as a last resort. In cases where children must be taken into custody (e.g., foster care), agencies are charged with moving children back to a permanent arrangement (i.e., reunification or adoption) as quickly as possible while working to reduce rates of re-entry to care following discharge. Presentations on this panel will examine the ways in which prevention research can inform our understanding of contextual influences (i.e., child, family, community, and case-level information) on child welfare outcomes related to child safety, permanency, and overall well-being. Brief opening remarks will serve to orient participants to the implications of ASFA and the emphasis on child welfare outcomes related to child safety, permanency, and overall well-being. Brief opening remarks will serve to orient participants to the implications of ASFA and the emphasis on child welfare outcomes related to child safety, permanency, and overall well-being. Brief opening remarks will serve to orient participants to the implications of ASFA and the emphasis on child welfare outcomes related to child safety, permanency, and overall well-being.
outcomes on child behavioral and life course outcomes. Presentations will be followed by discussant comments that place these studies in the broader context of international research efforts addressing child welfare outcomes and that address the importance of a resilience perspective for our understanding of outcomes for children in care. A moderated question and answer period will follow the panel to provide opportunity for audience participation.

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DO COMMUNITY-BASED SUBSTANCE ABUSE RESOURCES IMPACT CHILD MALTREATMENT RATES? Bridget Freisthler1, Elizabeth Baraban1, UC Berkeley/Prevention Research Center, Berkeley, CA United States

An often-ignored aspect of child welfare research is the role of prevention services for child abuse and neglect. The child welfare system generally does not provide services to the family until after some degree of harm has already occurred as a result of abuse or neglect. More concerted efforts are needed to identify resources in communities to keep children safe and improve their well-being. Specifically, the number of children entering the child welfare system due to parental substance abuse has increased considerably over the past 15 years, hence resources that address alcohol and drug addiction may serve to reduce harm to children. Child welfare databases that maintain the records of referrals and reports of child maltreatment can be used to identify potential areas where there are insufficient resources for substance misuse. This study addresses this lack of knowledge by using California’s Child Welfare System, Case Management System database to examine the geographic distribution of drug and alcohol resources in 304 block groups in Sacramento, California in relation to model-based hot and cold spots for child abuse. Hot spots for child abuse and neglect are defined as those areas where the actual rate of substantiated reports of child maltreatment is greater than those predicted by the model, while cold spots have lower than expected rates of maltreatment. To identify these areas, we used residuals from a spatial regression analysis of substantiated reports of child abuse and neglect that included measures of drug and alcohol availability. Locations of drug and alcohol resources were mapped and their locations assessed in conjunction with the hot and cold spots. The results indicate that drug and alcohol resources are disproportionately located within neighborhood areas that are ‘cold spots’ for child abuse and neglect. By their very presence, these resources may provide greater access to neighborhood residents seeking services resulting in lower rates of abuse and neglect than would be expected given other neighborhood conditions. Those seeking to improve the well-being and safety of children can work to bring alcohol and drug services to ‘hot spot’ areas in communities.

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THE IMPACT OF CHILD AND CASE CHARACTERISTICS ON EXIT AND RE-ENTRY RATES IN A STATEWIDE FOSTER CARE SYSTEM Christian M. Connell1, Karol H. Katz1, Leon Saunders2, Jacob Kraemer Tebes1, 1Kempe Children’s Center, University of Colorado Health Sciences Center, Denver, CO United States; 2Rhode Island Department of Children, Youth, & Families, Providence, RI United States

The Adoption and Safe Families Act (ASFA) establishes time limits on family reunification services for children in foster care and encourages permanency planning if reunification is not warranted. This emphasis on swiftly placing foster children in a permanent placement (i.e., family reunification, guardianship, or adoption) must be balanced with state efforts to reduce rates of re-entry among children returned prematurely. Much of the literature on permanency outcomes for children in foster care is based on samples entering care prior to ASFA implementation, however. This presentation examines the impact of child- and case-level information on permanency outcomes and rates of re-entry to foster care using statewide data on children entering foster care, post ASFA implementation, from 1998 through 2002. Two studies will be presented.

Study 1 examines the impact of demographic characteristics and case information (i.e., reason for removal, year of entry, and placement settings) on exits from foster care using a competing risk hazard model that incorporates both static and time-varying (i.e., current placement setting) covariates. Separate models for family reunification, adoption, and discharge to a non-permanent placement are presented. The results reveal different patterns of event occurrence across the three models that highlight the time it takes to move a child to an adoptive home if reunification is not appropriate. Child and case characteristics play critical roles in the probability that a child will be returned home, adopted, otherwise placed, or remain in care for an extended period of time. Results also demonstrate significant improvements in the system’s efforts to increase reunification rates while reducing discharges to non-permanent settings in the years following ASFA implementation.

Study 2 examines the impact of demographic and case characteristics (including length of stay from the prior episode) on rates of re-entry to care following a discharge to family reunification using Cox proportional hazard modeling. The results of this study also implicate child and case characteristics in the probability of children experiencing a subsequent removal from parental custody following a “successful” discharge from care. The implications of each of these studies will be explored in terms of child welfare practice and policy, with particular attention to risk and protective factors that might be used to inform preventive interventions to improve permanency outcomes for child welfare agencies.

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OUT-OF-HOME PLACEMENT DECISIONS AND CHILD WELL-BEING. Heather N. Taussig1, 1Kempe Children’s Center, University of Colorado Health Sciences Center, Denver, CO United States

Child welfare research has focused primarily on examining safety and permanency for children placed in out-of-home care. The passage of the Adoption and Safe Families Act (ASFA) in 1997, however, highlighted the importance of
child well-being for children removed from their homes due to maltreatment. Both safety and permanency are important for children placed in out-of-home care, yet it is also critical to examine how children are functioning as a result of placement decisions that are made. The focus of this presentation will be to examine child well-being, defined here as the behavioral and emotional functioning of children placed in out-of-home care.

The presentation will examine two types of child welfare placement decisions that have been prioritized based on ideology and legislation: 1) reunification from out-of-home care, and 2) placement in kinship care (i.e. court-ordered placement with relatives). Using a prospective cohort design, the studies compare the adolescent functioning of children removed from their homes due to maltreatment, controlling for functioning at entry to out-of-home care. A cohort of 149 youth, ages 7-12, who entered foster care over an 18-month period were interviewed six months and then six years following removal from their homes.

The first study compares those youth who reunified over the six-year period to those who were not reunified on measures of: 1) Risk Behaviors: delinquent, sexual, self-destructive, substance use and total risk behaviors, 2) Life-Course Outcomes: tickets/arrests, suspensions, and grades, and 3) Current Symptomatology: externalizing, internalizing, total behavior problems, and total competence. The second study examines outcomes for children placed in kinship care, using a dose response paradigm. The study explores whether longer length of time in kinship care produces better or worse child well-being outcomes for maltreated youth. The same dependent measures of adolescent functioning are used.

The reunification study found that youth who reunified over the 6-year study period, as compared with youth who did not reunify, showed more negative emotional and behavioral outcomes. The study of kinship care found that longer length of time in kinship care was associated with more adverse child well-being outcomes for maltreated youth. The same dependent measures of adolescent functioning are used.

Despite longstanding and prevailing beliefs that certain placement decisions (i.e. reunification and placement in kinship care) are optimal for maltreated children placed in out-of-home care, there is no evidence to support these beliefs, and growing evidence to the contrary. Policy and practice implications of these findings are discussed.

12:00 PM – 1:30 PM

LUNCH BREAK (LUNCH ON YOUR OWN)

1:30 PM – 3:00 PM

CONCURRENT SESSIONS, 1 - 8
Although fathers are responsible for many incidents of abuse against children, they are severely under-represented in research on predictors of perpetration and as participants in treatment programs (Peled, 2000). This presentation introduces Caring Dads: Helping Fathers Value their Children, one of the first programs developed specifically for fathers at high risk for abusing or neglecting their children. We begin by presenting the rational for prevention with this population, and exploring barriers to the development of such services. We argue that preventing father-perpetrated abuse and strengthening the father-child relationships has the potential to reduce behavioral, emotional and social problems in children, but that these potential gains must be balanced with policies to control risk to children’s physical and emotional safety and security. Following this, the organizing philosophical foundations and principles of the Caring Dads program are described. Caring Dads differs from traditional parent-training programs in its use of a power-based understanding of child abuse. As such, issues of paternal choice and responsibility are emphasized over skills and knowledge deficits. Other principles concern men’s approach to attending group programs, appreciation of the familial context of father-perpetrated child abuse and neglect, and consideration of the potential impact of gender-role stereotypes on fathers’ relationships with their children. These principles are presented with acknowledgement of the challenging ethical and policy-relevant dilemmas that arise in providing preventative intervention to at-risk fathers.

There is a clear need for outcome measures for programs that aim to prevent the abuse of children by their parents, such as Caring Dads. There are many existing measures that purport to assess child abuse risk and related constructs, however, their utility with at-risk fathers has generally received little attention. In this presentation, five constructs relevant to understanding the influence of fathering on child development are identified: parental involvement, indirect support, child management (including child abuse), overall father-child relationship quality and marital conflict. Descriptive pre-post quantitative and qualitative data from the preliminary implementations of Caring Dads, obtained by self- and counsellor- report, are presented with reference to these constructs. Particular emphasis is given to the inconsistency between information obtained through interviews as compared to that obtained through self-report questionnaire data. Such discrepancies were observed in most domains. For example, on questionnaire data, fathers typically reported using child management strategies suggested in parenting programs (e.g. time-outs). However, elaboration during interviews indicated that the manner in which many fathers implemented these strategies was abusive and controlling. Similarly, many fathers reported a close relationship with their child, but were unable to identify the child’s friends, grade, and likes and dislikes. In view of these findings, limitations of the use of standard self-report measures are discussed. The need for measures relevant to policy development is also considered. Such measures may incorporate the collection of information on the impact of program involvement on fathers’ access to their children and fathers’ continued systemic involvement. Implications of outcome findings for policy and evaluation of prevention programs for at-risk fathers are addressed.

There have been relatively few interventions developed specifically for maltreating fathers. Given the infancy of this area, there is also a need for strong policies to be developed from the ground up, concurrent with these innovative interventions. These policies need to reflect both the characteristics of the clientele, as well as the principals of the program. For example, research suggests that between 30-60% of these men are also abusive towards their intimate partners, who may or may not be their children’s mothers. Thus, program policies need to reflect this overlap and develop protocols to ensure safety for the children’s mothers. Furthermore, many at-risk men who are mandated to receive service enter intervention programs at precontemplative stage of change. For example, there may be a need for specific exclusionary criteria based on presenting client hostility or aggressiveness. In order to develop policies that were accountable to the community, the Caring Dads program has had a steering committee of professionals from a number of services and agencies since its inception. The individuals on this committee represent child protection, probation, children’s mental health, court-related, and woman abuse services. Furthermore, we have made a concerted effort to educate community stakeholders (such as the judiciary and public at large) as to both the nature and also limitations of the intervention program (which has only been evaluated on a preliminary pilot basis). This presentation will discuss both the formation of such a committee and the process through which this committee has provided guidance, as well as the actual policies that have been developed. In addition to the aforementioned areas, these policies revolve around topics such as drop-out, reporting back to referral and child protection agencies, and accountability to mothers and children. Professionals seeking to develop similar services in their own communities will gain knowledge and insight about the need for these specific policies to maintain safety and accountability.
THURSDAY, MAY 27, 2004 PROGRAM

CC 2/REAL WORLD SETTINGS

ENVIRONMENTAL PREVENTION

Chair: Andrew Treno

- Porte Kent, Hilton Quebec

292 ENVIRONMENTAL PREVENTION: CHALLENGES, CONTEXTS, AND FUTURE. Andrew Treno1

The past decade has seen the development of new approaches to the solution of alcohol-related problems focusing on attempts to alter the environments in which they occur. These approaches differ from individual-based approaches in a number of ways. First, whereas individual-based approaches are information-based and attempt to persuade individuals not to consume in dangerous ways environmental approaches seek to implement policy changes designed to reduce such use. Second, whereas the objective of individual-based approaches seeks to change individual behavior the goal of the environmental approach is to affect system change within the community. Third, while individual-based programs strategically use mass media to target individuals, the environmental approach targets community leaders and policy makers. Fourth, whereas individual-based programs view community members as targets, the environmental approach seeks to harness and mobilize their energies in the pursuit of desired policy change. Finally, while individual-based programs seek to alter demand, the environmental approach seek.

This symposium presents three programs which incorporate environmental strategies each recognized by the Center of Substance Abuse Prevention as a Model Program. The first presentation describes the research and intervention design of Project Northland Chicago. This project emphasized social environmental change strategies in a community-wide and multiple component alcohol use preventive intervention that significantly reduced alcohol use among youth living in rural white communities. The second presentation describes, the Sacramento Neighborhood Alcohol Prevention Project, a multi-component environmentally-based community prevention project designed to reduce alcohol access, drinking and alcohol-related problems among youth and young adults in two economically and ethnically diverse neighborhoods with substantial minority and low-income representation in Sacramento, California. The third presentation, describes multiyear field research programs in two communities at the Mexican Border—San Diego and El Paso—designed to test methods for collecting data to support community organization, program development, and safety operations directed at reducing alcohol related trauma among youths 18 to 25 years of age. While each of these projects differ in terms of contexts in which they were implemented and tactics they used, each incorporated the underlying logic of environmental prevention and the lessons learned from them provide the basis for future environmental prevention.

293 A RANDOMIZED COMMUNITY TRIAL TO PREVENT EARLY ONSET OF ALCOHOL USE AMONG CHICAGO YOUTH. Komro Kelli1, 1University of Minnesota, Minneapolis, MN United States

The purpose of this presentation is to describe the research and intervention design of Project Northland Chicago, with particular emphasis on the social environmental change strategies. Project Northland, a community-wide and multiple component alcohol use preventive intervention that significantly reduced alcohol use among youth living in rural white communities, is considered a model program by the Center for Substance Abuse Prevention and the U.S. Department of Education. The adapted and enhanced Project Northland for Chicago is being evaluated using a randomized trial of 60 schools and surrounding neighborhoods in Chicago. The intervention group is being exposed to three years of the adapted Project Northland curricula, family interventions, youth-planned extracurricular activities, and community organizing. The interventions are being evaluated with a cohort of sixth graders beginning in the 2002-2003 school year and followed for three years. The sample is primarily African American, Hispanic and low-income. Outcomes are measured via surveys of students, parents, and neighborhood leaders; alcohol purchase attempts; and direct observations of alcohol advertising near schools. This presentation will provide an overview of the research and intervention design. In addition, a detailed description of the community organizing intervention component will be presented to describe the strategies that are being implemented to change the larger social environment of Chicago neighborhoods. The goals of the community organizing component are to: 1) make it more difficult for youth to get alcohol, 2) change norms in the communities to support non-use and non-provision of alcohol to teens, 3) change formal and informal policies around alcohol use in organizations, institutions, and families, and 4) enhance the community’s capacity to address alcohol-related problems among young people.

294 THE SACRAMENTO NEIGHBORHOOD ALCOHOL PREVENTION PROJECT: ENVIRONMENTAL PREVENTION IN THE CONTEXT OF LOW-INCOME ETHNIC MINORITY NEIGHBORHOODS. Andrew Treno1, 1Prevention Research Center, Berkeley, CA United States

This paper presents the Sacramento Neighborhood Alcohol Prevention Project (SNAPP) in terms of a project overview and assessment of program implementation. SNAPP is a multi-component environmentally-based community prevention project designed to reduce alcohol access, drinking and alcohol-related problems among youth and young adults in two economically and ethnically diverse neighborhoods with substantial minority and low-income representation in Sacramento, California through a program combining community mobilization, community awareness presentation, responsible beverage service training and policy development, and increased enforcement of laws proscribing alcohol sales to minors and service to intoxicated patrons at
establishments where alcohol is served. Data collected as a part of the evaluation of project efforts include measures of program implementation, intermediary measures, and project outcomes. Specifically, the project evaluators are collecting process and intermediary sure data through the use of a project management information system (M.I.S.) and random digit dialing telephone, pseudointoxicated and apparent minor surveys. Outcome measures are indexed through data collected both through and from local and state archival data reporting systems along with local community police and sheriffs departments and health care providers. Analyses indicate significant reductions in youth access as measured by our apparent minor surveys resulting from project efforts. Results from our pseudointoxicated patron survey indicate the need for development of more intensive interventions targeting the problem of overservice.

295 SUPPORTING POLICE ACTION IN COMMUNITY PREVENTION PROGRAMS. Andrew Treno¹, Bob Voas², Prevention Research Center, Berkeley, CA United States; ²Pacific Institute for Research and Evaluation, Calverton, MD United States

Police generally play a significant role in community safety and can be recruited early in a community mobilization effort directed at reducing alcohol related traumatic injury and death. For local public health program advocates, police represent an existing trained and mobilized force ready for action that can significantly stimulate organizational development and program effectiveness if they can be brought on early. Frequently, however, safety activists fail to take full advantage of the local department’s potential. While this is due in part to health workers concern with the punitive aspects of law enforcement, it also occurs because advocate organizations are unskilled in working with police departments.

This paper describes multiyear field research programs in two communities at the Mexican Border—San Diego and El Paso—designed to test methods for collecting data to support community organization, program development, and safety operations directed at reducing alcohol related trauma among youths 18 to 25 years of age. The research applied and tested a “community learning model” based on survey data of youths living in counties adjacent to the border, including college students at two universities within an hour of the border and a unique border survey of those crossing into Mexico to drink on weekend evenings. These data were provided to activists concerned with underage drinking in each locale and were used to help mobilize the community, particularly the police, to take action to reduce cross border drinking. Throughout the program the research specialist participated as a consultant to the consortium coordinating the program, providing data for use in planning, and evaluating operations.

This paper also describes how the data from the border surveys was channeled to the local consortiums and applied in intervention programs and what was learned in the process. Six specific effective interventions were objectively validated based on border survey and local trauma data. Programs that were proposed but could not be implemented or appeared ineffective are described.

CC 3/BASIC PREVENTION SCIENCE

REAL TIME DATA CAPTURE

Chair: Kathy Etz

² Porte St. Louis, Hilton Quebec

296 REAL-TIME DATA CAPTURE: INNOVATION IN PRACTICE AND METHODS. Kathy Etz¹, R. Clayton², ¹National Institutes of Health, Bethesda, MD United States; ²University of Kentucky, Lexington, KY United States

Real time data capture is a powerful research methodology with implications for etiology and prevention research. Over the last three decades, diary methods have increasingly been employed to collect moment-to-moment reports on a range of psychological and behavioral phenomena. Initially, the standard approach to collecting these data involved using paper and pencil approaches, but more recently the approach involves beepers, sophisticated calling systems, and handheld computers. Data collected using this methodology can uniquely contribute to our understanding of behavior by providing information on proximal states and contexts, and providing better data on ephemeral events that are difficult to recall (e.g. affective states) or are subject to bias. In the last decade, studies using handheld computers paired with extensive and sophisticated protocols have focused on self-regulatory processes and other behaviors such as nicotine use and stress management. These studies have yielded profound understanding of the psychological mechanisms related to behavior in these domains, providing a different perspective than traditional etiology or epidemiology research. Two of these studies are chronicled in this symposium (Shiffman, et al. & Mermelstein & Hedeker). A final presentation considers the implications of collecting these types of data for analysis and interpretation, and points out new possibilities tied to emerging technologies that will further enable studies in this area. The discussant, Richard Clayton, will encourage attendees to consider the implications of this methodology for the fields of etiology and prevention research and will engage participants in discussion of how this method can be used in their own work. This symposium consolidates cutting-edge research from both etiological and intervention perspectives paired with methodological research at the Center for Prevention Methodology at The Pennsylvania State University. The intention of this symposium is to showcase results from studies using real-time data capture, consider best practices in research design and analysis and discuss possibilities for further use of these approaches in prevention and etiology research.
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THE DEVELOPMENT OF NICOTINE DEPENDENCE: UNDERSTANDING THE CONTRIBUTIONS OF PATTERNS OF BEHAVIOR. Robin Mermelstein1, Donald Hedeker2, University of Illinois at Chicago, Chicago, IL United States

Little is known about the developmental course of nicotine dependence among adolescent smokers. Of particular interest is trying to identify youth who may smoke occasionally or experimentally and quit or not become dependent, and what distinguishes them from youth who smoke occasionally and do become dependent. It would be useful, for example, to identify early behavioral markers of movement toward dependence. One possible candidate is a change in patterning of smoking from weekend or party smoking to smoking at other times. This study used Ecological Momentary Assessments of smoking to collect data about the patterning of smoking among a sample of adolescents early in their smoking careers. IRT methods were used to address the question of whether there are particular days or times of day when smoking occurs that are most discriminatory in identifying youth who may go on to become dependent. Data were collected over a 7 day baseline period. Adolescents (N = 152) were trained to event record smoking episodes on handheld computers, which time and date stamped each event. For analytic purposes, we divided each 24 hour day into 5 time periods, resulting in 35 possible day x time period. Within each period, smoking was treating as a binary variable (occurred or not). As expected, middle of the week smoking and smoking during early morning hours (5am to 9am) were most discriminatory. Although smoking was most common on Fridays and Saturdays and during the late afternoon hours, these periods did not significantly discriminate youth. These results suggest that patterns of behavior, and not just frequency, may be useful in describing the development of dependence. Using this methodology might help identify important targets for intervention to prevent initiation or escalation of tobacco use.

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INNOVATIONS IN REAL-TIME MEASUREMENT DURING SMOKING CESSATION. Saul Shiffman1, Stephen Rathbun2, 1University of Pittsburgh, Pittsburgh, PA United States; 2Pennsylvania State University, University Park, PA United States

We describe the rationale and approach to collecting data by Ecological Momentary Assessment (EMA), which aims to collect real-time data on peoples’ behavior and experience over time in their real-world natural environments. We illustrate the approach through analyses of the relationship between mood and cigarette smoking in a study of 305 smokers followed through the process of quitting smoking. Subjects used a palmtop computer to record events and assessments. Subjects recorded each cigarette smoked, and completed an assessment for a randomly selected subset of smoking events. To capture comparable data on non-smoking occasions, the computer also “beeped” subjects and administered an assessment at random non-smoking times. Each assessment included an 11-item mood scale. The mood data characterized daily experience: e.g., mood varied with activity; arousal showed strong circadian rhythms, etc. To assess how mood affected smoking, we applied a variety of data-analytic methods. Contrasts of smoking and non-smoking occasions at baseline yielded surprising findings: we found no association between smoking and mood. After quitting, subjects were randomly assessed and recorded lapses (episodes of smoking) and temptations (“close calls”). Analysis showed that lapse episodes occurred during negative mood states, compared both to temptation episodes and to the subject’s randomly sampled background affective state. We also assessed the time course of mood disturbance leading up to lapses. Prospective analysis of data by day showed no shift in mood over the days leading to lapses. However, a more microscopic prospective analysis within the lapse day showed that mood was growing increasingly negative over the six hours preceding lapse episodes, illustrating the importance of more detailed analyses of momentary experience, particularly for volatile experiences such as mood. Following a lapse, as smoking increased, the association between mood and smoking again disappeared. We also applied novel statistical analyses to these data. For example, point process analysis, which has been used to analyze the incidence of events such as earthquakes, was applied to analysis of smoking “events.” Preliminary data suggested that the likelihood of smoking was increased when the smoker was experiencing higher arousal. This analysis also allows modelling of self-regulating processes that tend to produce an evenly spaced pattern of events (i.e., smoking sates one’s nicotine needs) as well as self-exciting processes that tend to result in clustering (i.e., smoking primes further smoking). We will discuss the implications of this work for prevention research.

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DIRECTIONS IN INTENSIVE LONGITUDINAL DATA ANALYSIS. Theodore Walls1, Hyekyung Jung2, 1Pennsylvania State University, University Park, PA United States; 2Pennsylvania State University, University Park, PA United States

This paper will address methodological issues and advances related to using real time data capture. First, it summarizes the methodological advances inherent to the previous two talks and considers advantages and alternatives. Second, this talk summarizes current practices and recent extensions in modeling data from studies using real-time data collection techniques. In particular, we characterize the challenges inherent to analysis of intensive longitudinal data— the kind of data that results when enormous amounts of information are collected over time on many dimensions and many individuals. New methods developed over three years of intensive work on this issue are showcased and related to real examples. A focus on advances in multilevel modeling is maintained. Strengths and weaknesses of each strategy are outlined and key resources for practitioners are shared. Next wave technologies and their data analytic implications are briefly chronicled.
PREVENTING ADOLESCENT SUICIDE

Chair: Denise Hallfors

St Foy/Portneuf, Hilton Quebec

PREVENTING ADOLESCENT SUICIDE: FROM BASIC RESEARCH TO REAL WORLD SETTINGS. David Goldston1, 1Duke University, Durham, NC United States

Suicide is the third leading cause of death among 15 to 19 year-olds. The rate of suicide completion by teenagers (15-19 years old) increased from 3.6 per 100,000 persons in 1960 to 11.1 per 100,000 in 1991. The 2000 YRBS reported that 28% of U.S. high school students reported severe depressive feelings, 19% had seriously considered attempting suicide, 15% had made a specific suicide plan, and 9% had attempted suicide at least once in the preceding year. Boys are much more likely than girls to complete suicide, but girls are more likely to suffer from depression, suicidal ideation, and make suicide attempts. Although adolescent suicide is an important problem with devastating effects, little is known about underlying gender differences, how to systematically identify youth at risk, and how to prevent adolescent suicidal behavior in community settings. A variety of screening instruments are available, but few have been tested under “real world” conditions. This symposium presents three papers related to suicide prevention. The first is an analysis of data from the National Longitudinal Study of Adolescent Health (Add Health), which includes a nationally representative sample of over 20,000 youth. Gender differences in depression, suicidal ideation, and suicide attempts are examined in the context of clustered sex and drug use behaviors. The second paper considers adolescent suicide prevention in the context of untreated mental health problems, and examines the psychometrics of different approaches to screening for suicide risk. The third paper reports on a study implementing a suicide screen in multi-site school settings. Findings include the prevalence of different levels of risk among high school students, and the experience of schools in trying to implement follow up assessments and intervention for youth identified as vulnerable.

GENDER DIFFERENCES IN THE RELATIONSHIP BETWEEN RISK BEHAVIOR PATTERNS AND PSYCHOLOGICAL DISTRESS: ARE GIRLS ALWAYS MORE DEPRESSED?. Martha Waller1, Denise Hallfors2, Carolyn Tucker Halpern3, Carol Ford4, Bonita Iritani5, Guang Guo6, Daniel J. Bauer7, 1University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 2Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 3North Carolina State University, Raleigh, NC United States

Background: Suicide is the third leading cause of death among adolescents, accounting for 12% of deaths in this age group annually. Depression, a known risk factor for suicide, is itself debilitating. Current understanding of the ways in which psychological distress and risk behavior are linked is limited. This study uses a cluster analysis of risk behaviors to examine the association between 16 risk behavior profiles and depression, suicidal ideation, and previous suicide attempts, stratified by gender and examines the effect of gender on psychological distress measures within each risk profile.

Methods: Wave I of the contractural data set of the National Longitudinal Study of Adolescent Health (Add Health), a cross-sectional survey using a nationally representative sample of over 20,000 adolescents in grades 7-12. In-home surveys were administered using audio computer-assisted self-interviewing technology for sensitive topics. K-means cluster analysis was conducted to create 12 risk behavior profiles; an additional 4 a priori clusters (Abstainers, IV Drug Users, MSM, Sex for Drugs or Money) were included (total R2 = .76). Outcomes included current depression, suicidal ideation in past year, and previous suicide attempt in past year. Logistic regressions were conducted separately by gender using risk behavior clusters to predict each outcome of psychological distress, controlling for sociodemographic characteristics.

Results: Compared to Abstainers, involvement in common adolescent risk behaviors, such as drinking, smoking, and sexual intercourse, was associated with increased odds of depression, suicidal ideation, and previous suicide attempts in both males and females. Abstaining male and female adolescents experienced minimal psychological distress and no gender differences appear among them on depression or suicide attempts. Highest odds ratios were found with illegal drug use. Among some high risk behavior profiles, there were no gender differences, indicating all youth in these profiles are at considerable psychological risk regardless of gender.

Conclusions: Regardless of gender, teens engaging in risk behaviors are at increased odds for experiencing depression, suicidal ideation, and previous suicide attempts. Even with involvement in relatively common risk behaviors there is considerably increased risk of psychological distress. Depending on risk behavior profile, adolescent females may not necessarily be more depressed or suicidal than adolescent males. Prevention researchers should be cognizant of the close, gender-independent link between risk behaviors and psychological distress in high-risk populations.

EVALUATION OF THE FEASIBILITY OF SCREENING HIGH SCHOOL STUDENTS FOR SUICIDE RISK IN THE “REAL WORLD”. Denise Hallfors1, Paul Brodish2, Shereen Khatapoush3, Victoria Sanchez4, Hyunsan Cho5, Allan Steckler6, 1Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 2PIRE, Chapel Hill, NC United States; 3Prevention Research Center, Berkeley, CA United States; 4Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 5University of North Carolina at Chapel Hill, Chapel Hill, NC United States

Background: Individual case finding through school-based screening has been recommended as one of the few promising suicide prevention strategies. This study evaluated the feasibility and adoption outcomes of a screening
instrument in a real-world setting. Method: A total of 1323 students in grades 9 – 11 participating in an effectiveness trial of the “Reconnecting Youth” program in eight high schools in two large U.S. urban school districts were administered the Suicide Risk Screen (SRS), embedded in the High School Questionnaire (Eggert et al., 1994). Approximately 70% of the sample were at high risk for school dropout. Researchers identified students using the SRS and then provided school staff with a list of students to interview for follow up assessments. Protocols were established based on school policies and research IRB requirements. Researchers categorized students identified as suicide vulnerable youth (SVY) in ranked levels of risk, based on known risk indicators. Student follow-up, staff feedback, and program adoption outcomes were observed and documented. Results: Using the SRS, 31% of the sample screened positive for suicide risk. All youth were grouped in categories ranging from extreme risk (previous attempt, current high depression & high ideation) to low risk (did not screen positive on the SRS). Roughly half of those who had screened positive on the SRS (48%) were at moderate risk, 41% at high risk, and 11% at extremely high risk. Risk levels were strongly correlated with decreasing family support and school connectedness, and increasing substance use, hopelessness and belief that suicide is an acceptable answer to one’s problems. Locating students for follow-up was difficult, in part because students at risk for dropout were highly truant. Although staff made at least three attempts to contact each SVY, about 20% were not found. School staff often failed to follow district and research protocols, had considerable difficulty assessing SVY within an acceptable time frame, and reported a high screening false positive rate, resulting in the decision to refuse adoption. Conclusions: Large urban school districts currently lack the organizational capacity to conduct direct case finding. A tool with high specificity, as well as high sensitivity, is critical if suicide screening is to be feasible in real world school settings.

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MEASURES AND TECHNIQUES FOR SCREENING FOR SUICIDE RISK AND UNDETECTED PSYCHOPATHOLOGY. Chris Lucas1, David Shaffer2, Madelyn Gould2, Gail Wasserman2. 1New York State Psychiatric Institute at Columbia Presbyterian Medical Center, New York, NY United States; 2Columbia University, New York, NY United States

Background: Adolescent suicide almost always occurs in the context of an active, often treatable, mental illness that has frequently gone unrecognized or untreated. A mood disorder is the most common type of associated psychiatric condition, and there is good evidence for its treatability by either psychopharmacology or psychotherapy. If the risk factors for suicide are both identifiable and treatable, screening teens for untreated mood disorders should be an important component of any suicide-prevention program. This study examines the psychometrics of different approaches to screening for suicide risk. These include self-report questionnaires such as the Brief Screen for Adolescent Depression (BSAD), the Diagnostic Predictive Scales (DPS), the Columbia Depression Scale (CDS), the Columbia Suicide Screen (CSS), the Massachusetts Youth Screening Instrument (MAYS-2), and the computerized version of the Diagnostic Interview Schedule for Children (Voice-DISC). Methods: Several studies using one or more of these instruments in two-stage surveys/screenings are compared: the Stamford Schools Project (PI: Lucas), the TeenScreen program (PI: Shaffer), the High School Screening Project (PI: Gould) and the Juvenile Justice Project (PI: Wasserman). Comparisons of sensitivity, specificity, positive predicative value and negative predictive value together with calculation of the Area under the Receiver Operating Characteristic curves were carried out. Results: The BSAD and CDS had roughly equivalent predictive ability in the detection of major depressive disorder, despite considerable difference in scale length. The DPS and CSS both identify a similar risk profile (Anxiety, Mood or Substance Use disorder together with Suicidal behavior) that can be detected with varying numbers of false positive or false negative misclassification. Including measurement of impairment in a screening test appears to offer reductions in false positive rates and a consequent increase in positive predictive ability. The CSS was able to identify the majority of people who would go on to attempt suicide or suffer from a mood disorder, at 5 year follow-up. The DPS and the Voice DISC identify a broad range of psychiatric conditions, but differ in their diagnostic specificity. The MAYSI-2 mapped onto DISC diagnoses less accurately than the DPS. Conclusions: The importance of scale selection, in terms of length of measure, diagnostic specificity, and ease of use will be discussed. The advantages of self-administered computerized assessment in terms of data integrity, ease of use and possible enhanced reporting can be demonstrated. Options and implications of cutoff value selection, algorithm creation from prediction of current psychiatric status and/or later risk status can also be seen.

CC 5/THE ROLE OF GENDER, SOCIAL CLASS, CULTURE AND ETHNICITY IN PREVENTION RESEARCH

CHALLENGES IN INTEGRATING CULTURE INTO PREVENTION SCIENCE

Chair: Felipe Castro

Courville/Montmorency, Hilton Quebec

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CHALLENGES IN INTEGRATING CULTURE INTO PREVENŢIOn SCIENCE. Felipe Castro1, Daphna Oyserman2, Flavio Marsiglia1, Adam Carle3, 1Arizona State University, Tempe, AZ United States; 2U.S. Census Bureau, Washington, DC United States

Culture has recently been highlighted as an important “ingredient” for the delivery of relevant and effective prevention interventions with members of special populations. A tension within the field of prevention relates to an emerging dilemma: Does cultural sensitivity mean that programs cannot...
be transferred but must be developed within each cultural setting from the ground up? While the field has recognized that culture matters, it is now time to begin to ask when and how programs tested in one context (including cultural context) can be brought to another. The field of prevention research has yet to articulate how best to develop or to adapt science-based model programs for maximal effectiveness when implemented in community settings. The direct and uncritical implementation of a model program with high fidelity within a minority community might appear to be an effective strategy for maximizing intervention effectiveness, although as such a program exhibits significant mismatches with local community needs its effectiveness will diminish. Conversely, efforts at tailoring of a model program, may also contribute to a reduced program effectiveness. The challenges in maximizing program effectiveness while making the program relevant is a central issue in contemporary community-based prevention science. What are the essential active ingredients of a given prevention intervention? How can we identify them, clarify their role in producing effective prevention outcomes, and also ensure their effective presentation within a prevention program, in a manner that promotes cultural relevance and thus participant interest and involvement?

This symposium will examine viable approaches to the goal of maximizing prevention program effectiveness by examining theoretical and applied issues in the conceptualization, definition, measurement, and application of the construct of culture when used with prevention interventions. One critical question is: How does one design a model program that applies the principles of prevention science in a manner that is also culturally-relevant for a given community or consumer group? Critical issues in the integration of culture into prevention include: (1) the analysis of cultural nuances for more refined approaches to prevention; (2) a more refined analysis of cultural constructs; (3) the effects of community ecologies and cultural contexts on risk and protection; and (4) using multivariate methods to measure ethnicity to reduce measurement error and to enhance its conceptualization. This symposium will present issues and strategies related to this approach, along with evidence-based outcomes that yield emerging directions for culturally-informed prevention.

305 THE INFLUENCE OF NEIGHBORHOOD CHARACTERISTICS IN THE EFFECTIVENESS OF A CULTURALLY-INFORMED PREVENTION INTERVENTION, Flavio Marsiglia1, Felipe Castro1, 1Arizona State University, Tempe, AZ United States

This paper presents the findings of a NIDA/NIH funded Next Generation study researching the influences of school neighborhood characteristics on the effectiveness of a culturally-informed school-based drug use prevention intervention in Phoenix, AZ. The neighborhoods in this study are predominantly Mexican/Mexican American and have a relatively high proportion of recent immigrants. Key characteristics included in the study are: Neighborhoods' ethnic/immigrant/acculturation profile, socioeconomic composition, violent crime rates, prevalence of alcohol outlets, residential instability, and percentage of single parent households. Neighborhood data were compiled from the Census 2000 and the City of Phoenix Police Department. The culturally-informed intervention implemented in the neighborhood schools was keepin’it REAL, a SAMSHA model program targeting middle school students. Findings provide an overview of how neighborhood characteristics influenced the levels of program effectiveness attained at the 35 neighborhood schools. Neighborhood effects appear to operate differently for more versus less acculturated Latino youth, and for non-Hispanic White youth in the same neighborhoods, and the effects do not always mirror those found in the cities of the U.S. Northeast and Midwest.

306 LATENT VARIABLE MODELS: AN EMPIRICAL TOOL IN CROSS-CULTURAL MEASUREMENT, Adam Carle1, Felipe Castro2, 1U.S. Census Bureau, Washington, DC United States; 2Arizona State University, Tempe, AZ United States

Recent years have seen a trend in research undertaken at the U.S. Census Bureau and elsewhere to examine the multiple roles that culture plays in the research setting. Unfortunately, to date, empirical research has not fully addressed the measurement of culture and ethnicity itself. Likewise, research has often failed to address the fundamental question of whether surveys and assessment instruments are equally valid across cultural and ethnic groups. Latent variable models, e.g., confirmatory factor analysis (CFA), item response theory (IRT), and latent class analysis (LCA), are often employed to assess measurement bias. Measurement bias, a type of non-sampling error also labeled differential item functioning, is present when individuals equivalent on true levels of a variable but from different groups do not have identical probabilities of observed scores. Bias can lead to inaccurate estimates, attenuate or accentuate group differences, and affect the validity and reliability of research. Latent variable models offer researchers a tool to demonstrate that an instrument functions with equal precision across different groups. Importantly, these models can also be used as an empirical tool to examine the concept and measurement of culture and ethnicity itself. For example, the models may be used to provide clarification of the underlying concept of ethnic identity, elucidating the heterogeneity of variance noted within traditionally identified cultural groups, e.g., Hispanics, while also providing systematic organization to the within group variance. This paper will present the result of work currently undertaken at the Census Bureau to examine measurement issues on the American Community Survey across English speaking and linguistically-isolated, Spanish-speaking households using several latent variable models. The paper will use the example to broadly address the role of latent variable models, and how they might be employed to provide
a more empirical understanding of the concept of culture and ethnicity.

307 BEING CULTURALLY RELEVANT MEANS FIGURING OUT WHAT ARE THE 'ACTIVE' RELEVANT INGREDIENTS OF CULTURE. Daphna Oyserman*, 1 University of Michigan, Ann Arbor, MI United States

That culture matters is almost a truism. Clearly individuals from different cultural regions differ in the sense they make of the world around them, yet how to systematize and utilize these differences for prevention research is not yet clear. In this presentation, I first provide a summary of what is know about cross-cultural differences – in content of self-concept, well-being and cognitive style, how these differences connect to issues relevant to prevention research, and how researchers might articulate those aspects of culture relevant for a particular preventive intervention.

Cultural differences can be nuanced – for example, is it unlikely that in post-industrialized societies, cultures differ in whether doing well in school or being healthy is valued, however, it is apparent that cultures do differ in what it means to value health and academic attainment and the culturally salient process by which these are attained. To set the stage, I describe meta-analyses suggesting that differences exist in focus on difference, personal autonomy and uniqueness vs. focus on similarity, fitting into relationships and social roles, moreover, analyses of worldwide values change data suggest that poverty (in addition to culture) is related to a more interdependent world view. Interdependence, when primed, makes salient concerns about preserving what one has and avoiding losses. Conversely, independence, when primed, makes salient concerns about attaining successes and maximizing gains.

Next, I address how these differences can be applied to the nuanced situations prevention researchers are likely to encounter, using as specific examples the School-to-Jobs preventive intervention and a newly developed health intervention. I present evidence from experimental (lab and field) studies showing how interdependence, once made salient, influences both social and nonsocial perception and cognition. I apply these findings to likely self-regulatory strategies, hypothesizing that interdependent world views are likely to have a good fit with prevention focused strategies – taking action to avoid failures, while independent world views are likely to have a good fit with promotion focused strategies – taking action to attain successes. In high risk contexts, prevention-focused strategies may be both culturally relevant and highly effective – there is much likely failure to prevent – thus, using culturally relevant techniques can lead to development of more robust intervention modules as well as clarify what may need to be modified and how to modify.

CC 6/ EVIDENCE BASED STANDARDS

SETTING STANDARDS FOR IDENTIFYING PROGRAMS THAT ARE EFFICACIOUS, EFFECTIVE AND READY FOR DISSEMINATION

Chair: Brian Flay

❖ Dufferin, Hilton Quebec

308 SETTING STANDARDS FOR IDENTIFYING PROGRAMS THAT ARE EFFICACIOUS, EFFECTIVE AND READY FOR DISSEMINATION. Brian Flay1 Jeff Valentine1, 1 University of Illinois at Chicago, Chicago, IL United States; 2Duke University, Durham, NC United States David Hawkins1, Jeff Valentine1, Brian Flay1, Tony Biglan4 1 University of Washington, Seattle, WA; 2 Duke University, NC; University of Illinois at Chicago, IL; Oregon Research Institute, Eugene, OR.

Several funding bodies that intersect with prevention science are increasingly committed to dissemination of “evidence-based” programs. These include the U.S. Department of Education and the Center for Substance Abuse Prevention. CSAP has had its own approach and set of criteria for defining what programs are effective or not for some years. The DoED also had a committee develop a list of effective programs for Safe and Drug Free Schools. Many other groups also have developed lists of effective programs (e.g. Blueprints, CASEL). Most recently, the DoED set up the What Works Clearinghouse to review types of effective programs across all areas of education. All of these groups have used overlapping but different sets of criteria for determining what programs to include on or exclude from their lists.

The Society for Prevention Research is committed to the scientific process of understanding the causes of unhealthy and harmful behaviors, developing and testing the efficacy and effectiveness of programs and policies aimed at reducing these behaviors, and working to translate these research-based practices and policies into practice. Directly tied to the utilization of effective practices is the dissemination of accurate knowledge about what these practices are. Toward these goals and as part of SPR’s strategic plan, the SPR Board of Directors appointed a task force to determine the requisite criteria that must be met for preventive interventions to be judged efficacious or effective. The Standards of Evidence that resulted from these deliberations were unanimously endorsed by the Board of Directors of SPR on April 12, 2004.

Our objective in writing these standards was to articulate a set of principles for identifying prevention programs and policies that are sufficiently empirically validated to merit being called “tested and efficacious.” Consistent with SPR’s mission, we were interested in prevention programs or policies (interventions) of public health importance. These are directed to the prevention of social, physical and mental health problems and the promotion of health, safety and well-being. We place a special focus on issues that have high prevalence in the population and/or high costs to society -- and the population(s)
with these problems. We also focus on studies of program effects that meet high levels of the four kinds of validity discussed by Cook and Campbell (1979), namely the description of the intervention and outcomes, the clarity of causal inferences, the generalizability of findings, and the precision of outcome measurement.

Most groups who have been involved in identifying effective programs or setting standards for doing so focus on research pertaining to the causal effects of interventions. This does not mean that they believe that research designs meant to uncover causal relationships are the only research tool that should be used in prevention science, or that these are the only tools that are truly “scientific” (Valentine and Cooper, 2003). To the contrary, they believe that (a) no single method can be used to address all interesting and important questions about prevention and (b) even when causal relationships are of primary interest, other types of research tools and designs are often needed to yield important information about when, why, and how interventions work, and for whom. Because the central mission is to uncover causal statements about prevention programs and policies, the central focus is on research designs that have as their primary purpose uncovering causal relationships. Other types of research are appropriate before and after efficacy trials.

In this session, we will review the criteria used by the WWC and the SPR Standards Committee, and provide some insight into how the process of identifying effective programs may work. Jeff Valentine will present the WWC and Brian Flay, who chaired the SPR Committee, will present the SPR Standards. Tony Biglan will provide a discussion of the linkage of setting standards and advocacy of effective programs.

David Hawkins will introduce and moderate the session.

CC 7/EARLY CHILDHOOD DEVELOPMENT

TARGETING PARENTING PRACTICES IN CHILD DEVELOPMENT RESEARCH AND PREVENTION

Chair: Kevin Haggerty

Villeray, Hilton Quebec

RAISING HEALTHY CHILDREN: A PREVENTION STUDY WITH CHILDREN OF DEPRESSED PARENTS. Sarah Jaser1, Gary Keller2, Mary Jane Merchant2, Adela Langrock3, Molly Benson4, Jennifer Champion1, Kristen Reeslund1, Bruce Compas1, 1Vanderbilt University, Nashville, TN United States; 2Otter Creek Associates, Burlington, VT United States; 3Middlebury College, Middlebury, VT United States; 4Harvard Medical School, Boston, MA United States

This study examines the outcomes of an open (non-randomized) prevention trial for families in which at least one parent had experienced an episode of depression during the lifetime of their child(ren). Children of depressed parents are at significantly increased risk for internalizing and externalizing disorders and the intervention is aimed at preventing the development of such disorders in the children of depressed parents. The intervention is a manualized program implemented with small family groups comprised of 2–5 families per group with children ages 7-16. The intervention uses cognitive-behavior methods, with an emphasis on teaching the children coping skills for dealing with the stress of living with a depressed parent, as well as parent training. Data were collected pre and post-intervention from 32 depressed parents and 44 children. Both parent reports and adolescent self-reports indicated significant changes ($p < .05$) in the way that children respond to and cope with family stress pre and post-intervention. Specifically, both parents and adolescents reported a significant decrease in adolescents’ relative use of family coping (reflected in the proportion of total responses of disengagement coping (e.g., avoidance) ($p = .03$ for both parent and self-report). There was also a significant increase in adolescents’ relative use of secondary control coping (e.g., positive thinking, acceptance) after the intervention ($p = .03$ for parent report; $p = .007$ for self-report). Parents also reported a significant increase in adolescents’ use of primary control coping (e.g., problem solving) after the intervention ($p < .001$).

In addition to demonstrating changes in coping strategies, the data also reveal significant changes in child and parent symptoms post-intervention. In general, parents reported significant decreases ($p < .05$) in adolescents’ symptoms of internalizing and externalizing behaviors after the intervention. More specifically, on the Child Behavior Checklist, parents reported significant decreases of symptoms on the Aggressive behavior scale (effect size $d = .33$) and the Withdrawn behavior scale ($d = .55$). Although adolescents’ self-reports did not indicate significant changes in these problem behaviors, there was a trend toward a decrease in depressive symptoms as reported on the Child Depression Inventory ($p = .095$). Finally, parents reported a significant decrease in their own depressive symptoms as reported on the Beck Depression Inventory-II post-intervention ($d = .44$). Implications for a larger prevention study are discussed.

A VIDEO-BASED PARENTING INTERVENTION FOR URBAN FAMILIES OF COLOR: THE CHICAGO PARENT PROGRAM. Deborah Gross1, Wrenetha Julion1, Christine Garvey1, Louis Fogg1, 1Rush University / Rush University Medical Center, Chicago, IL United States

Parent training (PT) is a widely used intervention that has been particularly effective with middle-income European-American samples. Less impressive PT effects have been found with low-income families of color. One reason for these smaller effects may be that historically, PT programs have not been geared toward the interests and needs of low-income ethnic minority families raising young children in urban contexts. The purpose of this study is to develop and test the effectiveness of a new PT program, The Chicago Parent Program, for parents of 2-4 year olds enrolled in day care centers serving low-income families (target n=300, 97% ethnic minority). Building on the strengths of a well-tested
program developed by Webster-Stratton, The Chicago Parent Program uses a 12-week video-based/group discussion format that was designed in collaboration with a parent advisory board. All video material was obtained from real families from Chicago neighborhoods who agreed to be filmed in a variety of situations including mealtimes, bedtimes, play, reading, children misbehaving in public and at home, parents under stress, grocery shopping with uncooperative children, managing bored children in a laundromat, sibling rivalry, and adults problem-solving about money, child visitation, and discipline. Videotaped scenes (n=120) are shown in the context of weekly parent groups run by trained group leaders who use these scenes and a standardized manual to focus discussion and stimulate problem-solving. The effectiveness of the program is being evaluated using an experimental design. Seven day care centers serving low-income families of 2-4 year olds (n=150 per condition) were randomly assigned to PT intervention or waiting-list control conditions. Dependent variables (parenting self-efficacy, parent and teacher-reported child behavior problems, discipline strategies, stress, neighborhood problems, observed child and parent behavior) are assessed at baseline, post-intervention and at 6-month and 1-year follow-ups. Preliminary results indicate that the intervention has led to significant improvements in parenting self-efficacy and children’s behavior.

311 SUPPORTING CHILDREN’S PROBLEM SOLVING VIA PARENTS’ PLAY SKILLS. Heather K Warren¹, Cynthia Stifter¹, University of Pennsylvania State University, University Park, PA United States

Parenting behaviors that support children's play have been the focus of prevention programs seeking to improve the parent-child relationship, and ultimately, child outcomes (Webster-Stratton, 2001). Through play, parents are taught supportive attention strategies intended to promote children’s problem solving, idea testing, and imaginative thinking (Webster-Stratton & Herbert, 1994). This observational study examines the significance of these parenting behaviors, including their relationship to concurrent and longitudinal child outcomes. Previous work examines these strategies in indicated populations; the current study will extend extant research to promoting well-being in normative samples.

Ninety-two 4.5-year-old children (49 male) recruited from a Pennsylvania community hospital participated in a challenging structured play task during a laboratory visit with their mothers. Two weeks later, children completed a comparable but different task with their fathers. All child behaviors that occasioned a parental response, including attention bids, requests for help, failure, off-task behavior, or child influence attempts were identified. Independent observers coded the type and quality of the parent’s response to the child event following the definitions described by Webster-Stratton & Herbert (1994), including constructive and directive responses, explanations, praise, questioning, commenting, and remaining engaged with the task ($\kappa$ (mom) = 0.77; $\kappa$ (dad) = 0.71).

Overall, moms spent more time being engaged ($t = 3.07, p = .003$), giving their child explanations ($t = 3.01, p = .003$), and being constructive ($t = 5.24, p < .0001$), while dads spent proportionally more time being directive ($t = -9.30, p = .003$). Children’s failed attempts at the task were positively associated with moms’ directive statements ($r = .32, p = .002$) and explanations ($r = .36, p < .0001$), while for dads, failed attempts were negatively associated with constructive statements ($r = -.256, p = .014$). Preliminary analyses suggest descriptive commenting on children’s activities may not operate in a productive way for normative populations as with conduct disordered children. Parents who spent more time commenting during the task had children with higher scores along the social problems and attention problems subscales of the CBCL. This was true for both mothers and fathers, both longitudinally and predictively ($r’s .23$ to $.26, $p’s < .05$). Paternal questioning of the child’s behavior during the difficult task was associated with anxiety and depression one year later ($r = .24, p = .03$). Sequential analyses will continue to examine how moms and dads contingently respond to their child and the importance of these play interactions in normal and borderline subsamples.

312 THE EFFICIENT FAMILY: A RESEARCH AND DEVELOPMENT PROGRAM FOR THE PREVENTION OF MENTAL DISORDERS IN CHILDREN WITH AFFECTIVELY ILL PARENTS. Tytti Solantaus¹, Sini Toikka², Maarit Alasuutari¹, National Research and Development Centre for Welfare and Health, Helsinki, Finland; Toikka², National Research and Development Centre for Welfare and Health, Helsinki, Finland

Introduction: Parental mental disorder affects the lives of all family members and is a risk factor for children’s mental health. The Efficient Family Program targets families with an affectively ill parent and children between 8-16.

Aim: The aims of the clinical part of the program are to train the professionals in health and social services in helping families with mentally ill parents to prevent children's disorders and also to build bridges between child and adult psychiatry. The aims of the effectiveness study are to provide the Finnish health care system evidence based means to help these families and to prevent children's disorders. Further aim is to strengthen preventive work in the health and social services.

Method: The study is a randomised trial. Families are randomised either to the Beardslee Preventive Family Intervention (N=90) or to a short psycho-educational intervention (N=90). The Beardslee Family Intervention is a working method, which helps parents to support those factors that are known to be important in the development and resilience of children: understanding of the parental disorder and age appropriate activities outside home. In the shorter intervention the clinician discusses these issues with the parents.

The data will be collected by questionnaires before and after the intervention and 4, 9, 18 months after the baseline. In the effectiveness study it is expected, referred to earlier
research that both interventions are useful to the families. The specific aim is to see which families benefit from the Beardslee Family Intervention and which families manage with the shorter intervention. Also the family intervention process will be studied by using video and audio taped intervention sessions. The focus is on parental and child processes during the intervention.

Conclusion: This paper will introduce the interventions and present the setting of the effectiveness study. Also the results of the first follow-up measurement point will be presented. The family members’ experiences of the intervention will be compared.

313 PROMOTING PRESCHOOLERS’ EMOTIONAL COMPETENCE: PARENTING INTERVENTIONS FOR CHILDREN WITH BEHAVIOURAL DIFFICULTIES. Sophie Havighurst1, Ann Harley2, Margot Prior3, 1Centre for Training and Research in Developmental Health, Melbourne, Australia; 2LaTrobe University, Melbourne, Australia; 3University of Melbourne, Melbourne, Australia

Recent research shows that the development of emotional competence is a crucial objective for children during the early years. These patterns of emotional management and functioning provide some of the foundations for the way children interact socially and behave in family, educational, and peer contexts. The way that parents model emotional expressivity, and the way they react to and teach children about emotional experiences are important influences in this process. Deficits in emotional competence at an early age can be the markers for later emotional, social and behavioural difficulties, and so intervention with socialisation agents offers an important, theoretically-valid method by which to prevent these difficulties occurring. Here two stages in the development of a parenting intervention that aims to improve children’s emotional competence are examined. The first involves the development and empirical evaluation of a universal parenting program tested with a sample of low-middle socioeconomic status parents with a four or five year old child (N=47). One third of this sample were parents with a preschooler who was at risk for later antisocial difficulties (with pre-intervention behaviour problem scores in the clinical ranges on the Eyberg Child Behavior Inventory). The six session, weekly parenting program taught parents’ emotion coaching skills. These skills involved increasing parents’ awareness and acceptance of children’s emotions, assisting them in helping their children to verbally label emotions, and developing parents’ abilities in teaching their children problem solving that took into account children’s reactions to emotional experiences. Parents were also taught skills in managing their own emotions. Parent and teacher questionnaire data at pre-intervention, post-intervention, and three-month follow-up showed decreases in children’s emotional lability/negativity and behaviour problems, along with improvements in social functioning. Those children with higher levels of behaviour problems before the program had the most improvement in emotional and behavioural functioning after their parents completed the program. This research has led to the development of a secondary prevention program targeting preschoolers with behaviour problems. The development of this intervention will be presented along with some of the strengths and limitations of a parenting intervention that teaches emotion coaching skills. Comparisons will be drawn between this intervention and behavioural parenting programs, which are often used with children who have behaviour problems.

314 PREVENTING CHILD INJURY AND PROMOTING BETTER CHILD OUTCOMES THROUGH THE USE OF CHILDREN’S BOOKS. Stephanie Reich1, Leonard Bickman1, Kimberly Worley1, 1Vanderbilt University, Nashville, TN United States

Research suggests parents’ beliefs and knowledge strongly affects the manner in which they rear their child. Interventions to increase parental knowledge of child development have been associated with reduced parental stress, lowered child maltreatment and overall better child outcomes (Culp et al. 1998; Honig & Wittmer, 1991). These results suggest that more knowledgeable parents are more likely to create environments that are appropriate to children’s emerging abilities (Benaish & Brooks-Gunn, 1996; Miller, 1988).

Conversely, parents with inappropriate expectations of child development often overestimate the rate of development, which contributes to impatience and intolerance of their child’s behavior (de Lissovay, 1973). In the extreme cases, inappropriate beliefs have been associated with child maltreatment (Peterson et al. 1997). Additionally, parenting behaviors have been shown to greatly affect infant attachment (Schmidt & Eldridge, 1986; Ward et al.1993) with harsh, inconsistent parenting correlating highly with poor attachment and child psychopathology (Carter et al. 2001; Erickson et al. 1985; Greenberg et al. 1993).

The area of pediatric medicine has acknowledged the need to better educate parents through the dissemination of anticipatory guidance (AG). However, due to the many competing demands of pediatric practice, providers often lack time to discuss all of the guidelines (Goodwin et al. 1999; Klinkman, 1997). Therefore, researchers need to identify other ways to educate parents. One option is to create an educational format that is quick, enjoyable, and inexpensive to utilize.

The first half of this poster will present the findings of a survey of maternal knowledge of child development and parenting strategies. Two hundred-three mothers and pregnant women completed a survey in the waiting room of either their obstetrician or child’s pediatrician’s office. These women were predominantly low-income and ethnically diverse. Data from this study identifies gaps in knowledge as well as the demographic characteristics that predict knowledge.

The second half of this presentation will focus on the preliminary findings of a less time consuming and practical method for disseminating AG. Specifically, AG is embedded into children’s books that parents read to their children. Pre-
posttest analysis shows significant improvement of AG knowledge after reading the books.

Ample research demonstrates that parental knowledge of child development contributes to how children are raised. Unfortunately, current methods for disseminating AG may be insufficient for educating parents. This poster confirms the need for an educational intervention and provides preliminary evidence of the use of children’s books as a promising, low-cost option.

315 FROM HELLION TO CHAMPION: AN EVALUATION OF THE RAISING YOUR STRONG WILLED CHILD FAMILY PROGRAM

Phillip Sevigny, Alberta Parenting for the Future Association, Stony Plain, Alberta Canada

Raising Your Strong Willed Child is a ten week, early intervention family workshop serving a suburban and rural population in Alberta, Canada. Developed and offered by the Alberta Parenting for the Future Association, the program supports families with children for whom the usual parenting strategies have proven to be ineffective. Parents attend the course with their identified strong willed child. Separate groups for parents and children are established to maximize the learning opportunities for all family members. Time is allotted at the end of each session for a family activity during which parents are encouraged to practice newly acquired skills. Working from a strength based perspective, parents come to understand the unique needs of their strong-willed child as well as learn a mind set and skill set to effectively parent their child. Quantitative and qualitative evaluation results for the eight programs offered since April 2001 are presented. The Family Strengths Rating Scale is a normative and standardized test using twelve questions to measure the parents’ perception of their family’s pride and accord. The Parent Child Relationship Inventory is also normative and standardized. It has been modified to assess parents’ perception of their relationship with their child on the dimensions of involvement, communication and limit setting. Parents’ scores improved significantly on all dimensions measured with the greatest improvements occurring on the accord and on the limit setting subscales (p<.001).

CC 8/REAL WORLD SETTINGS

DISSEMINATION ACROSS COUNTRIES AND SERVICE SETTING

Chair: Frances Gardner

- 301A, Convention Centre

316 DISSEMINATION TRIALS IN THE REAL WORLD: MEETING THE CHALLENGES OF MAINTAINING FIDELITY ACROSS SERVICE SETTINGS AND COUNTRIES. Frances Gardner1, Charles Borduin2, 1University of Oxford, Oxford, United Kingdom; 2University of Missouri-Columbia, Columbia, MO United States

The prevention research field has made much progress in carrying out efficacy trials, which have identified effective strategies for promoting healthy child development and preventing problem behaviour. Considerable challenges arise, however, in attempting to disseminate these interventions more widely, and in testing their effectiveness in the real world. The presentations in this symposium report on large scale, innovative dissemination trials, which translate and then test interventions in diverse, multi-level service settings, crossing national and international boundaries.

Matt Sanders reports on dissemination of a multi-level system of parenting and family support in Australia, the Triple P Positive Parenting Program, across health, education and welfare sectors. The presentation will include data on the dissemination process, looking at impact on practitioner skills, as well as child and family outcomes. Ron Prinz reports on a translation of this Australian program into a unique state-wide randomised dissemination trial in the USA, involving random allocation of 18 counties to dissemination versus control groups. Marion Forgatch reports on fidelity within a nationwide, cross-national dissemination study, involving implementation of the Oregon model of Parent Management Training throughout Norway.

A common focus of all presentations is to investigate the dissemination process itself, examining ways of measuring fidelity, and discussing challenges and obstacles to uptake, fidelity and population penetration, particularly in cross-national trials. Data on factors predicting uptake and fidelity in Norway and Australia will be presented, which have important implications for improving the widespread availability of high quality, effective services. Other critical delivery issues raised by the studies include: (i) the tension between fidelity to the program and adaptation to local conditions and culture (all presentations); (ii) the use of systems with graduated levels of intervention for different levels of need, as a way of enhancing population penetration (Prinz, Sanders), and (iii) issues involved in ‘cascading’ training from the program developer across generations of trainers in multiple settings (Forgatch). Methodological issues raised by the studies include the development of innovative observational and other measures of fidelity (Forgatch; Sanders); the design of dissemination trials, including use of cluster randomisation (Prinz). Chuck Borduin will serve as discussant, drawing on his experience as part of the MST team (Multisystemic Therapy), to integrate discussion of the important issues raised by these dissemination trials.

317 THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A DISSEMINATION STRATEGY FOR EVIDENCE BASED PARENTING INTERVENTIONS. Matthew Sanders1, Charles Borduin2, 1University of Queensland, Brisbane, Queensland Australia

This paper presents an ecological model of dissemination for training a range of professionals from the health, education and welfare sectors to implement a multilevel system of parenting and family support known as the Triple P-Positive
Parenting Program (Triple P). The presentation will discuss the development, implementation and evaluation of the dissemination and training strategy used to disseminate the program. It is argued that successful dissemination requires a systems-contextual perspective that views practitioner behaviour including uptake of new innovations as being influenced by a range of program design, training, quality maintenance, organizational and motivational variables. Obstacles encountered and strategies to overcome these difficulties are discussed. Data will be presented illustrating the impact of training on practitioners’ self-efficacy and parent consultation skills. Outcome data from health service based implementation of Triple P in routine clinical services is used to show that the dissemination strategy results in improved clinical outcomes for children and their families.

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DISSEMINATION ON A BROAD SCALE: THE TRIPLE P SYSTEM POPULATION TRIAL IN THE US. Ron Prinz1, Matthew Sanders2, 1University of South Carolina, Columbia, SC United States; 2University of Queensland, Brisbane, Australia

This presentation describes a recently initiated dissemination effort called the Triple P System Population Trial (Prinz & Sanders) funded by the Centers for Disease Control and Prevention. This research trial tests the dissemination of community-wide multi-level programming aimed at reducing child maltreatment, preventing or mitigating the development of early child behavior problems, and promoting parenting practices associated with positive child development. The multi-level system of parenting and family support programming in the trial involves full implementation of all core levels of the Triple P—Positive Parenting Program. The heavily researched Triple P system began in Australia and has been disseminated in several countries. The Triple P system blends prevention and early intervention strategies, includes graduated levels of intervention intensity from universal media/information exposure to brief consultation in primary care and early educational settings to more intensive interventions in mental health and social service settings. Because Triple P programming has already shown efficacy and effectiveness in several previous studies, the trial focuses extensively on the dissemination process and population penetration. The current trial, which takes place in the U.S., is addressing challenges associated with transporting and then disseminating prevention programs originating in another country. The controlled design involves randomization of 18 South Carolina counties to dissemination versus control. The presentation describes the trial, identifies the challenges associated with transporting this type of intervention system internationally, and discusses some of the strategies invoked to maintain integrity while studying the dissemination process.

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INTERGENERATIONAL FIDELITY IN A CROSS-NATIONAL DISSEMINATION TRIAL. Marion Forgatch1, Carl Ivar Holmen1, Nancy Knutson1, 1Oregon Social Learning Center, Eugene, OR United States

In this paper, we discuss competent adherence to the Oregon Model of Parent Management Training (PMTO) through two generations of professionals trained as part of a nationwide implementation program in Norway. Generation 1 (G1) was trained by experts in PMTO from the Oregon Social Learning Center (OSLC). The Norwegian G1s then went on to train a second generation of Norwegian professionals (G2). Using ratings from the certification tapes of G1 and G2, we study the extent to which fidelity to PMTO maintains across successive generations. Factors hypothesized to contribute to PMTO fidelity include trainers and training program as well as characteristics of the professionals, their service centers, and the families receiving intervention. Competent adherence to PMTO is evaluated with the Fidelity of Implementation Rating System (FIMP) (Knutson, Forgatch, & Rains, 2002). This reliable and valid observation-based measure (Forgatch, Patterson, & DeGarmo, in press) assesses fidelity to core components of PMTO.
sector. The third presentation will discuss training of mental health professionals who work in contrasting settings, inner-city, U.S., and European countries, to deliver a research based prevention program to children and parents in families with a depressed parent. Overall, the symposium addresses multiple perspectives on prevention including training different levels of training (from training students to training seasoned professionals), different content of training (from principles, research and practice), and different contexts of training (across social class and cultures). Implications for development of future models of prevention will be discussed.

321 EDUCATING NURSES IN THE NURSE FAMILY PARTNERSHIP. David Olds1, 1University of Colorado Health Sciences Center, Denver, CO United States

The Nurse Family Partnership is a program of prenatal and infancy home visiting by nurses that is designed with three overriding goals: 1) to improve pregnancy outcomes; 2) to improve child health and development; and 3) to improve families’ economic self-sufficiency. This program has been tested in a series of randomized controlled trials and has been found to improve maternal, child, and family functioning in the domains targeted by the program.

This session will provide a brief overview of the education nurses receive when they are taught to conduct the Nurse Family Partnership program. Before nurses receive training in the program, their site must go through a developmental process to ensure that the community and organization are positioned to conduct the program well. Only sites that have met the organizational and community requirements are allowed to send nurses for training. Once funding has been secured and nurses are hired, they go through three separate training sessions. All training includes active trainee participation in order to facilitate the assimilation of program content and methods.

For the first training session, the nurses travel to the Denver for one week of training. This session orient the nurses to the program model, its evidentiary foundations, the content of the prenatal phase of the program, and the web-based clinical information system, which is used to monitor program performance. A significant portion of the first training session focuses on teaching nurses methods to promote adaptive behavioral change -- solution-focused therapies. Solution-focused therapies are strength-based methods grounded in self-efficacy theory. Nurses are given a three-volume set of program guidelines at the first session. Each volume is used as the basis for training in one of the three program phases (prenatal, infancy, and toddler).

Approximately 4 months after completing the first training session, nurses are provided the second training, which covers the content and methods of the first-year of the infant’s life. This training session lasts 4 days. The third training takes place approximately 12 months later and addresses the program content covered in the second year of the child’s life. For the infancy and toddler phases of the program, nurses are trained in specific curricula designed to help parents accurately read their infant’s and toddler’s communications, temperaments; to promote competent care of their children; and to promote parents’ economic self-sufficiency.

322 TRAINING MASTER OF PUBLIC HEALTH (MPH) STUDENTS IN PREVENTION OF MENTAL DISORDERS AND PROMOTION OF MENTAL HEALTH. Carol Koplan4, 4Rollins School of Public Health, Atlanta, GA United States

It is valuable to train Master of Public Health (MPH) students in prevention of mental disorders and promotion of mental health. They will work in local, state or federal agencies, non governmental organizations, or as health consultants, where it is beneficial to be aware of programs and policies in the mental health area. In addition, they can apply their knowledge of health education and promotion and evidence based preventive interventions in the mental health field, as well as promote awareness in this area.

An example of training in “Prevention and Promotion” for MPH students is a subsection of the Mental Health Policy course developed at the Rollins School of Public Health. This course reviews the history and theoretical framework of prevention and promotion, research on risk and protective factors, community development needed to institute programs, methods related to prevention/promotion research, examples of evidence based interventions in different developmental stages and different populations, issues related to levels of evidence, and political issues in adopting programs. Strategies to prevent specific outcomes such as suicide, violence, substance abuse, and conduct disorders are also discussed.

Other courses at The Rollins School of Public Health of Emory University in which promotion/prevention in the mental health area is taught will be presented.

Some MPH students seek joint degrees in business, law, nursing, and medicine. Knowledge about prevention of mental disorders and promotion of mental health will be beneficial in their respective fields.

Within a School of Public Health, it is important to emphasize that mental health is an integral part of overall health. There is increasing evidence of the overlap of mental health risks and physical health risks. It is beneficial for students of public health to recognize that overall health will improve when there is reduction of risk factors and promotion of protective factors in the mental health area as well as vice versa. Finally, another value of training MPH students is that they may be inspired and can be recruited to do further service and research in mental health prevention and promotion.

323 TRAINING MENTAL HEALTH PROFESSIONALS IN A PREVENTION PROGRAM FOR FAMILIES WITH A DEPRESSED PARENT. William Beardslee1, 1The Children’s Hospital, Boston, MA United States

Our initial work involved a large-scale efficacy study of two forms of preventative interventions for parental mood disorders: a 5-11 session clinician intervention and standard
public health lectures with group discussions. The efficacy trial showed sustained effects on both parents and children in positive directions through the 5th assessment point.

Given the success of the efficacy study we then moved to explore effectiveness, in particular, training mental health professions. We first chose to do this in a contrasting setting to the one in which we conducted the efficacy study by working intensively with inner-city parents, who were poor. It demonstrated similar effects to those we'd obtained in the middle class sample.

We then trained clinicians extensively in Holland and Finland. This involved translations of the manual and, in Finland, an intensive 7-day training course spread over one year with the requirement that clinicians see a certain number of cases, write one case up, and meet regularly with the senior preventionist. In Holland, the training was less extensive because there was already a large tradition of preventive intervention.

More recently, we've used other methods, in particular, workshops making our manuals available using a teaching videotape and using the media to draw attention to this problem.

CC 2/REAL WORLD SETTINGS

WHAT ROLE FOR BUSINESS IN DISSEMINATING PREVENTION SCIENCE

Chair: Mary Jane Rotheram-Borus

Porte Kent, Hilton Quebec

324 WHAT ROLE FOR BUSINESS IN DISSEMINATING PREVENTION SCIENCE. Mary Jane Rotheram-Borus

University of California, Los Angeles, Los Angeles, CA United States

Prevention science has been guided by public health models. Efforts to disseminate the results of prevention science have typically sought to engage the public sector including schools, government agencies, health and mental health service providers, public health departments, and the like. Government organizations such as the Substance Abuse and Mental Health Services Administration and the Safe and Drug Free Schools Program of the Department of Education have engaged in efforts to recognize and disseminate prevention programs shown to be efficacious or effective in adequately controlled trials.

What role should the business community play in the dissemination of prevention science? Will taking the results of prevention science to scale ultimately require an industry in which companies effectively market the advantages of tested and effective programs to promote human development and prevent health and behavior problems? Are prevention science and business models compatible?

This panel will explore three different ways in which US corporations are engaging with prevention science and issues and opportunities encountered. It will provide an opportunity for prevention scientists to dialogue with business people about the opportunities and risks of working together. Presenters include the President and CEO of a for profit publishing company that has recently created a prevention science division; the Director of Community Partnerships of a pharmaceutical company interested in helping the communities it serves combat prescription drug problems by using prevention science; and the director of the publishing division of a not-for-profit corporation that seeks to promote health.

325 WHAT ROLE FOR BUSINESS IN DISSEMINATING PREVENTION SCIENCE? PERSPECTIVE OF THE CHANNING BETE COMPANY. Michael Bete

Channing Bete Company, South Deerfield, MA United States

The successful implementation of efficacious prevention-science programs often demands coordination of disparate resources and collaboration of multiple experts and stakeholders in the community. No less complex is the challenge of moving the best prevention science programs from research to practice - from trials to scale, where meaningful impact can be achieved. Business provides focus and expertise in many areas that others do not have the time or inclination to. This is not to say, that collaboration between scientists and business is not without challenges. Successful partnerships require an uncompromising shared sense of mission and a continuous dialogue on how best to achieve it.

Business brings unique resources, skills and perspectives to the challenge of moving prevention science to scale and attaining our ultimate goal of positively impacting people’s lives. Seeing business only as a funding mechanism leaves most of its value untapped. Businesses have contacts and relationships with implementers (and potential implementers) of prevention science programs as well as target audiences. Publishing expertise can aid developers in understanding and managing intellectual property rights and provide editorial, design and packaging services. Marketing and sales resources provide platforms to educate consumers about prevention science and to tell a program and its developer’s story, ultimately increasing usage. Training, consulting and evaluation services help ensure that programs are implemented with fidelity. Technology expertise is brought to bear to increase consistency in deliverables and to create scalable software applications.

Many issues emerge as research is transformed into commercial product. Among these are resolving intellectual property concerns, scalability and consistent delivery without close oversight of the developer, deciding when the research is done and a consistent saleable product can be produced, agreeing on revision processes and schedules, ensuring that the science is not compromised during professional editing and packaging, defining the roles of pure research vs. applied research and development, legal, political and funding
requirements, cost of the program relative to the available funding and translating research findings into compelling marketing claims. Commercialization costs often rival or exceed original research budgets.

Mike Bete, President of the Channing Bete Company, will discuss these issues from the perspective of a publisher of education and awareness materials in the health, public health and prevention arenas for 50 years that has developed strategic partnerships with national health organizations over the past twelve years and has been partnering with prevention scientists for the past four years.

326 WHAT ROLE FOR BUSINESS IN DISSEMINATING PREVENTION SCIENCE? PERSPECTIVE OF PURDUE PHARMA L.P. Clay Yeager1, 1Purdue Pharma L.P., Stamford, CT United States

Although historical practice and common public perception have suggested otherwise, the business, corporate and for-profit community can play a vitaly important role in the development, implementation, and sustainability of effective prevention science. Usual participants in local, community-based approaches to prevention have included government, education, public health, law enforcement, juvenile justice, child welfare, drug and alcohol treatment and others. Corporations and businesses typically have been less involved in community prevention efforts.

The business sector in all communities has an important stake in promoting the healthy development of children. The future of a vital workforce, sustaining and building an economic infrastructure, being seen as partners at the table seeking local solutions to local challenges, becoming established as responsible corporate citizens, and investing company resources and funding in well designed and established approaches are but a few of the reasons corporations and businesses can become important partners in community-based prevention strategies.

Purdue Pharma, a pharmaceutical company based in Stamford, Connecticut has established a ‘Community Partnerships’ group within the company to address the growing reported incidence of prescription drug abuse, particularly affecting young people in remote and distressed communities in the country. The company has established a comprehensive plan in partnership with identified communities to develop local solutions to these local problems. Clay Yeager, Director of Community Partnerships for Purdue Pharma will discuss the company’s commitment to seeking solutions to the problem of prescription drug abuse. Recognizing that abuse of legal prescription medications is a symptom of deeper community wide risk factors, Purdue Pharma has embraced the ‘Communities That Care’ prevention planning system. Purdue Pharma is the only corporation in the country sponsoring CTC as its signature community partnership effort. The company has assembled a true collaborative partnership approach by offering tools and resources to local community leaders, including information and funding to support science based prevention strategies.

Mr. Yeager’s presentation will explore the opportunities and challenges of engaging corporations in science based prevention.

327 BUSINESS AND FINANCIAL DECISIONS IN DISSEMINATING PREVENTION SCIENCE- THE ETR ASSOCIATES PERSPECTIVE. William M. Kane1, National Institute on Drug Abuse, Bethesda, MD United States; 2Substance Abuse and Mental Health Services Administration, Rockville, MD United States; 3Cornell University, New York, NY United States; 4Arizona State University, Tempe, AZ United States; 5National Institutes of Health, Bethesda, MD United States

ETR Associates, a national health education company will discuss the unique role a not-for-profit company plays in the dissemination of prevention science. Consideration will be given to the difference between concepts of “dissemination” and “marketing”. ETR Associates Publications Division efforts to produce and market health education materials and prevention programs to schools, youth serving agencies, and clinical settings will be described. The importance of evidence-based programs to ETR’s organizational mission will be discussed.

The organizational, administrative, financial and practical constraints facing schools and community agencies impact publication decisions. These issues will be discussed and the implications of these constraints that affect adoption of evidence-based prevention programs will be identified. The effects of federal and state government policies, programs and actions on marketing and adoption of evidence-based programs will be discussed.

Financially sound business decisions must be balanced with mission driven priorities. The financial implications of producing and marketing evidence-based prevention materials will be discussed. In addition, the presentation will address selection and marketing of evidence-based programs and practical tips for researchers who hope to have their evidence-based products placed in schools and organizations serving youth. Editorial challenges of moving prevention programs from research to practice will be identified.

CC 3/REAL WORLD SETTINGS

Chair: Shaken Jackie Kaftarian
developers, while program adaptation may be defined as the modification of program content and/or delivery to accommodate the needs of a specific target population. Some assert that programs with demonstrated effectiveness can be implemented with fidelity when quality training and technical assistance is provided to program implementers. Some emphasize the need for adaptation, and highlight the importance of developing theory-based and systematic methodologies for cultural adaptation to enhance program applicability without compromising effectiveness. Some others support the development of more flexible prevention programs, and see a need for simplifying and/or redesigning programs to make them easily adaptable to the characteristics of different cultural groups and settings. Additionally, there’s considerable controversy concerning the extent to which evidence-based programs should be adapted. Given the fact that there is little empirical evidence to guide the field, participants of this roundtable (representing the science, practice and policy components of the prevention field) will bring a variety of perspectives to the “fidelity versus adaptation” debate. They will discuss some of the challenges involved in achieving implementation fidelity and quality adaptation, and will offer future research and practice directions to deal with program tailoring without jeopardizing program effectiveness or integrity. The audience will be encouraged to participate in this discussion.

CC 4/EARLY CHILDHOOD DEVELOPMENT

THE DEVELOPMENT OF AGGRESSION AND PEER REJECTION LEADING TO ADOLESCENT MALADJUSTMENT

Chair: Alfons Crijnen

- St Foy/Portneuf, Hilton Quebec

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THE DEVELOPMENT OF AGGRESSION AND PEER REJECTION LEADING TO ADOLESCENT MALADJUSTMENT IN THE USA, CANADA AND THE NETHERLANDS: IMPACT OF A PREVENTIVE INTERVENTION AND CROSS CULTURAL IMPLICATIONS FOR PREVENTION PROGRAMS. Alfons Crijnen1, Thomas Dishion2, 1Erasmus Medical Center - Sophia Children’s Hospital, Rotterdam, Netherlands; 2University of Oregon, Eugene, OR United States

The influence of peers plays a crucial role in the emergence, the manifestation and the development of aggressive behavior and adolescent maladjustment. The purpose of this symposium is (1) to give an overview of the development of aggressive behavior from early childhood into adolescence taking into account the peer context, (2) to present the development of aggression from a peer perspective as studied in the USA, Canada and the Netherlands, (3) to present the influence of deviant friends and the response of the larger peer-group on the development of a child’s aggressive behavior in the three cultures, (4) to present the impact of a universal preventive intervention on the developmental processes of aggression in the peer context, and (5) to use the presented information from different cultures to better understand preventive intervention programs aimed at the social context in which children function.

When considering the role of the social context on the development of aggressive behavior, two processes play a crucial role apart from the child own aggression: the interaction with friends and the relation with the larger peer group. These processes will be presented from three cultures. The similarities in the methods used and samples studied gives a unique opportunity to compare the influence of the peer context on the development of aggression in three cultures.

1. The association between children’s own and best friends aggression and peer rejection as parallel processes leading towards poor outcome and the impact of a preventive intervention trial on these processes will be presented in a Dutch sample of elementary schoolchildren;
2. The development of aggression and peer rejection in two processes play an crucial role apart from the child own aggression: the interaction with friends and the relation with the larger peer group. General growth mixture analyses (Muthen, 2000) were applied and the three processes of aggression towards maladjustment in adolescence, two processes play an crucial role apart from the child own aggression: the interaction with friends and the relation with the larger peer group. General growth mixture analyses (Muthen, 2000) were applied and the three processes (child’s own aggression, friends' aggression and peer rejection) were approached as parallel processes in both Dutch and Canadian children commencing from early childhood into adolescence. The methods employed in both samples were highly similar. This provided a unique opportunity to study these processes for children differing in their risk for developing adjustment problems in adolescence in two cultures. Incorporating the impact of a preventive intervention
allowed us to study how these processes and associations altered due to the intervention.

First we will present the normal developmental process in both the 287 Dutch elementary school children control group children, commencing from age 7 to 11 and in the Canadian sample, comprising of 288 children commencing from age 8 to age 15. As reported in previous studies (e.g. Broidy et al., 2003), the results showed a small group of children at high risk for adjustment problems and delinquency in adolescence. The results however also indicate how the peer context, through affiliation with deviant friends and through peer rejection, contributed to the development of the adjustment problems and delinquency. Moreover, the results provided insight in the sequences of these processes in multiple cultures.

Second, the association found in both the Dutch and Canadian sample were tested by including the impact of the Good Behavior Game, a universal preventive intervention targeting children’s aggressive behavior in elementary school. All three processes (own aggression, affiliation with aggressive friends and peer rejection) were positively affected.

The results indicate that (1) incorporating parallel processes in studying the development of aggression contributes in our understanding of the processes leading towards maladjustment in adolescence, (2) provides implications on the objectives, content and timing of prevention programs needed for the high risk children and (3) provides cross cultural validation of the reported results. Of importance is that (4) the results also indicate that these parallel processes can be effectively targeted by a universal, classroom based preventive intervention.

331 MUTUAL LINKS OF CHILDREN'S OWN AND THEIR FRIENDS' AGGRESSIVENESS AND CONSEQUENCES DURING MIDDLE CHILDHOOD. Brigitte Wanner1, Frank Vittaro2, Pol Van Lier3, Mara Brendgen4, 1Université de Montréal, Montreal, Quebec Canada; 2Erasmus Medical Center - Sophia Children's Hospital, Rotterdam, Netherlands; 3Univ. of Quebec in Montreal, Montreal, Quebec Canada

The Confluence model (Dishion et al., 1994) posits that aggressive children progressively affiliate with other similarly aggressive peers. In turn, this tendency exacerbates aggressive children's behavioral and social adjustment problems. An increasing propensity for behavioral homophily and rejection by conventional peers may explain this tendency. According to the model, the process begins by middle childhood and finally results in homogeneous deviant cliques by early adolescence. However, there are also findings showing that already by age 6 years aggressive children tend to select friends who are similarly aggressive (Snyder et al., 1997). It is not clear, however, whether these early affiliations become increasingly more exclusive over time and whether they have any significant consequences for children's adjustment. The present study aimed at examining whether aggressive children are affiliating with aggressive friends already by age 7 years and whether this process progresses throughout childhood (up to age 12). Specifically, we tested whether children's own and their friends' aggression would be prospectively and reciprocally linked with each other throughout childhood, over and above initial levels of each. Moreover, we examined whether children's own and their friends' aggression is prospectively linked with children's rejection by conventional peers throughout childhood. Alternatively, we tested whether peer rejection is prospectively related to increases in both children's own and their friends' aggression. These objectives were tested across six time points spaced approximately annually with cross-lag structural equation models using two nationally diverse samples.

The Canadian sample was comprised of 288 White Canadian children (151 boys). The Dutch sample was comprised of 287 children (146 boys). Teacher ratings and peer nominations of children's own and their friends' aggressive behaviors and peer nominations of rejection and were assessed annually between ages 7 - 12 years.

Results indicated that children's own aggression was prospectively linked to both friends' aggression and peer rejection throughout the investigated age period. In turn, peer rejection was linked to increases in children's aggression. However, the findings provided only limited support for the assumption that affiliation with aggressive friends exacerbates both children's aggressive behaviors and peer rejection throughout childhood. The current findings expand upon previous research because processes of affiliation with aggressive peers were investigated beginning at younger ages and replicated across two nationally diverse samples. The findings underline the importance of considering peer processes and their mechanisms already at young ages.

332 THE DEVELOPMENT OF AGGRESSION AND PEER REJECTION IN PREDOMINATELY AFRICAN AMERICAN URBAN YOUTH. Hanno Petras1, Nicholas Ialongo1, 1Johns Hopkins University, Baltimore, MD United States

Background: Childhood aggressive behavior is widely recognized as a precursor for antisocial behavior in adolescence and adulthood. Numerous prospective studies have demonstrated that conduct problems identified as early as pre-school predict later delinquent behavior and drug use (Hawkins et al., 2000; Schaeffer et al. in press). Peer rejection is conceptualized to be a consequence of chronic aggressive behavior problems, where aggressive youth tend to be rejected by their mainstream non-aggressive peers (Haselager, Van Lieshout, Riksen-Walraven, Cillessen, & Hartup, 2002). In accord with Patterson et al. (1992), peer rejection may serve to hasten the aggressive/disruptive child’s drift into a deviant peer group in late childhood and early adolescence, where antisocial behavior is reinforced, thus, canalizing the pathway to antisocial behavior (Deater-Deckard, 2001). Methods: For this presentation, 362 boys who participated in a preventive intervention trial were selected (PI: Dr. Ialongo). General Growth Modeling was used to empirically define distinct subgroups of development within a sample (Muthen, 2000; Raudenbush, 2000). In order to investigate how the course of
aggression is related to the course of peer rejection, a parallel process (development of aggression and rejection between first and third grade) was analyzed. Furthermore, the consequences originating from the co-occurrence of aggression and peer rejection are investigated by adding a sequential process (development of teacher rated conduct problems between sixth and ninth grade) to this model. Results: In previous analyses, three trajectories of aggression (stable high, increasing, stable low) and two trajectories of peer rejection (stable high, stable low) were identified. Furthermore, three trajectories of conduct disorder (high decreasing, increasing, stable low) were found. A previous model with 18 classes (3 * 2 * 3) was not identified due to small or zero prevalence classes. The final model consisted of six classes. Nineteen percent of the boys had both high levels of aggression and peer rejection; 11% increased in their level of aggression, but were not rejected by their peers and finally 70% showed low levels of aggression and peer rejection. In respect to the development of conduct problems, only 4.2% of the boys in the high aggression and high rejection class and 6.3% of the increasing aggression and low rejection class also had high levels of conduct problems. Conclusions: Major support for Patterson’s theory was found and its findings will be discussed in terms of its cultural universality.

CC 5/THE ROLE OF CULTURE, GENDER AND ETHNICITY IN PREVENTION RESEARCH

A FRAMEWORK FOR UNDERSTANDING THE ROLE OF CULTURE IN PREVENTION PROGRAMS FOR IMMIGRANT AND REFUGEE POPULATIONS

Chair: Deborah Leow McLean

Courville/Montmorency, Hilton Quebec

A FRAMEWORK FOR UNDERSTANDING THE "ROLE OF CULTURE" IN PREVENTION PROGRAMS FOR IMMIGRANT AND REFUGEE POPULATIONS.

Deborah McLean Leow1, Tania Garcia1, Yvette Lamb1, Lynn McDonald2, Lawrence Murray3, 1Education Development Center, Inc., Newton, MA United States; 2University of Wisconsin-Madison, Madison, WI United States; 3National Center on Addiction and Substance Abuse, New York, NY United States

It is estimated that by 2050, racial and ethnic minorities will make up half of the total U.S. population; youth of color will make up 40 percent of the youth population (The Community Agenda, Spring 2000). In increasing numbers, racial/ethnic minority youth, including immigrants, live in small cities and rural communities with challenged schools and inadequate service delivery capacity. Life in such communities precipitates pressures that can drive school-aged youth to abuse substances and develop behavioral problems. The current mental health and substance abuse systems are challenged to meet the needs of youth and families in these communities due in part to poorly coordinated service delivery systems, inadequately trained prevention workforce. In addition, there exists a paucity of research and knowledge about science-based substance abuse prevention and mental health promotion interventions for this population group. Prevention researchers and state and local prevention leaders alike can benefit from a framework for understanding the role of culture in developing an appropriate response to substance abuse and addictions among new immigrants and refugee populations.

This roundtable will discuss lessons learned from research and practice about "role of culture" in prevention and early intervention programs for immigrant and refugee populations. It will bring together researchers and practitioners who work with diverse racial/ethnic populations including immigrants. Deborah McLean Leow will present formative research findings from a Robert Wood Johnson Foundation funded project to address substance abuse prevention and early intervention among new immigrant and refugee populations in small cities and rural communities. She will also present an emerging framework, based on this research, to understand the role of culture in prevention programs for immigrant and refugee populations. Lynn McDonald will discuss the role that culture has played in various implementations of FAST - a model prevention program. Larry Murray will discuss lessons learned about integrating cultural variables into the design, implementation and evaluation of CASASTART - a model program for high risk youth. Yvette Lamb will discuss the role of culture in the provision of technical assistance surrounding the implementation of mental health and substance abuse interventions with racial and ethnic disparities grantees in SAMHSA's Targeted Capacity Expansion program. Overall, the panelist will discuss how they have addressed culture in their research and practice. A framework including, strategies and policy implications for designing culturally-based interventions for immigrants and refugees within the context of prevention and health promotion will be discussed.

CC 6/TOBACCO, ALCOHOL, DRUG CONTROL

DESIGN, ANALYTIC METHODS AND OUTCOMES FROM A SIX-YEAR MULTI-COMMUNITY NESTED-COHORT TIME-SERIES TRIAL

Chair: Alexander Wagenaar

Dufferin, Hilton Quebec

DESIGN, ANALYTIC METHODS AND OUTCOMES FROM A SIX-YEAR MULTI-COMMUNITY NESTED-COHORT TIME-SERIES TRIAL: THE CMDA PROJECT. Alexander C. Wagenaar1, Traci Toomey1, Darin Erickson1, Anthony Biglan2, 1University of Minnesota, Minneapolis, MN United States; 2Oregon Research Institute, Eugene, OR United States

As knowledge of the complexity of the causes of harmful behaviors has advanced, prevention science has moved...
Community trials involve the synthesis of multiple interventions or policies targeting different sectors of a community. From our previous randomized community trials involving over 50 communities, it was clear that prevention practitioners and community advocates are seeking information on effects of specific components of community interventions and duration of effects, going beyond a single overall effect estimate. CMDA tested the effects of two theoretically-based intervention approaches: (1) a compliance approach consisting of training for alcohol retail establishments, and (2) a deterrence approach consisting of enforcement checks to identify and punish establishments that illegally sell alcohol to minors. Intervention-community establishments were offered a two-hour training program designed to encourage establishment owners/managers to select and implement up to 19 model alcohol policies which create a normative environment that supports responsible service of alcohol. Of the eligible intervention establishments, 119 (38%) participated in the program and 96 (31%) participated in a one-hour follow-up booster session.

Enforcement checks consisted of youth under age 21 attempting to purchase alcohol from licensed establishments under the supervision of law enforcement agents. Enforcement check protocols and schedules implemented by local law enforcement and licensing agencies varied by community (e.g., some communities sent warning letters to establishments prior to conducting enforcement checks while others did not), with each intervention community determining the number of enforcement checks conducted each year as well as the implementation schedule. Total number of enforcement checks conducted in the intervention communities was 959. At the time the project was designed, there were no plans for the comparison communities to conduct enforcement checks. However, after project initiation, comparison communities on their own began conducting enforcement checks. Total number of checks conducted in the comparison communities was 894. The goal of CMDA was to determine the short and long-term effects of these interventions as well as to evaluate whether intervention effects were observed only for establishments that directly participated in the intervention or whether effects diffused to other establishments in the community.

CMDA DESIGN, STATISTICAL METHODS AND RESULTS. Darin Erickson1, Alexander C. Wagenaar1, Traci Toomey1, 1University of Minnesota, Minneapolis, MN United States

CMDA was implemented in four geographic areas (two multi-community intervention areas, two multi-community comparison areas). Pseudo-underage purchase attempts (i.e., buyer appeared to be under age 21 but was actually age 21 or older) were conducted following a well-developed and specified protocol approximately every two weeks over four years (116 repeated measures) in a random sample of establishments within each geographic area. Embedded within the time-series design was a nested cohort design where individual establishments were revisited roughly every five months. Using cohort data, mixed-model regressions were conducted to assess establishment-specific intervention effects. Using the time-series data, Box-Jenkins analyses were used to examine general or community-level effects. For the establishment-specific models, each intervention was hypothesized to have an initial effect on sales to youth, which would decay over time. In addition to modeling decay effects, random effects were included to control for within-community and within-buyer correlation, and temporal correlation was modeled with spatial correlation techniques, using time between repeated underage sales in place of distance. Models were stratified by off-premise and on-premise establishments. Following model identification, interventions and covariates were added as inputs. The complex relationships between interventions and outcomes were modeled using transfer functions.

Results showed off-premise establishments checked by law enforcement were 17% less likely to sell to minors immediately following a check, with this effect decaying over
time to an 11% decrease in the likelihood of selling at two weeks following enforcement and a 3% decrease in the likelihood of selling at two months. We did not observe any long-term residual (i.e., permanent) effects. For on-premise establishments, enforcement had significant initial and long-term effects. There was a 17% decrease in the likelihood of selling immediately following the first enforcement check, with this decaying over time to a 14% decrease in the likelihood of selling at two weeks and a 10% decrease in the likelihood at two months. The long-term decrease in likelihood was 8.2%. The training effect was also significant, although not in the expected direction, with a long-term increase in sales of approximately 6%. Time series results revealed no significant community-level effects of enforcement.

Results from the CMDA trial have numerous implications, both for alcohol prevention and for prevention of other health and social problems, and both for prevention practice as well as for the design of future community trials. Our results show that enforcement checks reduce the likelihood of illegal alcohol sales to underage youth, and this effect varies across types of establishments and the level of analysis. A deterrent effect was observed in those establishments that had been checked by law enforcement, but (at the levels implemented here) it did not diffuse to other establishments in the community. Enforcement checks had a long-term effect on likelihood of sales to youth at on-premise establishments but not off-premise establishments. These findings are of critical importance, not only to the field of prevention science, but also to law enforcement practice by local police and state alcoholic beverage control enforcement agents. The rapid decay has clear implications for the schedule of enforcement check campaigns. Given that effects dissipate completely in off-premise establishments and decreased to less than half the initial effect in on-premise establishments within months, the common practice of conducting enforcement checks in establishments only once per year is not sufficient to create maximum decreases in alcohol sales to underage youth. Findings for the training intervention were mixed. The only establishment-specific effects were opposite of what was hypothesized. The training did decrease likelihood of sales at the community level approximately six weeks after training. Such a delay could be expected given the training was provided to owners and managers with the goal of promoting establishment policies; such policies likely take weeks to implement and take effect within an establishment.

These findings point to the importance of evaluating multiple dimensions or components of effects of community interventions. We argue the nested-cohort time-series design used here improves upon past community trial designs in many ways. The ultimate design, perhaps, might include many geographically isolated communities, random assignment of communities, tracking of multiple cohorts, measure of many intervention components/dosage levels, and hundreds of repeated measures over time. However, costs accelerate and implementation feasibility plummets. Discussion will focus on these trade-offs.

**CC 7/BASIC PREVENTION SCIENCE**

**EXTENDING EFFICACY TRIALS THROUGH TESTING MEDIATION AND MODERATION EFFECTS**

Chair: Carol Metzler
groups of 3-5 children. Lunch Buddy involved a college student mentor eating lunch with the child in the school cafeteria twice a week at school.

NORM was used to impute missing data. Composite scores for Aggression [TRF aggression and delinquency, teacher Harter Behavioral Conduct, and peer-rated overt and relational aggression and cooperation (reversed)] Achievement (standardized math and reading test scores and teacher-rated learning) and School adversity (mobility, percent minority, observed playground aggression) were computed based on results of confirmatory factor analysis. Using SAS proc mixed, as hypothesized, a significant treatment condition by school adversity cross-level interaction effect (p = .03) was found for aggression and a similar trend (p=.07) was found for achievement. Results support the conclusion that intervention effectiveness is distributed across treatments and settings.

340 WITHDRAWN


Educational strategies for preventing drug use focus on changing factors within individuals and their social environment that account for drug use. One strategy focuses on changing young people's motivations to use. This approach seeks to make drug use unappealing by (1) promoting positive norms that define drug use as being unacceptable to the peer group, (2) reinforcing perceptions that drug use would interfere with one's desired lifestyle, and (3) encouraging voluntary personal commitments to avoid drug use. A second strategy focuses on improving personal and social competence. Competence building strategies seek to help young people learn skills to (1) make rational decisions, (2) set and achieve goals, and (3) deal assertively with social pressures to engage in risky behaviors. Norm setting and other motivational approaches have been previously tested and found to deter the onset of drug use. In this project, we test a motivational program alone versus a program that combines motivation and competence strategies. Both groups were compared to students in a no treatment control group. Results demonstrate an effect of motivational training alone in which the onset of alcohol use, drunkenness, cigarette smoking, marijuana use, and inhalant use was suppressed. These effects were augmented with the addition of competence training. For all substances, onset was not only deterred, use actually declined among students who received the combined motivation and competence program. An analysis of mediating variables targeted by the program suggests that the augmented effects were due in part to changes in students' persistence at pursuing goals and increased positive attention from their parents. However, there was also evidence that the competence program improved students' normative beliefs.

341 THE COMPASS STRATEGY: A COMPREHENSIVE MENTAL HEALTH PROMOTION PROGRAM PROMOTING EARLY HELP SEEKING FOR FIRST ONSET DEPRESSION AND PSYCHOSIS. Kerryn Pennell1, Annemarie Wright1, Patrick Mcgorry2, Meredith Harris3, 1University of Melbourne Parkville, Parkville, Victoria Australia; 2Center for Young People's Mental Health, Parkville, Victoria Australia; 3University of Melbourne, Parkville, Victoria Australia

The Compass Strategy is a community awareness and education program being conducted in parts of metropolitan Melbourne, Australia and adjacent rural areas. It is designed to promote early help seeking for first onset depression and psychosis in young people through increasing the community’s mental health literacy.

The focus is on promoting early help seeking as early treatment has been found to increase the likelihood of recovery and reduce the risk of relapse in these disorders. A contributing factor to delayed help seeking is the general public’s limited knowledge about early signs of illness, benefits of early treatment and sources of help. Australian national mental health literacy surveys have found that young people and adults have difficulty recognising mental health problems, are reluctant to seek professional help and are not aware of sources of help.

This paper describes the development, implementation and evaluation of The Compass Strategy. It has drawn upon a sound evidence base from a range of bodies of knowledge including psychiatric epidemiology, health promotion, health education and public health. Local consultation and partnership with young people, parents, community service providers and mental health service consumers from the culturally and linguistically diverse target area of over 30 different nationalities has helped refine its development and ensure effective implementation.

This information is continually used to inform the development of a multi-media strategy that targets young people as well as families. It is complimented by a train the trainer dissemination package for community leaders to ensure that the campaign reaches all elements of the community including those from socio-economically disadvantaged backgrounds. An overview of these campaign strategies as well as the website and information help line will be presented along with the multi-layered design of the evaluation process.

Process and impact evaluation to date demonstrate effective implementation and reach of the strategy, improvements in mental health literacy and preliminary improvements in early help seeking.

The multi-faceted nature of the intervention design and associated evaluation mechanisms will facilitate easy examination of the effectiveness of the component parts, their potential application to other mental disorders, and potential for dissemination of some or all of the program elements to other cities and regions in Australia and internationally.

342 OUTCOME AND COST-EFFECTIVENESS OF INTERVENTION FOR PEOPLE AT ULTRA-HIGH
MEDIATION AND MODERATION IN PREVENTION RESEARCH

Chair: David Mackinnon

301A, Convention Centre
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MEDIATION AND MODERATION IN PREVENTION RESEARCH. David Mackinnon1, Booi Jo2, C Hendricks Brown2, Sheppard G. Kellam3, Michael SqueF, 1Arizona State University, Tempe, AZ United States; 2Stanford University, Stanford, CA United States; 3University of South Florida, Tampa, FL United States; 4American Institutes of Research and Johns Hopkins University, Washington, DC United States; 5Columbia University;

Evaluation of prevention programs is appropriately focused on changes in outcome variables such as drug abuse, health problems, and aggressive behavior. But there is more information in prevention data sets that can be used to investigate how and for whom the program was effective. The notion of mediation, how the prevention program achieves its effects, and moderation, whether the program effect differs by subgroups has been repeatedly recommended by prevention and other researchers. Despite these recommendations, few prevention studies have reported analysis of mediation and moderation. The purpose of this symposium is to describe some new methods and applications of mediation and moderation in prevention studies. One of the difficulties in mediation and moderation analysis is the ability to make inferences about true underlying processes. Because true underlying processes are not observed, inference about these processes must be based on observed data. The first presentation describes a framework for interpreting underlying relations based on Rubin’s causal model. These methods are illustrated with data from subgroups that differ regarding compliance with an intervention. Designs and additional information that improve the ability to identify true processes are described. The second presentation describes methods used to assess mediation in medical studies, and how they may be applicable in prevention. In this literature, mediators are called surrogate endpoints because they serve as surrogates for an ultimate outcome. For example, existence of polyps is a surrogate for colon cancer. Surrogate endpoints are selected because they require smaller sample sizes and shorter follow-up periods than the ultimate outcome. The third presentation describes the investigation of moderation and mediation in a well-known prevention project called the PATHS (Promoting Alternative Thinking Strategies) project. PATHS is aimed at reducing the risk for antisocial behavior, substance use, anxiety, and depression via training in emotional regulation and social problem solving skills by the classroom teacher. The PATHS project is a classroom-based preventive intervention targeting social problem solving and emotional intelligence with a social learning-based parent and classroom intervention. Mediation and moderation in the context of mixture models are illustrated with these data. The goal of this symposium is to encourage researchers to conduct moderation and mediation analysis by describing some recent ideas and demonstrating these analyses in a major prevention project.
Molenberghs (1998) proposed a new test of a surrogate endpoint that may be useful as a general test of mediation. The test consists of two hypotheses. The first is a test of whether the ratio of the total effect of an intervention (X) on the outcome (Y) is equal to the total effect of X on a surrogate (S). The rationale of this criterion is that if a variable is a valid surrogate, the relation of X to the surrogate should be the same as the relation between X and the outcome Y. The second criterion is whether there is a statistically significant relation of S to Y after adjustment for X. The rationale of this approach is that for S to cause Y, there must evidence of a strong relation between S and Y. Conceptual differences between this test and other tests of mediation are described. Type I error rates and statistical power of this method were investigated in a large simulation study that varied sample size and parameter values. Type I error rates for the surrogate endpoint test exceed nominal levels for some true models without mediation. A standard error based on the multivariate delta method had the least bias of several alternatives. The tests are illustrated with data from a prevention study.

345 CAUSAL INFERENCE IN MEDIATION MODELS. Booil Jo

To improve efficacy or effectiveness, randomized intervention trials often include secondary outcomes that mediate the effect of the intervention treatment. The data from these trials are often analyzed in a path analysis (structural equation modeling) fashion, which provides convenient interpretation based on both direct and indirect effects. The major drawback of this approach, however, is that the resulting intervention effect estimates do not necessarily represent causal effects despite random assignment of treatment. On the basis of Rubin’s causal model (Rubin, 1978, 1980, 1990), Holland (1986) showed that the effect of random assignment of treatment can be interpreted as causal if there is only a direct effect, or if there is only an indirect effect. Neither of these two assumptions is appealing to intervention researchers. The first assumption (there are no indirect effects) demands that researchers intentionally omit critical information from mediators when theory based trials actively intend to improve the condition of mediators. The second assumption that intervention effects are completely carried over through mediators (i.e., there is only indirect effect) is also unrealistic in most intervention trials.

Given this dilemma in randomized intervention trials with mediators, the current study introduces a new analysis framework, where comparability of the treatment and the control condition in a mediator variable is achieved by looking at the mediator in the control condition as a latent variable. Therefore, the intervention effects can be interpreted as causal effects based on Rubin’s causal model, and the effect of the mediator variable is still taken into account in the analysis. The key strategy of this approach is to estimate potential values of mediator variables if control group individuals were assigned to the treatment condition. First, the study will show a method of stratifying mediator variables based on random assignment of treatment (categorical latent variable approach). Second, the study will show how the potential value of the mediator variable can be treated as continuous (continuous latent variable approach). I conclude by addressing underlying assumptions and applicability of these new approaches.

346 PROXIMAL – DISTAL MODELING AND MEDIATION IN PREVENTIVE TRIALS. C Hendricks Brown, 1, Bengt Muthen2, Sheppard Kellam3, Jeanne Poduska5, Chen Pin Wang4, 1University of South Florida, Tampa, FL United States; 2University of California, Los Angeles, Los Angeles, CA United States; 3American Institutes for Research, Washington, DC United States; 4University of Texas, San Antonio, San Antonio, TX United States

In typical analyses of an intervention’s impact, as measured in a randomized trial, one uses single baseline and posttest measures to assess intervention impact as a change in hypothesized mediator variables, followed by examining the impact on more distal outcomes. We can examine mediation by decomposing into direct and indirect effects, or alternatively measure the change in parameter values between those derived from models adjusting for the mediator and those without. We examine more general settings where the intervention is hypothesized to have a continuing effect on the growth trajectory across time.

Using Rubin’s framework for causal modeling and general growth mixture modeling (GGMM), we present a strategy that allows us compare growth trajectories over time in intervention and control conditions. Through the use of mixture models, first derived using the control group’s data, we can identify variation in impact of an intervention on growth across different subgroups, defined by their class of growth trajectory in the absence of an intervention. This impact on growth can then be related to more distal outcomes. Pseudo-classes and diagnostic assessments of model fit are also discussed. We apply these methods to data from the Baltimore Prevention Program trial.
Adolescents whose parents are living with HIV/AIDS (PLH) on a chronic basis or whose parents have died are likely to experience a variety of emotional challenges related to their parent’s continued illness or their death. Antiretroviral therapies have increased the lifespan of some HIV-infected parents, a situation that may require the adolescents’ assumption of major care-taking roles. The adolescents may experience guilt for being healthy, or may be depressed by bereavement, anxious about their parent’s health, or feel inadequate to meet their parent’s extensive needs. Because PLH are predominantly female, they often have been substance abusers and may have transmitted this behavior to their children through modeling or due to the influences of peers in the disadvantaged neighborhoods in which they tend to reside. Thus, there is concern that the children of PLH may be prone to substance abuse problems as well as other dysfunctional behaviors.

This study investigates predictors of psychological adjustment, substance abuse, and psychosocial behaviors of adolescents and young adult children of PLH at three and six years following the delivery of a coping skills intervention. A randomized controlled trial with repeated evaluations was conducted with a representative sample of adolescent children of PLH (n = 288) in New York City. A skill-based intervention was delivered in two modules: 24 sessions to PLH and 16 sessions to adolescents. A longitudinal predictive model was analyzed using structural equation modeling (SEM).

Substance use at three and six years was significantly lower for adolescents in the intervention condition. In addition, older participants reported more sexual risk and drug use behaviors, which were also more likely among males than females. Emotional distress at 3 years was significantly related to lower parental bonds at baseline, Hispanic ethnicity, and earlier emotional distress. Substance use at 3 years predicted heightened sexual risk behaviors, continued substance use, and lower expectations for the future. Loss of the parent predicted more sexual behavior and lowered expectations. Positive parental bonds at baseline predicted less sexual behavior and less emotional distress at 3 years, and predicted more positive expectations and outcomes 6 years later. Because the influence of substance use was related to many other critical variables in the model, we conclude that time-limited interventions with adolescents have extended benefits into early adulthood both directly and indirectly.
STATEWIDE FOSTER CARE SYSTEM, Christian M. Connell1, Paul Flaspohler1, Leon Saunders2, Jacob Kraemer Tebes1, 1Yale University, New Haven, CT United States; 2Rhode Island Department of Children, Youth, & Families, Providence, RI United States

The Adoption and Safe Families Act (ASFA; PL105-89) mandates that child safety, permanence, and well-being be promoted through state child welfare programming. Previous research suggests that risks for negative outcomes for children in foster care increase with the number of placement disruptions a child experiences in care, though only a handful of studies exits that document factors the put children at risk for placement disruption while in care. Research findings are complicated by differences in operational definitions of disruption and use of methodological approaches that fail to account for censored cases (i.e., those who have not experienced a transition during observation) appropriately. This poster will present descriptive analyses of placement patterns for children entering the Rhode Island Child Welfare System between 1998 and 2002, and examine child and case characteristics that put children at risk for placement transitions during care. Cox proportional hazard modeling will be used to compare risks for discharge from care in particular settings relative to experiencing a transition or remaining in a stable placement. This approach appropriately models outcomes in the presence of censored cases and examines time to event occurrence rather than simply whether the event occurs for particular youth. An accelerated modeling approach will be used to examine models for initial placement setting as well as children experiencing multiple transitions. Results suggest that a significant portion of children in care experience placement disruption, and that the probability of disruption increases with each subsequent transition. Child characteristics (e.g., age) and placement setting type (i.e., relative care, foster home, group home, shelter) are both implicated in the probability that children will experience disrupted placements while in care. In particular, children placed in a shelter setting are at risk for frequent transitional experiences, followed by children in non-relative foster homes and group home settings. Relative foster care homes appear to offer the highest degree of stability, though children also appear to remain in care for longer periods when placed with a relative. Implications of findings will be explored in terms of child welfare practice and policy, with particular attention to risk and protective factors that might be used to inform preventive interventions to improve placement stability for children in care.

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RECURRENCE OF ABUSE AND NEGLECT ALLEGATIONS FOLLOWING AN UNSUBSTANTIATED REPORT: THE IMPACT OF CHILD, FAMILY, AND CASE CHARACTERISTICS ON RE-ENTRY TO CHILD PROTECTIVE SERVICES. Christina M. Connell1, Natasha Bergeron1, Leon Saunders2, Jacob Kraemer Tebes1, 1Yale University, New Haven, CT United States; 2Rhode Island Department of Children, Youth, & Families, Providence, RI United States

State Child Welfare agencies are charged with maintaining child safety through their Child Protective Service divisions. Few research studies have investigated predictors of recurrent abuse and neglect allegations following an unfounded investigation despite research findings that suggest recurrence of allegations is not uncommon in unsubstantiated cases. The present investigation uses statewide data over a three-year period to investigate child, family, and case characteristics that put children at risk for subsequent allegations of maltreatment following an unsubstantiated report through Cox proportional hazard modeling. This approach appropriately models the impact of predictors of event occurrence in the presence of censored cases (i.e., cases for whom a subsequent allegation is not made). Results indicate that a significant portion of children in care experience a subsequent allegation of maltreatment following the index event – approximately 20% within 12 months – though risk appears to decrease over time. Child characteristics (i.e., age, race/ethnicity, and presence of behavioral problems or disability) are all implicated in probability of recurrence. In particular, younger children and children with a behavioral problem or disability are at higher risk for recurrent maltreatment allegations. Family risk factors are also implicated, with parental substance use and family poverty putting children at particular risk. Finally, case characteristics such as a prior history of substantiation or allegation of neglect in the index event also increase the probability of subsequent maltreatment reports for children. Implications of findings will be explored in terms of child welfare practice and policy, with particular attention to risk and protective factors that might be used to inform Child Protective Service Investigations and post-investigation services provided to children and families.

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MENTAL HEALTH RISK ASSESSMENT AND INTERVENTION FOR HOMELESS CHILDREN AND FAMILIES. Nathaniel Israel1, Debra Jozefowicz-Simbeni1, 1Wayne State University, Detroit, MI United States

Children in families experiencing homelessness have been found to have higher levels of psychopathology than never-homeless families and children (Masten, et al., 1993). This study presents the results of assessment of child risk for psychopathology, and describes preliminary intervention efforts based on the findings. Interviewers assessed recent family moves, maternal psychological distress, maternal and child report of psychopathology, and family mental health service use. The study was specifically designed to address the following questions:

1. What is the prevalence of psychopathology among these children?
2. What percentage of families have received mental health services within the past six months?
3. Do family moves relate to maternal report of child psychopathology? Does maternal distress mediate this link?
4. What preliminary intervention implications can be derived from the descriptive and path analyses in this sample?
The sample for this study was drawn from six shelters serving families in a large, urban, Midwestern city. Fifty mothers and children were interviewed. The participants primarily identified as African American (90% of children, 86% of mothers). Children were between the ages of six and twelve years (mean age = 9.14 years).

Psychopathology was assessed using the Parent Form Child Behavior Checklist (CBCL-PRF) and the Children’s Depression Inventory (CDI). Maternal distress was assessed using the Symptom Checklist-Revised (SCL-90R). Frequency of psychological service use and satisfaction with services in the past six months was also assessed.

Forty-six percent of the children in this sample scored in the clinical range (> the 98th percentile) across more than one subscale of the CBCL. Twenty percent of the children received scores in the clinical range on four or more subscales. Consistent with previous research, very few children (9%) self-reported depression symptoms in the clinical range (Masten et al., 1993). In the past six months 34% of families had received some type of mental health services; 82% of these families were satisfied with these services.

In regression analyses, number of residential moves in the past twelve months predicted parent-reported child symptoms (R squared = .157, F = 8.10, p < .01). This relationship was completely mediated by mother’s perceived psychological distress (R squared = .342, F = 12.51, p < .001). This finding may indicate the importance of addressing parent distress and concerns in interventions designed to address the emotional health and adjustment of homeless children. Parent education interventions currently underway, and efforts to establish integrated, single-point-of-access services will be discussed.

*REAL WORLD SETTINGS*

SCHOOL-BASED INTERVENTIONS

352 REVIEW OF SCIENTIFIC PROJECT "PREVENTION OF BEHAVIOR DISORDERS IN LOCAL COMMUNITY", Josipa Basic, Valentina Kranzelić Tavra, Martina Feric, University of Zagreb, Zagreb, Croatia

By now we could say that the twentieth century was “the century of the child” and perhaps no other era has ever positioned the “child” so high. Ideas and intentions in many world programs and proclamations such as “society focused on children” or “communities that care” (Hawkins, Catalano, 1992) have put the “child” and the “child needs” forward. Despite all no other century has left so many open questions such as: how to decrease an area of danger and risk factors in development of youth or how to increase the areas of strength and competencies in youth as a base of increasing their resilience in existing individual risk and potentially dangerous environments. General speaking there is more and more evident and growing perception (public and professional) of increasing and worsening problems in children and youth. Recent research of the efficiency of preventive and treatment interventions towards children and youth with behavior disorders have suggested the change of course in interventions from pathology and risk to the strengths and competencies of an individual and his environment. The goal of this poster is to present the background of mentioned project. Main aim of presented research is finding the model that would simultaneously be described thought positive development of young person, strengthening families, schools, and caring communities, as well as promote health, education and protection. The starting point in this research is the hypothesis that there are many risk and protective factors which play an important part in the progression of behavior disorders in children and youth, allot which are at the level of a child, young adult, family, school and local community. Considering that the research will be carried out in one croatian county (Istria) we expect the results which will enable the implementation on that area as well as the transfer of experience to other communities together with the necessary modification, supervision and evaluation. The sample comprises elementary and high school children, their parents/families, teacher and other professional stuff and key persons in the community. By multivariate processing of information the correct conclusion about the carried out research will be available. This research will lay out the foundations to national strategy of the Republic of Croatia for prevention of behavior disorder in children and youth.

353 A COMMUNITY- AND SCHOOL BASED MEDIA PREVENTION INTERVENTION: COMMUNITY-LEVEL RESULTS, Michael Slater, Ruth Edwards, Barbara Pleased, Pamela Thurman, Kathleen Kelly, Thomas Keefe, Colorado State University, Fort Collins, CO United States

Pre and post community readiness assessments, approximately two years apart, were conducted in each of 16 communities studied in a group randomized trial testing the effectiveness of a media-based intervention that involved participatory community activity as well as in-school social marketing efforts (DA12360). These assessments were used to match treatment and control assignments, provide input to community prevention leaders in their own strategic planning, and to supplement measurement of youth behavior change by assessing perceived community level changes regarding quality of prevention leadership, community knowledge about substance issues, and supportiveness of the climate for support. The latter function was a novel one for this method. Statistically significant treatment effects were found, using nested random effects models consistent with the GRT design, for perceived community knowledge about this issue, and marginally significant treatment effects were found for perceived community climate and prevention leadership (paralleling evidence for treatment effects in measurement of youth attitudes and behavior). Issues in using such coded, open-ended depth interviews for evaluation purposes are discussed.
Programs need to be dynamic, adaptive, and responsive and therefore the measurement of client satisfaction with regard to services is a crucial component to consider when evaluating a program (Collins, Lemon, & Street, 2000). Generally, programs are imposed on children because educators and policy makers believe that a given program would be a benefit to children. Often the program itself is neither evaluated nor is the integrity of the implementation examined (Durlak & Wells, 1997). If it is evaluated, the issue of client satisfaction is frequently overlooked. An inferential bridge is constructed using data from removed sources such as, parents and other caregivers (McMahon & Forehand, 1983; Stuntzner-Gibson, Koren, & DeChillo, 1995). According to Zaslow and Takanishi (1993), the omission of such data can lead to a flawed understanding of prevention and intervention programs and could compromise the effectiveness of programs. The Roots of Empathy program is a universal prevention program targeted for kindergarten to grade eight children with the goal of fostering empathy development. The program length is a year and at the focal point, there is a baby from the community, which serves as the springboard for learning about empathy. This program is currently being implemented in over 800 classrooms in Canada. The purpose of the present study is to examine children’s reflections and experiences with regard to the “Roots of Empathy” program. This study compares the outcome measures of the program and children’s age, grade and geographical location, (i.e.: urban versus rural) with their consumer satisfaction survey results of those students who received the ROE program in the 2002-2003 school year. Three hundred and thirty-six grade four to seven students participated in this study during the 2002-2003 school year. The outcome measures were gathered through a series of self-report questionnaires administered at the beginning of the program and then again at the end of the program. These self-report measures included measures of prosocial behavior, perspective taking, empathy, emotion management, thoughts on being a parent, friendships, classroom belonging, and academic self-efficacy. The consumer satisfaction survey was given to students at the end of the program. This survey consisted of sixteen likert-type questions and four open-ended questions, which assessed student’s liking of the program, their perception of the amount learned through the program and suggestions for improvements to the program. Results will show the differences found in the student’s self-report measures as it relates to the consumer satisfaction survey results. These results will be analyzed while considering grade, gender and geographical location of the participating students.
outcomes for the second cohort. Cohort 2 consisted of 357 students (50.42% males, 75.63% African American) in 23 classrooms (12 intervention classrooms). Teachers received training in implementing PATHS and on-site consultations were provided by PATHS trainers. Teachers ratings on student behaviors were collected by interviewers before the implementation of the PATHS curriculum and after the intervention was completed. Four interrelated domains of students behaviors were assessed: Aggression, behavioral dysregulation, on task behaviors, and social-emotional competence. Pre-post-intervention comparisons suggested that the intervention had differential effects among the three intervention schools. While students in two of the schools have significant improvement in emotional competence and reduction in aggression and dysregulation, we did not find any intervention effect in the third school. In a separate analysis on the effect of implementation quality on the intervention effects, we found that a higher quality of implementation significantly predicted the decrease in aggression and behavioral dysregulation, and the increase in emotional competence and on-task behaviors. Thus, our replication study again demonstrates the importance of implementation quality in the dissemination of evidence-based programs in the real world.


357 MATURE DIS DOSAGE EFFECTS ON INTERVENTION OUTCOME. Janean Dilworth-Bart1, Deborah Neft2, Maurice Elias2. 1University of Wisconsin-Madison, Madison, WI United States; 2Rutgers, The State University of New Jersey, New Brunswick, NJ United States

Recent literature reviews highlight several underlying principles of effective prevention programs including sufficient dosage and timing of administration to achieve the greatest positive impact. The current analysis examines these principles through an evaluation of the implementation of the Talking with TJ program in a central NJ school district. TJ has been implemented in the district’s elementary schools since 1999, and preliminary analyses indicated that the program has promise as an effective means of helping at-risk children develop social competencies and reduce problem behaviors. We address the dosage and timing principles by examining the effects of age at entry into the program and length of participation on program response. Based on the literature, we expect that children who began the program earlier and participated longer will have greater positive social and behavioral outcomes than younger children with fewer years participation. We will discuss the implications of these principles of effective programming for public policy and funding opportunities in light of our empirical findings.
Schools are the primary site for efforts aimed at preventing youth substance use, delinquency and violence. While school-based prevention often takes the form of programs or curriculum-based interventions, schools also employ many non-program strategies and activities in their efforts to reduce youth problems and create safe and healthy school environments. Effective approaches to school-wide and classroom behavior management, parent involvement, and tutoring, for example, can all result in improved outcomes for youth.

This poster builds on previous SPR presentations of Diffusion Project findings on school-based prevention. We have previously examined findings from data collected in 1998-99, including the prevalence of prevention curricula in schools, the relative prevalence of evidence-based curricula, and information on how schools choose curricula. We have also presented findings on the prevalence of tested, effective curricula in schools from data collected in 2001-2002. This poster presents additional data collected during the 2001-2002 school year from surveys of principals and teachers at over 200 schools in 41 small towns and communities. Information is presented on the use of ten strategies for which evidence of effectiveness exists in the research literature, including classroom organization and management, parent involvement and parent training, school-wide behavior management strategies, and efforts to promote prosocial norms for behavior. Relationships between the use of these strategies and schools’ use of multidisciplinary decision making teams, principal ratings of district and school-level interest in prevention, and the extent of the school collaboration with outside organizations in prevention planning and funding are also examined. Findings are discussed in terms of their implications for efforts to promote effective school-based preventive actions.

Authors of the program during the first three years of the implementation. This study has three objectives: 1- To evaluate whether the program can be implemented according to the model promoted by the authors 2- To analyse aspects (factors) positively or negatively influencing the implementation process; 3- To measure the empowerment level of the schools regarding the program after two years. The “Vers le Pacifique” program was implemented in eight French schools (n = 1979 children; n = 365 adults from the school staff) of the Montreal urban and suburban area recruited on the bases of their lower socio-economic level and geographic location. Through interviews, observations, questionnaires and the study of administrative documents, data were gathered for each of the program implementation steps (the school’s planning committee, the training sessions, school mediators’ training and supervision sessions, etc...). Questionnaires filled by teachers were meant to measure their level of participation and satisfaction toward the program but also gathered information about their usual class management practices in order to know whether other specific interventions (or program) promoting conflicts resolution were applied. Results are discussed in terms of 1- The importance of the teacher’s training in light of the program’s activities as an essential condition for success.; 2- The necessity of leadership from school’s principals and planning committee (including resources allowed) in order to give this type of project a chance to succeed. 3- The usefulness of this study to understand the impact of the program.

*REAL WORLD SETTINGS*

VIOLENCE

361 PARTNER VIOLENCE VICTIMIZATION AMONG ALTERNATIVE SCHOOL STUDENTS. Soledad Liliaña Escobar-Chayes1, Susan Tortolero2, Christine Markham1, Robert Addy1, Melanie Thiel2, 1University of Texas Health Science Center at Houston, Houston, TX United States; 2University of Texas Health Science Center, Houston, TX United States

Purpose: Physical and sexual victimization are serious problems affecting young adolescents in high school. National data on sexual assault indicate that half of all females who experience sexual assault are between the ages of 12 and 24 years (1). Almost one in ten of the 9th- through 12th-grade females who participated in the 1999 Youth Risk Behavior Survey reported being a victim of physical dating violence (i.e., had been hit, slapped, or physically hurt on purpose) within the past year. The National Longitudinal Study of Adolescent Health reported that 12% of girls reported physical victimization experiences with 10% and 3%, respectively, reporting having been shoved or having something thrown at them. (2) A recent longitudinal study found that women who were physically assaulted as adolescents were at greater risk for revictimization during their freshman year; each subsequent year, women who have experienced violence remained at greater risk for revictimization than those who...
have not. (3) Few studies have documented the prevalence of dating violence victimization among Latino adolescents. This study examines the prevalence of intimate partner violence (IPV) victimization among alternative school youth in Southwest Texas. Methods: Data were analyzed from a sample of 452 students from 9 alternative high schools from October, 2001 through March, 2002 via audio-enabled laptop computers equipped with headphones. Results: The sample was predominantly female (58.8 %) and Latino (60.8%). Overall, 58.7% of study participants reported experiencing any type of IPV in the 12 months preceding the survey. Forty-one percent reported being a victim of any type of physical partner violence. Subjects self-reported exposure to dating violence was dichotomized into categories of no-violence, psychological violence, and physical violence only or physical and psychological violence. Multinomial logistic regression results indicated that males had an OR of 2.8 of being in the psychological violence group only, as compared with females (p<0.00). However, there is not a significant gender difference in comparing physical violence only or physical and psychological violence to no-violence. In addition, those who have been victimized have greater odds of drug use than those without a history of victimization. Conclusions: Compared to other studies which have found IPV rates of 10% - 32% in traditional student populations, these data suggest that the alternative school population is at much greater risk of IPV and would greatly benefit from interventions that address violence in dating relationships and substance abuse prevention.

362 LEARNING FROM TWO EVALUATIVE STUDIES ON DATING VIOLENCE PREVENTION PROGRAMS FOR ADOLESCENTS. Francine Lavoie1, Martine Hebert2, Nicole Perreault3, 1Université Laval, Québec, Canada; 2Université du Québec à Montréal, Montreal, Quebec Canada; 3Direction de Santé Publique - Montréal Centre, Montréal, Québec Canada

Epidemiological data indicates that in Canada and in the United States, more than 20% of all young people will have experienced incidents of dating violence before finishing high school (Foshee, 1996; Lavoie & Vézina, 2002). It is therefore imperative that measures be taken to eliminate this violence. This paper will describe issues met in the evaluation of 2 programs.

The first research is a three-year evaluation study using a patched-up cohort design, involving an assortment of comparison groups of Grade 10 students in two schools. A total of 817 students were involved in the different comparison groups. The objective of the evaluation were to test, with a quasi-experimental design, the net effect of the program, clear of the effects of maturational trends, interfering events and pretesting. The program evaluated comprised 2 classroom sessions centered exclusively on dating relationships and considered themes of control and emotional, physical, and sexual abuse and targeted Grade 10 students (14 to 15 y.o.). The second evaluation research is a multi-site study including 15 schools in 4 regions of the province and involving 2 340 students in Grade 11 and 12. A quasi-experimental design was chosen for some of the schools in which a variation of the waiting list control group was used (the control group received the pre and post test before the program was offered to the experimental group; then later the control group received the program). This type of quasi-experimental design was chosen primarily to control the effects of selection and of the diffusion of the program and to also limit resentful demoralization in the control groups. A classical randomized design was implemented in some other schools (some schools are experimental some schools are control) to facilitate the gathering of longitudinal data without diffusion of the program. Three classroom sessions were offered on the topics of abusive control in dating, of sexual abuse and of sexual harassment.

The advantages and obstacles related to the strategies of evaluation will be illustrated. Adolescents are eager to learn on relational issues and schools can play an important role but available programs need at least better implementation and support and evaluation studies need the truthful participation of the students. Some lessons learned from the utilization in France and Belgium of these programs from Quebec will also be underlined.

363 THE PREVENTION OF COMMUNITY VIOLENCE RE-VICTIMIZATION: LINKING RESEARCH TO HEALTHCARE POLICY. Lisa Rapp-Paglicci1, Catherine Dulmus2, 1University of South Florida, Lakeland, FL United States; 2University of Tennessee, Knoxville, TN United States

Medical centers see 1.4 million serious violent crime victims every year and are the most likely places to intervene for preventing and reducing community violence. Many studies have found violent victimization to be chronic, whereby victims suffer repeated victimizations. Research has also found victims to have problems with substance abuse, criminal activity, and carrying firearms. Very few medical centers evaluate patients beyond physical conditions and very few complete toxicology or psychosocial screens to evaluate for substance abuse and psychological conditions. Unfortunately, victims are given medical assistance and released without recognition of the serious problems which may have precipitated or resulted from victimization. Medical centers are in a unique situation to prevent community violence. But their healthcare practices and policies impede violence prevention and require further modification.

364 DO COMMUNITY-BASED YOUTH VIOLENCE PREVENTION PROGRAMS USE "BEST PRACTICES" STRATEGIES?. Asha Ragin1, Joel Sagawa1, Jennie Thomas1, Shannon McGovern1, Sunitha Chandy1, Lisseth Rojas-Ejores2, 1Fuller Youth Initiative, Pasadena, CA United States; 2New York University, New York, NY United States

The study of “best practices” has made significant progress in identifying youth violence prevention strategies that work. Significant efforts have been made to disseminate this knowledge to community-based youth violence
prevention programs (e.g., Best Practices of Youth Violence Prevention: A sourcebook for Community Action, 2002). How this information has been incorporated into the practices of community-based youth violence prevention programs remains an important question. This study aims to survey youth violence prevention programs in the Greater Los Angeles area to determine the extent to which programs are implementing the “best practices.” This study is a component of the Fuller Youth Initiative, a youth violence prevention research project funded by OJJDP.

Method -The programs serving adolescents were identified through youth program directories, city police departments, city government websites, city council websites, and city youth commissions. A structured phone interview was conducted with the directors and/or program administrators of each participating program. A team of five rated the interview and categorized programs into three identified “best practices” program strategies, mentoring, social cognitive and family-based. Programs that did not fit into these categories were placed into a specified “other” category.

Results -Descriptive information was analyzed from 46 of the 76 adolescent programs contacted. Of these 46, analysis only included 37 programs that identified as youth violence prevention programs and ranked violence prevention as important or very important to their programming. Fifty three percent of the programs did not use “best practices” strategies. Sixty-six percent of the programs stated that they have participated in an outcome program evaluation.

Conclusions -The preliminary results indicate that a significant number of youth violence community-based programs in Greater Los Angeles are not using “best practices” strategies. These findings point to a disparity between the strategies utilized by community-based programs and the “best practices” literature. Such disparity calls for more joint efforts between community practitioners and prevention scientists in identifying the challenges to the implementation of the “best practices” of youth violence prevention.

365 COMMUNICATIONS STRATEGY FOR THE PROMOTION OF PEACEFUL COEXISTENCE IN COLOMBIA’S MAIN CITIES BOGOTÁ, CALI AND MEDELLÍN, Maria-Isabel Gutierrez1, Rodrigo Guerrero1, Oscar Adrián Arango1, Luis Guillermo Uribe1, Jovanna Perdomo1, Alejandro Vidal1, Virginia Escobar1, Agueda Inés Gomez1, 1CISALVA Institute - Universidad del Valle, Cali, Colombia

Violence is the principal public health problem in Colombia. According to data from the Colombian Institute of Forensic Medicine it is the principal cause of death in men and women aged 15 to 44 (74.6% of all violent deaths). Bogotá, Medellín and Cali being the most affected cities, where one in four violent deaths occur (27.4%). In 2000, around 85% of violent deaths taking place in Colombia don’t have a direct relation to the guerrilla conflict. The importance of interpersonal violence is underscored by the fact that 67.8% of people that have suffered non-fatal violent injuries knew their aggressor. The Ministry of Health concerned with this problem is leading an intervention in association with CISALVA in Colombia’s three main cities. OBJECTIVE: To develop a mass media campaign to support a community intervention oriented to promote and increase abilities in men and women aged 15 to 44 to solve interpersonal conflicts in a non violent way. METHOD/APPRAOCH: A social marketing approach was designed with the purpose of reducing interpersonal violence. A baseline survey of knowledge, attitudes and practices related to violence, found that the most prevalent violent behaviors are physical punishment to minors and verbal violence between couples. An intervention was designed targeting communities and mass media. Communities were intervened through workshops and face to face intervention using real life coexistence stories among other communication strategies. A mass media campaign was designed to enhance three community level educational interventions. Three specific middle income areas or communes were chosen for intervention, they were compared with other three middle income areas or communes in each city. The control communes were similar to the intervention areas for evaluation purposes. An advertising agency elaborated three TV and six radio commercials designed to raise awareness of the dangers of children physical punishment and verbal violence between couples. In addition, the initial base line survey was repeated at the end of the intervention to ascertain changes in attitudes and behavior. RESULTS: Until now 90 real life coexistence stories have been collected, 40 are already produced for radio format while for press format around seventy stories have been produced. More than 200 TV and more than 4000 radio commercials were shown nationwide in radio and TV between the 1st of October and December 31st. In addition, public interest allowed the commercials to be aired in AAA time. Private TV and Radio networks have united efforts for this campaign.


Relationship violence among adolescents is a serious problem with long-term societal consequences. Adolescence is an important period of transition and identity development, and violent behaviour during this phase can become an entrenched pattern that carries into adulthood. Data from both Canadian and American studies show that failure to form healthy relationships in adolescence and / or engaging in violent and abusive behaviour towards partners and peers are known precursors to serious problems affecting lifecycle development. For example, a study of 5500 high school students found that dating violence was significantly related to physical fighting, drug use, and high risk sexual behaviour. As the stability of violence between adolescence and adulthood has become more apparent, there has been a shift in focus to
reducing interpersonal violence. Starting from a baseline social marketing approach was designed with the purpose of Colombia’s three main cities. METHOD OR APPROACH: A survey of knowledge, attitudes and practices related to interpersonal violence, a series of interventions were designed. To maximize impact on interpersonal violence, interventions were focalized in two specific behaviors (child physical punishment and spouse verbal violence) and in three specific middle income areas or communes (Bosa Central in Bogotá, Commune 8 in Cali and Commune 9 in Medellín). These were compared with other three middle income areas or communes in each city similar to the intervention as a control for evaluation purposes. Community leaders, students, professors, and mothers in every one of the intervened communes were offered Radio Forums Workshops, Conflict Resolution Workshops and a Discipline without Punishment Workshops. Methodologies oriented to provide people with practical tools to face their daily conflicts in a non violent way. In addition, a narrative photo story bulletin of conflict resolution by peaceful ways was distributed in beauty parlors, health centers, schools, in order to generate communication between people on the topic of physical punishment and inter-spouse violence. RESULTS: The implementation of these communitarian interventions had more than five thousand people qualified on the subject, who will share their knowledge with their community. A minimum coverage of seventy five thousand people qualified in resolution of conflicts in the three cities was intended. Furthermore, the initial base line survey was repeated at the end of the intervention period to ascertain changes in attitudes and behavior.

*REAL WORLD SETTINGS*

SUBSTANCE ABUSE

368 WITHDRAWN


In 2001 and 2002 the Swedish government presented two national action plans. One action plan on alcohol to prevent alcohol related harm and one action plan for mobilizing and coordinating the work against drugs. In January 2003, the Alcohol Commission, the Drug Policy Coordinator and the National Institute of Public Health initiated a comprehensive local prevention and research project in six municipalities in Sweden. This project aims at mobilizing local resources for the prevention of alcohol harm and illicit drug use based on best practice and local situation assessment. In the six municipalities evidence based prevention measures will be implemented and evaluated. The strategy is to use the prevention approaches proven to be most effective in meeting the needs in the six municipalities. As a part of the baseline assessment in the six municipalities and in six matched control
municipalities, a mailed questionnaire study was carried out in May 2003. With this as a baseline study, the aim is to monitor the development of alcohol and illicit drug use and attitudes towards preventive activities during three years.

A random sample of 4,800 adolescents (15-18 years) and 7,200 adults (19-70 years), evenly distributed among 12 municipalities in Sweden, received a mailed questionnaire on alcohol and illicit drug use and related issues. The response rate was 59% among the adolescents and 63% among the adults.

The baseline assessment indicates that the use of alcohol and illicit drugs in these municipalities corresponds well with other national surveys on drug consumption in Sweden. Men consumed more alcohol and were more often alcohol dependent than women. The total consumption of alcohol was higher in large municipalities and in southern municipalities as was the prevalence of alcohol dependency. Similarly, use of illicit drugs was more prevalent in these municipalities. Further, young adults (19-25) were more often involved in accidents or injured as a result of alcohol use than older age groups. Younger persons were also more likely to have been driving a car or motorcycle after alcohol and illicit drug use. The attitudes towards preventive interventions were generally very positive, the proportion of positive persons increased with age.

Repeated surveys will enable us to monitor the development of alcohol and illicit drug use, attitudes in the population and alcohol and drug related harm during the three years of the project and to evaluate the effects of local preventive interventions. The positive attitudes towards preventive interventions in the population supports the efforts to decrease problems and injuries related to alcohol and illicit drugs.

**370 PREVENTION OF ALCOHOL PROBLEMS AMONG SWEDISH HIGH SCHOOL STUDENTS: MEDIUM-TERM FOLLOW-UP IN A RANDOMIZED CONTROLLED TRIAL.** Torbjorn Sjolund¹, Sven Andreasson², Karolinska Institute, The STAD-Project, Stockholm, Sweden

**Background** A Swedish version of a US alcohol prevention program, *Prime for Life*, is being evaluated in a trial among Swedish senior High School students. *Prime for Life* is a risk-reduction program that has been used and refined in the US for over 20 years by the Prevention Research Institute and is now tested outside the US for the first time.

**Objective** This study presents medium term follow-up data; primarily on drinking behaviour, but also on knowledge and attitudes towards alcohol.

**Method** In total, 23 schools and 926 students (with a retention rate of 75%) participated in the randomized and controlled trial. The mean time from baseline to follow-up was 20 months. Data collection was conducted with questionnaires, including the frequency of alcohol consumption and the volume on a typical occasion. Since the Swedish version of the AUDIT-questionnaire is used, the total AUDIT-score is also calculated.

**Data analysis** Changes in overall drinking behaviour is the primary focus for analysis, but possible effects in predefined subgroups are also investigated. The design effect, due to clustered participants, will be accounted for in the analysis, as well as the importance of possible confounders, such as gender and ethnicity.

**Results** Since the data-collection is being conducted at time for submission, results will be presented at the conference.

**371 A PILOT STUDY ON AURICULAR ACUPRESSURE IN SUBSTANCE ABUSE TREATMENT: FINDINGS FROM NEW MEXICO.** Xiaowei Tian¹, Satya Krishnan¹, New Mexico State University, Las Cruces, NM United States

The purpose of the current study was to investigate the effectiveness of auricular acupressure in conjunction with psychotherapeutic counseling as a treatment modality for young adults (18-25 years of age) who self-reported abuse of alcohol and illicit drugs. The current study represents an innovative approach of treatment for substance abuse and dependence and differs from acupuncture in at least four ways: Low cost, non-invasive, pain-free, and easy to administer. According to the 2001 National Household Survey on Drug Abuse, those between the ages of 18 and 25 years had the highest prevalence rate of substance abuse/dependence among all age groups (SAMHSA, 2001). Findings from our ongoing randomized, placebo-controlled, single-blinded study will be presented at the conference. We hope that the current study findings will be applicable to substance abuse prevention and intervention efforts in the United States, especially in communities along the US-Mexico border region where the availability of and accessibility to alcohol and illicit drugs are high and substance abuse and dependence are prevalent among adolescents and young adults (New Mexico Department of Health [NMDOH], 2002). In addition, few prevention and treatment programs and services are available due to a variety of factors including poverty that can meet the growing prevalence and demands of substance abuse and dependence in these border communities. The need for a cost-effective treatment modality that is readily available, easily accessible, and effectively administered is urgent. Because acupressure is non-invasive, pain-free, and low in cost, this treatment modality when applied in the early stage of intervention as well as in combination with psychotherapeutic approaches may provide a useful and effective strategy to address substance abuse and dependence among those who are most affected by it.
controlled trial among Swedish conscripts. The *Prime for Life* program was delivered as a one-day course, focusing on different risks with high use of alcohol and intoxication. The curriculum emphasizes genetic predisposition and tolerance development as the two most important factors in estimating the personal risk for developing alcohol problems.

**Objective** This study presents medium term follow-up data; primarily on drinking behaviour, but also on knowledge and attitudes towards alcohol.

**Method** Eight regiments and 1373 male conscripts participate in a restricted randomized trial. Questionnaires with mostly alcohol-related questions, including a Swedish version of the AUDIT-questionnaire, are being used to assess consumption and attitudes. The mean age of participants was at the time for the intervention 20 years and the time from baseline to follow-up is 22 months.

**Data analysis** Drinking behaviour is the primary focus for analysis. Possible differences related to the military rank of the conscripts and geographical location will be explored, as well as the importance of different instructors. Ethnicity, age and personality are other variables of interest.

**Results** At the time of submission of this abstract, data collection has just been completed. Results will be presented at the conference.

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**373 TRUST, JUSTICE, AND TREATMENT ENGAGEMENT IN A FAMILY DRUG COURT. Tanya Nieri1, Jose Ashford1, Crystal Garcia1, 1Arizona State University, Tempe, AZ United States**

Drug courts originated in the criminal justice system as a way to address adult criminal offenders’ substance use. Due to the success of these courts, the model has been applied to family courts to address the drug dependency implicated in many child protective services (CPS) cases. This presentation explores the influence of perceptions of trust and justice in the treatment engagement and outcomes of substance-abusing parents served by one such family drug court in Arizona. While in other family drug courts a single judge handles families' substance use and child dependency issues, the judge in this court presides only over the substance use issues. Participation in the court is voluntary. However, once a family chooses to participate, it is expected to comply with rules set forth by the judge and may be formally sanctioned for noncompliance. The judge by virtue of his/her position of authority may influence parents' perceptions of trust and fair treatment (i.e., justice) differently than a CPS case worker might. Using in-depth interview and other court data, the study compared two groups: parents who volunteered for judicial oversight of their substance treatment and parents who resided in areas outside the courts' jurisdiction and received standard CPS case management. Differences in treatment engagement and completion, client satisfaction, and program outcomes were explored. Results suggested that the court's effectiveness was related to the level of trust engendered by the judge and the parents' experience of fair treatment. Further analyses revealed that parents' greater trust, greater satisfaction, and participation in and completion of treatment positively influenced their experience of fair treatment. In addition, treatment engagement and success were associated with parents’ satisfaction with the program. Implications for treatment and child welfare interventions will be discussed.

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**374 UTILIZING STUDENT HEALTH SERVICES STAFF IN THE PREVENTION OF COLLEGE STUDENT SUBSTANCE ABUSE. Steven West1, Virginia Commonwealth University, Richmond, VA United States**

Substance use and misuse by college students is a well-documented problem having serious public health and public policy ramifications. Research over the last two decades has consistently shown that over 30% of college students report having binge drank during the last month, and 40% report having done so during the previous year. Drinking to the point of intoxication is common, and many students drink abusively on multiple days each week (Wechsler, Davenport, Dowdell, Davenport, & Rimm, 1995; Wechsler, Lee, Kuo, & Lee, 2000). Such extreme rates of substance use have fueled the development of a wide array of campus-based prevention efforts. Recent research, however, has found such targeted efforts produce very little positive effect (West, Graham, & O’Neal, 2003). Such findings suggest the need to consider alternate prevention methods. Campus student health services offices could potentially serve as one setting for the provision of prevention services. Little is known about the ability, willingness, or the current tendency of medical staff in such offices to provide prevention services. To address this deficit, we conducted a random survey of student health services staff at 200 colleges and universities from throughout the U.S. We sought to detail both the ability and willingness of such health providers to be a source of preventive information and to also assess the current prevalence of such interventions. Further, we explored potential differences in the provision of such services based on a number of characteristics of the responding institutions. Results indicate that the overwhelming majority of health providers indicate at least some willingness to provide prevention information, although many are unsure of the best means by which to engage in such activities. Accordingly, only a limited number of these providers indicated that they engaged in some kind of prevention activity. Although the current rates of interventions are small, the willingness of student health services providers to be a source of prevention information appears to be a resource that could be mobilized to address this important public health problem. Implications for future prevention programming are discussed.

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**REAL WORLD SETTINGS**

**375 SUBSTANCE ABUSE IN NATURALISTIC SETTINGS**

**A MIXED-METHOD APPROACH TO THE STUDY OF ALCOHOL AND PRESCRIPTION DRUG USE AMONG COLLEGE STUDENTS IN CALIFORNIA. Kristin**
There are complex risks associated with the mixed use of alcohol and prescription drugs for recreational purposes. Yet, studies on the prevalence of polydrug use on college campuses as well as how and why students might consume prescription drugs for non-prescribed reasons remains a largely unexplored field of study. This paper reports on the first phase of an ethnographic investigation of mixed use of alcohol and prescription drugs among college students at the University of California, Berkeley. Quantitative interviews (n=30) and survey data (n=2000) are brought together to evidence the value of a mixed method approach. Data from a survey of 2000 undergraduates are used to demonstrate the need for qualitative study of socio-cultural motivations for and perceptions of non-medical use of prescription drugs in combination with alcohol. Interview findings are then provided to illuminate the cultural contexts and motivations associated with alcohol and prescription drug use. Bringing together quantitative and qualitative findings, we are in a better position to understand factors that may predispose a student to use prescription drugs in combination with alcohol including perceptions of the “high” or experience of intoxication as well as the perceived risks of legal drugs as compared with illegal drugs. Prescription drugs tend to receive less attention than illicit drugs in campus-based prevention research; yet, undergraduates at UC Berkeley reported a higher recreational use of prescription pain relievers (7.4%) than hallucinogens (3.7%), amphetamines (3.1%), cocaine (2.4%), or Ecstasy (1.9%)—figures that compel us to look more closely at risks associated with prescription drug abuse rather than simply the prevalence of use. Considering the frequency of alcohol abuse on campuses and the reported increase of prescription drug abuse among young adults, it is pressing to consider how prescription drug use may exacerbate the harms associated with drinking.

377 REFUSING DRUG IMPAIRED GUESTS ENTRANCE AT NIGHTCLUBS: A STUDY OF EFFECTS OF A COMMUNITY DRUG PREVENTION PROGRAM IN STOCKHOLM, SWEDEN.. Johanna Gripenberg1, Sven Andreasson1, 1Karolinska Institute, Stockholm, Sweden

Background. According to Swedish law licensed premises are not allowed to let drug impaired guests into there establishments. The use of recreational drugs at nightclubs has however increased in Stockholm. As a result, a community drug prevention program with the aim of reducing the prevalence of recreational drug use at nightclubs has been initiated.

Objectives. To evaluate the effects of a community drug prevention program on the frequency of doormen refusing obviously drug impaired guests entrance into nightclubs.


Setting. Trendy nightclubs in the Central part of Stockholm, Sweden.

Intervention. The community drug prevention program includes mobilization of important gatekeepers and authorities, drug-training programs for employees, policy work, changes in the physical environment at nightclubs, increased enforcement and a PR campaign.

Methods. Two male actors were trained to act obviously drug impaired and attempted to enter nightclubs with doormen. At the baseline in April 2003, the actors did 40 attempts to enter nightclubs. At least two observers monitored each visit.
Results. At the baseline study the actors were denied entry three out of the 40 attempts. The observers were allowed to enter at every attempt. The results of the follow-up study in 2004 will be included in the presentation.

Discussion. At the time of the baseline study drug impaired guests were rarely denied entry into nightclubs. This emphasizes the importance of training and motivating doormen to refuse entrance of drug impaired guests.

Prevention programs do not operate in vacuums, and identifying contextual factors that contribute to (or hinder) a program’s success is a critical part of conducting effectiveness studies. According to Pawson and Tilley (1997), when evaluating social programs, it is especially important to understand “the interplay of individual and institution, of agency and structure, of micro and macro social processes” involved. In this study, we examine both individual and ‘institutional’ factors that contribute to the explanation of program outcomes in an alcohol-related intervention aimed at college fraternity members. Grounded in principles of social learning theory, the Training for Intervention Procedures (TIPS)for the University intervention is designed to show students why, when and how to intervene with their peers to prevent alcohol-related problems, and includes an information component, skills-training, and behavioral rehearsal.

We investigate the relationship between changes in drinking behavior and individual factors, such as levels of program participation, and knowledge of the intervention curriculum. ‘Institutional’ or contextual factors such as normative beliefs about alcohol use within fraternity chapters and chapter-level program participation will also be examined as they relate to individual change in alcohol consumption over time.

A national sample of 3,406 fraternity members participated in the study. An experimental design was employed, with 98 chapters randomly assigned to one of three experimental conditions.

We explicate and test a multilevel theory of this alcohol-related intervention. Specifically, General Growth Mixture Models (GGMM; Muthen et al., 2002) are used to test TIPS intervention effects and to empirically identify and explain heterogeneity of intervention effects. We use information about program dosage both at the individual and chapter levels to account for heterogeneity in individual trajectories of alcohol use. “Ecometric” techniques (Raudenbush and Sampson, 1999) are used to define the chapter-level contextual measures.

This paper has particular relevance for the conference theme which highlights links between prevention science, policy and practice. Specifically, by identifying contextual factors that contribute to program success, both prevention science and practice may be enhanced. By studying the interactions between dosage at the individual and chapter levels, we undertake a serious explication of change processes as they operate in practice. It is hoped that by gaining a more refined understanding of the contextual and individual factors affecting program effectiveness, we may inform future prevention efforts and prevention science, more generally.
INTERVENTION AT LICENSED PREMISES IN ALCOHOL AND ASSAULTS: RESULTS OF AN

In a recent review of literature on approaches to reducing excessive alcohol use among university students, Larimer and Cronce (2002) concluded that several individual-level approaches consistently lead to short-term positive outcomes. With this good news, comes some bad news: Achieving adequate voluntary participation levels for the approaches is difficult. In addition, Black and Coster (1996) indicate that attracting higher risk university students to preventive interventions is particularly difficult.

While developing effective approaches to recruiting students is important, so too is understanding the contexts in which participation levels are likely to be of greatest concern. Identifying contextual factors associated with participation levels can help program planners to anticipate participation issues and respond appropriately. For example, knowing that a campus fits a profile that is associated with low participation rates can avoid underestimating the effort required to achieve acceptable levels of participation.

To identify characteristics of campuses and fraternity chapters associated with levels of participation in a preventive intervention, we propose to analyze data from an NIAAA-funded assessment of the Training for Intervention Procedures (TIPS) program (i.e., three hour training delivered by certified trainers) that was conducted with chapters of a national fraternity on 98 campuses. Across the 57 chapters that received the intervention, 63 percent of eligible fraternity members chose to participate in it. However, despite implementing fairly uniform approaches to boosting participation, the chapter-level participation levels varied widely, from 20 to 100 percent. Moreover, we expect that the extent to which higher risk vs. lower risk (as measured by alcohol use at baseline) fraternity members participated in TIPS also varied across chapters.

Our analytical approach will focus on examining the correspondence between measures of chapter-level participation and campus and chapter characteristics, including university enrollment, geographical location, number of chapter members, whether the chapter has a fraternity house, and whether the chapter was sanctioned by the national fraternity. By applying multiple correspondence analysis and other optimal scaling methods, we will describe the “social space” of chapters; in addition, we will compare the results of these analyses with those yielded by more standard approaches such as regression. Because all of the contextual factors will be readily observable, the results will be useful to program planners interested in gauging a priori the challenges they are likely to face in achieving desired participation levels among fraternity members in preventive interventions.

ALCOHOL AND ASSAULTS: RESULTS OF AN INTERVENTION AT LICENSED PREMISES IN

STOCKHOLM, SWEDEN. Sven Andresson1, Eva Wallin2, Karolinska Institute, Stockholm, Sweden; 2Karolinska Institutet, Stockholm, Sweden

Background While the causal nature of the association between alcohol consumption and aggression remains debated, it is clear that there is an association between intoxication and violent crime. In Sweden, more than 80 per cent of the offenders in police reported assaults are intoxicated, and more than 50 per cent of the victims. Previous research has also demonstrated that alcohol drinking in licensed premises is more closely linked to assaults than drinking in other settings. We have earlier reported positive effects on the assault rate of an intervention designed to reduce intoxication among patrons at licensed premises in Stockholm. The aim of the present project was to study the effects when the intervention was replicated in another district within Stockholm, a district which earlier served as a control area.

Methods The intervention consisted of a combination of training in responsible beverage service and stricter enforcement of existing legislation. Outcome was measured by monthly changes in rates of police reported assaults. The assault rate was analyzed with time-series analyses with ARIMA modeling.

Results During the first phase of the project, from January 1998 through September 2000, the assault rate decreased significantly in the intervention area, by 29 per cent, in comparison with the control area. During a second phase, from November 2001 through May 2003, the intervention was extended to the earlier control area. Effects on the assault rate is now being analysed and will be reported at the conference.

*REAL WORLD SETTINGS*

HIV/STD POPULATIONS AT RISK

HIV TESTING AMONG HIGH RISK YOUTH. Jennie Harris1, Wendy K.K. Lam1, 1RTI International, Research Triangle Park, NC United States

Children of drug users are at risk for substance use themselves. The strong link between adolescent substance use, risky sexual behaviors, and exposure to environmental risk factors related to their parent’s drug use, make these adolescents vulnerable to HIV. Yet, these youth often do not receive routine HIV prevention services, including HIV testing. In April 2003, the Centers for Disease Control and Prevention (CDC) launched a new initiative to increase access to routine HIV testing. To increase youth’s access to and use of such services, it is imperative to first understand their barriers to accessing them. This presentation explores youth’s use and perceptions of HIV prevention resources and ways in which existing services could be made more accessible to them. Cross-sectional survey participants were children (ages 12-17) of African American mothers who use crack-cocaine (N=69) recruited through street outreach in North Carolina. Data collection for this ongoing study began in June 2003. Field staff administered computer-assisted personal interviews.
which included questions about HIV testing and access to and use of prevention services. We will conduct focus groups with randomly selected youth to explore these issues further, and integrate qualitative findings with quantitative interview data to yield a more complete understanding of high-risk youth’s prevention service needs. The mean age of participating youth was 14.2, and 61% were female. Although 36% of youth had already had sex, only 9% had been tested for HIV. Seventy-one percent of youth knew of a staff person at their school with whom they could talk to about HIV or sexually transmitted infections (STIs); however, just 29% knew of places in their community where they or their friends could go to talk to someone about these infections. Only 6% of high-risk youth perceived a need for HIV or STI services. These data suggest a discrepancy between youths’ risk level and behaviors and beliefs about their HIV and STI prevention service needs. To explore this gap further, we will conduct focus groups with high-risk youth to learn more about their HIV testing knowledge and beliefs and barriers to accessing HIV testing and other preventive services in their communities and schools. We will also investigate participant’s recommendations for making existing programs more youth-friendly. Identifying factors that affect youth’s access to HIV prevention services from multiple environmental levels will inform the development of effective interventions for low-income African American youth from substance-using families.

The proposed study used an accurate and comprehensive statewide database that has been the basis of other studies (Lundgren, et al., 2003). Data on all IDU admissions to all substance abuse treatment programs licensed by the Bureau of Substance Abuse Services (BSAS) of the Department of Public Health in the state of Massachusetts for the years 1996-2003 were used for this examination. Between 1996 and 1999, these IDUs accounted for 28,320 individuals between the ages of 18 and 75, and 100,391 admissions to the Massachusetts drug abuse treatment system.

A variety of statistical analyses, ranging from descriptive to regression analyses was conducted. Findings showed that younger IDUs were more likely to report drug injection in the last month than older IDUs. The author also found that younger IDUs were more likely than older IDUs to use detoxification only and less likely to enter both residential treatment and methadone maintenance treatment. While most individuals in the two age groups reported heroin as the primary drug of choice, the younger IDUs were less likely to report any other drug or drug combinations as their second choice.

Findings suggest that further research is necessary to better understand whether young IDUs likelihood to only use detoxification and not enter into more substantial treatments such as residential treatment is influenced by client characteristics (e.g., drug use patterns, perception of drug use, self-esteem) or system-driven factors (e.g., accessibility to other service modalities). Practice and policy implications of age-related differences such as increased treatment referrals for young drug users to treatment entry are also discussed.

383 PREVENTING YOUNG INJECTION DRUG USERS (IDU) FROM EVOLVING INTO CHRONIC INJECTION DRUG USE. Sunny Hyucksun Shin1, 1Boston University, Boston, MA United States

Research on young IDUs is especially important because injection drug use is the second leading cause of Human Immunodeficiency Virus (HIV) infection (Fennema, et al., 1997). Further, young adulthood is a critical developmental stage in which individuals are launched into adult relationships and adult roles. Therefore, use of injection drugs in late adolescence and young adulthood is likely to result in negative long-term effects on adult functioning. In spite of the urgency of the issue, there is a dearth of research on the most appropriate treatment strategies for this vulnerable group and ways to prevent the development of injection drug use.

This study examined whether or not there are significant differences in drug-treatment entry patterns for younger IDUs (ages 18-25) compared to older IDUs (over 40 years of age). The author also investigated whether demographic and socio-economic factors such as gender, race, mental health service use, employment status and housing status intervene in the identified relationship between treatment entry patterns and age of the IDU.

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384 REPEATED ASSESSMENTS AS A BEHAVIOR CHANGE STRATEGY. Marguerita Lightfoot1, Mary Jane Rotheram-Borus1, Gabrielle Gunderson1, 1University of California, Los Angeles, Los Angeles, CA United States

Background: In a series of studies, persons whose risk behaviors are assessed have repeatedly reported decreases in risk behaviors following the first assessment. For example, the results of the National Multisite of HIV Prevention Trial (The NIMH Multisite HIV Prevention Trial, 1998) found that the control group increased condom use 27% and decreased their number of unprotected risky acts by 30%, and the reductions were sustained one year. Similar reductions in risk behavior of control groups have been found in samples of adolescents in runaway shelters (Rotheram-Borus, M. J., et al., 1991), patients at STD clinic (O’Leary, et al., 1998), and the AIDS Community Demonstration Projects (CDC, 1996). The improvements found in both intervention and control conditions suggest conducting risk assessments have a positive effect on behavior. However, there has been no research regarding the impact of repeated assessments. The current study will examine the effect of repeated assessment on sexual risk behavior.

Methods: Prior to scheduled medical appointments, a computer-assisted risk assessment was delivered to 200 HIV seropositive men and women in four health care clinics. Participants completed both a baseline and 3-month follow-up assessment. Three domains of measures were evaluated in the 20 minute risk assessment: 1) sexual risk behavior; 2) motivation for behavior change and behavioral intention; and 3) background and contextual factors.
Results: Participants were predominately male (93%) with a mean age of 40 years (S.D. = 8.94). Participants were 43% White, 16% African American and 32% Latino, and 34% reported their current financial situation as poor or very poor. At baseline, participants reported a mean of 6.47 (S.D. = 10.64) sexual partners and only 10% reported using a condom every time. Participants also completed a three month follow-up assessment. We will examine the impact of repeated assessments on behavior change using hierarchical linear models. We will also examine how motivation, intention and background variables mediate change.

Conclusions: There has been no research regarding the impact of repeated assessments on behavior although improvements of control conditions found in intervention studies suggest conducting risk assessments have a positive affect on behavior. This study will examine the impact of repeated assessments on behavior change and discuss the implications on prevention.

385 FACTORS ASSOCIATED WITH PEER HIV PREVENTION ADVOCACY IN DRUG USING COMMUNITIES. Carl Latkin1, Amy Knowlton1, Wei Hua1, Johns Hopkins University, Baltimore, MD United States

Peer education and social diffusion of behavior change are critical factors for developing HIV prevention that have sufficient reach and sustainability. In the SHIELD study, 156 volunteer peer advocates, who were randomly assigned to an experimental condition of 10 sessions of risk reduction and peer advocacy training, were evaluated 6 months after their 10-session small-group training. In general, current drug users were significantly less likely to report engaging in HIV prevention conversations in the prior month, but were more likely to provide bleach to drug using network members. Participants who were older (41+) were significantly more likely to report HIV prevention conversations, and women were marginally more likely to report providing condoms to network members. Those who were HIV seropositive were significantly more likely to report talking to sex partners and family members about HIV. These data suggest that demographic characteristics, drug use, and HIV status are associated with HIV prevention conversions and should be considered when designing peer advocacy HIV prevention programs.

*REAL WORLD SETTINGS*

FAMILY FOCUSED INTERVENTIONS

386 PROJECTS THAT SUPPORT FATHERING IN CANADA. Key Issues Coming from Community Best Practices. Annie Devault1, Judith Gaudet2, Michele St-Denis3, Université du Québec en Outaouais, Gatineau, Quebec Canada; 2Université du Québec à Montréal, Montréal, Quebec Canada; 3DSP Montérégie., Quebec Canada

The present study aimed to identify the characteristics of current Canadian intervention programs designed to promote and support father involvement in child development. Projects were recruited using key informants in each of the ten provinces of Canada. Two hundred and thirty projects were listed and the research questionnaire was distributed to all of them. The return rate was 37%. Sixty one questionnaires met inclusion criteria and were retained in the final sample. The paper will present a summary of an overall picture of every sort of Canadian project that targets directly or indirectly men as fathers. The main purpose of this paper is to present the results coming from a subsample of 15 projects representing best practices in fatherhood intervention. They were chosen by a jury of experts using a diversity of well known success criteria for community intervention programs. In-dept interviews were conducted with the coordinators of those programs. Qualitative analyses were used to isolate the main characteristics of such programs. The results show that best practice projects have in common several dimensions that seem to be related to the success of intervention with fathers: recruitment of participants, approach with fathers and connection with fathers needs. We also outline leaders perception of what make their project a success. This information is compared with criteria of success we find in the scientific literature. The discussion underscores the strengths and weaknesses of father support programs and guidelines for future intervention and research in this area are proposed.

387 BRIEF INTERVENTIONS PROVIDED BY PRIMARY CARE PROVIDERS TO IMPROVE PARENTING PRACTICES: A PILOT STUDY. Shan Mohammed1, Scott Grey1, Brian Wagstaff1, Antonette Graham1, Case Western Reserve University, Cleveland, OH United States

PURPOSE: Brief interventions have been used effectively in primary care to address a number of problem behaviors such as substance abuse, smoking, and diet. This study aims to reduce substance abuse and risky sexual behaviors in inner-city, minority youth aged 11-14 years by developing a brief intervention for primary care providers (PCP) to improve parenting practices.

METHODS: A brief intervention was developed for PCP’s that included discussing parenting skills, identifying parenting problems, counseling parents and supplying handouts on risky behaviors and normal development. PCPs from three inner-city health clinics were trained to provide the brief intervention to parents of youth attending the clinics. A pre-training control sample of 41 parents and a post-training brief intervention sample of 75 parents were surveyed to determine if the training increased: (1) PCP interactions with parents on substance abuse and risky sexual behaviors; (2) PCP discussion of parenting practices with parents; (3) parent perceived appropriateness of PCP dialogue on substance abuse and risky sexual behaviors; and (4) parent perceived usefulness of the advice from PCPs on problem behaviors and parenting.
RESULTS: Compared to the controls, the brief intervention sample demonstrated a moderate [effect size (ES) = 0.35, 95% confidence interval (CI): 0.15, 0.50] increase in interactions with PCPs on substance abuse and risky sexual behaviors; a small [ES = 0.14, CI: 0.05, 0.24] increase in discussions of parenting practices; and a moderate [ES = 0.41, CI: 0.26, 0.55] increase in the perceived usefulness of the advice from PCPs. Parent perceived appropriateness of PCPs discussing problem behaviors did not differ across the samples.

CONCLUSIONS: The results of this pilot study suggest that training PCPs to provide brief interventions to the parents of at-risk youth can increase the dialogue between PCPs and parents on problem behaviors and parenting practices. The results also suggest that parents perceived the advice from PCPs as useful. Additional follow-up with parents and youth is ongoing to determine if the brief interventions actually improves parenting practices and reduces substance abuse and risky sexual behaviors in youth.

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PARENTAL SUPERVISION OF TEEN DRIVERS IN A GRADUATED DRIVER LICENSING SYSTEM. Martha Waller1, Arthur Goodwin1, Robert Foss1, Lewis Margolis1, University of North Carolina at Chapel Hill, Chapel Hill, NC, United States

Background: Motor vehicle crashes are the leading cause of death for teens between the ages of 15 and 19. In response, many states have implemented Graduated Driver Licensing (GDL) systems that are designed to provide beginning drivers with substantial driving practice in low-risk settings, exposing them to more risky situations (e.g., night driving) after experience is gained. GDL has proven highly effective in reducing injuries and deaths among 16 and 17 year olds. Although GDL requires parents and teens to spend a substantial amount of time together as the teen learns to drive, we have little understanding of the interactions between adults and teens during the GDL process. The present study was undertaken to examine interactions of parent-teen dyads during the first stage of GDL.

Methods: Families were recruited at DMV offices in nine counties in North Carolina as teens applied for a learner permit. Parents and teens were sent questionnaires three to six months after recruitment asking about their early and recent experiences with practice driving.

Results: A total of 1,190 families were recruited, and we received questionnaires from both a parent and teen for 528, a 44% family response rate. Two-thirds (67%) of teens identified their mother and 27% their father as their primary driving supervisor. Parent-teen agreement regarding parents’ supervisory behavior was low. For example, more than 70% of parents reported talking “often” with their teen after early driving sessions, but only 36% of teens said discussions happened this frequently (κ = .11). Almost half of all parents (44%) and teens (45%) believed that the time spent learning to drive improved the communication between them. Yet, within-family agreement was low (κ = .26). Finally, even after 6 months of driving practice, most parents were uncomfortable with their teen driving without a supervisor.

Conclusions: The extended period of time that parents and teens spend together during the learner permit phase appears to be a positive experience for many families. In view of the pervasive protective benefits of close parent-teen relationships, the effects of the learner phase of GDL may extend beyond simply ensuring that teens obtain substantial driving experience under low-risk conditions. Although these are encouraging findings, it is apparent that parents and teens often had very different impressions about what occurred during driving sessions. This has important implications for parents who supervise their teen’s early driving and for researchers who evaluate prevention strategies for teens.

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FROM WORKPLACE TO THE FAMILY: A PREVENTION MODEL. Guillermina Natera1, Marcela Tiburcio1, National Institute of Psychiatry, Mexico, Mexico D. F., Mexico

The importance of including the family as part of a social support network for the worker does not need a great deal of justification as it is a well known fact that problems at work can have an effect on family relations and vice versa. Substance use have important consequences on individual health and one of the most immediate environmental groups affected is the family. The user must be responsible for many family problems but on the other hand, family problems can also be a significant reason for consumption.

The paradigm of this project is proactive, precisely designed to promote primary prevention and to offer alternatives for secondary and tertiary actions including the worker, his family and his community. The relevance of prevention through the workplace can be an excellent alternative as the traditional places for it sometimes do not have the adequate coverage nor availability due to different reasons.

This project is part of a broader research focused on the “Model Programme for the Prevention of Drug and Alcohol Abuse Among Workers and Their Families” implemented in Mexico, the objective of this paper is to show the feasibility of the extension to the family of a prevention programme in two Mexican enterprises through the implementation of: a) an initial diagnosis of the problem; b) development of materials for preventive intervention and its implementation and c) assessment of the intervention. The more useful areas explored were: to detect the use by the closest family members; problems associated with it; attitudes toward the involvement of the family, and the possibility of the implementation for a prevention program. The most important results of this research and the campaign that had significant implications for the program are the following: It was verified that the family is a very important element to integrate in an intervention program, even if it is done through the worker and not approached directly. The results also show that the concept regarding the family, the workplace and the community as
being interrelated spheres, and that what happens in one of them affects the others, was reinforced in the worker.

Finally, with regard to the diagnostic, instead of suggesting more variables, we would like to point out some areas that might be worthy of research, especially when there is lack of space, to design the intervention course directed to the family.

390 EVALUATION OF A SWEDISH VERSION OF THE STRENGTHENING FAMILIES PROGRAM: A RANDOMIZED CONTROLLED TRIAL. Eva Skästrand1, Sven Andréasson1, Karolinska Institute, Stockholm, Sweden

Background: Family-focused programs seem to be some of the most promising interventions to reduce alcohol and drug use among adolescents. Findings from the Strengthening Families Program (SFP) have demonstrated positive outcomes. A translated and culturally adapted version of the SFP has been developed in Sweden, called Step-by-Step. A randomized, controlled study is now being conducted to evaluate the effects of this program.

Objective: To present baseline data from the evaluation of the Step-by-Step program.

Study design: Randomized, controlled trial with baseline in March 2003, and follow-ups at 12, 24 and 36 months after intervention.

Methods: Nineteen elementary schools in Stockholm were randomly assigned to either intervention or control condition. The pretest involved 707 students in grade six (age 12) and their parents. The participation of the students required consent from their parents. 523 students and YYY parents completed questionnaires about alcohol and drug use, leisure time activities, normbreaking behaviors, self-esteem, parent-child affect, and school climate.

Results: The response rate for intervention students was 93 per cent (330), and 87 per cent (193) for control students. The response rate for intervention parents was xx per cent (yyy) and yy per cent (xxx) for control parents. No differences were found between the intervention and control groups, indicating group equivalence. Preliminary results showed that 7.8 per cent of the boys and 6.9 per cent of the girls had been drunk at least one time. The frequency of drinking almost every week was 9.0 per cent of the boys and 20.0 per cent of the girls who had ever been drunk. More analyses from the baseline will be presented at the conference.

391 EARLY INTERVENTION WITH HIGH-RISK FAMILIES LIVING IN HIGH-NEEDS COMMUNITIES: MAKING THE CASE FOR THE DISTINCT ROLE OF LAY HOME VISITOR. Jean Hughes1, Dalhousie University, Halifax, Nova Scotia Canada

While there is little debate that conventional health systems do a poor job of reaching out and engaging high-risk families, finding alternate ways to access such populations is no easy feat. Many early intervention programs employing community-based, home visitation service delivery models have proven to be more successful than conventional models; however, there continues to be much debate over which provider achieves better results - professional or lay providers. This paper compares the effectiveness of two providers who routinely make first contact with families of newborns: the public health nurse and the lay home visitor. The roles were tested through an early intervention program, called Growing Together, located in a high-needs population (transient, low income, under-educated, lone parent families) living in a densely populated community in Eastern Canada (22,700) with few agencies, a high prevalence of street and drug crime, and an annual birth rate of about 215. The public health nurse served in a conventional role that contacted all families with newborns to assess needs and offer services. The lay home visitor role was designed around a very specific model “the ACE model in which families are Accessed (make contact, foster supportive relationships with families and connections within the community using shared experiences, etc.), the birth is Celebrated (mark the birth with a certificate of community citizenship, each family member receives a present designed to promote healthy interaction and development, etc.), and family members are Empowered/Enabled, particularly mothers, (building capacity in culturally relevant and practical ways, taking families to family resource centre/doctor/court, supporting mothers during child protection visits). The paper reports a comparison of professional and lay provider outcomes in terms of family recruitment, engagement and retention in Growing Together programs and services. The paper also reports the suitability and relevance of the Nursing Child Assessment Satellite Training Program (NCAST), a program designed for professionals to enhance parent-child interaction, for the lay provider role from multiple perspectives (the parent, lay provider, supervisor). Finally, the paper examines possible reasons why the lay provider role is still resisted/undermined by some professionals, despite the findings showing support for the role and discusses strategies for change.

*REAL WORLD SETTINGS*

COMMUNITY READINESS

392 COMMUNITY READINESS TO ADDRESS PARTNER VIOLENCE: A GENDER COMPARISON. Pamela Thurman1, Barbara Plested1, Randall Swaim1, Ruth Edwards1, Robert Foley2, 1Colorado State University, Fort Collins, CO United States; 2Tri Ethnic Center for Prevention Research, Fort Collins, CO United States

This project utilized the Community Readiness Model to examine the male perspective of readiness for prevention of intimate partner violence (IPV) in rural ethnic communities in the U.S. It followed up on a previous IPV research project conducted with women in rural communities across four cultures (non-Hispanic White Americans, American Indians and Native Alaskans, and Mexican Americans). Both projects
studied readiness to address IPV, though this study added the perspective of African American men to the four cultures. The project sought the male perspective, both as perpetrator and victim, a component vital to effectively depicting an accurate picture of the scope and challenges related to IPV prevention. Though IPV cuts across culture and gender, the resources to address the problem are more limited in rural communities than in urban. When we examined resources available to men, the complexity of identifying non-punitive resources emerged and may very well be a major factor that impacts readiness for prevention efforts. Further, for individuals in communities with significant ethnic minority populations, the few resources that do exist may be culturally-inappropriate and/or gender in-appropriate and therefore, not utilized. Finally, we found that community readiness to address prevention of IPV differed greatly between men as victims/perpetrators and women as victims/perpetrators.

An overall goal consistent across both of these studies was to advance the state of knowledge about the nature of IPV in rural communities, including norms and acceptability of the behavior, perceived causes, barriers to help-seeking by perpetrators/victims, and culturally-acceptable and appropriate methods of intervention that specifically target each gender. Community Readiness interviews were conducted with 240 females in the first study and in this study, interviews were conducted with 320 male respondents. The data provided a wealth of information from the grassroots as well as leaders and providers and resulted in valuable information as to why prevention of IPV meets with failure for the male target audience. Comparative data will be presented, using information from both studies, to examine readiness to address IPV, including perceptions of both males and females related to overall readiness, existing community efforts, knowledge of those efforts, perceptions about leadership’s commitment to IPV prevention, the climate of the community, community knowledge of the issue, and availability of resources. Cultural and gender differences will be presented as well as language barriers that may have impeded prevention efforts in the past.

393 USING COMMUNITY READINESS ASSESSMENT TO UNDERSTAND DIFFERING NEEDS FOR INHALANT PREVENTION: A MULTI-CULTURAL STUDY.

Barbara Pleston1, Ruth Edwards1, Pamela Thurman1
1Colorado State University, Fort Collins, CO United States

The Community Readiness Model is a theory-based model that uses community input to assess and to help develop a community’s preparedness to take action on issues relevant to the community. Drawing on theories of individual readiness for treatment and community development models, the Community Readiness model assesses readiness based on six dimensions and classifies communities into one of nine stages representing increasing levels of community awareness and readiness to be involved in addressing the issue. The assessment is a useful methodology for researchers and practitioners alike. For researchers, communities can be screened on readiness prior to inclusion in studies where readiness level might be a significant factor affecting the community’s level of participation. For practitioners, the model can be used as a roadmap to guide efforts aimed at prevention and/or intervention. In this application, Community Readiness Assessment was utilized to gain an understanding of issues relevant to inhalant use prevention in rural communities. Communities with ethnic populations representative of those among whom inhalant use has been reported to be high (Mexican American, American Indian and White non-Hispanic) as well as communities with populations representing groups among whom inhalant use has often been reported to be low (African American and Asian American) were assessed. Results will be presented showing differing levels of readiness overall and on each of the six dimensions which have implications for prevention efforts in rural communities.

394 PREDICTORS OF COMMUNITY READINESS. Sarah Meyer1, Mark Greenberg2, Mark Feinberg1, 1Pennsylvania State University, University Park, PA United States; 2Pennsylvania State University, State College, PA United States

It is well known in the field of prevention research that differences in levels of implementation lead to differences in prevention program outcomes (i.e. Solomon, Battistich, Watson, Schaps & Lewis, 2000; Harachi, Abbott, Catalano, Haggerty & Fleming, 1999). Community readiness, or the attitudes, skills, and state of a community prior to program implementation, has been one factor to show predictive relationships to prevention program success (Greenberg & Feinberg, 2002).

Community readiness is frequently measured through interviews with key community leaders, and/or prevention collaborative team members (Oetting et al., 1995). Because this method gathers individual perceptions of community readiness, it is important for the field to understand what influences their perception. It would be expected that perceptions of readiness may be influenced by a multitude of factors: individual characteristics (i.e. an individual’s experience with collaboration or prevention programming, or their personality), community characteristics (i.e. community norms regarding substance use and/or SES), and, in using a full-ecological model, characteristics of an individual’s workplace (i.e. the degree to which an organization supports prevention programming). Understanding what influences an individual’s perception of community readiness could help to intervene within a critical (and changeable) pathway before program implementation in order to increase readiness levels, which would, in turn, promote the likelihood of program success.

One hundred and eighty-three community team members were interviewed before implementation of the PROSPER (PROmoting School-university-community Partnerships to Enhance Resilience) Project regarding characteristics of their communities, workplaces, and themselves. Certain individual, community and agency characteristics surfaced as important
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predictors of community readiness. First, individuals with more experience in collaboration ($r = .26, p < .01$), and experienced more success in collaboration efforts ($r = .20, p < .05$) perceived their communities to be more ready. Second, individuals reported higher levels of community readiness with certain community characteristics: more proactive schools ($r = .31, p < .001$) and fewer problems in the schools ($r = .29, p < .001$), less favorable norms regarding adolescent substance use ($r = -.27, p < .001$) and less availability of substances ($r = -.25, p < .001$). Third, individuals reporting that their agency was more supportive of prevention efforts ($r = .18, p < .05$), and a more “open” culture ($r = .20, p < .01$) reported higher levels of readiness.

*REAL WORLD SETTINGS*

COMMUNITY MOBILIZATION, COLLABORATION AND COALITIONS

395 MAKING SURE RESEARCH IS USED: COLLABORATING WITH SERVICE PROVIDERS.

Pamela Decarlo1, Ellen Goldstein1, Beth Freedman1, Bonnie Faigeles1, Olga Grinstead1, Dan Wohlfeiler1, Diane Binson1, 1University of California, San Francisco, San Francisco, CA United States

Issues: In order for research to make a difference, it must be used. That means that research conducted must be applicable to the world of service and providers must know how to incorporate research in their programs. Unfortunately, prevention frequently doesn’t work that way. Researchers and service providers have different cultures, making collaboration a cross-cultural experience that requires time and training to achieve.

Description: Based on 15 years of collaborative research experience and research and over 20 successful collaborations, we created a manual for CBOs and researchers on how to best work collaboratively. “Working Together: A Guide to Collaborative Research in HIV Prevention” details best practices for each stage of a collaborative research project, from finding a collaborative partner, to developing a research question, to collecting and analyzing data, to incorporating findings, to disseminating results. The manual is available online at http://www.caps.ucsf.edu/collaboration.

Lessons learned: Collaboration changes the nature of questions asked and the methods by which those questions are asked. Our manual gives seven best practices to ensure the success of collaborative research projects:

1. get funding
2. specify roles
3. be committed
4. provide training
5. meet regularly
6. be flexible and
7. start early.

It also offers case studies of successful collaborative projects.

Recommendation: While collaboration is not for everyone in every situation, it can change the way researchers and service providers work, and make HIV prevention more effective.

396 PROGRAM EFFECTS FROM THE NATIONAL ARTS & YOUTH DEMONSTRATION PROJECT. Robin Wright1, Lindsay John1, David R. Offord2, 1McGill University, Montreal, Quebec Canada; 2McMaster University, Hamilton, Ontario Canada

Purpose: The National Arts & Youth Demonstration project was a three-year study, exploring an alternative method of primary prevention of child and youth behavior problems. The objectives of the study were to explore the extent to which community-based organizations can successfully engage young people in artistic endeavors. The study also determined the extent to which the effectiveness of art programs can demonstrate positive psychosocial outcomes for children and youth.

Methods: Implemented in five sites across Canada, 159 children, 10 to 15 years of age, participated in a structured art program twice a week for a nine-month period. The design was a repeated measurement study with a six-month follow-up, using standardized rating scales with proven psychometric properties. The selected scales measured child and youth psychosocial functioning, family functioning and academic functioning. Propensity matching as a control substitute using the National Longitudinal Study on Children and Youth database was conducted.

Given the correlated aspects of repeated measurement on children nested within schools and neighborhoods, data analyses were performed using hierarchical linear modeling. Specifically, growth curve analyses were done. These individual growth trajectories on specific outcome measures at five different times were analyzed. Variations in individual growth trajectories were explored, as well as if these variations were systematically related to various contextual variables, such as characteristics of the individuals, their families or their communities.

Results: In general, the rates of participation were relatively high and sustained. Results indicated that the participating children showed improvement in child and youth psychosocial functioning and in pro-social behavior such as communication and conflict resolution skills, skill development and task completion.

Implications for policy and practice: Given the usefulness and cost effectiveness of art programs as a prevention strategy aimed at populations of children, art programs should be offered to children on a universal basis. Also, standards with respect to planning, implementing and evaluating art programs in community-based organizations should be established.
COMMUNITIES' PERSPECTIVE ON PARTICIPATING IN THE NATIONAL ARTS & YOUTH DEMONSTRATION PROJECT. Robin Wright1, Lindsay John1, Ramona Alaggia2, 1McGill University, Montreal, Quebec Canada; 2University of Toronto, Toronto, Ontario Canada

Purpose: The National Arts & Youth Demonstration project was a three-year study, exploring an alternative method of primary prevention of child and youth behavior problems. The objectives of the study were to explore the extent to which community-based organizations can successfully engage young people in artistic endeavors. The study also determined the extent to which the effectiveness of art programs can demonstrate positive psychosocial outcomes for children and youth.

Methods: Implemented in five sites across Canada, 159 children, 10 to 15 years of age, participated in a structured art program twice a week for a nine-month period. A total of 46 qualitative interviews were conducted with parents, children, artists, site directors, and research assistants. The interviews explored perceptions of program activities and processes.

Results: Concepts on recruitment strategies, program expectations and experiences, competencies gained, interpersonal relationships, experiences with participating in a research project, program sustainability, and future recommendations were explored. The aim was to evaluate and document the implementation process, best practices, lessons learned, and program sustainability at each of the participating sites.

Implications for policy and practice: Given the usefulness and cost effectiveness of art programs as a prevention strategy aimed at populations of children, art programs should be offered to children on a universal basis. Also, standards with respect to planning, implementing and evaluating art programs in community-based organizations should be established.

STRUCTURAL CHARACTERISTICS OF COMMUNITY COALITIONS AS PREDICTORS OF ADOPTION OF EVIDENCE-BASED PREVENTION PROGRAMS. Guneet Kaur1, Mary Ann Pentz2, Chih-Ping Chou1, Karen Bernstein1, 1University of Southern California, Alhambra, CA United States

The epidemiological relationship between the demographic characteristics of community coalitions and community organizational progress in adopting drug prevention programs was investigated. Specifically, we examined the influence of size of the region covered by the coalition, its structure, professional focus and sharing of resources or funds with other community agencies on organizational progress and program adoption. The study utilizes baseline data from STEP (Step Towards Effective Prevention), a multi-state, multi-city trial evaluating the effects of a television-based prevention training intervention on adoption, implementation, and diffusion of evidence-based drug prevention programs. Small to medium cities (N=25 cities) within the five states of Arkansas, Colorado, Iowa, Massachusetts and Missouri were randomized to one of the following three conditions: preventive training through interactive television and technical assistance, preventive training or control. Baseline community leader survey data were collected from 533 community leaders from each city (89% response rate based on the 25 core leaders identified in each city for STEP). Though surveys, we investigated 34 domains of community and community leader risk, mediator and outcome variables. However, in this study only community organizational progress and adoption of planned prevention program were included along with the four demographic characteristics of coalitions. Confirmatory factor analysis (CFA) yielded a measurement model based on the theoretical model for STEP (chi-square=6.787, df=4; NFI=0.993; CFI=0.997). Structural equation modeling (SEM) demonstrated that all the demographic variables had significant paths with community organizational progress, though size of the region covered by the coalition had a negative relation with organizational progress. Additionally, organizational progress had a significant association with the adoption of prevention plan by the community. Results suggest that community coalitions with artificated organizational structure, professional focus, shared funding experiences with other agencies and a smaller regional coverage will demonstrate more progress in effectively adopting evidence-based drug prevention programs than other coalitions.

MOBILIZING COMMUNITIES FOR PREVENTION: AN ANALYSIS FROM WASHINGTON STATE. Daniel Amos1, 1Washington State, Dept. of Community, Trade, and Economic Development, Olympia, WA United States

Using quantitative and qualitative data from all of Washington State's 39 counties, including the Center for Substance Abuse Prevention's Community Mobilization Scorecard, this paper analyzes four theories of social mobilization.

A NETWORK APPROACH TO MEASURING COLLABORATIVE PROBLEM SOLVING CAPACITY IN COMMUNITY INITIATIVES. Sanjeev Sridharan1, 1Westat, Rockville, MD United States

Comprehensive Community Initiatives (CCIs) attempt to build collaborative networks within the community and enhance the community's collaborative social problem-solving capacity to enhance prevention activities. In this paper, we utilize network analysis methods to operationalize the collaborative problem-solving capacity in two sites involved in the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders (Wilson and Howell, 1995). The problems addressed in this paper originally emerged while conducting a national process evaluation of the Comprehensive Strategy. Both overall and organizational-level network measures are used to operationalize the collaborative problem-solving capability in the planning and implementation phases of the Comprehensive Strategies. An important policy implication of our work is that sustaining
connections with even a handful of organizations can be difficult. CCIs represent complex systems consisting of multiple organizations collaborating over time under varying constraints and opportunities. Understanding such dynamic complexity is important if one is to recognize the difficulties inherent in sustaining such collaborative networks. The key perhaps is to move from a static view of community-level interventions to a more dynamic understanding of interventions that involve relationships evolving over time. In the Comprehensive Strategy context, key issues in such a dynamic understanding include the need to pay attention to qualitative changes that occur between the planning and implementation phases, and to establish institutional mechanisms that promote sustainability. We believe that an understanding of what it takes to maintain such networks may be useful in planning future CCIs.

401 ELICITING EXPERTS' "THEORIES OF CHANGE" OF COMMUNITY MOBILISATION IN QUEBEC. Liessette Brunson1, Mireille Desrochers1, Marie-France Bastien1, Francine Ouellet1, Genevieve Turcotte1, 1Université du Québec à Montréal, Montréal, Quebec Canada; 2Direction de Santé Publique de Montréal-Centre, Montréal, Quebec Canada; 3Institut de Recherche Développement des Jeunes, Montréal, Quebec Canada

Comprehensive community initiatives frequently cite community mobilization as an important element of their prevention efforts. However, the term community mobilization appears to have become something of a catch-all phrase, used to represent multiple conceptions of community practice (Hess, 1999), from building coalitions of community leaders (Greenberg & Feinberg, 2002), to conducting inventories of the talents and skills of local residents (Kretzmann & McKnight, 1993), to organising citizens for social action (Dalton, Elias, & Wandersman, 2001). This study used a quantitative approach to concept mapping (Trochim, 1989, 1994) to elicit and represent the views of experts working in research and practice related to community mobilization around issues of child and family-related prevention efforts in Quebec. Study participants included ten front-line community organizers working in community-based organizations, ten front-line community organizers working in government-run local health centres, and ten academic and public sector researchers working on topics related to community mobilization (N = 30). During a one-day intensive workshop session, participants brainstormed concrete actions, steps, and practices that they saw as effective strategies for community mobilization in Quebec, individually sorted those statements into categories according to their perceived similarity, individually rated each of the generated statements according to their view of its feasibility as a strategy for community mobilizing around issues of child and family-related prevention efforts in Quebec, and participated in a group interpretation of the resulting concept map. Data from the sorting task provided the basis for the construction of the concept map (Trochim, 1989). Multidimensional scaling allowed each statement to be represented as a point in two-dimensional space, and cluster analysis was used to define clusters of statements based on their proximity. Descriptive statistics were used to summarize the ratings data. Results from these analyses were presented in graphic form that represented participants' views of different categories of mobilization strategies, how these strategies are related to one another, and how feasible each strategy is. In addition, qualitative data analysis was used to analyse participants' discussion and interpretation of the resulting concept map, providing further insight into their underlying theories of community mobilization. Results provide insight into the mental models or implicit "theories of change" (Weiss, 1995; Yoshikawa et al., 2003) that participants held about what community mobilization is and how best to achieve it.

402 GETTING TO OUTCOMES: A COMMUNITY-BASED APPROACH TO PREVENTIVE INTERVENTIONS. Matthew Chimman1, Abe Wandersman2, Pamela Imm2, Sarah Hunter1, Pat Ebener1, Jeffrey Sheldon3, 1TRAND Corporation, Santa Monica, CA United States; 2University of South Carolina, Columbia, SC United States

Substance abuse prevention can improve community health, but only when implemented well. This is difficult given the advanced skills required, causing a gap between the positive outcomes achieved by prevention science and those sometimes observed in practice. Common mechanisms within the United States to address this gap are available (e.g., internet, trainings), but lack outcomes. A new model, emphasizing collaboration between science and practice is needed. Community-based participatory research (CBPR)—community member involvement in research—provides a theoretical framework for addressing this gap, often yielding research that is more relevant, utilized, and better quality. We submit that preventive interventions themselves should be consistent with CBPR, or Community Based Participatory Interventions (CBPI). To facilitate CBPI, we have developed a prevention process and corresponding technical assistance package, called Getting To Outcomes (GTO). Incorporating traditional evaluation, empowerment evaluation, results-based accountability, and continuous quality improvement, GTO’s 10-step process enhances practitioners’ prevention skills while empowering them to plan, implement, and evaluate their own programs. The GTO manual’s text and worksheets address: Needs and resources assessment, Goals and objectives, Choosing programs, Ensuring program “fit”, and Capacity, Planning, Process and Outcome evaluation, Continuous quality improvement, and Sustainability. GTO is meant to be a “best practice process”: prescriptive, yet flexible enough to facilitate any preventive program. To test GTO, we have been conducting a CDC-funded participatory research project in two substance abuse prevention coalitions within the United States. Each coalition convened a “work group” of key staff, volunteers, and researchers, who collaboratively decided upon the research design, measures, and procedures, as well as the programs targeted by GTO. The project includes GTO training and significant technical assistance. We assessed GTO’s
impact with a survey of prevention practices administered to all members of the two coalitions before GTO implementation, and at 12 and 24 months. Standardized assessment techniques were used to track GTO utilization. After a year, several persons from both coalitions have been trained and four programs have received technical assistance on completing the GTO steps. Field notes show the GTO process, facilitated by the technical assistance, is already changing the way the programs are implementing prevention. Survey results show that the model improves prevention skills in key areas and is related to GTO utilization. Future work on the project will link these results to individual program outcomes.

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**A THRESHOLD ANALYSIS APPROACH TO ASSESSING THE FUNCTIONING AND DEVELOPMENTAL PROGRESS OF COMMUNITY-BASED SUBSTANCE ABUSE PREVENTION COALITIONS. William Moore1, Ann Landy1, 1Caliber Associates, Fairfax, VA United States**

Since 1998, the Office of National Drug Control Policy (ONDCP) has awarded Drug-Free Communities Support Program (DFCSP) grants to community coalitions to support efforts to prevent substance abuse among youth. Because prevention practitioners have become increasingly concerned about identifying effective prevention strategies, ONDCP authorized a 5-year study to evaluate the DFCSP grantee efforts. Grantees that participated in the study received DFCSP awards in 1998 and 1999. The theory of change guiding the evaluation indicated that key organizational characteristics and practices should be developed before prevention initiatives can be effectively implemented. This paper describes the use of threshold analysis – a process used successfully to define benchmarks for meeting school reform standards (Gambone, Klein, Moore, & Summers, 2002) – to measure the development of organizational characteristics that are theoretically related to ATOD-related outcomes. The degree to which coalitions developed these characteristics and the relationships between these characteristics and ATOD-related outcomes were assessed. Using response data from grantees’ semi-annual progress reports, the evaluation team defined developmental thresholds for five key performance dimensions: 1) citizen participation, 2) organizational collaboration, 3) coalition capabilities, 4) collaborative, data-driven decision-making, and 5) prevention efforts. Thresholds also were set for dimension components and for overall functioning and development (composite threshold). Thresholds were defined to characterize high-functioning and low-functioning coalitions (optimal and at-risk, respectively). Coalitions that were neither optimal nor at-risk were grouped into one of two intermediate categories (developing and maturing). Analyses tested the assumption that coalitions gradually develop the capacity to function at higher levels and when functioning at a high level, achieve reductions in ATOD-related outcomes. The results indicate that coalitions achieved higher thresholds over time, that a majority of coalitions were performing successfully on many dimensions, and that the percentage of coalitions reaching the optimal threshold on all dimensions increased. Moreover, several of threshold scores were significantly related to ATOD-related outcomes. For example, reductions in past 30-day use of alcohol and marijuana are associated with the implementation of enhanced prevention activities. These findings demonstrate the potential for threshold analysis as a tool for tracking coalition development and suggests a relationship between threshold status and ATOD-related outcomes.

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**THE ROLE OF DARE IN THE SUBSTANCE ABUSE PREVENTION INFRASTRUCTURE IN THE US AND BRAZIL. Ley Killeya-Jones1, Ilana Pinsky2, 1University of Medicine and Dentistry of New Jersey, Piscataway, NJ United States; 2Federal University of São Paulo (UNIFESP), São Paulo, Brazil**

The DARE program (Drug Abuse Resistance Education) in the United States is a centralized, coordinated body with a network of local, state, regional, and national programs. Enjoying a unique partnership between the police and the educational system in many locales, it represents a well-developed delivery system for substance abuse prevention programs. PROERD, the DARE program in Brazil affiliated with the military police, is the largest prevention program in that country, and has many of the same features as its American counterpart. The organizational structure, function, and financing mechanisms of both DARE and PROERD serve many of the functions of a substance abuse prevention infrastructure, including advocating for prevention, curriculum development, coordination of uniform teaching efforts, training, certification, and quality control. In this presentation, we compare and contrast the operations of DARE and PROERD in the context of each country’s substance use problems and their prevention policies, and identify both the benefits and drawbacks that derive from DARE's extensive network in each country.

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DARE (Drug Abuse Resistance Education) represents the single largest prevention effort directed at reducing the use of alcohol and other drugs in the United States. The program, despite many questions about its effectiveness, is also present in a number of other countries. Brazil, the largest country in South America, initiated the DARE program in the early 90s and currently has the second largest program in the world. The United States DARE program is currently undergoing an...
extensive overhaul of its curriculum, including a rigorous outcome evaluation. The purpose of this presentation is to offer greater insight into the workings of the current DARE program from the perspective of the DARE officers who, regardless of the changes taking place, will remain the core and source of the ultimate success (or failure) of this effort. Based on semi-structured interviews with officers from both countries, we will review similarities and differences among the instructors, including such aspects as: reasons for becoming a DARE officer, sources of funding for the local programs, relationships with students, parents, and the community, perceived status among other police officers, and perceived obstacles and successes in implementing the DARE program.

406 KEEPIN’ IT REAL: A CULTURALLY RELEVANT PREVENTION PROGRAM FOR TODAY’S YOUTH. Michael Hecht1, Flavio Marsiglia2. Pennsylvania State University, University Park, PA United States; 2Arizona State University, Tempe, AZ United States

The Substance Abuse and Mental Health Services Administrations Center for Substance Abuse Prevention’s (SAMHSA/CSAP) Model Programs Dissemination Project identifies, promotes, and disseminates science-based prevention programs that have consistently shown strong outcomes in substance abuse prevention, violence prevention, academic achievement, and other high-risk behavior prevention among youth. keepin’ it REAL (Refuse, Explain, Avoid, Leave) has received SAMHSA’s highest level of endorsement as a Model Program. keepin’ it REAL is a universal and selective prevention intervention that has capitalized on the importance of developing prevention materials from cultural resiliencies, narratives, and values incorporating the cultural values of the population into the structure of a prevention model in order to have sustainable long-term prevention and reduction outcomes. It targets substance use among urban elementary, middle, and early high school students 10 through 17 years of age. keepin’ it REAL is based on previous work that demonstrates that teaching communication and life skills can combat negative peer and other influences. Three versions of the program were created that target: a Mexican-American-centered version; a Black/White version; and a multicultural version.

The developers focus was on building a prevention program based on the cultural strengths and communication styles of youth. Phoenix, where the program was created, is one of the fastest growing cities in America. Demographically Phoenix is 42% it is a majority Hispanic/Latino city and its middle schools range from 20% to 95% Latino. keepin’ it REAL focuses on the importance of culture in youth substance use and prevention. Drs. Hecht and Marsiglia, the developers of the program believe that prevention models should reflect culture and learning styles of students. Their program’s approach is an alternative to standard prevention messages, that enforce the dominant cultural values and or adapt dominant cultural representations of culture and ethnicity. Their theoretical foundation was based on Bogenschneider’s ecological risk and resiliency approach to prevention and intervention and Spitzberg’s and Cupach’s communication competence theory which states that when knowledge, motivation, and skills needed to resist social influence, and cultural competence are combined, an individual is less likely to use drugs.

Outcomes included:
- 32% to 44% reduction in marijuana, tobacco, and alcohol use <\li>
- 30% to 38% increase in knowledge about and negative attitude towards drug use <\li>
- 29% to 34% decrease in intent to accept substances <\li>
- Statistically significant positive results attained with Mexican- and African-American students using culturally relevant version of REAL

407 CULTURING TAILORING OF A PREVENTION CURRICULUM FOR NATIVE AMERICAN YOUTH. Pat Stone1, Kappie Bliss2, Mary Lou Bell3, Kappot Konkapot Inc., Dallas, TX United States; 2Bliss, Inc., Austin, TX United States; 3The Bell Group, Austin, TX United States

Many experts now agree that school-based prevention curricula that have been developed for majority youth may meet with limited success when applied to other populations, because of the curricula’s lack of sensitivity to the cultures of the students served. This paper presents findings from a cultural tailoring project conducted on two Native American reservations in Nebraska, which represent the tribes of the Santee Sioux and Omaha. The project’s design was based on an approach that suggests that cultural tailoring should proceed by: (1) creating community partnerships that include tribal departments, educators, and other professional services staff; (2) providing specialized prevention training and education for all sectors of the community; (3) organizing monthly community-wide celebratory cultural events; and (4) enhancing health, child welfare, and youth services that target alcohol or drug problems or children affected by substance abusing parents. The curriculum that we tailored was ProtectingYou/Protecting Me (PY/PM), which uses high school students to teach prevention lessons to elementary school youth, and which has been recognized as “model” by CSAP’s National Registry of Effective Programs (NREP). Native American Project Director Patricia Stone and PY/PM Curriculum Developer Kappie Bliss worked closely with tribal elders, members of each participating tribe’s Cultural Committee, and other tribal and community members to make sound adaptations and describe the process by which the curriculum was adapted. The research design included detailed interviews and note taking at cultural tailoring meetings, videotaping of coordinators as they trained high school students to teach the curriculum to capture spontaneous modifications, and revisions to the curriculum manual to reflect cultural tailoring. The research focused on both what
changes were made to the curriculum and why those changes were made. The purpose of this paper is to increase the prevention field’s understanding of the need for cultural tailoring, and describe the processes by which it may be accomplished.

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COMPANEROS EN LA SALUD- CULTURAL ASPECTS OF CANCER PREVENTION. Vera Lopez1, Felipe Castro1, 2Arizona State University, Tempe, AZ United States

This study examined the effectiveness of Compañeros en la Salud, a church-based cancer prevention program designed for Hispanic women. We identified the predictors of program attendance in the cancer prevention program. Lower acculturation status, more frequent church attendance, and smaller church size, were found to be predictive of program attendance for the 277 women who participated in the cancer prevention program. We also examined predictors of increases in cancer prevention knowledge and behaviors for women who attended the cancer prevention program as compared to 146 Hispanic women in a comparison mental health prevention program. Intervention type (cancer prevention program), attendance in the cancer prevention program, and younger age predicted increased cancer-related knowledge after controlling for pretest knowledge. No program related variables predicted having had a clinical breast exam or pap smear 12 months after completion of the cancer prevention component whereas attendance in the cancer prevention component was predictive of mammography screening 12 months after the program completion date. Implications for the development of health prevention programs specifically for less-acculturated, low-income Hispanic women are discussed with a special emphasis on the importance of contextualizing prevention programs in churches or other community settings.

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THE DISSEMINATION OF EVIDENCE BASED INTERVENTIONS: A TRANS-ATLANTIC INTERVIEW STUDY. Laura Ferrer-Wreder1, Carolyn Lorente2, 1Penn State - Capital College, Middletown, PA United States; 2George Washington University, Washington, DC United States

This presentation summarizes the findings of an interview study with people who have taken part in cross-national interventions trials. Firstly, we interviewed individuals who developed the programs and those that implemented them in a second or third country [e.g., Incredible Years Series - Carolyn Webster-Stratton (U.S.), Moria Doolan (Britain), Willy Tore-Mørch (Norway); Functional Family Therapy – James Alexander & Tom Sexton (U.S.), Kjell Hansson (Sweden); Multisystemic Therapy – Scott Henggler (U.S.), Alan Leschied (Canada), Terje Ogden (Norway); Parent Management Training – Marion Forgatch (U.S.), Terje Ogden (Norway); Olweus Bullying Prevention Program – Dan Olweus (Norway), Susan Limber (U.S.); Promoting Alternative Thinking Strategies – Mark Greenberg (U.S.), Kees van Overveld (Holland)]. In all cases, these are evidence-based interventions. The first part of the study was conducted from January to March, 2002. At this time, controlled effectiveness trials were either completed or in the midst of completion. All respondents were asked a standard set of semi-structured questions. The interviews were tape recorded and transcribed in order to conduct an ethnographic content analysis. The second part of the study consists of follow up interviews with program implementers who were in the midst of intervention trials during the first round of interviews. This part of the study is presently in the data collection phase and will be completed by February 2004. Through follow up interviews, it will be possible to get an indication of what people on the front lines of this issue have experienced and what they advise in terms of implementing programs across countries (i.e., also from program implementers across two points in time). Because this is a wide ranging study, this presentation will address the panel’s experiences tailoring interventions to culture and context. Fidelity and adaptation is a concern when an intervention is implemented in any new setting (Schinke, Brounstein, & Gardner, 2002), but what happens when the program in question was developed in another country? What then goes into the decision making process? In what ways are the choices similar or different from the choices normally made when an intervention is introduced to a new community, school, or family? This presentation will summarize program developers and implementers’ commentary on these questions, as well as draw from the research literature on the subject.


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THE CULTURAL ADAPTATION PROCESS: A COLLABORATIVE COMMUNITY APPROACH. Mary Case1, lavome Robinson1, Schoeny Michael2, 1DePaul University, Chicago, IL United States; 2University of Illinois Chicago, Chicago, IL United States

Researchers and clinical practitioners have continually advocated for “linguistically and culturally competent services” aimed at improving service utilization and enhancing the effectiveness of prevention and treatment models for all individuals. However, most models of preventive intervention may be characterized as generic, having been designed using global and stereotypic assumptions premised on a White, middle-class ethos. A central question guiding the development of culturally sensitive interventions involves whether to design a population specific intervention or to utilize an existing empirically-based intervention that lends itself to cultural adaptation. Several researchers contend that empirically-based programs hold the greatest potential, if we retain fidelity to the developer’s original vision while concurrently incorporating an adaptation of the model that reflects the particular culture and needs of the target group. Despite the appeal of such adaptations, numerous challenges
arise in the delicate balance between retaining the essence of established and proven interventions and allowing for cultural alterations based on the needs of the individuals within the group. The following research project exemplifies the challenges facing researchers and novel approaches for adapting existing interventions. Our research work has focused on the cultural adaptation of The Adolescent Coping With Stress Class. This existing curriculum, developed by Gregory Clarke and Peter Lewinsohn (1995) represents an established and empirically-based prevention program intended for use with White, middle class adolescents. The culturally adapted version of this curriculum, intended for use with inner-city, low-income, African-American high school students, adheres to the theoretical vision and overarching structure of Clarke et al.’s model. However, in contrast to the original model, this culturally adapted model targets youths at high-risk for depressive symptomatology sensitive to the unique cultural, social, and environmental factors predominant in the lives of the target population. We present several challenges and their solutions encountered during the adaptation process. In particular, we focus on our novel approach to integrating essential cultural content into an existing curriculum while maintaining the overall structure of the intervention. In addition, we review the collaborative relationships established with members of the target community who provided ongoing feedback on cultural aspects of the intervention. Finally, we discuss initial results of the implementation of this program and feedback from African-American, inner-city, adolescent participants.

However, the process of garnering support, developing the culturally specific program, and building rapport and respect among tribal elders and leaders from the community, can be generalized. It is important to note that this effort is designed to engage children (ages 9-11) and their families but is also a community-based intervention and requires community level support and interaction. As such, its development requires the participation, knowledge, and support (through advisory boards and focus groups) of elders and families from related communities with similar tribal values and history. This poster will explain the steps followed thus far in adapting a similar culturally based preventive program with a different American Indian culture. An important and unique contribution this poster will make is the explanation of how culturally incorrect information about child development and family interaction within the home can occur. In some cultures the use of such “misinformation” is considered acceptable and expected in order to preserve and protect culture, values, and people. Therefore, it is essential to have cultural experts (insiders) who can assure that the work is culturally sensitive and appropriate. Collaboration with “insiders” living and working on the reservations is essential. This process and future steps will be presented in the poster.

*REAL WORLD SETTINGS*

IMPLEMENTATION, DISSEMINATION, AND SUSTAINABILITY

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DOSE-RESPONSE EFFECTS OF THE POSITIVE ACTION PROGRAM: A CASE STUDY. Brian Flay1, Carol Allred2, 1University of Illinois at Chicago, Chicago, IL United States; 2Positive Action, Inc., Twin Falls, ID United States

Prior published evaluations of the Positive Action (PA) program have reported results from non-experimental studies using only school-level data on disciplinary referrals and student achievement (Prevention Science, 2001; AJHB, 2003). Although very informative to both researchers and school administrators/teachers, such data are limited in that variations in program implementation and individual-level student outcomes are not known. This paper reports results from a case study in one elementary school where variations in program implementation were tracked and individual-level student data were collected over two years. Ideally, PA consists of four 15-minute lessons per week plus school-wide and family components. Program implementation in the study school varied from none or a little (7 teachers/classrooms) to many lessons being taught (7 classrooms) to exemplary delivery of all lessons and all other program components (11 classrooms). As a result of feedback of results from year 1, implementation was better in year 2. Variation in program implementation was a result of teacher self-selection, but at pretest there were no significant correlations between level of program implementation and student attitudes, self-concept or behaviors. At the end of both 1 and 2 years, school-level data
showed a general improvement. There was a strong dose-response relationship between level of program implementation and student attitudes, self-concept and behaviors (as assessed by student, parent and teacher reports). These data are useful from both a research and a practical perspective. For researchers, it confirms that level and fidelity of program implementation are important predictors of program effects. For school administrators and teachers, these data can be used as feedback that can lead to improved program implementation in following years.

413 COMPLETING THE CYCLE FROM RESEARCH TO PRACTICE TO SUSTAINABILITY: CHALLENGES FACED AND LESSONS LEARNED. Rob Lillis1, Lynne Gochenaur2, 1Evalumetrics Research, Canandaigua, NY United States; 2Marcus Whitman School District, Rushville, NY United States

This poster session will present a series of narrative and graphic displays depicting the role of research in selection, adaptation, development, evaluation and ultimate sustainable support for prevention projects. Each of these steps will be addressed from the perspectives of:

1. Research basis for the approach, e.g. theoretical/conceptual model, related research;
2. Research methods applied, e.g. data collection, quantitative and qualitative indicators and analyses and;
3. Formats for presentation and methods of dissemination of results to a variety of audiences, e.g. reports, media, anecdotal data and appeals to the head and heart.

The theoretical and practical applications described in the session are the result of the presenters’ many years of experience in prevention research and programming in school and community settings. The example used in the session is the Ontario County (New York) School-based Mentoring Program. The project was selected based on a comprehensive needs assessment based on the Risk and Protective Framework of Prevention. The session will provide suggestions for formatting and presenting needs assessment data to influence community and school policy makers to implement appropriate science-based prevention initiatives. The School-based Mentoring Program is an adaptation of the model program developed by Big Brothers/Big Sisters. Since the program was initially selected based on population data, it was necessary to develop an operationalized definition of risk in order to identify specific students in the target population. Because the program was an adaptation, it was initially implemented as a demonstration project with a comprehensive outcome study including random assignment to program and control groups. The evaluation provided lessons in determining validity and reliability of existing data sources and practical approaches to accessing such data. In addition, it combined direct measures with unobtrusive data. The demonstration provided significant positive findings that were used to garner sustainable support. Methods for presenting and disseminating results to multiple audiences presented challenges and valuable lessons for completing the cycle from research to practice to sustainability. Statistical presentations were complimented with testimonials and anecdotal data presented in a variety of venues.

The challenges faced and lessons learned in each of these steps will be presented in practical terms suitable for prevention researchers and practitioners.

414 EARLY STEPS IN LAUNCHING A POPULATION-BASED DISSEMINATION TRIAL. Cheri Shapiro1, Ron Prinz4, Matthew Sanders2, 1University of South Carolina, Columbia, SC United States; 2University of Queensland, Brisbane, Queensland Australia

This presentation describes the early steps in launching a population-based dissemination trial, namely the CDC-funded Triple P System Population-Based Dissemination Trial. This trial focuses on community-wide dissemination of the multi-level system of parenting and family support programming known as the Triple P—Positive Parenting Program, and aims at a population level to reduce child maltreatment and early child behavior problems, and to strengthen parenting. The controlled design involves randomization of 18 South Carolina counties to dissemination versus control. The Triple P system, which involves a blending of prevention and early intervention strategies, includes graduated levels of intervention intensity from universal media/information exposure to brief consultation in primary care and early educational settings to more intensive interventions in mental health and social service settings. Because Triple P programming has already shown efficacy and effectiveness in several previous studies, the trial focuses extensively on the dissemination process and population penetration. This presentation describes the early challenges, strategies, and implementation involved in the first phase of dissemination. The recruitment and engagement of the majority of practitioners serving children and parents in the participating communities presents major challenges. Some of the challenges included: (a) offering evidence-based programs to practitioners not all of whom were convinced of the value of such; (b) managing practitioner variability in prior training, experience, discipline/profession, and setting or practice; (c) identifying appropriate practitioners for programmatic training; (d) overcoming geographical constraints, disciplinary and agency boundaries, and differences in organizational structures; and (e) avoiding diffusion into non-dissemination counties. Strategies and implementation procedures are presented relating to stakeholder involvement, multi-level contacts with organizations, systematic step-in of disciplines and settings, capitalization on early adopters, networking to build alliances and constituencies, and reliance on a self-regulatory model of professional and parental participation. Early successes and difficulties are discussed, and provide a basis for recommendations of potential utility to the emerging field of prevention-science dissemination.
Despite efforts to increase the adoption of evidence-based substance abuse prevention programs in U.S. schools, a minority of districts have adopted these programs, and implementation fidelity has varied widely. To address these challenges, prevention scientists must gain greater understanding of the processes by which schools select and deliver prevention curricula. We describe administrators' and teachers' views on the adoption, implementation, and future use of evidence-based substance abuse prevention programs and of the EXSELS model of delivery. EXSELS involved 8 Pennsylvania middle schools taking part in a NIDA-funded study of Project ALERT delivered by community program leaders hired through Penn State Cooperative Extension (CE) instead of by teachers. Interviews were conducted with 12 administrators and 14 teachers to determine their relative views on (1) who made the decision to adopt, why, and support for that decision; (2) the benefits of implementing Project ALERT through EXSELS versus by teachers; and (3) the potential for sustaining Project ALERT delivered via EXSELS or by teachers, and whether teachers would modify the curriculum when teaching. Open- and closed-ended questions were adapted from research on factors influencing adoption, implementation, and sustainability of new programs. No statistically significant differences were found between administrators' and teachers' views. Six important themes relative to adoption and implementation of evidence-based programs emerged: (1) schools were not aware of evidence-based prevention programs until CE approached them; (2) despite strong support for Project ALERT and awareness of DARE's ineffectiveness, schools dared not eliminate DARE; (3) teachers will not implement with fidelity; (4) implementation of theory-based prevention is not consistent with school views of curriculum delivery; (5) schools believed Project ALERT via EXSELS was an advantage over teacher delivery; and (6) No Child Left Behind legislation had little impact on future ability to offer prevention. Themes suggest that CE, through its outreach model with land-grant universities, has promise to increase the dissemination, adoption, and implementation quality of evidence-based prevention programs across the nation. CE played a key role in the adoption process by making schools knowledgeable about Project ALERT and providing access to and delivery of the curriculum. CE enhanced the likelihood of implementation fidelity by providing program leaders who were trained to implement faithfully. With coordinated efforts and support from land grant universities, CE could help schools across the U.S. identify, adopt, and implement effective substance abuse prevention programs.

While implementation fidelity is widely considered critical to the success of evidence-based prevention curricula and has been linked to program effectiveness, the notion lacks a universally applied definition. Rather, researchers have assessed multiple dimensions of fidelity, including adherence, adaptation, and delivery skill. It remains unclear which dimensions of fidelity are most import for achieving desired outcomes.

In this study, we report findings from a sample of 19 teachers who were videotaped while implementing “Protecting You, Protecting Me” (PY/PM), an evidence-based alcohol prevention curriculum for elementary school students. The teachers averaged four years experience with the curriculum and sixteen years experience teaching overall. Two raters independently coded two lessons for each teacher to assess curriculum adherence, adaptations, and delivery skill. Teachers administered a pretest and post-test questionnaire to students that focused on student knowledge and intentions regarding alcohol use.

We will begin by describing the methods developed to assess teachers’ adherence, adaptation, and delivery skill when implementing PY/PM and their adherence to these three dimensions of fidelity. We will then report the strength of interrelationships among the three dimensions (e.g., high delivery skill may tend to be associated with low adherence and multiple adaptations) by examining main effects and interaction effects on positive changes in student knowledge and intentions regarding alcohol use. We will conclude with a discussion of implications for teacher training and measuring implementation fidelity.
differences in implementation of the program on a number of dimensions including: adherence to the intervention components, amount of exposure to the intervention components, and participant responsiveness. The second purpose of this examination was to relate the quality of implementation to child outcomes. The study focused on 13 Kindergarten classrooms that were observed on specific aspects of response and participation to the literacy curriculum in their classroom setting. Observational ratings of literacy activities were made on several aspects of classroom environment and literacy program quantity and type at both the classroom level and student level. All teachers in the participating classrooms completed background and belief questionnaires and principals in the participating schools participated in a brief interview to determine level of principal support for the early literacy program in their respective schools. Additionally, pre-testing and post testing of the phonemic awareness and reading skill of each child in the participating classrooms was measured prior to and after the term of observation. Using multilevel modeling techniques to account for the nested structure of the data, results indicated that those teachers who taught more components of the phonemic awareness literacy program demonstrated decreased percentages of children at risk for reading failure on many of the outcome measures. Additionally, other factors at the classroom level, school level, and community level contributed to the success of the implementation by the teachers. This examination will contribute to an awareness of the mechanisms of change in real world conditions and further enhance an understanding of effective programming for children at risk for reading failure.

419 PREVENTING THE EMERGENCE OF PROGRAM FIDELITY/ADAPTATION IMBALANCES. Rebecca M. Buchanan1, 1Westat, Rockville, MD United States

Just as prevention has been successfully applied to secure the well-being of individual participants, the time has come to apply a proactive approach to ensure the health of programs through the prevention research life cycle. Using the Partnership to Prevent Fetal Alcohol Spectrum Disorders (FASD) (a public education program of SAMHSA’s FASD Center for Excellence for Materials Development) as an example, this presentation proposes that problems typically not encountered until the diffusion/dissemination stage of program development, such as defining an appropriate balance between program fidelity and adaptation, are most fruitfully anticipated and addressed during the early stages of program design. Since “considerably more research needs to be done” to understand the “ideal balance points” between fidelity and adaptation (Emshoff, et. al.), the Partnership is attempting to prevent future program fidelity/adaptation imbalances by applying concepts presented in a state-of-the-art review of this issue (CSAP, 2002). One of this review’s themes is the importance of basing programs on theoretical assumptions about what produces behavior change in the target population. The Partnership’s grounding in the ecological model, which conceptualizes all behavior, including drinking among preconceptional and pregnant women within its social context, not only provides the basis for a causal model for the program, but suggests aspects of the social context that call for local adaptation (i.e., community characteristics and culture). Thus,
this theoretical basis led to the design of the program as a mix of fixed (e.g., target audiences, messages, materials) and flexible components (e.g., channels, openings, promotion). The Partnership then conducted formative research with audience members from four diverse pilot sites in order to design the program’s messages and materials (fixed components) to be as universal as possible to decrease the need for adaptation. A second theme is the need to change the culture of prevention so that program developers and implementers work together. The Partnership’s fundamental commitment to this type of collaboration is reflected not only in its name, but in its design, which calls for local partners in each of the pilot sites to plan and implement dissemination strategies (flexible components) tailored to their local contexts. Finally, the review suggests the importance of communication between program developers and implementers. From its inception, the Partnership has engaged in dialogue with its pilot sites to understand the likely impact of local circumstances on implementation. Plans to extend this conversation will inform both the content and form of the program’s packaging for replication.

420 PREDICTING TEAM EFFECTIVENESS IN COMMUNITY-BASED PREVENTION PROGRAMMING: THE PROSPER PROJECT. Sarah Meyer1, Patricia Ang2, Mark Greenberg1, Mark Feinberg2, 1Pennsylvania State University, State College, PA United States; 2Pennsylvania State University, University Park, PA United States

There has been considerable interest, as well as controversy, regarding the role that community collaboratives can play in evidence-based and sustainable prevention programming. This paper presents research on the quality of team functioning in the PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience) Project. PROSPER is a framework for enhancing the capacity of state and local public education systems to support student competence and reduce risk through school-community-university partnerships with a central role for the land-grant universities.

Local coalitions are not always effective at implementing empirically-based prevention; coalitions can become diffuse in focus, implement programs with low fidelity, and may not be sustainable themselves. The PROSPER model is designed to address potential barriers to effective functioning through creating a narrow focus on educational infrastructures and intervention delivery systems. Local PROSPER teams are led by a Cooperative Extension staff and school team leader and receive training and TA from regional prevention coordinators and university-level teams. Local teams select from a menu of empirically-supported programs, and focus on local adaptations in presentation, recruitment, and staffing, while implementing programs with fidelity. Teams are locally led and represent educational and human service organizations as well as parents and youth.

PROSPER is a randomized trial with 28 sites in Iowa and Pennsylvania. Seven sites in each state receive the intervention model. There are 8-10 team members in an average site. The current paper examines how team member characteristics, team characteristics and measures of community readiness at the project inception predict the quality of team functioning after the first 6 months of operations. Member characteristics include knowledge and attitudes toward prevention, personal history of involvement in collaboration, etc. Team characteristics include measures of early team cohesion, conflict, participation and difficulty in team recruitment.

Data will be presented utilizing an HLM model that incorporates site into the model. Initial findings indicate that member’s perception of the value of prevention (r=.36, p<.001), expectations for PROSPER (r=.45, p<.001), assessment of community leadership (r=.32, p<.001), and community readiness (r=.25, p<.02) all predict the quality of team functioning at 6 months. Implications will focus on factors influencing early team formation and readiness.

421 THE DISSEMINATION OF COMPREHENSIVE EVIDENCE-BASED INTERVENTIONS: THE TRANSITIONS ELEMENT OF THE HARRISBURG SAFE SCHOOLS/HEALTHY STUDENTS INITIATIVE. Laura Ferrer-Wrader1, Celene Domitrovich2, Meg Small2, 1Penn State - Capital College, Middletown, PA United States; 2Pennsylvania State University, University Park, PA United States

How can successful programs be brought to communities who need and want them? Domitrovich and Greenberg (2000) suggested that the coming test for the prevention field, “is to help the consumers put ‘proven programs’ into place effectively, so that they reproduce effective outcomes when they were first developed and evaluated” (p. 194). An empirically validated intervention is a necessary but not sufficient condition for intervention success. As our understanding of risk-protective processes and program utility grows, models for disseminating interventions and the specific details of how successful interventions work become increasingly important. There is a considerable scientific knowledge gap in these areas relative to what is known about how to produce positive outcomes. Studies of the how programs fair once they are disseminated are critical to the development of a scientific knowledge base on strategies to help people on the front lines of prevention to conduct evidence-based interventions. Efforts along these lines are becoming increasingly possible as government entities require the use of programs with a sound scientific basis (Domitrovich & Greenberg, 2000). An initiative launched in Harrisburg Pennsylvania offers an illustration of just such an opportunity. The Harrisburg Safe Schools/Healthy Students (SSHS) initiative has the broad goal of closing the gaps in services, better integrating school and community infrastructures, and to improve effectiveness of prevention programming within Harrisburg School District. This presentation deals with one element of the Harrisburg SSHS initiative: The Transitions Project (TP). The TP is in its second year of implementation and consists of several evidence-based universal interventions designed for use with 6–12 graders (i.e., well established
classroom-based interventions, community service, and intervention actions designed to modify learning environments during transition). The TP aims to delay the onset and ameliorate the severity of risk behaviors that normatively escalate in adolescence. This presentation will consist of a brief description of TP and its history. The bulk of the talk will center on the diffusion of innovation in applied settings (e.g., Bauman, Stein & Ireys, 1991). This topic will be approached from theoretical and empirical perspectives.


422 WHO’S THE MOST VALUABLE PLAYER? EXAMINING HOW CHARACTERISTICS OF IMPLEMENTATION RELATE TO PROGRAM ADHERENCE. Cori-Ann Luppino1, Jacinda Dariotis1, Brian Bumbarger1, Larissa Duncan1, Cori-Ann Luppino1, Pennsylvania State University, University Park, PA United States

Widespread replications of empirically validated prevention strategies have prompted prevention scientists to examine program implementation in real world settings; particularly, whether programs are delivered as planned by developers or whether adaptations are made in response to implementation barriers or in a proactive way to meet local needs. Recent efforts focus on identifying factors that either support or impede program adherence. Chen’s (1990) model of the implementation system, as well as an adaptation of the model by Domitrovich and Greenberg (2000), provide a conceptual framework for understanding discrepancies between planned and actual implementation as programs go to scale. Based on these models, we identified five key ‘players’ of the implementation system (implementer, implementation organization, program, intervention recipient, and community). Using data collected from thirty-one replications of empirically validated prevention programs in Pennsylvania, we assessed, via Discriminant Function Analysis (DFA) and Multivariate Analysis of Variance (MANOVA), whether and to what extent proposed characteristics of each ‘player’ predicted program adherence. Our results indicate that target recipient responsivity, quality of program materials, implementer prioritization of the program, community collaborative system support, and parental support significantly predict whether or not programs were implemented as planned. Despite having only 31 participants, several predictors reached significance, thereby highlighting the importance of these variables as well as the need to conduct future studies with larger sample sizes to adequately identify factors predicting program adherence.

423 PROGRAM SUSTAINABILITY: AN EXPLORATION OF THE NEW FRONTIER IN PREVENTION SCIENCE. Jacinda Dariotis1, Brian Bumbarger1, Larissa Duncan1, Cori-Ann Luppino1, Pennsylvania State University, University Park, PA United States

As broad dissemination of empirically validated (EV) prevention programs has led to an increase in the study of program implementation in real-world settings, it is also important to study issues related to the sustainability of ‘proven’ prevention programs once put into practice by schools and communities. For effective programs to have a lasting impact, we must inform practitioners and policymakers of factors that promote program sustainability. It is common for prevention programs to be initiated through provision of federal, state, or philanthropic “seed” grants, and equally common for these programs to flounder or fail after initial grant funding ends. Questions abound regarding how best to create sustainability of EV programs, which factors function as assets or barriers to sustainability, and whether implementers, program developers, or funders understand these factors. In an effort to explore these components of program sustainability, we conducted semi-structured interviews with 64 key informants representing replications of 36 EV programs in Pennsylvania. These programs had received four years of grant funding from PCCD and had reached or were near the end of the grant funded period. Qualitative analysis using grounded theory and thematic analysis provides an examination of the reasons why and to what extent some programs have attained sustainability whereas other programs have ceased implementation or been forced to scale back. Analysis revealed that many of the programs continued to operate after the grant funding cycle ended, though most were not operating at the same level. Further, a few programs went beyond this minimal level of sustainability and achieved institutionalization within the planning and funding structures of their communities and agencies. Programs with a history in the community and established implementation experience exhibited greater levels of sustainability. Furthermore, programs connected with collaborative boards or United Way agencies and those that received quality technical assistance from program developers were more likely to continue programming after initial funding ended. Programs that endured had demonstrated early and diligent pre-planning with regard to sustainability, had key stakeholder support, and conducted program outcome evaluation. Despite the relatively small sample size, this study establishes a more in-depth understanding of the processes surrounding differential sustainability across many prevention programs. By using the personal experiences and expertise of program implementers, this study provides an exploration of the contextual constraints and supports influencing sustainability that must be understood if EV prevention programs are to have a lasting impact in schools and communities.
A quandary facing the prevention field is the implementation of evidence-based prevention programs and strategies into the public schools. Findings that evidence-based prevention programs are effective should logically lead to their widespread use. However, whereas schools nationwide are increasingly required to use evidence-based programming in order to receive funds from federal and state agencies, fewer than 4% of schools do so. Moreover, the prevention program most commonly used in schools has little support for implementation. In the first year of implementation, the principal and counselor were interviewed as part of a study of principals who were interested in prevention issues (Bosworth & Earthman, 2002). In the later years, interviews with the current principal, current counselor and selected teachers provided a picture of the ebb and flow of the program use and fidelity. Both the depth of the professional development and the leadership were key factors in sustaining the use of this program in most classrooms.

Planning/Training/Coaching: A Process for Guiding Successful Implementation
Kris Bosworth1, 1University of Arizona, Tucson, AZ United States

There is, however, an emerging technology that supports interaction between an instructor and participants in real-time. This form of distance education is known as “teleconferencing.” Teleconferencing offers two-way video and audio capabilities that support full interactivity between teachers and students. Collaborative learning is supported by combining audio and graphics in ways not possible in traditional lecture and text-based instruction. The basic setup includes a broadcast studio and one or more specially equipped classrooms. Lessons are delivered by instructors at a broadcast studio, and then the information is delivered to remote classroom sites through one of several possible mechanisms: (1) satellite dish, (2) cable television, (3) Instructional Television Fixed Services (ITFS), (4) fiber optics, and (5) copper-based telephone wiring. Remote classroom sites are equipped with monitors, microphones, and other equipment that allow for constant interaction between

Understanding what makes for successful implementation of evidence-based prevention programs is a critical question for prevention researchers. Most examination of implementation focuses on the initial implementation of a program. This paper reports on an elementary school that has been using the Second Step violence prevention curriculum for the past seven years. This study describes the variations of use of the curriculum during this time and focuses on the roles the principal, counselor and several key teachers in this evolving process. During the seven years between initial implementation and this paper, there had been three principals, and two counselors at this school. About 60% of the teachers remained at the school. Data for this study were collected during the first year of implementation and then retrospectively in its fifth, sixth and seventh year of implementation. In the first year of implementation, the principal and counselor were interviewed as part of a study of principals who were interested in prevention issues (Bosworth & Earthman, 2002). In the later years, interviews with the current principal, current counselor and selected teachers provided a picture of the ebb and flow of the program use and fidelity. Both the depth of the professional development and the leadership were key factors in sustaining the use of this program in most classrooms.

A seven year history of implementing a prevention curriculum
Kris Bosworth1, 1University of Arizona, Tucson, AZ United States

Despite the success of some prevention programs, school-based prevention is not without its challenges. The barriers to effective implementation include teacher shortages, poorly trained teachers, a dearth of program options, and competing demands which make quality health instruction a low priority. Obstacles to quality teaching may be found in many settings, but it is likely that schools in poor urban and rural areas may suffer the most.

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Drugs prevention via distance education technologies
David Wyrick1, Melodie Fearnow-Kenney1, 1Tanglewood Research, Inc., Greensboro, NC United States

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focusing on just this time period revealed the mean number of 6 months. A follow-up analysis of covariance (ANCOVA) assessment of psychiatric symptom severity.

Consequences (DrInC, a measure of adverse consequences of drinking), and the Symptom Check List (SCL 90- an empirically proven effective parenting intervention. The interactive nature of Internet programs allows personalized delivery of the intervention based on participant characteristics and interests, provides a high degree of choice and flexibility, and provides social support from peers and professionals.

This project adapts an existing empirically proven video-based parenting program, the Incredible Years Series (Webster-Stratton, 1984), for delivery via the Internet. This...
presentation will give an overview of the program itself, as well as describe the role of “parent coaches” who visited each family on 4-5 occasions and phoned and emailed parents on a regular basis during the time period parents worked on the program. The authors will cover issues arising from implementing this Internet-based program with parents of children enrolled in Head Start, including website development activities, recruitment and retention of participants, program utilization, and remote monitoring of family progress.

**429** EMAIL NOTIFICATION AND WEBSITE USE: RESULTS FROM A TRIAL OF A PREVENTION WEBSITE, Gill Woodall1, David Buller2, Emily Waters, Bryan Ax3, Patricia Burriss-Woodall1, Randall Starling1, Everett Rogers4, Don Zimmerman5, Michael Slater6, Jerianne Heimendinger1, 1University of New Mexico, Albuquerque, NM United States; 2Cooper Institute, Denver, CO United States; 3Klein-Buendel, Inc., Denver, CO United States; 4Colorado State University, Fort Collins, CO United States; 5AMC Cancer Research Center, Denver, CO United States

Prevention interventions of a wide variety are beginning to be offered on the Internet. As prevention websites proliferate, important questions about repeated access and use of the website by users need to be answered. Recent data have emerged which indicate that email notification can be a successful means of prompting website use. Tate and her colleagues (Tate, Wing & Winnet, 2001; Tate, Jackvony & Wing, 2003) report studies on the use of interactive websites for dietary change and weight reduction where an interactive website intervention was found to be successful in reducing participants' weight. These studies were carried out in a hospital computer network environment with ample computer access and high bandwidth. In these investigations, email notification techniques prompted participants to use the weight reduction website and were found to be a successful way to encourage website use. However, little evidence exists which indicates whether prevention websites deployed in community settings will be used by at-risk adults when prompted by email notification techniques. Recent preliminary results from our ongoing 5 A Day, The Rio Grande Way project indicates that e-mail notification can prompt website use. A back-end database to the nutrition education website tracked usage on an ongoing basis, and weekly summaries of website page views, website visitors, and website sessions were derived from the database. Analyses of web page views, web visits, and web sessions across a 10-week period indicated that increases in these website usage measures occurred immediately after e-mail notification of updates to the website were sent to participants enrolled in project. For website page views, the average increase after email notification was 115% over the prior week; for website visits, the average weekly increase after email notification was 85% over the prior week; and for website sessions, the average weekly increase after email notification was 166% over the prior week. These data confirm that sharp increases in website use can be stimulated by e-mail notification of users about monthly updates to a prevention website. It is important to note that these data were obtained in a project where users live in a rural setting and Internet access can be difficult, are multicultural (Anglo, Hispanic, and Native American), and have diverse socioeconomic situations. Thus, e-mail notification results in increased website usage in what may be considered less-than-optimal Internet access situations. Results are discussed in terms of their implications for the deployment and sustainability of web-based prevention interventions.

**430** PILOT TEST OF WEB-BASED TEACHER-TRAINING METHODS FOR PROJECT TOWARDS NO DRUG ABUSE (TND), Luanne Rohrbach1, Steve Sussman1, Ping Sun2, 1University of Southern California, Alhambra, CA United States; 2University of Southern California, Alhambra, CO United States

Although there is a wealth of evidence about the most effective programs for preventing substance abuse among youth, most of this research knowledge has not been put into practice in the nation’s schools. One of the most critical issues in the translation of prevention science to practice in school settings is: What are the most effective methods for preparing teachers to implement evidence-based prevention curricula? Interactive web sites, or “e-learning,” hold great promise as a modality to provide pre-implementation training as well as ongoing technical support to teachers during program implementation. The present paper will describe the results of a pilot test of an interactive web-based teacher-training program for high school teachers implementing Project “Towards No Drug Abuse.” Teachers (n=30) were randomly assigned to one of two experimental groups: (1) face-to-face workshop training only; or (2) face-to-face workshop training plus interactive web-based training provided throughout the program implementation period. All teachers participated in the workshop before program implementation, in which key program lessons were modeled and teachers practiced leading the activities. Teachers in the web-based training condition were given access to a private website that included additional information about the curriculum topics, teaching tips for each lesson, a “chat room” for online conversations with one another, and online interactions with the teacher-training staff. It was hypothesized that teachers in the workshop+web-based learning condition would have greater program-specific knowledge, more positive attitudes toward the program, and higher self-efficacy to implement, and they would implement the program with greater fidelity than would teachers in the workshop-only condition. Teachers completed self-report questionnaires before the workshop, after the workshop, and at the end of the program implementation period. In-class observations of delivery of one lesson were conducted to assess fidelity of implementation and application of the web-
Based teaching tips. Comparisons between the two groups on teacher mediating variables and implementation fidelity will be presented, and the implications of the results for taking evidence-based school substance use prevention programs “to scale” will be discussed.

*REAL WORLD SETTINGS*

METHODOLOGICAL CHALLENGES

431 PARENT-TEEN EE ATTITUDES AND OBSERVED DYNAMICS: SYNERGY OR DISPARITY?. Bernadette Marie Bullock¹,¹ Child and Family Center, Eugene, OR United States

This study is one of the first to link two theoretically important measurement strategies: the Five Minute Speech Sample Measure of Expressed Emotion [FMSS-EE] and directly observed parent-teen interactions. In recent years, the role of family member affective attitudes in the etiology of psychiatric symptoms has received significant attention. While direct links between criticism and negativity and the onset and course of psychiatric symptoms are well established, little is known regarding the mechanisms through which these attitudes operate. This program of research emphasizes the contribution of parent and teen affective attitudes [Expressed Emotion] regarding each other to observed parent-adolescent interactions. Two models are concurrently tested: Social Information Procession (SIP: Crick & Dodge, 1984) and Social Interaction Learning (SIL: Patterson et al., 1992). Two SIP assumptions guiding analyses are: (1) social cognitions are one of the mechanisms associated with manifest behavior, and (2) these cognitions can be measured by assessing individual’s affective attitudes regarding significant others using the Five Minute Speech Sample (FMSS: Magana et al, 1986). The SIL model proposes that coercive family processes are instantiated through interactions in which aversive behaviors are consistently reinforced. This model does not, however, account for the influence of attitudes on behavioral expression or relationship dynamics. Data from a multi-ethnic sample of adolescent boys and girls using EE ratings and direct observations for parents and teens are used in these analyses to test the following hypotheses: (1) parent and teen attitudes are correlated with each other (reciprocal), and (2) are related to observed videotaped parent-teen interactions. Parent-teen affective attitudes are anticipated to be moderately correlated. Further, critical and negative attitudes are expected to be associated with coercive parent-teen interactions. A mediational model will also be tested to evaluate the prognostic power of this link after controlling for adolescent antisocial behavior, deviant peer affiliation and substance use. Preliminary correlational analyses provide support for these propositions. Multiple regression, SEM and LGM will be used to assess interrelationships between variables and longitudinal effects. Implications for the design or preventive interventions are discussed.

432 THE RELIABILITY AND VALIDITY OF A FRIENDSHIP MEASURE IN AN HIV/AIDS ADOLESCENT INTERVENTION STUDY. Shauna E. Carlisle¹, Blair Beadnell¹, Kristin A. Mariano¹, Marilyn J. Hoppe¹, Anthony Wilsdon¹, Diane M. Morrison¹, Elizabeth A. Wells¹, Mary Rogers Gillmore¹,¹ University of Washington, Seattle, WA United States

PURPOSE: Friendship among adolescents is an important concept as many studies seek to understand its influence on a number of teen behaviors including deviance, alcohol use, drug use, and risky sexual behavior. Prior studies on adolescent peer relationships have measured friendship dyads and friendship networks. However, few studies have measured friendship strength within social or intervention groups at the individual or group level. This study seeks to evaluate a method for measuring the level of friendship in naturally formed or intervention-formed adolescent groups.

METHODS: A 6-item face valid scale was developed to assess strength of friendship among youth in an HIV intervention study. Analyses were performed with a sample of 454 middle school youth ages 12 to 15. The sample was racially mixed and included immigrant teens. Before and after intervention, participants rated each individual in their eight-week group on each item. Data were aggregated to the individual level, allowing each participant to have a score reflecting their overall average strength of friendship with other group members. The sample was randomly split into two, and the factor structure of the measure was examined in exploratory and confirmatory factor analyses. Construct validity also was assessed.

RESULTS: As predicted, a one-factor solution had the best fit to the data. Internal consistency was high (Cronbach Alpha = .91). A scale called Friendship Strength (FS) was computed as the mean of the items. FS scores were related in predictable ways to global items about how well and how many group members were known (r = .45 and .49, respectively). FS scores were positively related to relationship length (r = .67), and significantly increased during the time participants spent in an intervention group together (t = 13.3, df = 426). Higher baseline FS scores were related to attending more sessions (r = .19).

IMPLICATIONS: This instrument combines psychometric strength, research utility, and reasonable participant burden. Results are preliminary and need replication in other samples. While these analyses focused on participant’s feelings towards their group, future research also can examine the utility of these items for testing person- and dyadic-level hypotheses.

433 ETHNIC AND BELIEF MATCH: IMPLICATIONS FOR PREVENTIVE PMT. Alexandra Gitter¹, Jean Dumas², Alicia Nordstrom³,¹ Pennsylvani State University, University Park, PA United States; ¹Purdue University, West Lafayette, IN United States; ²Pennsylvania State University, State College, PA United States

Despite empirical research identifying parent management training (PMT) as the most effective treatment for conduct problems in children and adolescents (e.g.
Chamberlain & Rosicky, 1995; Chambless et al., 1998) and studies demonstrating PMT to be a promising preventative intervention for these problems (e.g. Conduct Problems Prevention Research Group, 2002), there remains a challenge in dispensing PMT to families preventively. The general rate of attrition for PMT is estimated at 50% (Orrell-Valente, Pinderhughes, Valente, Laird, & CPPRG, 1999) and has been shown to be even greater for socioeconomically disadvantaged ethnic minority families (e.g. Dumas & Wahler, 1983). This population is also at highest risk for conduct problems (Hinshaw & Anderson, 1996), so it could potentially benefit most from preventive PMT. Research has identified ethnic match between client and therapist as a factor influencing retention, and quality of participation in individual therapy (Alladin, 1994; Atkinson & Lowe, 1995; Reis & Brown, 1999; Maramba & Hall, 2002). To date, one study has investigated ethnic match as a predictor of participation in a PMT preventive intervention (Orrell-Valente et al., 1999). Results indicated that ethnic similarity between parents and the family coordinator (group leader) predicted the family coordinator's level of therapeutic engagement, which was linked to greater parental participation. No direct relationship between ethnic match and participation was found. The present study was conducted as part of a larger research project evaluating a preventive PMT program (Parenting Our Children to Excellence; PACE). This study sought to replicate and expand on previous research examining the import of ethnic and belief match in predicting retention, point of dropout, and quality of participation in preventive PMT. One hundred thirty-seven parents and program leaders (after accounting for related covariates) predicted greater attendance at a trend level (β=.17, p=.06), later/less dropout (β=.19, p<.05), and a higher quality of participation (β=.17, p<.05). Differences in parents and leaders' parenting beliefs, specifically the endorsement of authoritarian parenting, negatively predicted attendance (β=.18, p<.05), and differences in the degree to which parenting was viewed as a positive task predicted lower quality of participation (β=.32, p<.01). The implications for the design and composition of preventive PMT groups as well as training needs of leaders are explored.

434 DISENTANGLING TREATMENT-AS-USUAL EFFECTS FROM PROGRAM EFFECTS IN A LONGITUDINAL PREVENTION TRIAL. Beth Egan1, Joel Hektner2, Gerald August1, 1University of Minnesota, Minneapolis, MN United States; 2North Dakota State University, Fargo, ND United States

Treatment-as-usual is considered the ethical control group for randomized trials of preventive interventions for at-risk children. The present study examined five-year outcomes of a treatment-as-usual group relative to a group of children who received a preventive intervention designed to target mediators of adolescent substance abuse. Children had been identified with early onset aggression in kindergarten and were randomly assigned to condition by school. Three-year outcomes had found program effects for social skills and academic achievement, with program children increasing at a faster linear rate than control children on these domains. However, five-year outcomes showed no difference between conditions, with control children "catching up" to program children on these domains by Year 5. There was no evidence of differential attrition on any demographic or baseline variable. An examination of remedial services provided by the schools, private mental health counselors, or by continued use of medication, revealed that services differed between conditions over time. A generalized linear model in SAS GENMOD revealed that treatment-as-usual children (controls) received remedial services at a faster rate than program children, despite having lower rates of services initially. By Grade 3 (Year 3), controls were receiving significantly more remediation than program children. Piece-wise modeling using SAS PROC MIXED and controlling for school effects revealed that for academic achievement, remedial services received in Year 3, regardless of condition, were associated with increases in academic achievement between Years 3 and 5. For social skills, there was a Remediation X Condition interaction for the linear and quadratic portions of the trajectory between baseline and Year 3. In particular, there was a trend for the linear decrease in social skills for controls between baseline and Year 3 to be associated with an increase in remedial services in Year 3, whereas the quadratic increase between these years for controls was associated with a decrease in services. The converse was not true for program children. The results show that compensatory processes occur for selective prevention strategies and may obscure program effects. Because there is no tight control of treatment-as-usual effects and because these effects vary from region to region, for each study, it is important to focus on implementation and adherence as they relate to treatment-as-usual, and to analyze these effects along with program effects. The present study also highlights the use of piece-wise modeling as a way to understand where in the developmental trajectory these processes occur.

435 USING RANDOMIZED INCENTIVES IN PREVENTION RESEARCH. C. Debra Furr-Holden1, James Anthony2, 1Johns Hopkins University, Calverton, MD United States; 2Michigan State University, East Lansing, MI United States

The overall goal of the proposed research is to develop and refine the methodological approach of randomized incentives in research involving youth with particular application to inhalants prevention. This project bridges observational epidemiology and experimental intervention research, as well as econometrics and biostatistics. This stage of research primarily emphasizes the refinement of these procedures with initial data gathering on both the utility and
findings regarding barriers to treatment participation. This poster reviews the development of this instrument capable of facilitating the prediction of program developmental trajectory. We developed a validated scale. Robin M. Mathy 1, Gerald J. August 1, 1University of Minnesota Medical School, Minneapolis, MN United States

Early Risers is an empirically validated preventive intervention for children at risk for developing conduct disorder or antisocial behaviors. It seeks to deflect children with early onset aggressive behaviors onto a normal developmental trajectory. We developed a validated instrument capable of facilitating the prediction of program participation. This poster reviews the development of this instrument.

Early Risers consists of four components delivered in concert over 2 years: (a) Summer School Program, (b) After School Program, (c) Family Support Program, and (d) Parent Education program. Staff experienced with the program nominated items for inclusion on four scales corresponding to four program components. We hypothesized that preventive service utilization was mediated by (a) psychosocial stressors, (b) perceived relevance of the program, (c) situational demands, and (d) relationships with program staff. This paralleled Kazdin, Holland, Crowley, and Breton's (1997) findings regarding barriers to treatment participation.

Each of the scales contained 20-23 items. Items were eliminated to increase scale reliability (Cronbach's alpha), except where an item added unique explanatory potential. Confirmatory factor analysis did not support our initial hypothesis that similar dimensions affect each of the four components. The results of CFA and other analyses are presented in the poster.

The CFA identified parental expectancies (Nock & Kazdin, 2001; Miller & Prinz, 2003) as a significant factor in all components of the Early Risers Skills for Success program. In the Summer School and After School programs, Demands and Stressors were also important factors that mediated program participation. However, in the Family Support and Parent Education programs, situational demand was not a significant factor. Instead, relationships with program staff were identified as a significant factor.

The findings suggest that different factors mediate participation in the various components of an integrated multifaceted preventive intervention. It also suggests that varying facets of multifaceted program may require different strategies to enhance program retention and participation. Our data suggest that there may be some important similarities and differences (e.g., expectations and stressors) between barriers to participation in preventive interventions and barriers to treatment participation. The role of expectancies and relationships warrant further consideration.

*REAL WORLD SETTINGS*

DESIGN AND EVALUATION OF PUBLIC POLICY INTERVENTIONS

437 A COMMUNITY PREVENTION TRIAL TO REDUCE ALCOHOL AND DRUGS RELATED PROBLEMS IN SWEDEN. Elisabet Akerblom 4, Richard Branstrom 1, Gunborg Brännström 1, Maria Renström 1, Charlotte Rehnman 1, Sven Andresson 1, 1National Institute of Public Health, Stockholm, Sweden; 2The National Alcohol Commission, Stockholm, Sweden; 3The Office of the National Drug Policy Coordinator, Stockholm, Sweden; 4The National Alcohol Commission and the Office of the National Drug Policy Coordinator, Stockholm, Sweden

In a reorientation of Swedish alcohol and drugs policy, a stronger emphasis is now made on prevention in local communities. There is considerable evidence in the scientific literature supporting local alcohol and drugs prevention, especially when prevention is supported by policy. During a three years period, starting January 2003, the National Alcohol Commission and the Office of the National Drug Policy Coordinator will implement a research and development project in six municipalities in Sweden. Each community has a prevention coordinator, a local steering committee, including senior elected officials, and an alcohol and drugs prevention policy adopted by the municipal council. The communities have been offered a menu of evidence based prevention programs, have selected 3-4 programs for implementation and have been offered technical support for this implementation. Our aim in this paper is to present an overview of how this project will be evaluated.

Alcohol and drugs developments in the six communities will be followed through 2006, and compared with developments in six matched control communities. The evaluation will include process as well as effect measures, and include the following components: 1) archival data on alcohol and drugs related morbidity, mortality, traffic crashes and crime; 2) alcohol sales data, including on and off premise sales; 3) survey data on consumption, perceived availability,
problems, risk perception and attitudes; 4) activity reports from prevention coordinators; 5) biannual interviews with 6-8 key persons per community; 6) pseudopatron studies of overserving in restaurants and purchase attempts by underaged youths; 7) biannual interviews with 25-30 informants per community, including parents, teenagers, police officers, health care personnel; and 8) analyses of media coverage. Evaluation will be formative in character, where results from studies will be fed back to the communities at regular intervals.

The evaluation protocol has been accepted by the communities. The formative evaluation process has started with feedback of results from the baseline studies that were conducted during the spring and summer of 2003. At baseline, no significant differences were found between the intervention communities and the control communities on any of the evaluation measures, except for media coverage, which was more extensive in the intervention communities.

The communities have accepted a science based approach to local prevention, in which results from regular follow-up studies play an important role.

438 IMPACT OF PUBLIC POLICIES IMPLEMENTED IN CALI-COLOMBIA TO PREVENT HOMICIDES 1993-2002. María-Isabel Gutiérrez1, Andrea Aguilar2, Edgar Muñoz3, Rafael Espinosa4, 1Universidad del Valle, Cali, Colombia; 2CISALVA Institute - Universidad del Valle, Cali, Colombia; 3Universidad de los Andes, Cali, Colombia

PROBLEM UNDER STUDY: In Cali, violent deaths are an important public health problem, representing 25% of overall deaths occurring in the city. From this total, 76% are due to homicides, using fire arms in 85% of the cases. The average homicide rate in the city, during the last 10 years, has been 100 per 100,000 inhabitants, above the world homicide rate. Young men aged 15 to 35 are the principal affected group. The average rate among men is 179 per 100,000 inhabitants in comparison to the women’s rate average 11.6 per 100,000 inhabitants. This situation induced municipal authorities to implement different interventions to prevent homicides. Some of the interventions implemented: control and restriction of alcohol consumption, control of opening hours for bars and clubs. As well as, restriction of carrying fire arms and prohibition of male passengers in motorcycles. The impact of these interventions during the last ten years (1993-2002) was analyzed. OBJECTIVES: To evaluate the impact of public policies interventions adopted by the Mayor’s Office in Cali, Colombia to prevent homicides during the last ten years.

METHOD OR APPROACH: The principal source of information was the Fatal Injury Surveillance System established in the city since 1993. This system includes primary source data from institutions in charge of injuries and crime prevention and control in the city: Police, Forensic Legal Medicine, Municipal Secretariat of Health, Municipal Secretariat of Transportation, and the District Attorney’s office. The period in effect for each intervention depended of the policy priorities and the magnitude of the problem. Homicides monthly time-series analysis was realized and correlated with presence-absence series of interventions. ARIMA models were adjusted including parameters for each policy. Interventions with significant associated parameters at 10% level were considered as an important public impact. RESULTS: Nineteen interventions were evaluated and only one was beneficial. This was identified by an AR(1) model, with highly statistically significance. The policy was gun control, restricting carrying firearms, there was a decrease of 42 homicide cases in a month associated with the enforcement of this policy (p<0.1). This measure was applied the last weekend of September 1999 and was the continuation of a previous intervention oriented to the restriction on carrying firearms that was implemented since August 1999. This intervention had a reduction of 26 homicides a month, even if there was a reduction the statistical model was not significant.

439 EVALUATION OF THE IMPACT OF THE PREVENTION STRATEGIES FOR MOTOR VEHICLE RELATED INJURIES IN CALI-COLOMBIA, 1993-2003. María-Isabel Gutiérrez1, Edgar Muñoz2, Rafael Espinosa3, Andrea Aguilar3, 1Universidad del Valle, CISALVA Institute, Cali, Colombia; 2CISALVA Institute - Universidad del Valle, Cali, Colombia; 3Universidad del Valle, Cali, Colombia

It’s estimated that in Latin America the proportion of deaths by traffic injuries corresponds to 4% of total deaths, with a GNP cost of 1%. In Cali, the rate in the last ten years has fluctuated between 18 and 27 deaths per 100,000 inhabitants, being considered an important public health problem. Actions like the use of the helmet and the reflective vest among motorcyclists and the use of the seat belt for drivers have been implemented at different times. The evaluation of these measures is necessary. OBJECTIVE: To determine the effect of measures adapted on reduction of mortality by traffic injuries during the last ten years in Cali. METHODS: The data was obtained from the Fatal Injury Surveillance System established in Cali since 1993. Fatal cases related to traffic events are recorded through a weekly meeting with institutions working in injury control and prevention. Information of interventions and length of application were registered from official documents published by local government. A dichotomous variable was used for assessment effects on the length of each intervention (1 when the intervention was on-going, 0 otherwise). When two or more interventions were concurrent, interaction terms were considered in the model. ARIMA models with intervention parameters were fitted. When the parameter on this model was significant, it indicated that the changes on number of deaths subsequent to the introduction of the intervention was relatively large compared to the merely unexplained variance. A 10% level of significance was used in order to consider a public policy intervention beneficial. RESULTS: In total eleven measures applied during 1993-2002 were evaluated. However, the effect of one was significant and only at a 10% level. The moving average model with an unique parameter MA(1)=0.8 identified and highly significant, indicates that the
underlying structure of the series of fatal cases was characterized by the persistence of a random shock from month to month. It’s estimated that since the implementation of the mandatory use of the helmet in July 2000 mortality reduced by 0.37 fatal cases a month (p<0.1). Likewise, a reduction of 0.25 fatal cases a month was estimated after the intervention on the use of the reflective vest was introduced in June 2001, even if this reduction was not significant. The interventions on the use of the helmet and the reflective vest should be maintained and its implementation reinforced. Applying intervention counter measures without an evaluation strategy make local government incur in unnecessary costs. Also, the maintained interventions not always reduce mortality and some beneficial are eliminated. Likewise distrust on local government rises and resistance to future intervention therefore increases.

Increasing rates of diabetes, obesity and related chronic diseases threaten to cause as much preventable mortality as tobacco associated deaths in the United States. Public and personal costs resulting from poor eating and inactivity exceed those that accrue from smoking and demand the application of effective prevention strategies to halt the present epidemic. Poor community design, limited access to healthy food, and unsafe neighborhoods are among many environmental risk factors for unhealthy eating and inactivity. Changing environmental factors is critical for improving health outcomes in low-income communities as these neighborhoods are more likely to present barriers to healthy eating and activity.

The purpose of our research is to describe a range of strategies and policies from across the United States to create community environments that support healthy eating and activity. Proven and promising environmental and policy approaches for increasing physical activity and healthy eating in low-income communities were identified from peer-reviewed literature, published research and interviews with twenty researchers, public health practitioners, or other local project leaders. Strategies designed to directly enhance walking, biking, other activity options and to increase the availability of and access to healthy food options were synthesized to provide an overview of the range of strategies that have been tried and tested. The research identifies strategies in four key environments that particularly influence behavior, socio-cultural values, and attitudes of children and their families: children’s environments (pre-school, school, and after school), neighborhood environments, community institutions, and marketing and media.

Improving current eating and activity patterns is critical to reduce health disparities in diabetes, cancer, heart disease, and stroke. While research is still attempting to delineate which environmental factors are most influential, it is clear that no single strategy, program, or policy is the answer. Rather, multiple changes are needed to shift community norms towards healthier behaviors. Prevention Institute currently provides leadership and support to Strategic Alliance for Healthy Food and Activity Environments, a statewide coalition which is applying a range of evidence-based practices to improve physical activity and nutrition. Strategic Alliance is using data-driven approaches to build momentum to shift the public policy debate around obesity from a matter of individual responsibility to one of community design, government responsibility and corporate behavior.

*REAL WORLD SETTINGS*

440 ENVIRONMENTAL AND POLICY APPROACHES TO IMPROVE HEALTHY EATING AND ACTIVITY BEHAVIORS. Leslie Mikkelsen1, Larry Cohen1, Michele Simon1, Manal Aboelata1, Prevention Institute, Oakland, CA United States

441 COMMUNITY DISASTER AWARENESS EDUCATION: WHAT CHANGE DOES IT PRODUCE ?. Nuray A Karanci1, Bahattin Aksit1, Middle East Technical University, Ankara, Cankaya Turkey

Community disaster awareness programs focussing on mitigation and preparedness are widely used. The present study aimed to evaluate the impact of such an educational program for three types of natural disasters (earthquakes, floods and landslides) implemented in Cankiri, a province of Turkey. The program aimed at training 100 local trainers to deliver a short educational program to a minimum of 50 community members in their province. One year after the completion of the education program by the local trainers, 400 participants from among 4000 who received the education were randomly selected and a control group of 400 adults not exposed to the education program were contacted. A questionnaire focussing on cognitions and behaviours related to natural disaster mitigation and preparedness was administered. The results revealed that the group receiving education had more favourable cognitions in relation to the possibility of mitigation and preparedness, had higher risk perceptions and anxiety about future disasters as compared to the control group. However, there were no significant differences in terms of actual mitigation and preparedness behaviors. The results are discussed within the coping and resource availability models and suggestions for future training programs are offered.

442 PREVENTION PROGRAM IN A HEALTH CARE CENTRE. Christine Chan Chee1, Vivianne Kovess1, Mgen Foundation for public health, Paris, Paris, France

BACKGROUND

In France, prevention attitudes are scarcely developed in settings where patients consult for care. Most medical practitioners are not trained in prevention and health promotion.

OBJECTIVES -Develop prevention attitudes in patients consulting and medical practitioners working in a health care centre.

METHODS-The issue was to provide both prevention and care to every patient consulting in the health care centre.
The methodology consisted in a self-answered questionnaire submitted to every patient asking him/her to inform about his/her prevention attitudes. While waiting for consultation, the patient filled in a 3-page questionnaire dealing with different themes such as tobacco and alcohol dependence, immunisation, mental health and risks factors for skin, colon, breast and cervical cancers. Tobacco consumption was approached by the Fagerström questionnaire, alcohol by the Cage and mental health by the General Health Questionnaire (GHQ-12).

During consultation, the doctor browsed through the answers to the questionnaire in the presence of the patient. The questionnaire served as a support for doctor and patients to discuss about prevention of risks factors and global attitudes towards health. Whenever necessary, the patients were directed towards specialists who can deal with problems that have specifically been pointed out.

RESULTS -This research has enabled real discussions in the medical centre between different practitioners who were not used to put their resources in common. There was debate about items developed in the questionnaire. There have been several sessions of training concerning health promotion and how to read and respond to the patients’ answers to the questionnaire.

The study took place between March and November 2001. Its acceptability by the patients was good with an 87% response rate: 274 questionnaires have been completed out of 315 distributed. The Fagerström questionnaire was completed by 95% (n=58) of smokers. Of these, 6 declared a strong dependence and 3 accepted a consultation with a specialist.

The GHQ was completed by 90% (n=248) of the patients. Consultation with a practitioner aware of mental health problems was proposed to 23 (9%) patients having a score of 9 or more. Of these, 14 accepted.

The Cage was completed by 97% (n=197) of the patients who declared having drunk at least once during the past twelve months. A score greater than 2 in favour of alcohol dependence was found in 23(12%) patients and of these, 6 accepted a specialised consultation.

CONCLUSION -Preventive programs can be implemented in settings primarily intended for curative approaches only. However, professionals practising preventive care inside a curative system need to be recognised as such.

443 THE IN-HOME PREVENTIVE HEALTH CARE PROGRAM AMONG ELDERS IN A RURAL COMMUNITY. D Paul Moberg1, Mark Sager1, Mary Roble2, Rick Voland1, 1University of Wisconsin-Madison, Madison, WI United States; 2Aging and Disability Resource Center of Marathon Co., Wausau, WI United States

Preventive home visitation programs have demonstrated efficacy in the prevention of a broad range of problems encountered in childhood and early adulthood. The model has also been tested with the elderly in an urban setting and shown to be effective in reducing functional decline and nursing home admission. We are replicating this UCLA study in rural Wisconsin. Older persons in rural settings have more difficulties in accessing health and medical care, transportation, recreation, social services, long-term care, and entitlement support services than in urban areas.

The In-Home Preventive Healthcare Program for Older Adults is a three-year randomized trial that has as its major goals the reduction of functional decline and nursing home and hospital utilization. The program relies on early attention to risk factors identified during in-home comprehensive health assessments. 432 participants aged 75 years or older (mean~81) were randomized to intervention or control groups.

In the intervention group, all persons receive annual comprehensive geriatric assessments performed in-home by a nurse practitioner (NP) or registered nurse (RN). The NP/RN identifies health and psycho-social problems and risk factors and makes specific recommendations about self-care, medical care, use of community services and health promotion that the older adult could implement to maintain or improve health and well-being. The NP/RN makes follow-up in-home visits every three months to monitor care, reinforce recommendations, provide health education, and identify new problems.

This poster will describe issues in project implementation as well as three-year outcome data which will be available by the time of the conference. There are promising preliminary results. At two years, over 91% of participants remain in the project excluding deaths and long-term nursing home stays (classified as 100 days or more). Self-report data indicated that the intervention group had significantly fewer participants admitted to the hospital and nursing home by two years than did the control group. Analysis of administrative data to validate these results, as well as three year follow-up self-reported health and psycho-social status, will be presented in this poster. If the admissions data continue to show significant differences in rates of admission to hospitals and nursing homes, this model of rural preventive care delivery may be a cost-effective way to care for increasing numbers of elderly persons living in isolated areas.

444 THE ART OF THE SOFT SELL: UNDERSTANDING HOW OBVIOUS AND SUBTLE FRAMING OF SELF-REGULATORY GOALS SHIFTS ATTITUDES ABOUT THE CRIMINAL JUSTICE SYSTEM. Barbara O'Brien1, Daphna Oyserman1, 1University of Michigan, Ann Arbor, MI United States

Even the best developed prevention program can’t succeed if the public won’t buy it. And if the program addresses problems about which people hold strong opinions, persuading people to support a novel approach requires understanding the complex nature of those opinions. Put simply, people should be more likely to endorse alternatives when they believe their endorsement is borne of their own deliberations rather than acquiescence to another’s attempt to change minds. The current research focused on crime, namely...
how society should punish offenders. We hypothesized that people would be more open to sentencing alternatives if relevant information is presented subtly, so that the conclusion the information invites does not appear to be the product of someone else’s heavy-handed persuasion.

We examined this hypothesis using Higgins (1997) theory of self-regulatory focus (SRF). According to SRF theory, one can adopt either a promotion focus (entailing eagerness, risk-taking, and openness to change) or a prevention focus (entailing vigilance, security, and preference for stability). A promotion focus should make one more open to sentencing alternatives than a prevention focus, but only when promotion focus is elicited subtly. We therefore made salient promotion or prevention SRF through both subtle and overt means. To prime subtly, we presented the concepts in a task separate from opinion questions; to prime overtly, we justified proposed alternatives in promotion- or prevention-relevant terms within questions themselves.

Using a web survey with nested design, each participant (n=192) got both the subtle (promotion, prevention) and the obvious (promotion, prevention) prime, followed by socio-demographic and trait ratings of SRF. ANCOVA (controlling for income, religion, and chronic SRF) showed greater endorsement of alternative sentences when subtle priming focused on promotion (versus prevention), F (1, 19.83) = 8.87, p < .01. Conversely, when SRF was brought to mind through obvious manipulation, priming promotion (versus prevention) reduced endorsement of alternatives: F (1, 8.92) = 66.04, p < .01.

In sum, people primed subtly endorsed sentencing alternatives as expected: Promotion-primed people favored alternatives more than prevention-primed counterparts (a finding we replicated in a laboratory study focusing on punitive responses to teen drug use). But explicitly justifying a proposed alternative in promotion-relevant terms had the opposite effect—it appeared to make people less open to alternatives. Thus, prevention proponents must remember that public opinion about a proposed program may respond more to subtle shifts in broader social and political climate but that more explicit influence attempts can backfire.

445 MIXED MESSAGES: CONTRIBUTIONS TO ADOLESCENT DRINKING AND DRIVING. Peter Nygaard1, Prevention Research Center, Berkeley, CA United States

This qualitative study focused on discrepancies in messages concerning alcohol use presented by adults to young people. The purpose was to investigate how these discrepancies might impact adolescents’ drinking, and drinking and driving behavior. The data material consisted of semi-structured interviews with 44 adolescents, between 16 and 21 years old, who in a previous survey had admitted to have been involved in drinking and driving, riding with a drinking driver, or both. Besides covering the three main theoretically derived areas of interest, expectancies, control beliefs, and normative beliefs, the interviews also provided information on the following areas: Activities in leisure time, general experiences with drinking and drinking-related behavior, experiences with drinking and driving and/or riding with a drinking driver. The analysis of the interviews focused on discrepancies between messages presented by adult authorities and the respondents' experience of actual behavior from these authorities. The findings indicate that there are serious problems in the communication between adult authorities and adolescents. Parents, school, and police are not consistent and persistent in their communication with adolescents concerning alcohol and drinking and driving. The inconsistency seems to prevent teenagers from understanding the extent of the problem of drinking and driving. These findings indicate that more emphasis should be put on communication between adult authorities and teenagers in preventing adolescent drinking and driving.

446 LISA - A RANDOMIZED CONTROLLED STUDY OF TEACHER BASED INTERVENTION. Martin Forster1, Knut Sundell2, Lennart Melin1, Richard Morris3, 1Uppsala University, Uppsala, Sweden; 2City of Stockholm, Stockholm, Sweden; 3Arizona State University, Phoenix, AZ United States

The LISA-project is a randomized controlled study involving 180 teachers and 3100 children between age 7 and 9. The teachers are randomly assigned to three different conditions; behavioral consultation, life-skills program (CHARLIE) or waitlisting. Both teacher interventions are targeted at whole classes, but one disruptive and aggressive high-risk child is selected in every class for more intense intervention. Measures include observations, tests, teacher ratings, parent ratings and peer ratings. More comprehensive measures are used for the high-risk group. This paper will present comparison results between groups at 6 month after teacher training and at follow up 15 month after training.

447 INCREASED HIV/AIDS AWARENESS THROUGH HOME BASED CARE: A CASE OF NORTH. EAST GEM PROJECT IN SIAYA DISTRICT, KENYA. Gilbert Aluoch1, 1Centers for Disease Control and Prevention (CDC), Kisumu, Nyanza Kenya

Community Initiative Support Services (CISS) is a Non-governmental Organization Implementing development projects in Western Kenya since early 1980’s. CISS has been implementing a HIV/AIDS home based care in North East Gem, Siaya district since the year 2000.

This project, funded by the Bread for the World, had four objectives, among them being to reach 5,000 people with IEC on HIV/AIDS within three years. As a means of checking the efficiency and effectiveness of this project, CISS hired an external consultant to plan and execute an end of phase I evaluation.

Qualitative evaluation methodology was used with data collected using Focus group discussions, key informant interviews and project document review. Interview guides were developed to address all the thematic areas including
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extent of HIV/AIDs in the project area; Community based pharmacies, IEC materials, and VCT, among others.

A one-day training was organized for the evaluation team to familiarize and pre-test the tools. Four-day data collection followed with three teams conducting interviews concurrently. Data analysis was done by batch data in themes. Descriptive analysis was done then conclusions and recommendations made.

Results revealed that 5,234 people were reached with video shows against a planned 5,000. 12% and 21% of the infected and affected people respectively within the location were reached by the project against a 26% target.

All primary and one of the two secondary schools in the project area were reached with IEC on HIV/AIDs, and 70 families against the planned 100 accessed loans for their income generating activities.

Conclusions and recommendations:
The number of people going for voluntary counseling and testing for HIV/AIDs increased tremendously after video shows and health talks. The project should acquire its own video equipment to ensure increased frequency and variety of video shows in schools and community resource centers besides trying other IEC methods.

A HIV/AIDs home based care project should incorporate an awareness component for better results.

HIV/AIDs home based care project results are better realized through collaboration between government and other NGOs operating in an area.

HIV/AIDS has led to increase in the number of orphans in the project area hence such a project should incorporate orphan support component in its activities to create better impact.

A community based credit scheme encourages people in rural Kenya to participate in HIV/AIDs awareness activities.

448 WITHDRAWN

449 LINKING PREVENTION SCIENCE WITH COMMUNITY INVOLVEMENT: BRIDGING THE GAP. Sue Renes1, 1Educational Service District, Port Angeles, WA United States

Many communities have a grave concern about the use of alcohol, tobacco, and other drugs by their adolescent population. They often want to respond to improve this situation and communities frequently develop coalitions with this purpose in mind.

Sometimes it starts with a telephone call. The mayor calls the school district superintendent to report the death of three high school students killed in a drunk driving accident. Sometimes it starts with a community meeting. A county or a city official reports the current level of substance abuse among local adolescents, and the community is shocked at what they hear. In either situation (or others like them) a crisis occurs and there is a subsequent call to action by a significant number of community members. These community members cannot tolerate what they just heard and they want to take action.

Many communities who face the problem of adolescent substance abuse generate solutions immediately and then quickly take action. There is a danger in doing this. The community may adopt strategies that sound good but don't actually reduce adolescent substance abuse. When the community's efforts are not organized or systematic, volunteers start falling away; they see no organized plan in place and they cannot maintain their initial enthusiasm.

This paper is written for those interested in linking prevention science with community involvement. Using proven effective strategies (from the Center for Substance Abuse Prevention and other researched models), the paper shows how to help communities work together to produce a reduction in adolescent substance abuse.

450 WITHDRAWN

*REAL WORLD SETTINGS*

SCIENCE OF TRAINING

451 DISSEMINATION PROCESSES: STRUCTURES OF ADAPTATION, INTEGRITY, AND CONSISTENCY IN COMMUNITY-BASED PREVENTION. Jen Sandler1, Lynn Mcdonald1, 1University of Wisconsin-Madison, Madison, WI United States

Will your evidence-based program be able to make it in the real world, with threats to its integrity around every turn? How do successful model programs disseminate broadly, adapt to a wide variety of local community needs, and maintain program integrity and outcomes? Families and Schools Together (FAST), a multi-family group program that has been identified as a SAMSHA model program to reduce aggression in children and strengthen families and communities, has been implemented in over 800 community sites with culturally diverse populations. FAST has developed a multi-level training and implementation structure, including evaluation ‘feedback loops’ at each level. Our dissemination structure includes local, culturally representative teams that implement the program, certified trainers that train, site visit, and supervise the local teams, and an intensive training-of-trainers process supported by program materials and a trainer supervision and certification process. Multiple levels of training provide a structure for systematically addressing the need for balancing issues of adaptation and fidelity. The dissemination structure is supported by an organizational infrastructure that provides support for dissemination as a separate function from program research and development, maintaining research and dissemination as separate, interacting ‘arms’ of the program. FAST’s dissemination structure and the specific content of trainings are based on the application of the explicit intervention’s underlying theory. That is, our method of dissemination ‘works’ the same way that the intervention itself ‘works’; both are based on
overlapping, empowerment-oriented relationship-building processes. Outcome evaluation monitoring reports for each site constitute FAST’s standard method of maintaining program integrity and ensuring consistent outcomes in each and every local implementation. In addition, experimental design studies of various local adaptations of FAST confirm robust outcomes in local adaptations. Through a dissemination structure that is fully incorporated into the successful intervention itself, FAST maintains its own integrity, meets the needs of diverse communities to culturally adapt FAST, and consistently obtains and measures positive outcomes for families and communities.

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THE EVALUATION OF THE NEW APPROACH NEW SOLUTIONS (NANS) STRATEGY

452 THE EVALUATION OF THE NEW APPROACH NEW SOLUTIONS (NANS) QUEBEC STRATEGY TO PROMOTE SUCCESS FOR SECONDARY SCHOOL STUDENTS IN DISADVANTAGED AREAS: A MULTILEVEL, LARGE-SCALE AND LONGITUDINAL EVALUATION PROJECT. Michel Janosz1, Philip Abrami2, 1Université de Montréal, Montreal, Quebec Canada; 2Concordia University, Montreal, Quebec Canada

The New Approach New Solutions (NANS) Strategy is the latest plan of the Québec government to increase school success among adolescents living in disadvantaged areas. Its principal guidelines are similar to nine of the eleven components of the Comprehensive School Reform Program. However, contrary to the U.S. program, the Strategy is based on a mixture of “root to bottom” and “bottom down” approaches, recognizing and supporting both local initiatives and global orientations. The 200 most disadvantaged high schools in the province are invited to develop themselves as learning organizations, to engage in a rigorous problem-solving process leading to the elaboration and implementation of action plans adjusted to the specific needs of their community. These plans have to include interventions that respect best practices principles and research-based knowledge. The NANS implementation is supported by funding of $ 25 M per year, for five years. The Ministry and the school boards are responsible for providing the training opportunities and technical support schools need to implement the Strategy. One major feature is to link NANS with a formal program evaluation conducted by an external team of university researchers. With this feature is the expectation that all stakeholders, from all levels of implementation (Ministry, school boards, schools), will come to appreciate the usefulness of program evaluation. This “politic-educational” expectation is to be fulfilled by having the evaluation team produce ongoing and timely feedback and indicators of student and school characteristics, in order to help all participants monitor their implementation activities. The goal of this symposium is to describe the theoretical, methodological, and technical features of the recently started program evaluation. The first poster will describe the NANS Strategy. The second poster will describe the theoretical framework, the quasi-experimental design and the methodological approach to the evaluation of the effects of NANS. The third poster will focus on the theoretical framework and methodological approach of the evaluation of implementation at the provincial level, while the fourth poster will present the implementation evaluation of NANS at the local (school) level. The fifth and sixth posters will illustrate the feedback activities and the monitoring system the evaluation team is developing, and will describe some of the related technical, educational and ethical issues. The overall discussion will partially focus on the advantages and disadvantages of the evaluation team’s involvement in the implementation of the program, according to scientific, policymaking and educational perspectives.
For the past few years, implementation evaluation has been a major concern in the discipline of program evaluation in social sciences and humanities. Implementation appraisal has become a prerequisite for any rigorous program evaluation (Rossi & Al, 2003, Posavac & Carey, 1997, Vitaro, 2000, King & Al. 1987). The research team involved in the NANS program evaluation has to face two great challenges: 1) conduct a rigorous implementation evaluation and monitoring activities as numerous as diversified (see the evaluation model in Belanger and al.’s poster) and 2) give back to the schools a prompt feedback of their evaluation (following a requirement of the funding institution). These two challenges paved the way to the development of a web-based Log Book, designed for both summative and formative evaluations. It is intended to provide the researchers with data about the schools’ interventions in a highly systematic way, and to do so by building an instant database. A user interface usability specialist has been involved in the Log Book development, focusing on facilitating the access and use of the instrument, allowing the users to fill out their section of the forms at their own pace and at their convenience. Furthermore, the speed and efficiency of data collection and processing allows a faster feedback to the schools. The web-based Log Book is divided into two distinct parts: the first part is a questionnaire for the schools' principals, requiring them to define the objectives and strategies necessary to implement their school’s action plan (school characteristics, intervention priorities, staff formation and support, implementation calendar, etc.). The second part is a questionnaire for the school staff directly involved in the interventions, who will monitor the specific details of each activity (objectives, targeted students, dosage and frequency, animation procedures, etc.). Once in function, the Log Book will allow school principals and staff to periodically give their critical opinion in a summary report of the school interventions process, discuss the unforeseen implementation adjustments that may have been necessary and comment on the implementation quality. We intend to introduce the instrument during the symposium, describe its utilization procedures, the type of data it collects, and the summary reports it creates. We will produce some of the first year’s results as well, along with evaluations of the users’ participation and satisfaction. We want to demonstrate how it can effectively support the researchers’ work and the schools' staff in the complex process of activities’ implementation.

The focus of the evaluation of the implementation of the NANS Strategy at the provincial level is on 1) understanding the fundamental, organizational and political issues at stake in the NANS intervention strategy; 2) comparing this dimension to the other components of the research project (local/school implementation, impact and effects on students, relations between schools, families, communities, etc.); and 3) providing feedback to the stakeholders at the Ministry and schoolboard levels responsible for the implementation of NANS. This feedback (in focus groups) helps the participants to monitor their operations, but it also helps the researchers to guide and adjust the content of the surveys and the analysis of the NANS Strategy at subsequent phases of its development. A mixed approach of quantitative (survey questionnaires) and qualitative methods (individual semi-structured interviews, focus groups) is used. The first year of implementation a survey questionnaire (n=125) and individual interviews (n=63) were used as the main methodological sources. It was designed to establish the context for the implementation of the strategy; to analyze the stakeholders’ understanding, support and commitment to the NANS; to draft a report on the implementation of the strategy to date (positive points, obstacles encountered, possible improvements, recommendations in terms of support for implementation and training) across Quebec, and to prepare the feedback to be provided in the fall of 2003. The questionnaire and the interviews covered the following topics: (1) the implementation context of the NANS intervention strategy in the different regions, at the Ministry or at the school board levels. (2) The implementation constraints of the NANS Strategy. (3) The knowledge, understanding and interpretation of the Strategy; support and commitment to the Strategy; interpersonal relationships and power struggles. (4) Dynamics and management of the implementation of the NANS Strategy regarding: planning, resources (issues at stake and management), leadership, information and communications, initial and ongoing training and support, follow-up, adjustment and monitoring activities. (5) Effectiveness and efficiency perception of the implementation process observed to date.

RETURNING DATA TO SCHOOLS TO SUPPORT THEIR MONITORING OPERATIONS: TECHNICAL, EDUCATIONAL AND ETHICAL ISSUES. Geneviève Légare1, Archambault Isabelle2, Michel Janosz2, Sylvie Cartier2, Christiane Bouthillier2, Didier Touchette2.
The 70 schools sampled for the evaluation of the New Approaches New Solutions (NANS) Strategy are expecting to receive, as an incentive for their participation, ongoing personalized feedbacks from the data collected by the Evaluation Team (ET). Accepting to fulfill these expectations was partially guided by the importance of such activities for the emergence of learning organization and to learn how to monitor implementation of an action plan; 1-providing access to meaningful and relevant information in a timely fashion (Senge, 1994; see also Argyris and Schön, 1996); 2- fostering empowerment, continuous human resource development-- the reflective practitioner (Schön, 1987; Fetterman, 1999). During the first two years of NANS implementation, feedbacks were offered based on the relevance and interest of the data considering the mandate of the schools, the practitioners’ capacity and expertise to process the results. The indicators were extracted from various measures: students’ socio-demographic, psychosocial and school adjustment and school environment (climate, leader/teacher practices, school-community relationships). After several experiments, the evaluation team opted for the development of a self-instructional kit: no special training or extra help would be needed to use the data. These conditions raised some important issues. Technical and practical challenge: Perhaps more importantly was the fact that we had to process the data of 30,000 students and put out the results of 70 schools within a short time frame. Those results needed to be produced within six months of the data collection, in time for the schools to use the information and to integrate the feedback into their action plan. Educational issues. We needed to consider the target audience: Who is receiving the information? What are the school’s needs of information? In light of our clientele, we also had to ponder about the design of the information: how much data do you provide or, how much is too much? What type of statistics do we offer and in what format? Ethical/Scientific issues. We faced many ethical questions: Who should decide the nature and the quantity of information schools should receive and on what ground? The retroactions given by the evaluation team necessarily influence the design of the school’s action plan. What is the scientific and/or social implication of such involvement? What type of bias are we introducing in the evaluation? In short, the decision to return data to schools blurs the line between research and practice. We expect this decision to be challenged.

458 THE THEORETICAL BACKGROUND, RESEARCH DESIGN AND METHODOLOGICAL APPROACH TO THE EVALUATION OF THE EFFECTS OF THE NANS STRATEGY.. Michel Janosz1, Richard Bertrand2, Philip Abrami3, Martine Lacroix4, Christiane Bouthillier5, Michel Rousseau5, Claude Gendr4, Université de Montréal, Montréal, Quebec Canada; 5Université de Montréal, Montréal, Quebec Canada; 6Universite Laval, Quebec, Canada; 7Université Laval, Québec, Canada; 8Université Laval, Québec, Canada; 9Université Laval, Québec, Canada; 10Université Laval, Quebec, Canada

One major challenge in the evaluation of the New Approaches New Solutions (NANS) is that each school identifies its own specific goals and designs its own prevention program. At the provincial level, no clear
objectives were set, only general targets, consistent with the expectation of increasing school success, were communicated to schools. Also, the government decided that all schools meeting the criteria to be funded would be included in the project. Thus, no randomized control trial was feasible. In order to guide our choice of baseline measures and maximize the match between those measures and the outcomes that schools will foresee, we elaborated a multilevel and comprehensive explanatory model of school failure in adolescence (Janosz, 2002). This model, inspired by several theoretical models (Prochaska & DiClemente, 1992; Wehlage et al., 1989), integrates well-known risk and protective factors at the individual, interpersonal, school, family and community levels. Design. To attribute to school interventions the eventual improvements of students success indicators, we incorporated two quasi-experimental designs in our evaluation plan: (1) a baseline-focal design and (2) a longitudinal group comparison (see Peters, Petruka, & Arnold, 2003, for a similar approach). Sample. A stratified random sample of 70 high schools was drawn from the total population of 200 schools, based on school size and socio-geographical localization (inner-city, urban, rural). A non-equivalent comparison group of 15 schools (to be increased to 20) was also recruited among the most disadvantaged schools not targeted by the NANS program. All students within each school with parental consent (mean percentage of consent: 76%; 86% participation of student with consent 2002-2003), from all grade levels (grade 7 though 11), are part of the longitudinal evaluation (30,000 students in 2002-2003). Each year, the new students (7th graders) are integrated into the sample. School personnel (teachers, principals, counselors) are also requested to participate (N = 4,000) in different evaluations (e.g., assessment of school climate). Around 2,000 parents and teachers will also be invited to assess annually the social and school adjustment of a sub-sample of 2,000 students in order to diversify our sources of measurement. Measures. Most outcome, mediator, moderator and control variables are measured by questionnaires administered in the classroom: about half of the questionnaires administered in the Fall, and the other half in the Spring. School personnel respond to the questionnaires at school. Short mail and phone surveys will be used in 2003-2004 for parents.

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**VIRGINIA TOBACCO PROJECT**

459 THE VIRGINIA YOUTH TOBACCO PROJECT: A MULTI-UNIVERSITY RESEARCH TO PRACTICE INITIATIVE. J. Randy Koch, Marge E. White

The Virginia Youth Tobacco Project (VYTP) is a statewide initiative funded by the Virginia Tobacco Settlement Foundation (VTSF) using funds from Virginia’s share of the Master Settlement Agreement. The VYTP (coordinated by the Institute for Drug and Alcohol Studies at Virginia Commonwealth University) brings together researchers from across Virginia’s public universities to conduct an integrated program of multi-disciplinary research on the causes and prevention of youth tobacco use. The VYTP is a research “coalition” intended to: (1) bridge the boundaries among the cooperating universities to ensure that youth tobacco use research successfully draws on the expertise of all participating universities in order to produce a coordinated, statewide research program, and (2) encourage new investigators to initiate research careers on the causes and prevention of youth tobacco use. Ultimately, results of the research are intended to inform practice and future policy decisions. Since its inception in 2002, the VYTP has facilitated the participation in youth tobacco prevention research of 56 faculty members, representing 35 academic departments and 6 universities. A total of 24 individual studies have been initiated, representing an investment of nearly $4 million. Three studies will be highlighted in this symposium. Dr. Steven Evans will present his research on tobacco use by youth with ADHD and attempts to develop preventive interventions for this population. Dr. Peggy Meszaros will describe her research on gender differences in the etiology of youth smoking and efforts to develop prevention strategies specifically targeted to adolescent girls that reflect the unique etiology and characteristics of female adolescent smokers. Finally, Dr. Pamela Kulbok will describe her research to identify protective individual and environmental factors and associated belief and value structures related to nonsmoking behavior in adolescents, and how these differ between male and female and between African-American and Caucasian youth, and the implications for developing effective prevention efforts. Thus far, the VYTP has demonstrated that a multi-university, trans-disciplinary research consortium with strong linkages to policy makers and state-funded prevention programming is an efficient mechanism to implement a public research agenda on youth tobacco use. This mechanism can bring a vast array of scientific resources to bear on a critical health problem and help decision-makers translate research results into effective public policy and improved prevention activities. Ms. Marge White, deputy director of the VTSF, will discuss the founding of the state-funded research program and the implications of the research for state tobacco policy and prevention programming.

460 IMPLEMENTING A NATIONALLY-REPRESENTATIVE, RANDOMIZED CONTROL TRIAL IN A WELL-ESTABLISHED EARLY CHILDHOOD PREVENTION PROGRAM: LESSONS FROM THE HEAD START IMPACT STUDY. Jonathan Miles, Michael Lopez, United States Department of Health and Human Services, Washington, DC United States

Since 1965, the Head Start program has provided comprehensive services to nearly 20 million children from low-income families. This federal program was designed to enrich the formative experiences of these at-risk children so
that they might better be able to achieve later school success and overcome the challenges associated with economic disadvantage. From its inception, the focus of the program has been on enhancing children’s cognitive and socio-emotional functioning.

In 1997, a report from the U.S. General Accounting Office cited the need for evidence of the program’s effectiveness, and prompted Congress to form an independent panel of experts to review and make recommendations on the design of a study or set of studies that would provide a “national analysis of the impact of Head Start” on the children it serves. Despite strong disagreement within the panel and widespread skepticism about the feasibility or appropriateness of randomly assigning some children to a no treatment condition, a plan was made to move forward on a nationally-representative, randomized study to assess Head Start’s impact.

As the study went into the field in 2002, nearly 5000 children and families were randomly assigned to a Head Start treatment or a non-Head Start control group. Two waves of data collection have been successfully completed to date, with overall response rates exceeding 80%. These successes belie the various obstacles that have threatened to derail the study at different stages along the way.

This symposium will address those obstacles from three different perspectives. First, from the policy perspective, representatives from the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families will address what Federal programmatic and policy issues came into play during the initial study conceptualization and design phase, and how the program and policy landscape was navigated prior to implementation to pave the way for success. Second, from the perspective of the research team, representatives from OPRE, Westat, Inc., the Urban Institute, and Chesapeake Research Associates will address the methodological and practical issues that have arisen during implementation and how they have been addressed. Third, from the program perspective, Head Start program representatives will discuss challenges and burdens imposed by the study, as well as how Head Start program staff have overcome initial concerns to successfully partner with researchers on the study.

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HEAD START IMPACT STUDY

461 THE HEAD START IMPACT STUDY: A POLICY PERSPECTIVE. Jonathan Miles1, Michael Lopez1, Richard Gonzales2, 1United States Department of Health and Human Services, Washington, DC United States; 2American Institutes for Research, Washington, DC United States

This paper will discuss the events and circumstances leading to the Congressional mandate for the Head Start Impact Study, and the ongoing policy context during its implementation. The broader context of this national study includes a general move towards greater accountability at the federal and state levels, a review of the existing research by the Government Accounting Office, the legislative language of the Head Start Act, and the specific recommendations of the Advisory Committee on Head Start Research. Based on the Head Start Act language, the report of the Advisory Committee set forth a framework for research on the impact of Head Start that is both scientifically credible and feasible. The Committee’s report set out two main questions that the impact study must address: 1) what difference does Head Start make in the development (and, in particular, the multiple domains of school readiness) of the nation’s low-income children? And 2) under what circumstances does Head Start work best and for which children? In addition, the report recommended the use of a rigorous methodology, including random assignment of children to Head Start and non-Head Start groups at a diverse group of sites, selected nationally, that reflect the range of Head Start quality across the country. It also recommended that the study be implemented only in communities where there were sufficient numbers of unserved, eligible children so programs would not serve any fewer children than they would have in the absence of the study. Throughout the process, the federal staff also has to be cognizant of keeping Congress informed regarding progress and results from the study. Despite many questions and ethical concerns that were raised by Head Start programs and others, it appears that implementation has been a success.
actively conveying to Head Start programs that this study could be seen as an opportunity to demonstrate the program’s effectiveness to Congress and the public. Many programs responded positively to this view, going as far as asking to have their centers included in the study to show how effective they were. As the study has been implemented, programs have continued to be active research partners, working collaboratively with research staff, helping to shape the content areas to be measured, and sharing concerns about issues such as how to assess the quality of the later school settings of Head Start children.

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COLLABORATION WITH STATES TO ADVANCE PREVENTION SCIENCE

463 COLLABORATING WITH STATES TO ADVANCE PREVENTION SCIENCE. Michael Arthur¹, ¹University of Washington, Seattle, WA United States

Broad application of the advances of prevention science requires change in systems that provide preventive services. State governments are important potential agents of change. States are responsible for administering most federal education, health and human service resources that ultimately reach communities and individuals. State agencies have opportunities to design prevention systems that reach across individual agencies, to develop measurement systems that assess risk, protection and outcomes across a range of outcomes, to require and support the use of tested effective prevention programs, and to advance evaluation of prevention actions and systems, as well as to educate and train prevention providers.

Collaboration with state agencies interested in advancing prevention science represents an important opportunity for prevention scientists to engage in dissemination of science based prevention and to conduct research on dissemination. This panel will explore the experiences and progress of three research groups that have been collaborating with state government agencies to promote the use and evaluation of science based prevention approaches.

In 1994 PA, under the Ridge Administration, began a groundbreaking statewide initiative to disseminate prevention science as a foundation for state policy and community action. The Communities That Care (CTC) system was used to help communities organize, conduct assessments, and select effective preventive interventions matched to their risk and protection profiles. Beginning with 7 sites in 1994, PA has developed CTC operating systems in 128 communities. After the first few waves of communities were operating CTC, PA added the “Research Based Delinquency Prevention Program.” Beginning 1998, state funding was provided to implement science-based programs in existing CTC sites; budget allocations grew annually from $2 million in 1998, to $10 million in 2001/02. As of 2003, 95 sites have been funded, each for a four-year period. In addition, $20 million was used to implement the Nurse Family Partnership (NFP) in 23 sites.

Through its long-term consultation role with PA, researchers from Penn State have provided ongoing evaluation of each of these initiatives (with the exception of NFP). Using an action research model for continuous improvement, regular meetings with policy makers translate findings into changes to improve programs and policies. As a result of the interactions, Penn State was also asked to take the lead role in the evaluation of early childhood programs in PA. This role and its results will briefly be described.

A central issue for prevention scientists engaged in research that influences public policy is to maintain a non-partisan stance that provides research evidence to develop and improve programming. The presentation will discuss the differentiation between research and advocacy and discuss the particularly tricky issue of maintaining scientific integrity and value across a party change in the gubernatorial election process.

465 COLLABORATION BETWEEN PREVENTION RESEARCHERS, PRACTITIONERS, AND POLICYMAKERS: LESSONS LEARNED FROM THE SOCIAL DEVELOPMENT RESEARCH GROUP’S STATE CONSORTIUM PROJECTS. Michael W. Arthur¹, J. David Hawkins¹, Richard F. Catalano¹, ¹University of Washington, Seattle, WA United States

Efforts to disseminate interventions shown to be efficacious in preventing adolescent drug use, crime, and violence have recently become a focus of federal policies (e.g., Title V of the Juvenile Justice Act of 1993; CSAP’s State Incentive Grant program; the Principles of Effectiveness in the No Child Left Behind Act of 2001). Yet, many communities continue to invest in prevention strategies with limited evidence of effectiveness (Ennett et al., 1994; Gottfredson & Gottfredson, 2002; Halfors et al., 2000; Ringwalt et al, 2002). Translating prevention science into effective prevention service systems has emerged as a priority for prevention research (Biglan, 1995).

One approach for reducing the gap between prevention science and practice is to increase collaboration among prevention researchers, policymakers, and practitioners...
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(Kellam & Langevin, 2003; Wandersman, 2003). Since 1992, researchers at the Social Development Research Group (SDRG) at the University of Washington have been collaborating with a consortium of state policymakers in order to develop comprehensive, outcome-focused substance abuse prevention service systems based on current research findings. The initial effort, called the Six State Consortium for Prevention Needs Assessment studies, brought the state offices of alcohol and drug abuse services in Kansas, Maine, Oregon, South Carolina, Utah, and Washington together with researchers from SDRG to develop and implement statewide prevention needs assessment, program planning and monitoring systems using a risk reduction and protective factor enhancement approach to prevention. This effort, funded by the Center for Substance Abuse Prevention (CSAP), was followed by another collaborative project funded by CSAP, and then two research studies funded by the National Institute on Drug Abuse with co-funding from other federal agencies. These latter two projects added the states of Colorado and Illinois, while South Carolina left the Consortium after the initial Six State project. This presentation will begin with a brief history of this collaborative research endeavor and the four projects undertaken so far. Ways in which the collaborating states have incorporated the findings from these projects into their state prevention systems will be described. Ways in which state collaborators helped shape the research will be highlighted. Challenges faced in such collaborative endeavors will be reviewed and recommendations for promoting collaboration between prevention researchers, practitioners, and policymakers will be discussed.

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WHAT HAPPENS AFTER THE DEMONSTRATION PHASE?

466 WHAT HAPPENS AFTER THE DEMONSTRATION PHASE?. Geoffrey Nelson1, 1Wilfrid Laurier University, Waterloo, Ontario Canada

A Conceptual Framework for Understanding the Sustainability of a Community-based Primary Prevention Project. Better Beginnings, Better Futures is a community-based and community-driven, prevention policy research demonstration project. Located in eight low-income, disadvantaged communities in Ontario, the project is funded by the Ontario provincial government. The project has three major goals: (a) the prevention of problems in young children, (b) the promotion of competence and health of young children, and (c) strengthening vulnerable families and communities. During the planning phase (from 1991 to 1993), community residents, service-provider partners, and staff designed a comprehensive, ecological program model. During the demonstration phase (from 1994 to 1998), the project provided five years of intervention for one of two groups of children: birth to age four (in five of the sites) or age four to age eight (in three of the sites). Our current research examines the sustainability stage (from 1999 to 2004) to determine what happens after the demonstration phase. In this paper, I outline the conceptual model underlying our research on project sustainability. This model consists of two dimensions: stage of development (planning, implementation, sustainability) and key components (tasks, processes, systems interactions). We use this framework to examine whether Better Beginnings has continued to support a high level of resident participation, a multisectoral approach involving partnerships with other service-providers, and high-quality prevention programs focussed on young children.

467 AN OVERVIEW OF THE RESEARCH APPROACHES USED IN BETTER BEGINNINGS, BETTER FUTURES. S. Mark Pancer1, Geoffrey Nelson1, 1Wilfrid Laurier University, Waterloo, Ontario Canada

Three different kinds of research were used to understand and assess the Better Beginnings, Better Futures project: the outcome research, which looked at the project’s impacts on the children, parents, families and community-as-a-whole; the economic analysis, which focussed on the costs of mounting the project; and the project development research, which examined the ways in which the project’s programs were developed, and how the different partners in the project learned to work together.

The outcome research was primarily quantitative, and involved administering standardized scales and measures to children, parents, and others at regular intervals throughout the life of the project. The researched also looked at how much the projects cost to operate, how these costs compared to the costs incurred by other similar programs, and how they related to the kinds of outcomes that the project produced. This economic analysis of the project was a crucial consideration, particularly for government policy-makers, who were interested in assessing the value of the project relative to other kinds of programs that might have been implemented. To gain an understand not only what happened to children, families and communities as a result of the Better Beginnings interventions, but how the individuals, groups and organizations in each community came together to develop and implement a comprehensive prevention program, we undertook rigorous and extensive project development research. This research was primarily qualitative in nature, and involved attending meetings, interviewing individuals and groups, and reading program documents and reports from many different sources. The focus of this research was on the partnerships among residents, program staff, and human service professionals at each site, the program models that were generated, and the way in which the projects were managed and organized. This research approach was used during the planning phase before programs became operational at the sites (1991-1993) and during the demonstration phase when programs were operational (1994-1998). From 2003-2004, this research is being used to
understand how the projects have evolved after the demonstration phase.

468 RESIDENT PARTICIPATION ACROSS THE LIFECYCLE OF BETTER BEGINNINGS, BETTER FUTURES. Alexei Kissin1, Geoffrey Nelson1, S. Mark Pancer1, 1Wilfrid Laurier University, Waterloo, Ontario Canada

Resident participation is a key element in Better Beginnings, Better Futures. Neighbourhood residents are recruited and encouraged to participate in the project’s design, delivery, governance, and/or evaluation alongside service-providers from various family- and child-related agencies. Furthermore, resident volunteers are given opportunities for employment in various areas of the project. These project opportunities allow residents to enhance their skill and knowledge base, thereby enabling them to better support the future generations of their neighbourhoods.

This presentation will focus on the outcomes of a research project that explores resident participation across the lifecycle of eight project sites of Better Beginnings, Better Futures. This lifecycle consists of three stages: planning, demonstration, and maintenance. The planning phase occurred from 1991-1993 and involved planning and developing programs for the initiative. The implementation phase ran from 1994-1998. This phase included starting the programs and collecting data on the child and adult participants. The initiative is now in the maintenance phase (1999-2004), with the sites having obtained ongoing funding from the provincial government after the end of the demonstration phase. The maintenance stage involves establishing community supports, participant commitment, and program efficiency to ensure the initiative will serve future generations. For each phase, data will be presented with regard to: (a) the nature and amount of resident participation, (b) the relationship dynamics of resident participation, and (c) the impacts of resident participation on program models and community ownership of the project.

The methodology used to gather data for this research investigation is entirely qualitative in nature. To explore resident participation in the planning and demonstration phases, document analysis was done on previous Better Beginnings, Better Futures research reports that were based on the project development research. To explore resident participation in the maintenance phase, focus groups shall be made of one or more program activities and any documents pertinent to exploring resident participation at the maintenance phase will be collected from the project sites. Open-coding shall be performed on the data collected for each phase, with the research questions serving as a guide to focus this process.

469 SERVICE-PROVIDER INVOLVEMENT ACROSS THE LIFECYCLE OF BETTER BEGINNINGS, BETTER FUTURES. Karen Hayward1, Geoffrey Nelson1, S. Mark Pancer1, 1Wilfrid Laurier University, Waterloo, Ontario Canada

->From its inception, the Better Beginnings, Better Futures initiative was meant to be different from other prevention programs. One of the defining features of Better Beginnings was that the project sites were to adopt a multi-sectoral approach emphasizing integration with existing community services. These community services could include health, education, child welfare, children’s mental health, and other social services.

Better Beginnings, in addition to measuring quantitative outcomes for children and families, also examined how the programs developed in each of the demonstration site communities. Throughout the demonstration phase, researchers at each of the program sites collected information from staff, residents, and key stakeholders via interviews, focus groups, reviewing program documents, and attending meetings and program events. The involvement of other service providers, from different sectors, was one of the key issues examined in this qualitative research.

The Better Beginnings’ programs are now 10 years old. We will examine how the involvement of service-providers has changed throughout the lifecycle of the Better Beginnings programs. From the planning phase, to the end of the demonstration phase, to the present maintenance phase, we will address how service-providers have collaborated with the program sites to plan and deliver services in these communities. That is, what changes, if any, there were in the visions for the integration of services, the types of service providers who were involved, the roles that service-providers played, and the reasons for those changes.

*REAL WORLD SETTINGS*

INTERVENTION RESULTS IN STEP PARENTING FAMILIES

470 INADVERTENTLY INTERVENING ON GENDER-TYPED PARENTING: EFFECTS OF THE MAPS INTERVENTION. Melanie Domenech Rodriguez1, Zints Beldavs2, Marion Forgatch1, 1Utah State University, Logan, UT United States; 2Oregon Social Learning Center, Eugene, OR United States

Marriage and Parenting in Stepfamilies (MAPS) is a selective preventive intervention that was designed to promote healthy interactions between family members in stepfamilies. One hundred and thirteen families participated in this 5-year prevention study. All families had at least one child between 5 and 9 years of age. Models examining child outcomes (externalizing and internalizing) show a significant relationship between parents' parenting practices at baseline and child gender. The relationship disappears at the 12-month follow-up. This paper disentangles these findings by examining the specific parenting practices that make up the construct of parenting (i.e., coercive discipline, positive involvement, skill encouragement, problem solving, and
monitoring) tracking changes over the 12-month and 24-month period following the intervention. These analyses will be conducted separately for mothers' and fathers' parenting practices. Preliminary findings suggest that girls fare better than boys at baseline. Understanding these parenting processes and how they might be influenced by preventive intervention trials represent an important piece of information in the continuing aim to understand how, why, and for whom prevention interventions work.

471 THE RELATIONSHIP BETWEEN MARITAL PRACTICES AND ADJUSTMENT ON CHILD OUTCOME IN STEPFAMILIES. Elizabeth Wieling1, Deborah Galvin1, Georgia Karuntzos2, 1University of Minnesota, St. Paul, MN United States; 2Research Triangle Institute, RTP, NC United States

This paper presents results based on data from the Marriage and Parenting in Stepfamilies (MAPS) study. This 5-year prevention intervention focused on promoting healthy family and marital functioning in stepfamilies. Specifically, the paper will examine the relationship between marital practices and marital adjustment on child outcome. Model results demonstrate that observed marital practices were associated with higher levels of effective parenting and marital adjustment, which in turn were associated with lower levels of child externalizing behavior. Important implications stemming from these findings for the development and implementation of preventive interventions with stepfamilies will be discussed and specific recommendations will be outlined.

*REAL WORLD SETTINGS*

PREVENTION RESEARCH IN THE WORKPLACE

472 PREVENTION RESEARCH IN THE WORKPLACE. Deborah Galvin1, Georgia Karuntzos2, 1CSAP/SAMHSA/DHHS/Division of Workplace Programs, Rockville, MD United States; 2Research Triangle Institute, RTP, NC United States

Increasingly, the workplace is being viewed as an important venue for delivering substance abuse prevention messages as demonstrated by recent workplace initiatives such as the Workplace Managed Care program, CSAP’s GetFit website, and most recently the Transitioning Youth into the Workplace program. These initiatives show that substance abuse prevention messages in the workplace can reach not only employees, but also the families of those employees if properly delivered. Because most Americans are either employed or directly related to someone who is, the workplace is one of the farthest reaching venues in which to conduct substance abuse prevention. Furthermore, given the unique relationship between employers and employees, workplace settings can yield powerful incentives for both participation in and compliance with substance abuse programs that are not found in any other setting. This symposium presents studies that examine the scope and effectiveness of substance abuse prevention programs delivered in the workplace.

473 DRUG TESTING AT THE WORKPLACE: FACTORS THAT INFLUENCE THE EMPLOYER’S DECISION. Jeremy Bray1, Debanjali Mitra1, 1Research Triangle Institute, RTP, NC United States

Substance abuse among working adults is prevalent and costly (Blum, 1989; Roman & Blum, 1995; Ames, Gruber, & Moore, 1997; DHHS, 1999a, 1999b), making the workplace an important venue for identifying and treating substance abusing employees. One strategy to prevent, detect, and control substance abuse among employees is drug testing. Drug testing programs can be an essential component of a workplace substance abuse prevention program. They not only serve as a deterrent to the use of illicit substances at the workplace but also assist employees in recognizing and admitting their substance abuse problems so that they may seek necessary treatment.

In this paper, we examine the relationship between various employer characteristics and the likelihood of conducting drug testing. Data are from a 1999 survey of private employers with 15 or more employees in Vermont. Logistic regressions are used to model employers’ decisions to conduct drug testing as a function of other health promotion activities at the workplace, general worksite characteristics, and provision of health insurance.

Results show that the decision to conduct drug testing is positively correlated with written alcohol and drug policies at the workplace and informal health promotion activities, such as health fairs and employee workshops, but negatively correlated with the provision of employee assistance programs and formal wellness programs. The employer’s choice of health insurance plans and coverage limitations are not significantly correlated with the decision to conduct drug testing. Worksites that are part of a multi-site establishment, have more male employees, or belong to blue collar industries are more likely to conduct drug testing. Contrary to previous research, we find that firm size is not related to the decision to conduct drug testing after controlling for other prevention activities.

We find that worksite substance prevention activities are important predictors of a workplace drug testing program. Although formal prevention programs, such as wellness programs, are negatively related to drug testing, informal programs are positively related to drug testing. These results suggest that characterizing firms that conduct drug testing as authoritarian or uncaring may be inaccurate and caused by a failure to consider the informal prevention activities conducted by worksites. More research is needed to understand the systemic and procedural links between drug testing and other worksite prevention activities.

474 ALCOHOL MODERATION COUNSELING IN A STAND-ALONE VS. GENERAL WELLNESS PROGRAM. Max Heirich1, Cynthia Sieck1, 1University of Michigan, Ann Arbor, MI United States

Until recently, service for those who consume too much alcohol but are not alcoholic was limited to traditional
abstinence-based programs, which are inadequate for this population. Instead, a moderation approach, one that includes abstinence as an option but also offers techniques for reducing alcohol consumption to a safe level, may be more beneficial and more appropriate. Previous research (Heirich and Sieck, 2000), demonstrates that the workplace can be an effective route for engaging problem drinkers if the program is presented in a non-stigmatized manner as part of a broader cardiovascular wellness program. (The study site was a primarily blue-collar manufacturing plant.) The study reported here examines the applicability of that approach in a workplace of strikingly different character, and compares the impact made by moderation counseling as a stand-alone program (Screen/Rescreen Group), with the impact made by imbedding alcohol counseling in broader cardiovascular health improvement counseling (Counseling Group). Results demonstrate the effectiveness of address alcohol risk in this setting. For example, among those classified as at-risk at initial screening, more than three-quarters had improved their alcohol consumption, and over half (56.2%) were no longer at-risk by these guidelines. Equally important, over two-thirds of at-risk drinkers in the proactive counseling group reduced their drinking to a safe level, compared to less than one-half of those offered the stand-alone alcohol moderation program. The experience of this study as well as previous research provides examples of ways health professionals can discuss alcohol risk reduction in the context of general health, thus helping to remove the stigma associated with alcohol risk and to engage clients in efforts to lower their alcohol risk.

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SUCCESS THROUGH THE INCREDIBLE YEARS

475 A RANDOMIZED PREVENTION TRIAL IN 19 ELEMENTARY SCHOOLS: SUCCESSFUL SCHOOL RECRUITMENT STRATEGIES. Ted K. Taylor¹, Julie C. Rusby¹, Carol W. Metzler¹, Anthony Biglan¹, E. Michael Foster¹, Deborah Johnson-Shelton¹, Jason Blair¹, ¹Oregon Research Institute, Eugene, OR United States

This presentation will be divided into two parts. The first part will outline the design of the “Success Through the Incredible Years” project and the intervention used, along with the strategies used to recruit schools into the project. It was found that many schools are highly receptive to participating in an intervention study, and are willing to allow random assignment of children to classroom and direct observations in the school. Strategies used to persuade schools to agree to these procedures will be discussed. Materials used in recruiting school personnel will be made available. Aspects of the research design that made randomization of children more acceptable to schools will be discussed. The credibility conferred upon the project because it was being evaluated in a rigorous study will also be highlighted. The successful recruitment of schools, combined with high teacher attendance and satisfaction with the in-service workshops, suggests that this is a replicable and disseminable model. This raises the possibility that rigorous evaluation research may serve as model strategy for disseminating evidence-based programs with fidelity, especially to schools and teachers willing to serve as early adopters.

In the second part of this presentation (following the other two presentations in the symposium), the initial outcomes of the intervention will be presented. This will include impact on teachers’ behavior in the classroom, parents’ reports of their own parenting practices, and children’s behavior at the end of first grade.

476 OBSERVED TEACHER MANAGEMENT PRACTICES AND STUDENT BEHAVIOR IN FIRST GRADE CLASSROOMS. Julie C. Rusby¹, Ted K. Taylor¹, E. Michael Foster¹, Carol Metzler¹, ¹Oregon Research Institute, Eugene, OR United States

Teachers who use effective classroom management practices are more likely to promote student active engagement in learning activities, positive student behavior, and academic achievement. Teachers can reduce and prevent problem behaviors in the classroom by using proactive management practices, such as providing clear expectations before an activity begins and actively monitoring all areas of the classroom, and by providing positive reinforcement.

This presentation will examine the impact of classroom management practices on first grade student behavior in the classroom, and whether these experiences generalize to the playground setting. Direct observations and observer ratings of participating teachers’ classroom management practices (proactive practices, positive feedback, and negative feedback) and classroom context (teacher-led instruction, independent seat work, cooperative work groups, free-choice time, and transition time) were collected three times during the latter half of the school year. Each participating student was also observed on three separate occasions during this period in the classroom and on the playground. This presentation will describe the observation system and provide descriptive information on observed rates of behaviors and the relationships between student behavior in the classroom and on the playground. We will test a model depicting how teacher practices predict student positive engagement and aggression on the playground.

477 ASSOCIATIONS BETWEEN SPECIFIC PARENTAL DISCIPLINE PRACTICES AND SPECIFIC DIMENSIONS OF YOUNG CHILDREN’S BEHAVIOR. Carol W. Metzler¹, Ted K. Taylor¹, Eunjee Kang¹, ¹Oregon Research Institute, Eugene, OR United States

Extensive research has linked the development of disruptive behavior disorders to parents’ parenting practices.
These findings have shown that, in general, harsh and inconsistent discipline practices are associated with greater child problem behaviors. The global nature of most measures of parenting and child externalizing behavior, however, has limited our ability to discern precise relationships between specific discipline practices and specific child outcomes. Few existing parenting practices questionnaire measures provide a detailed assessment of parents’ use of a variety of specific discipline methods; similarly, most commonly used measures of child externalizing behavior problems (e.g. CBCL, ECBI) do not differentiate between subtypes of externalizing problems (e.g. oppositional vs. aggressive behavior), preventing a fine-grained analysis of the specific discipline practices that differentially predict these outcomes. Even fewer studies have examined the relationships between specific discipline practices and adaptive child outcomes, such as emotional self-control. Such information would provide useful guidance to parent training programs designed to prevent and treat disruptive behavior disorders and to optimize child outcomes, and precise questionnaire measures of discipline practices and child externalizing behavior would facilitate our ability to detect changes as a function of parenting interventions.

This presentation will describe the questionnaire measures of specific parental discipline practices utilized in the Success Through the Incredible Years research project on parents of children at-risk for disruptive behavior disorders. Data will be presented on the relationships between particular parental discipline practices (e.g. consistency of discipline, anger control during discipline, and specific discipline methods—spanking, hitting, time out, privilege removal, etc.) and specific dimensions of maladaptive and adaptive child behaviors (e.g. oppositional to adults, oppositional to peers, physical aggression, emotional self-control). The implications of these relationships for analyzing and interpreting the outcomes of the Incredible Years parent training intervention utilized in the Success Project will be discussed.

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ALL STARS, SR.: PREVENTION IN HIGH SCHOOL HEALTH

William Hansen1, 1Tanglewood Research, Inc., Greensboro, NC United States

The All Stars, Sr. field trial provides valuable insights into the process of conducting research and evaluation among what has traditionally been a difficult to reach population—high schools. Prior prevention efforts that have targeted high schools are rare, as evidenced by the relative scarcity of high school programs in the research literature and among programs available for dissemination. All Stars, Sr. addressed the programmatic issue of finding a niche by attaching itself to an existing school structure (high school health) and by adapting its structure to meet the needs of high school teachers, most of whom are coaches. Even after having identified a niche where the program could be accepted, the typical challenges of conducting an evaluation remained. One large school system that considered adopting the program ended up dropping out of the project because administrators in the district felt the survey burden was too high. Among schools that did participate, the timely administration of surveys and the collection of teaching logs proved to be a challenge. Despite these challenges and in part because the project over-estimated the number of schools and participants that would be required, an evaluation resulted that was sufficiently robust to allow crucial analyses to be completed. Because high schools are a crucial but infrequently targeted setting for prevention, learning how to design and evaluate interventions will remain an important priority for prevention in the years to come.

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ALL STARS, SR.: PROGRAM DESIGN AND DEVELOPMENT

David Wyrick1, William Hansen1, Melodie Fearnow-Kenney1, Christina Hardy1, Tanglewood Research, Inc., Greensboro, NC United States

A high school drug prevention program must fit within existing school programming and be well accepted by students and teachers alike. Our challenge was to create a program, All Stars, Sr., that has the potential to target and change key mediating variables (e.g., normative beliefs, resistance skills, and decision making skills), fit the needs of existing courses of health instruction, and be engaging to students. We developed two sets of materials to accomplish this goal. First, after a careful review of state curriculum frameworks for high school health education and popular high school health texts. We developed a curriculum guide for teachers that is oriented to methods for augmenting existing health curricula. Novel features include page number reference sheets for each activity for nine prominent high school health texts. Also, activities targeting key mediating variables are included for each content area in the comprehensive school health education model (e.g., ATOD, personal health, and family living). For each major content area, we developed mediator-specific objectives, designed classroom activities, and developed homework assignments that teachers can use to complement existing materials. Second, we developed the All Stars, Sr., Wellness Journal. The Wellness Journal is not only used by the teacher in workbook exercises, it also allows students the opportunity to engage in independent consideration of relevant issues in personal decisions. The journal was made available to teachers in two formats. The first consists of single sheet notebook inserts that teachers can duplicate and have students place in three-ring binders, the format that is used in nearly all high school subjects. The second imitates the style common in most popular day planners. It includes to sections that correspond to the content of a broad health education course that addresses mental, physical, social, and emotional health issues. There are specific activities that relate to understanding and defining a personally desired lifestyle, helping students make and keep
personal commitments, set and achieve goals to which they are committed, and deal with personal and interpersonal problems. We also developed sections specifically for helping students work through issues such as drug use. Additionally, the Wellness Journal includes sections that help students address nutrition, exercise, stress, and other topics.

480 ALL STARS, SR.: EVALUATION DESIGN. Denise Hallfors1, Rita O'Sullivan2, Muhsin Orsini2, Allan Steckler2, William Hansen3, Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 4University of North Carolina at Chapel Hill, Chapel Hill, NC United States; 5Tanglewood Research, Inc., Greensboro, NC United States

This purpose of this paper is to share the methods of the All Stars, Sr. evaluation, a randomized field trial of this health education curriculum. The evaluation plan was designed by an advisory committee of prevention curriculum specialists. Participants included 24 high schools in Missouri, Nebraska, and North Carolina, 50 health education teachers, and 3,129 students. Apparatus were used to measure moderator, mediator, and outcome variables of interest. Moderator variables that were expected to impact overall effectiveness of the program included dosage, teacher fidelity, and teacher-student rapport. Mediating variables that predict substance use among adolescents were targeted by the program and measured using a 138 item student survey, which included items about both past month and lifetime alcohol use, tobacco use, marijuana use, inhalant use, illicit drug use, problem behavior, and problem use. Procedures were implemented to ensure the random assignment of schools, confidentiality of students, and validity of data collection. Schools were randomly assigned to either treatment (All Stars, Sr.) or control (treatment as usual) conditions after being matched based on size, location, and social economic status. Students who were eligible to participate received a survey instrument with imprinted barcode known only to evaluators inside an envelope with name label. After completing the survey, students placed the instrument inside their envelope and removed the name label, preventing school personnel from matching survey responses to individual students afterward. Data collection included 3 administrations of the student survey to measure mediator and outcome variables and site visit to conduct classroom observation, student interview, and teacher interview to measure moderator variables.

The purpose of this paper is to share the results of the All Stars, Sr. evaluation. At present, data analysis is not complete because data collection is ongoing – the third and final student survey is being administered during the Fall of 2003. Final data analysis will occur during the early Spring of 2004 and the final report will be prepared soon afterward. To examine the reliability of survey items, Cronbach’s alpha was used to estimate internal consistency. Additionally, a Confirmatory Factor Analysis (CFA) was used to validate the underlying factor structure of the mediator variables. These findings will be presented with more detail in the final paper. Student’s t was used to examine the differences among the Survey 1 and Survey 2 mediator and outcome variables, followed by post hoc Analysis of Covariance (ANCOVAS). A preliminary analysis of only the survey data collected to date indicates that All Stars, Sr. is significantly reducing the increase of past month alcohol use, lifetime alcohol use, and past month problem behavior among students. In short, treatment students are drinking 1/3 less alcoholic beverages during the past month, drinking ½ less alcoholic beverages during lifetime, and exhibiting slightly less problem behavior during the past month. However, the advisory committee reviewing this data expects that more significant differences will be identified after controlling for the effects of various moderator variables. These findings will be presented with more detail in the final paper. During final analysis, t-tests will be conducted to further examine the grade, ethnicity, and gender differences among mediator and outcomes variables. Analysis procedures will also include multi-level modeling to examine the nested data influence on substance use outcome variables and a comparison of short and long term effects of the All Stars, Sr. program.

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TECHNICAL ASSISTANCE AND EVIDENCE-BASED PROGRAMS

482 TECHNICAL ASSISTANCE AND IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS. Deborah Haber1, 1Education Development Center, Inc., Newton, MA United States

School and community-based organizations have implemented evidence-based programs with varying outcomes. Much has been documented in the literature regarding the challenges of implementing these programs with fidelity and adaptation. In this organized paper symposium three perspectives on supporting implementation of these programs will be shared. Authors provide insight into the knowledge, skills, and broad-based view needed for implementation with quality and fidelity. In addition, they will offer a framework for providing developmental technical assistance aimed at enhancing implementation.

483 USING A DEVELOPMENTAL APPROACH FOR TECHNICAL ASSISTANCE TO PROMOTE
IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS IN SCHOOLS AND COMMUNITIES.

Yvette Lamb1, Cheryl Vince Whitman1, David Osher2, Deborah Haber1, 1Education Development Center, Inc., Newton, MA United States; 2American Institutes for Research, Washington, DC United States

Recognizing the importance of technical assistance, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) funded Education Development Center, Inc. (EDC), in partnership with The American Institute for Research (AIR) to provide assistance to 160 + CMHS prevention grantees. The mission of the center is to strengthen grantee capacity to sustain the use of evidence-based strategies for mental health promotion and violence prevention. The technical assistance services of the center are built on a broad and holistic definition of technical assistance that take into account the ways people, systems, and communities can be supported to create and sustain change. This approach uses knowledge to improve the adoption and implementation of a policy, practice or procedure and is always a blend of content—the knowledge or information that are shared—and process—the way it is shared. (Crandall & Williams, 1981) The National center provides a continuum of services aimed at creating change and sustaining programs. Services begin with a needs assessment, and proceeds to face-to-face skill-building and ongoing coaching and mentoring. But a menu of services is not enough to assist technical assistance consumers in meeting their implementation goals. In fact, the ever-present question is what technical assistance services are most important and necessary at what stage? This paper documents and discusses what we know about a developmental approach to technical assistance and specifically, describes a model that takes into account the technical assistance consumer’s level of readiness, degree of sophistication, and stage of development—from start-up through institutionalization. The paper describes approaches that are developmentally appropriate while being consumer specific. Finally, the author will discuss the benefits of this approach and its potential for overall cost effectiveness.

THE POWER OF THE SCHOOL CONTEXT: USING TECHNICAL ASSISTANCE TO HELP SCHOOLS INTEGRATE EVIDENCE-BASED PROGRAMS.

Deborah Haber1, Education Development Center, Inc., Newton, MA United States

How can technical assistance enable schools to integrate evidence based program into a comprehensive school-wide initiative? What happens when this is not the intention of technical assistance? For schools to address the multiple issues facing students and their families — alcohol and drug abuse, violence, mental health issues—they are asked to introduce and support the implementation of multiple evidence-based programs. These programs may align with one another or they may be so disconnected that they undermine their individual impacts. The author will focus on how the powerful context of the school, including its culture, operating principles, and policies can either support or weaken the implementation and sustainability of one or more evidence-based practices or programs. This paper highlights the challenges and benefits schools can encounter or accrue if they are mindful of the school culture, student and family needs, and very importantly, the broader school improvement picture. It also highlights how technical assistance can be the mechanism that facilitates school staff in understanding and addressing these kinds of issues in advance. Ultimately, for schools to make a difference in these critical areas, they must select appropriate evidence-based programs and integrate them into the comprehensive school improvement effort. This presentation will provide a conceptual framework for understanding how integration of evidence-based programs can be realized and some practical examples of ways in which technical assistance provided to Safe School-Healthy Student grantees from across the country facilitated the process.

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485 WHAT IT TAKES TO PUT RESEARCH INTO PRACTICE: LEARNINGS ON IMPLEMENTING EVIDENCE-BASED PROGRAMS IN SCHOOLS AND COMMUNITIES. Deborah Haber1, Education Development Center, Inc., Newton, MA United States

Bridging the gap between research and practice requires that school and community staff draw on concepts and skills from several disciplines. For example, social science informs the basic understanding of what is meant by evidence-based. Public health provides the platform for finding and utilizing demographic and epidemiological data including data contributing to the understanding of school and community interventions. Organizational change and diffusion theory provides knowledge and strategies for introducing innovations into systems to create lasting change. Thus, implementing evidence-based programs demands significant know-how from different disciplines. Ideally implementers in school and community settings will have a deep understanding of what it takes to implement an innovation that will produce policy and practice change. Yet, implementation is complex and local. What are the issues that face schools and communities as they seek to implement evidence-based interventions? And to what degree do schools and communities implement evidence-based programs with fidelity and quality? One study of local education agencies implementing evidence based programs (Hallfors and Godette, 1999) estimated that only 19% of the school districts they studied, which were in the process of implementing evidence-based programs did so faithfully and with quality. This paper identifies the common pitfalls school and community staff face ranging from selecting the wrong program to lacking the support needed to develop adaptations while maintaining fidelity. In each case, a clear description of the difficulties encountered is provided along with practical strategies for enhancing effectiveness of implementation based on experiences from the Safe Schools Healthy Students initiative. The paper will also preview several tools that can assist with implementation.
ADHD PREVENTION RESEARCH

486 IMPLEMENTATION OF A SCHOOL-WIDE PROGRAM TO PREVENT AND REDUCE BEHAVIOR PROBLEMS. Gretchen Lefever1, Korrie Allen1, 1Center for Pediatric Research, Norfolk, VA United States

School wide interventions are needed to reduce the negative impact of Attention Deficit Hyperactivity Disorder (ADHD) on educational and social functioning and to prevent the emergence of disruptive behavior disorders among at-risk children. Most regular education settings endorse the use of punitive and reactive techniques to address students who exhibit problem behaviors. These practices are not consistent with empirically based preventive intervention strategies designed to prevent the problem behaviors and improve long term educational and social outcomes. Project PRAISE is a U.S. Department of Education funded model demonstration project that addresses these needs in an elementary school setting by implementing a school-wide behavioral intervention program that is supported by collaboration with the school, parents, and health care providers. Project PRAISE is being implemented in an elementary school and comparison data are being gathered from a control school with similar demographic characteristics. This paper will describe the implementation of a school-wide intervention program aimed at preventing the development of behavioral problems in the classroom. Intervention strategies utilized during the pilot year and the subsequent outcomes will be presented. In addition, overall programs successes and lessons learned will be discussed as well as methods for long-term sustainability and implementation of the program across districts.

487 LONG TERM IMPLICATIONS OF USING TEACHER TRAINING TO IMPROVE BEHAVIOR MANAGEMENT IN THE CLASSROOM. Korrie Allen1, Gretchen Lefever1, Veena Nair1, 1Center for Pediatric Research, Norfolk, VA United States

Many children with behavioral problems demonstrate lower academic achievement than would be predicted based on their intellectual abilities. Such problems also negatively impact the ability of teachers to manage their classroom effectively. A school-wide approach is needed to manage these problems, as it ensures the availability of an intervention to all students and enhances classroom and teacher morale. The school-wide intervention program, Project PRAISE (Promoting Responsible Actions through Intervention and School-wide Education), was developed to improve student behavior in the classroom via the implementation of system-wide behavior management strategies. At the beginning of the program’s pilot year, baseline data of teachers’ attitudes regarding the use of classroom management techniques and actual use of those techniques were assessed. Teachers then participated in an intensive training session in which they were taught to use appropriate strategies to deal with problem behaviors. Subsequently, teachers’ use of these strategies was assessed twice more during the year (once at post-training and once at the end of the year). Results revealed that teachers’ attitudes and knowledge pertaining to behavior management techniques improved significantly from pre- to post-training. Techniques such as planned ignoring, understanding problem behavior, and assuming responsibility for addressing problem behaviors in the classroom were used more frequently after training. However, at the end of the year, follow-up analyses revealed a decline in the utilization of behavior management and a negative attitude toward many of the techniques. The long-term implications regarding the utilization of teacher training to improve problem behaviors of students in a classroom setting are discussed.

488 EFFECTIVENESS OF POSITIVE REINFORCEMENT IN IMPROVING STUDENT EDUCATIONAL AND BEHAVIORAL OUTCOMES. Erin Pladsen1, Gretchen Lefever1, 1Center for Pediatric Research, Norfolk, VA United States

Attention Deficit Hyperactivity Disorder (ADHD) is the most widely diagnosed mental health condition among children within the United States, with southeastern Virginia reporting the highest documented rate of ADHD diagnosis nationwide. A school-wide intervention study (Project PRAISE: Promoting Responsible Actions through Intervention and School-wide Education) was piloted in an at-risk elementary school. The primary purposes of the project were to prevent the emergence of disruptive behaviors and to improve the educational and social outcomes of children with ADHD and their peers. Teachers were trained regarding effectively implementing behavioral management strategies (e.g., positive reinforcement) within their classrooms. Results indicated that teachers who used higher levels of positive reinforcement had a significant reduction in the number of their students exhibiting ADHD behaviors at the end of the school year, after controlling for the level of ADHD behavior among students at the beginning of the year. These teachers also had students with significantly higher scores on standardized academic achievement tests across subjects. These findings emphasize the need to implement positive behavior management systems in the classroom, as behavioral problems were reduced and higher academic achievement was evident among students with teachers who used such systems.
FRIDAY, MAY 27, 2004 PROGRAM

THURSDAY, MAY 27, 2004

7:15 PM – 9:15 PM

AWARDS BANQUET

♂ Porte Du Palais, Hilton Quebec

9:30 PM – 12:00 AM

MINORITY SCHOLARSHIP DANCE

♂ Porte Kent, Hilton Quebec

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FRIDAY, MAY 28, 2004

7:30 AM – 8:30 AM

CONTINENTAL BREAKFAST & REGISTRATION

♂ Foyer Salle de bal, Hilton Quebec

8:30 AM – 10:30 AM

PLENARY SESSION 3

KEYNOTE SPEAKER: Charles Curie, Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)

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IMPROVING CHILDREN’S OUTCOMES: POLICY, PARENTING, AND PROSOCIAL INTERVENTIONS

Chair: Zili Sloboda

♂ Porte Du Palais, Hilton Quebec

IMPROVING CHILDREN’S OUTCOMES: POLICY, PARENTING, AND PROSOCIAL INTERVENTIONS,

Larry Aber1, Zili Sloboda2, Dan Olweus3, Matthew Sanders4, 1Columbia University, New York, NY United States; 2University of Akron, Akron, OH United States; 3University of Bergen, Bergen, Bergen Norway; 4University of Queensland, Brisbane, Queensland Australia

A broad spectrum of interventions have been effective in improving children’s outcomes. This symposium brings together leaders who have designed and implemented changes in policy. Larry Aber will present Understanding the influence of state policies on family economies, parenting processes and children’s development: Implications for prevention, Matt Sanders will present Progress and challenges in strengthening parenting skills at a population level and Dan Olweus will present The Olweus Bullying Prevention Program: Effects, Implementation Model, and a New Nationwide Initiative in Norway. Each presenter will provide a perspective on the range and scope of successful interventions targeted at behavior change and the challenges faced in broadly disseminating and promoting recognition and acceptability of effective programs in real-world settings. A round table discussion session will follow the plenary to allow audience participation.

10:30 AM – 10:45 AM

MORNING BREAK

♂ Foyer Salle de bal, Hilton Quebec

10:45 AM – 12:15 PM

CONCURRENT SESSIONS, 1 - 8

CC 1/PLENARY ROUNDTABLE

IMPROVING CHILDREN’S OUTCOMES

Chair: Ray Peters

♂ Porte Du Palais, Hilton Quebec

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IMPROVING CHILDREN’S OUTCOMES: POLICY, PARENTING, AND PROSOCIAL INTERVENTIONS,

Larry Aber1, Zili Sloboda2, Dan Olweus3, Matthew Sanders4, 1Columbia University, New York, NY United States; 2University of Akron, Akron, OH United States; 3University of Bergen, Bergen, Bergen Norway; 4University of Queensland, Brisbane, Queensland Australia

Chair: Paula Colwell

♂ Porte Kent, Hilton Quebec

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REDUCING YOUTH ACCESS TO TOBACCO

Chair: Paula Colwell

♂ Porte Kent, Hilton Quebec

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REDUCING YOUTH ACCESS TO TOBACCO: IS CANADA DOING ENOUGH?, Paula Colwell1, Alan Diener2, Steve Manske3, Rippin Robert4, Anthony Biglan5, 1Tobacco Control Programme - Health Canada, Ottawa, Ontario Canada; 2University of Waterloo, Ontario Canada; 3University of Waferlo, Waterloo, Ontario Canada; 4University of Manager, EDR Enterprises,
In recent years there has been a great deal of discussion regarding effective means of restricting youth access to tobacco. Proponents have brought forward a great deal of evidence in support of school-based prevention programs, higher prices, retailer education, prohibition of possession and smoking bans. While all of these activities have achieved limited success, no one activity has solved the problem. The purpose of this symposium is to bring together experts in these various areas to give an overview of the findings on the different aspects of the issue. Dr. Alan Diener will present research findings from the Canadian Tobacco Use Monitoring Survey and from the AC Nielsen survey of retailer behaviour. Robert Rippin will present findings from his paper on social sources of supply of tobacco to minors. Dr. Steve Manske will discuss the outcomes from his paper on youth tobacco prevention. Dr. Anthony Biglan will act as discussant and Paula Colwell will act as chair.

491 IDENTIFYING BETTER PRACTICES IN YOUTH TOBACCO ACCESS. Steve Manske1, Maureen Dobbins2, Kelly Vogt3, Roy Cameron4, 1University of Waterloo, Waterloo, Ontario Canada; 2McMaster University, Hamilton, Ontario Canada; 3University of Western Ontario, London, Ontario Canada

Steve Manske offers the perspective of a population health (focus on tobacco) researcher concerned with knowledge exchange issues. His experience related to this topic is drawn primarily from two areas:

- efforts to refine a model for “Better Practices”, including knowledge synthesis work to identify tools and resources with merit; and,
- development and implementation of monitoring / surveillance tools in youth tobacco control.

The knowledge synthesis component of the Better Practices model (Phase 1) involves a collaboration between researchers and decision-makers to establish the right question to be answered, and then seeks answers from scientific literature (systematic review), practice (grey literature, descriptions of implementation) and expert opinion. It passes potential practices through a plausibility filter to establish their suitability in practice for current contexts. Phase 1 ends with identification of tools and resources for dissemination. Any discussion around youth access must concern both the process for identifying tools & resources, as well as the recommended tools & resources. A knowledge synthesis effort we completed for Health Canada concluded

- scientific evidence for two outcomes (reducing perception of availability of tobacco, retailer compliance) was fairly weak – just one review examined the topic, follow-up was short (6 months) and positive results are only possible with ongoing and intensive enforcement;

- practice evidence pointed to two programs that could be recommended, and one that was promising;

- experts, asked about youth prevention generally, did not mention efforts to reduce access in their description of effective interventions.

At least two additional caveats hold: any effort to reduce access should be placed in the broader context of a coordinated comprehensive campaign to reduce tobacco use; and, any intervention will need to be adapted to the new context in which it will be used.

A monitoring / surveillance system (BP model – Phase 2) should provide surveillance of both individual (smoker/at risk youth) behaviour and sources of tobacco. We have developed the School Smoking Profile (a whole-school data collection tool) and a local environment scan. The system can detect variation at local levels in terms of access and individual behaviour resulting from that. For instance, results showed decreased utilization of commercial sources as the frequency of being asked one’s age when attempting to purchase increased. If the SSP is implemented on a broader scale (provincial, national) it will point to places where innovation has moved the numbers downward and become an exemplary that can then enter the world of evidence (BP Model – Phase 3).

492 DISCUSSION PAPER ON THE ISSUE OF SOCIAL SOURCE PROVISION OF TOBACCO TO MINORS. Robert Rippin1, 1EDR Enterprises, Kamloops, British Columbia Canada

Numerous studies have indicated that as the availability of tobacco products from commercial outlets is being reduced, youth are more frequently relying on friends, family, and others asked to purchase tobacco on their behalf. These are defined as “Social Sources” of tobacco products. This paper examines current research that demonstrates this phenomenon, including prevalent attitudes of suppliers and options (legal and social) that are available to reduce the “Social Source” supply of tobacco products to youth.

493 OVERVIEW OF CURRENT STATISTICAL DATA ON YOUTH ACCESS. Alan Diener1, 1Tobacco Control Programme, Ottawa, Ontario Canada

Youth are the population at highest risk of becoming new smokers. Restricting their access to tobacco while at this vulnerable stage in development increases the chance of avoiding exposure and long-term addiction. Several measures serve as valuable tools for tracking the effectiveness of current policies promoting compliance with laws restricting youth access to tobacco and for highlighting areas which still need to be addressed. Data from the Canadian Tobacco Use Monitoring Survey (CTUMS) will be presented and will examine prevalence trends, age when started, where tobacco was purchased and if youth were asked their age when attempting to buy tobacco. The Youth Smoking Survey results
from 1994 and 2002 will also be discussed as will data from the AC Neilsen survey which measures retailers’ behaviour towards youth access.

CC 3/BASIC PREVENTION SCIENCE

EMPHASIZING SOCIAL RESPONSIBILITY AS A PREVENTION STRATEGY

Chair: Constance Flannagan

494 FRIENDS DON’T LET FRIENDS: EMPHASIZING SOCIAL RESPONSIBILITY AS A PREVENTION STRATEGY. Constance Flannagan1, Les Gallay2, Elvira Elek3, Purandhar Dhital1, Suet-Ling Pong4, 1Pennsylvania State University, State College, PA United States; 2Pennsylvania State University, Waldorf, MD United States; 3Pennsylvania State University, University Park, PA United States

Responsible choices form a cornerstone of prevention programs for young people but the focus typically lies on individuals making informed decisions about their own health. This focus on individuals leaves unexplored the potential of peers to act as allies in prevention.

Do adolescents act on the adage ‘friends don’t let friends....’? Does the inclination to intervene in a friend’s use of ATOD vary by age or by the dangers of the substance? Are young people more likely to intervene if their parents encourage an ethic of concern for the well-being of others? If school climates engender feelings of belonging, of connection and solidarity among students, are youth more likely to act on the adage, “friends don’t let friends ...”? The empirical basis for answering these questions is quite slim. The program of work discussed in this symposium addresses this gap. The three papers in this symposium draw from the first wave of a longitudinal (3-wave) study of 5th - 12th graders. Two-thousand six-hundred ninety-seven students from thirty schools in two north-eastern states participated. Active parental consent, obtained for all participants, resulted in a 54% participation rate. The sample included urban, rural, and suburban school districts and represented a broad range of socioeconomic groups. The racial/ethnic backgrounds of participants reflected the populations of the school districts: 10% were African-American, 5% were Latino, 1% were Asian American, and 84% were European American.

The three papers in the symposium address different aspects of the core question: Do adolescents take proactive measures if their friends are using ATOD? The first paper examines differences in the strategies early, middle, and late adolescents say they would use if their friends were smoking or using drugs. The second paper investigates student perceptions of school climates and asks whether inclusive school climates where students feel respected by their teachers and by one another increase the likelihood that youth will take proactive measures to dissuade friends from ATOD use. The third paper focuses on family values and practices (open communication between parents and youth and an emphasis on compassion and concern for others) and asks whether proactive prevention strategies with friends are correlated with a family ethic of social responsibility.

When considering friends, prevention science primarily focused on the friend’s potential to influence the initiation and maintenance of risky behaviors, including substance use. Less attention focused on the potential of friends to act as a protective influence on their peers. Therefore, little research exists to provide an empirical basis for answering the question of whether or not adolescents follow the adage of “Friends don’t let friends .”. The Social Responsibility and Prevention Project made an attempt to fill in this gap in prevention research. The project utilized focus groups and pilot testing to generate a list of the peer intervention strategies that adolescents might use with their friends. In the spring semester of 2002, 2697 5th through 12th graders in 8 rural, suburban, and small urban school districts responded to a survey. This survey included 4 vignettes which described a friends’ possible substance use, along with follow-up items which allowed students to indicate their likelihood of utilizing particular intervention strategies in those situations.

The 4 vignettes consisted of a friend starting to smoke, do drugs, and getting drunk at a party (where they had driven), and a decision needing to be made about whether or not to go to a party which would include alcohol drinking and drug use. The intervention strategies include proactive responses (such as talking to the friend, talking to an adult, taking the car keys, and talking their friends into going somewhere else rather than the party); the possibility of ceasing the friendship; and the option of ignoring the situation for a number of reasons (including privacy issues, embarrassment, the lack of efficacy, or loss of the friendship).

An analysis of the responses found support for the influence of the students’ age on the likelihood of choosing particular intervention strategies, especially in that older adolescents expressed less likelihood of going to an adult. Comparisons across the vignettes showed that for the older students, cigarette smoking led to the greatest likelihood of being ignored, and drug use the greatest likelihood of talking to an adult. Factor analyses demonstrated that all of the students made a very clear distinction between the ignore items and the more proactive items, with ceasing the friendship generally not related to the other strategies. Some of the intervention strategies items did not load on any of the factors, and therefore should be excluded when utilizing the intervention strategies items as a scale.
SCHOOL CLIMATE AND STUDENTS' INTERVENTION STRATEGIES. Les Gallay1, Suet-Ling Pong2, 1Pennsylvania State University, State College, PA United States; 2Pennsylvania State University, University Park, PA United States

The concept of school climate has been identified as a key element in the effective schools movement. In this paper we focused on friendships as a force of prevention, and examined how school climate plays a role in the prevention of risk behaviors by school friends. When looking at risk behaviors, prevention science generally emphasizes negative peer influence and overlooks the fact that adolescents often feel responsible for their friends. Youth development studies consistently show that adolescents are less likely to engage in problem behaviors when they feel connected to others in their families, schools, or institutions in their communities. Schools are an important community within which young people display their willingness to help each other. An enhancing school environment could promote youth’s intervention behaviors.

We used student data from the Social Responsibility and Prevention Project. Our analysis sample consisted of about 2,600 students from 5th through 12th grades surveyed in spring 2002. Two constructs, uncovered through the larger project, reflected students’ intervention options: proactive strategies and ignoring the situation. These constructs were used as outcome variables.

A factor analysis identified four school climate constructs. The first factor, positive school spirit, indicated that most students take pride in the school and care about each other, teachers are fair, and everyone in the school tries to keep the school looking good and to make new students feel welcome. Teacher intervention was represented by good teachers' practice, such as trusting students, expecting students to respect one another, and stopping threats and teasing among students. The third factor was open communication between students and teachers. The fourth factor, negative school climate, was indicated by strict rules, a big and unfriendly environment, and the fact that students can get away with bullying and feel like they do not belong. Older students displayed significantly more negative perceptions of school climates than did younger students.

A correlation analysis revealed a systematic relationship between these school climate constructs and students’ intervention strategies. Students were significantly more likely to actively intervene in their peers’ risk behavior in schools that fostered a positive climate, where teachers intervened in undesirable behaviors, or where there was open communication between students and teachers. By contrast, when there was negative school climate, students were significantly more likely to ignore the situation rather than actively intervene.

FAMILY CLIMATE: AN ALLY IN ATOD USE PREVENTION AMONG YOUTHS IN SCHOOL. Purandhar Dhital1, Les Gallay1, Constance Flanagan1

Among American youth the values families emphasize in raising children are related to adolescents' views of social problems (Flanagan & Tucker, 1999), to their beliefs about fairness and success in America (Flanagan & Gallay, 1995). Similarly, a family ethic of compassion and care is consistently and positively related to the likelihood that adolescents will be cognizant of and empathic towards others (their needs, circumstances, and perspectives), rather than merely to their own self-interest. Family values play a key role in the way youth conceive of their relatedness to and responsibilities for others.

The Social Responsibility and Prevention Project explored the impact of family climates (the values mothers and fathers emphasize and the opportunities for perspective taking they provide) on adolescents’ risk taking and on the likelihood of their adoption of intervention strategies to prevent peers from partaking in substance use. The project surveyed 2,697 5th through 12th graders in eight rural, suburban, and small-urban school districts in the Northeastern United States at the end of the spring semester of 2002.

This study used 28 intervention strategy responses by teens pertaining to smoking, drunkenness, drug use and party drinking scenarios as the outcome. The items split into two consistent factors across all age groups: (1) ignore – because of privacy and fear of losing friends, and (2) intervene - proactive strategies including advising and approaching adults for help. Similarly, 16 family climate questions split into 3 factors: (1) Golden Rule – teens’ perceptions of parental guidance on helping, respecting, and providing equality and opportunity to others, (2) Communication- teens’ perceptions of parental respect of teens’ opinion and trust developed through open communication, and (3) Vigilance- teens’ perceptions of parental support of sticking-up for their own rights, avoiding being taken advantage by others and not always trusting others.

Findings suggested that teens utilize active intervention strategies rather than ignore their friends’ substance use. Younger teens who expressed more communication and respect from their parents were less likely to ignore the situations than older teens. Parental encouragement of vigilance clearly influenced 5th -6th graders’ intervention. Parental support of the “golden rule” consistently influenced both ignore and intervening strategies across all age groups.

CC 4/REAL WORLD SETTINGS

ADDRESSING STAGES OF DIFFUSION IN TAKING EVIDENCE-BASED PROGRAMS TO SCALE

Chair: Mary Ann Pentz
A major theme of this year's SPR conference is to examine how evidence-based prevention programs can be disseminated effectively on a large-scale, while still maintaining fidelity or at least adaptation of core program elements. The study of promoting dissemination involves attention to stages of diffusion: adoption, implementation, sustainability, and dissemination (both front end dissemination of information to encourage adoption, and back end dissemination to diffuse program use). This symposium illustrates how multiple stages of diffusion have been addressed in three current large-scale prevention trials funded by NIDA. All three trials involve diffusion of evidence-based prevention programs across cities and states. The stages are discussed in sequence, with results presented to illustrate outcomes of each stage. The first presentation (Hawkins), addresses adoption of a new program in the Community Youth Development Study, based on dissemination of a systems operation model from previous research (Communities That Care). The focus is on utilization of research information about risk and protective factors and evidence-based programs to spur adoption of a new program. The second presentation (Pentz), addresses adoption and early implementation of STEP, a multi-state, multi-city prevention trial designed to diffuse six evidence-based prevention program components to community leaders, school teachers, and parents through interactive television training. Adoption of STEP is presented as a function of community and site facilitator empowerment. Implementation of the first four specific program components is evaluated as a function of implementer training variables, and implementer perceived diffusion potential of each program (relative advantage, compatibility, complexity, trialability, observability). The third presentation (Spoth), addresses the last two stages of diffusion, sustainability and program dissemination, by presenting early results of PROSPER, a prevention trial designed to disseminate and maintain family-based prevention programming with the assistance of existing university-based extension services. The moderator/chair (Valente), collaborator with Rogers on diffusion of innovation theory and author of diffusion network texts, will introduce each presentation. The discussant (Robertson), NIDA Prevention Branch Chief, will examine each study for its potential to contribute to research knowledge about effective prevention diffusion, as well as to impact future federal policy on institutionalizing evidence-based prevention programs nationwide.

500 TESTING THE CTC SYSTEM FOR DISSEMINATING PREVENTION SCIENCE: THE COMMUNITY YOUTH DEVELOPMENT STUDY. J. David Hawkins1, Michael W. Arthur1, Richard F. Catalano1, University of Washington, Seattle, WA United States

Prevention science is a discipline built on the integration of life course development research, community epidemiology, and preventive intervention trials (Coie et al., 1993; Kellam et al., 1999). Prevention science asserts that empirically verifiable precursors, called risk and protective factors predict the likelihood of undesired health outcomes. Prevention science postulates that negative health outcomes can be prevented by reducing or eliminating risk factors and enhancing protective factors in individuals and their environments during the course of development (Coie et al., 1993; Mrazek & Haggerty, 1994). A growing number of
interventions have been found to be effective in preventing adolescent substance abuse, delinquency and violence by reducing risk and enhancing protection (Durlak, 1998; Gottfredson, 1999; Sloboda & David, 1997). The Communities That Care (CTC) prevention operating system mobilizes communities to use prevention science to plan and implement community prevention systems. CTC provides tools that assist communities to use local epidemiologic data on risk and protection to identify specific elevated risks and depressed protective factors in geographic areas or school populations. CTC helps communities choose and implement tested, effective preventive interventions that reduce their identified risks and enhance protection (Channing Bete Company, 2003; Catalano, Hawkins & Associates, 1992.) The CTC program is widely implemented and process evaluations of CTC suggest that it can assist communities to develop more effective prevention services systems. However, CTC has not been subjected to a rigorous, controlled study of efficacy. This presentation will describe the research design of the Community Youth Development Study (CYDS), a five-year, randomized community trial of the CTC strategy funded by the National Institute on Drug Abuse, the National Cancer Institute, the Substance Abuse and Mental Health Services Administration, the National Institute of Mental Health, and the National Institute on Child Health and Human Development. Building on a prior study, the CYDS has randomized 24 matched communities spread across seven states into intervention and control conditions. The 12 intervention communities are implementing CTC, while the communities in the control condition are continuing their own prevention approaches. Data on the communities’ prevention systems, risk and protective factors, and adolescent outcomes will be collected over 11 years in all 24 communities. Issues in the development, design, funding, and implementation of large-scale, randomized dissemination trials will be discussed.

501 COMMUNITY-UNIVERSITY PARTNERSHIP EFFECTIVENESS IN DISSEMINATING EVIDENCE-BASED FAMILY INTERVENTIONS: A COMMUNITY CONTEXT AND TEAM RECRUITMENT PREDICTOR MODEL. Richard Lee Spoth1, Cleve Redmond1, Chungyeol Shin1, Scott Clair1, Iowa State University, Ames, IA United States

The potential public health impact of universal family-focused preventive interventions is limited by gaps in the knowledge base about (a) dissemination via existing delivery systems and (b) strategies for community-based recruitment of families (Spoth et al., in press). A number of articles have described an evolving conceptual framework for modeling recruitment predictors, arrayed by expected proximity of influence on families’ decisions, starting with relatively more distal contextual factors like SES (Spoth & Redmond, 2002). A critically important next step is to extend this program of research under more real world community-based recruitment conditions. This is possible through a large-scale effectiveness trial that employs community-university partnerships to implement evidence-based interventions. The primary research question is: what are the strongest predictors of community-based recruitment outcomes among key measures of community context and local partnership team characteristics. Data were collected from intervention communities in two states, as part of a randomized, controlled trial (N = 28 communities, 14 intervention, 14 control). Community level (N = 14) predictors included population, community-level SES factors, youth risk, family risk, and prevention policies. Additional data were obtained from process evaluation interviews with members of 14 community-based teams and team technical assistants (TAs) from the University Extension System. Team member and TA responses were aggregated; predictors included technical assistance support received, team effectiveness, and member attitudes toward preventive interventions. The outcome variable was the proportion of families recruited for a family-focused intervention among the total number eligible in a community. Key variables representing community and team process domains were entered into a stepwise regression analysis. Regression analyses showed four variables to be significantly related to recruitment: community-level educational attainment, favorable prevention policy, community-level youth risk, and team technical assistance support. As expected, both community- and team-level factors were predictive. Similar to earlier findings, educational attainment emerged as a key predictor. Importantly, the more proximal technical assistance support also was a significant predictor, after controlling for community context variables. Current findings are consistent with the earlier conceptual framework and prominent empirical findings in the literature concerning the importance of proactive technical assistance for local community implementers.

CC 5/RECENT ISSUES IN RESEARCH METHODS

NEW METHODS AND APPLICATIONS IN THE ANALYSIS OF LONGITUDINAL DATA WITH NONNORMAL OUTCOMES

Chair: Katherine Masyn

Courville/Montmorency, Hilton Quebec

502 NEW METHODS AND APPLICATIONS IN THE ANALYSIS OF LONGITUDINAL DATA WITH NONNORMAL OUTCOMES. Katherine Masyn1, Frauke Kreuter2, Hanno Petras3, Johns Hopkins University, West Hollywood, CA United States; 4University of California, Los Angeles, Los Angeles, CA United States; 5Johns Hopkins University, Baltimore, MD United States

Longitudinal studies of behavioral outcomes frequently concern time periods during which the behavior has not yet fully emerged for a portion of the sample. Typical examples of this are school-based studies of smoking and drinking. This gives rise to many individuals having zero values for the outcome at several time points. Such outcomes are not well handled by models assuming linearity and normality, but
require special care in the modeling. There may also be outcomes whose distributions are inherently nonnormal, such as count data or order categorical responses, that additionally have a preponderance of low or zero values. Examples of this include self-report of victimization in a school setting and number of juvenile arrests. This symposium gives a review of recently developed techniques, contributes new techniques, and studies their application. The focus is on growth and growth mixture models and longitudinal data sets of relevance to preventive intervention studies.

The first talk, by Bengt Muthén (UCLA), will present a methods overview, introduce the new models, and show how all techniques can be fit into a general latent variable framework within the new version 3 of the Mplus program. The second talk, by Eric Brown (University of Washington), will discuss an application of two-part modeling to a school-based preventive intervention study aimed at reducing smoking and drinking. The third talk, by Karen Nylund (UCLA), will compare modeling techniques in a school-based study of self-reported victimization. The discussants, Frauke Kreuter (UCLA) and Hanno Petras (Johns Hopkins University), will comment on the new methodologies, highlight the findings of the two application talks, and compare the findings to those of their own applications related to the development of juvenile delinquency and the course of aggression in girls.

503  NEW METHODS FOR ANALYZING LONGITUDINAL DATA WITH A PREPONDERANCE OF ZEROS. Bengt Muthen1, 1University of California, Los Angeles, Los Angeles, CA United States

Recently proposed growth modeling techniques are characterized by a special effort to model the zero values representing the absence of the behavior in addition to modeling the amount of the behavior when it is present. Techniques have been proposed for both continuous outcomes, count outcomes, and ordered categorical outcomes. The techniques, however, differ in three key ways. First, one distinguishing characteristic is whether or not the zero and non-zero parts of the outcome are allowed to have different relationships to covariates such as intervention status. The censored-normal model does not offer such flexibility, whereas two-part modeling (Olsen & Schafer, 2001) does. Second, models may be distinguished based on whether or not they allow different reasons for observing a zero value. Two-part modeling does not, whereas zero-inflated Poisson modeling of counts, does allow there to be two classes of individuals: those who during a given time period are not engaged in the behavior at all versus those who are engaged in the behavior but happen to have zero outcome at the time of measurement. Here, a new model is introduced that extends the censored normal model to censored-inflated normal allowing two classes as well as different relationships to covariates. Third, models can be characterized by whether or not they allow the modeling of the individually-varying timing of the emergence of behavior in addition to the growth curve for the behavior when it has emerged. A new type of model will be presented combining such “survival” and growth features.

504  APPROACHES FOR MODELING CHANGE IN NONNORMAL CONTINUOUS LATENT FACTORS WITH ORDERED POLYTOMOUS INDICATORS. Karen Nylund1, 1University of California, Los Angeles, Los Angeles, CA United States

This presentation will focus on the occurrence of non-normal outcomes that are indicators for non-normal continuous factors, where the research question is focused on the change in these factors over time. An example of this occurs when the outcome of interest is a latent factor which theory suggests is not normally distributed and is measured by ordered categorical variables such as Likert-scale items. Together, there are non-normal items measuring what is considered to be a non-normal continuous factor, which changes over time. This presentation explores modeling approaches that accounts for the non-normality in the latent factors. The first approach is a model that could be called a “latent trait general growth mixture model.” The non-normality in the underlying factors is modeled by adding a mixture component while modeling the change in the factors over time. The second model is a “latent profile growth model” where the underlying factors are specified as categorical latent variables and the changes in class probabilities are then modeled over time. These approaches are applied to a set of data examples, including data from a school-based longitudinal study in junior high which measured victimization with Likert-scale items that are indicators of a general victimization factor which theory suggests is non-normal. Details of model specification in Mplus Version 3, interpretation of model estimates, as well as comparisons between the models, will be discussed.

505  AN APPLICATION OF TWO-PART LATENT GROWTH MODELING OF ADOLESCENT SUBSTANCE USE OUTCOMES IN THE RAISING HEALTHY CHILDREN PROJECT. Eric Brown1, Richard Catalano1, 1University of Washington, Seattle, WA United States

The Raising Healthy Children (RHC) project is a longitudinal preventive intervention designed to promote positive youth development by targeting developmentally appropriate risk and protective factors in school, family, and peer domains. As a social development intervention, specific aims of RHC emphasized both deterring students from engaging in substance use during earlier developmental periods and avoiding heavy or problematic use after initial use has begun. This study presents results of a test of the efficacy of the RHC intervention on trajectories of alcohol, marijuana, and cigarette use during early to middle adolescence. Two related research questions are addressed: First, was the intervention efficacious in keeping students from engaging in alcohol, marijuana, or cigarette use? And second, was the intervention efficacious in reducing the frequency with which
students used these substances, given some positive level of use? To answer these questions, a two-part latent growth modeling strategy was employed to examine trajectories for both use-vs.-nonuse and frequency-of-use outcomes. Results indicated significant (p < .05) intervention effects in growth trajectories for frequency of alcohol and marijuana use but not for use vs. nonuse. Conversely, a marginal intervention effect (p = .08) was found for cigarette use (vs. nonuse) but not for frequency of cigarette use. Moreover, gender differences were found to be associated with the likelihood of using alcohol, marijuana, and cigarettes, but not with frequency of use for these substances. These findings highlight the utility of two-part models in preventive intervention studies and provide support for a social development approach for the prevention of adolescent substance use.

CC 6/EARLY CHILDHOOD DEVELOPMENT

SOCIAL COMPETENCE, COMMUNITY AND SCHOOL ENVIRONMENTS AND EARLY CHILDHOOD DEVELOPMENT

Chair: Ray Peters

Dufferin, Hilton Quebec

506 DOES DOSE MATTER? INVESTIGATING THE EFFECT OF AN EXTRA YEAR OF A CHILD-FOCUSED PREVENTIVE INTERVENTION AND PEER REJECTION. Herlie McGowan1, Robert Nix2, Karen Bierman2, Susan A. Murphy1, 1University of Michigan, Ann Arbor, MI United States; 2Pennsylvania State University, University Park, PA United States

The selection process in preventive intervention programs often results in a negative relation between dose and response, even if treatment is considered the catalyst for positive change. It is possible to eliminate this negative relation through strategic use of pre-treatment covariates. This study applies weighted regression analysis to an intervention program designed to prevent the development of serious conduct problems among aggressive young children.

Many factors contribute to the development of serious conduct problems. One important factor is peer rejection. Since aggressive children have difficulties with emotion regulation and impulse control, they are often excluded from peer groups. With few options for playmates, aggressive children begin to socialize with others like themselves. As a result, they are more likely to adopt anti-social norms and become involved in delinquent activities.

In its attempts to deflect the developmental trajectories of children who fit that early starter profile of conduct problems, Fast Track, a 4-site (Durham, NC, Nashville TN, rural central Pennsylvania, and Seattle, WA), 3-cohort, and 6-component preventive intervention program5 instituted “peer pairing.” In this component of treatment, staff members coached an intervention child and a peer, who did not have behavior problems, through structured play. The sessions lasted for 30 minutes and involved same-sex classmates who were rotated from week to week.

All 445 intervention children (55% minority, 28% female, 85th percentile or above on aggressive behavior screen, predominantly low SES) in Fast Track received weekly peer pairing in first grade. About one-half also received weekly peer pairing in second grade, based on an algorithm of continued need as assessed by teacher behavior ratings and peer sociometric nominations. This study will analyze whether that extra peer pairing resulted in a significant decrease in peer rejection at the end of second grade for children determined by the algorithm to be most in need.

References
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507 WITHDRAWN

508 PROMOTING SOCIAL COMPETENCE IN FAMILY CHILD CARE SETTINGS. Julie Rushby1, Ted Taylor1, 1Oregon Research Institute, Eugene, OR United States

The quality of experiences in childcare has significant, lasting impact on children’s social development. With the growing number of young children being served in family childcare settings, it is imperative that the care provides a quality environment with nurtures children’s social development. Empirically supported interventions that specifically target family childcare, however, are lacking. This presentation will describe the results of the first phase of the Carescapes project, an evaluation of a video-based program for training family childcare providers in setting up their childcare environment to support social development of young children in their care. We developed an instructional videotape that illustrated concepts with video-vignettes demonstrating examples and non-examples of children and caregivers in family childcare settings. The content covered a) description and rationale for an ecological and proactive approach, b) overview of social development and typical social skills for preschool-age children, c) arrangement of physical space, d) selection of materials and toys, and e) setting schedules and
routines. The workshop was conducted in an interactive format that included discussions on implementing the ideas presented in the participants’ childcare homes and activities that provided caregivers with practice of the ideas presented (e.g., designing play areas to facilitate social development, making effective daily schedules).

Forty-two family childcare providers were randomly assigned to an intervention group and a wait-list control group. A baseline questionnaire was given to all participating providers and the childcare environment was observed. Eighteen of the original group attended the Carescapes training in which they watched video segments and participated in group discussions and activities. A majority of the participants felt they learned some to very much new, practical information and said they found the interactive discussions particularly helpful. Additionally, positive trends in improving the childcare environments were observed. Caregivers in the intervention group reported making more changes in their childcare physical environment and the control group reported making fewer changes (these differences were significant at the .10 level). Significant group × time differences also were found for observer reports of enriched environment. These differences were due to the intervention group increasing the variety of toys and materials in their childcare. This first phase illustrates feasibility for prevention work in family childcare settings. Positive trends were found in children’s behavior demonstrating promise for further expanding the scope of the Carescapes program.

509 CHILD SCHOOL READINESS TO LEARN AND COMMUNITY INVOLVEMENT IN SCHOOL INTEGRATION. Isabelle Martin1, Pierre Lapointe1, Université de Montréal, Montréal, Quebec Canada

Various studies have shown the importance of early learning and how, at a very young age, the foundation is set for children’s physical, intellectual, emotional and social development. The start of school constitutes a critical step in the development of children. The Canadian research program Understanding the Early Years is committed to helping all children succeed in that important period of their lives, namely their school years.

In spring 2001, the skills and knowledge (school readiness) of kindergarten children were evaluated in more than 35 participating schools. Kindergarten teachers evaluated 3 500 children (4 and 5-years old) using the Early Development Instrument (EDI). This instrument measures children’s readiness to learn at school before entry to Grade 1 (Janus & Offord, 2000). Five components of the child development, namely those with the greatest impact on learning and success to school readiness, were evaluated: (1) physical health and well-being, (2) social competence, (3) emotional maturity, (4) language and cognitive skills, and (5) communication skills and general knowledge.

Results indicate that a majority of the students in the study area scored well. However, 32 % had a problem with at least one readiness component, while 16 % had a problem with two or more of the components. The average of children considered to have a problem is 29 % (range: 6 % to 53 %). The analysis also indicates the characteristics that were common to certain groups of children: girls and older children had better results; children whose mother tongue is not French and those who attended junior kindergarten (4-years old) exhibited lower school readiness. This last results may be explain by the fact that the majority of the children who attended at 4 were in a school located in a low-income area.

Results from the 2001 and 2003 evaluations of school readiness will be presented and compared. They should provide communities and school authorities useful information for adapting programs to the needs of children. The results will be discussed with respect to understanding how applied research can contribute to improve conditions of early childhood development and school integration.

510 A COMPREHENSIVE PRESCHOOL INITIATIVE TO IMPROVE THE SCHOOL READINESS OF URBAN CHILDREN. Celene Domitrovich1, Mark Greenberg2,1Pennsylvania State University, University Park, PA United States; 2Pennsylvania State University, State College, PA United States

Poverty, and the social adversity and family stress that accompany it, is one of the most serious and predictive factors of long-term adjustment (Lengua, 2002). One of the ways to counteract the effects of poverty for young children is to ensure that they receive a high quality early childhood educational experience. Without preventive intervention, these children often exhibit delays and adjustment problems that continue into elementary school, contributing to increased risk for academic underachievement as well as school behavior problems and negative relationships peers (Alexander & Entwistle, 1988; Campbell, March, Pierce, Ewing, & Szumowski, 1991). Effective social emotional skills are related to social adjustment in the preschool and early school years, and have the potential to serve as a protective factor against negative outcomes (Rutter, 1985). Recently, there has been increased interest in the development of universal prevention programs focused on the promotion of social competence in preschool-aged children. These programs have shown significant effects on social-cognitive skills and children’s overall social and academic adjustment (Denham & Burton, 1996; Bryant, Vizzard, Willoughby, & Kupersmidt, 1999). One urban school district in a mid-sized, Pennsylvania city has developed a comprehensive initiative to provide all eligible three and four year old children (and their families) with the educational, health and social services that they need to achieve academic and social success. The district worked in collaboration with local service providers to implement a high quality, full-day early education program. It built upon the Head Start model but enhanced the curriculum by adding a preschool version of a universal, teacher-delivered social emotional curriculum (Promoting Alternative Thinking Strategies) and a developmentally appropriate literacy program. The purpose of this presentation is to provide a
description of the intervention and to present the initial outcomes from a quasi-experimental evaluation of the program. Child and teacher data were gathered at the beginning and end of the program year. Outcomes for participants after one year of program exposure will be compared to a group of Kindergarten students from the same community (assessed a year earlier) who did not participate in the program. Child and parent factors that moderate student success in the program will be examined. Analyses will be conducted to examine the way in which both social emotional and academic competence relate to success at the start of Kindergarten.

511 UNDERSTANDING THE EARLY YEARS: ENCHANCING POSITIVE DEVELOPMENTAL OUTCOMES IN NEIGHBOURHOODS AND COMMUNITIES. Linda Nosbush1, Saskatchewan Rivers School Division, Prince Albert, SK, Canada, Prince Albert, Saskatchewan Canada

Understanding the Early Years (UEY) is a national five-year research initiative sponsored by the Applied Research Branch of Human Resources Development Canada in twelve communities. This session will describe the first four years of the Understanding the Early Years Initiative in Prince Albert, Saskatchewan – a combined rural and urban area of approximately 50,000 people encompassing approximately fifty square miles. UEY was designed to increase knowledge about how childhood experiences shape learning, health and well being; to monitor progress in improving outcomes for young children; and to build the community’s capacity to improve children’s developmental outcomes.

The initial phase develops baseline data for each community and includes parent interviews and direct assessment of children in conjunction with the National Longitudinal Survey of Children and Youth (NLSCY), assessment of kindergarten students’ Readiness to Learn in five developmental domains; and Community Mapping of socio-demographic information. The second phase involves a Knowledge Exchange Process whereby evidence from the research is shared with the community and, the community through small intact groups shares its wisdom, knowledge and lived experience and ‘pays it forward’ to create a Community Action Plan. The final phase of the initiative involves collection of a comparison set of data to discern changes.

Using three direct assessments, the NLSCY found that Prince Albert children scored slightly above the national average on positive behaviour, but below the national average on direct assessments of their vocabulary and cognitive development. Of the ten community indicator scores, this area scored below the national average in five, at the national average in one and above the national average in four.

Children’s Readiness to Learn at School improved in each of five developmental domains, however, the pattern of results in the thirty school neighbourhoods forms a steep socio-economic gradient. Prince Albert children are doing as well as the national cohort in two domains, better in two domains and worse in the Language and Cognitive Development domain.

Community Mapping enables the community to: conceptualize itself at various levels of aggregation; discern the equity of programs and resources; monitor the progress of families and young children; and, build learning communities who use evidence-based decision-making to develop, monitor and evaluate policies, programs and resource deployment.

This session will share the results, describe the process of Knowledge Exchange and describe the community’s emerging capacity to foster more positive developmental outcomes.

512 EMOTION KNOWLEDGE, BEHAVIOR, AND SOCIAL COMPETENCE IN PRESCHOOLERS FROM LOW-INCOME, URBAN FAMILIES. Kathleen Kiely Gouley1, Laurie Miller Brotman2, Colleen O’Neal1, Sharon Kingston3, Melissa Caldwell4, 1NYU Child Study Center, New York, NY United States; 2New York University, New York, NY United States; 3New York University, NY, NY United States

Enhancing children’s emotional and social functioning has been the focus of interventions designed to prevent conduct problems and promote positive social development. During early childhood, social and emotional competencies are important predictors of later adjustment. Preschoolers from low-income families are at risk for a broad range of negative developmental outcomes. Although there has been extensive work regarding the effects of poverty on cognitive development, and to a lesser extent on behavior problems in preschoolers, emotion knowledge, and social competence in low-income children have not been examined adequately.

In this paper, we examined the relations among emotion knowledge skills, social competence, behavior problems, and cognitive development in a low-income sample of preschoolers. Data are from the baseline assessment for the first of two cohorts participating in a school-based prevention trial for preschoolers and their families. Participants were enrolled in universal pre-kindergarten programs in a large urban area. Emotion knowledge was evaluated with a child interview conducted in the family home. Parents and teachers completed the BASC to inform on child social competence and behavior problems. Children were tested with the DIAL at their schools. Ratings of social competence were made in the home following the EK interview and at the school following the brief cognitive testing.

The sample consisted of 60 English-speaking children (mean age 4 years). The sample was 46% male, and children were from diverse racial and ethnic backgrounds. In this paper, we will examine: (1) gender and age (4 to 4 ½ year olds versus 4 ½ to 5 year olds) differences in emotion knowledge (EK) skills, social competence, behavior, and verbal ability; and (2) relations among verbal ability, EK, social competence, and behavior. We hypothesize that: (1) girls and older children would have more advanced EK skills, verbal abilities, social competence, and fewer behavior problems than boys and
newer preschoolers; (2) EK skills, social competence, behavior problems and verbal abilities will be significantly related; children with more advanced verbal abilities are expected to have higher EK skills and children with advanced verbal abilities and EK skills are expected to have greater social competence and fewer behavior problems. Discussion with focus on the implications of findings for preventive intervention with low-income preschoolers.

513 PREVENTING CHILDREN'S MENTAL DISORDERS. Josephine Hua1, Charlotte Waddell1, Kimberley McEwan1, Offord David2, Ray Peters3, 1University of British Columbia, Vancouver, British Columbia Canada; 2McMaster University, Hamilton, Ontario Canada; 3Queen's University at Kingston, Kingston, Ontario Canada

OBJECTIVE. One in seven children in Canada experience mental health problems serious enough to impair their development and functioning. Mental health problems cause considerable suffering for these children, for their families, and for their communities. Prevention is a priority if we are to reduce this suffering. Our study examines prevention initiatives regarding children’s mental health in Canada, including how well these initiatives are informed by the best available research evidence. We also examine the implications for prevention policy and program planning.

METHODS. We conducted systematic reviews of the prevention and early childhood development literature pertaining to three key problems – conduct disorder, anxiety, and depression. Working with key national and provincial policy partners, we also identified prevention initiatives across Canada, and interviewed key program informants to collect data on ways to which these initiatives contribute to children’s mental health. We then analyzed our data and compared our findings to our research reviews.

RESULTS. Our presentation will summarize our findings on effective prevention programs for conduct disorder, anxiety, and depression in children based on our systematic literature reviews. We will present the results from our prevention program surveys, and our analysis of how these programs compare to the literature. We will also discuss policy implications.

CONCLUSIONS. Overall, there is good research evidence on preventing conduct disorder, anxiety, and depression in children. However, current policy and program planning in Canada does not reflect this evidence. Greater investments in prevention are needed if we are to reduce the suffering associated with children’s mental disorders.

ACKNOWLEDGEMENT. We appreciate support from the Canadian Population Health Initiative of the Canadian Institute for Health Information.

Acknowledgement

CC 7/THE ROLE OF GENDER, SOCIAL CLASS, CULTURE, AND ETHNICITY IN PREVENTION RESEARCH

SUBSTANCE ABUSE AND PREVENTION

FRIDAY, MAY 28, 2004 PROGRAM

514 ETHNIC/RACIAL DIFFERENCES IN PREVALENCE AND PREDICTORS OF SUBSTANCE USE: IMPLICATIONS FOR PREVENTION. Helene R. White1, Felipe Castro2, 1Rutgers, The State University of New Jersey, Piscataway, NJ United States; 2Arizona State University, Tempe, AZ United States

Current ideology concerning substance use prevention promotes the implementation of culturally sensitive programs. In order to design such programs, we need a better understanding of cultural differences in trajectories, patterns and predictors of use. This poster session includes five studies, which examine ethnic/racial differences in the prevalence and predictors of substance use and related problem behaviors. These studies address: 1) differences in substance use and cultural risk factors between multi racial and monoracial adolescents, 2) racial differences in developmental predictors of cigarette smoking from childhood through late adolescence, 3) ethnic/racial differences in the effects of personal competence skills on adolescent substance use, 4) substance use and related problem behaviors among Cambodian and Vietnamese adolescents, and 5) racial differences in the development of emotional and behavioral precursors to substance use and in the effects of parental substance use on these problems. This session aims to give greater insight into the importance of recognizing population diversity when studying and formulating prevention programs.

515 RACIAL/EThNIC DIFFERENCES IN THE PROTECTIVE EFFECTS OF COMPETENCE SKILLS ON ADOLESCENT DRUG USE. Kenneth W. Griffin1, Lawrence M. Scheier1, Gilbert J. Botvin1, 1Cornell University Medical College, New York, NY United States

A variety of self-management skills have been posited as protective in terms of adolescent drug use. This study examined whether these personal competence skills measured in the 7th grade served a protective function in terms of 9th grade drug use across racially/ethnically diverse samples of adolescents. Participants consisted of Black (n = 461) and Hispanic (n = 327) inner-city youth and White suburban youth (n = 704). Participants were selected from the untreated control groups as part of two larger school-based drug prevention trials. In addition to the baseline assessment in the 7th grade, students were surveyed in the 9th grade. Structural equation modeling indicated that a second order Personal Competence Skills latent factor consisting of first order latent factors of Decision-Making Skills (e.g., “when confronted with a specific problem I get the information I need to make the best choice”), Self-Regulation Skills (e.g., “If I am feeling sad, I try to think about pleasant things”), and Self-Reinforcement Skills (e.g., “I silently praise myself even for small achievements”) was protective for the combined sample in terms of Adolescent Drug Use (Beta=-.25, p < .001) and the model had a good fit to the data (Robust CFI = .96, RMSEA = .035). However, multigroup SEMs by race/ethnicity indicated
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that Personal Competence Skills were more strongly protective for suburban White youth (Beta=-.27, p < .001; Robust CFI = .95; RMSEA = .037) compared to urban Black youth (Beta=-.16, p < .01; Robust CFI = .98; RMSEA = .027) and urban Hispanic youth (Beta=-.07, p = ns; Robust CFI = .97; RMSEA = .027). The proportion of variance in Adolescent Drug Use explained by the Personal Competence Skills second order factor ranged from R-squared = .07 for suburban White youth, R-squared = .03 for urban Black youth, and R-squared = .01 for urban Hispanic youth. These findings are consistent with previous research showing that the risk/protective factors derived from psychosocial theories vary widely across racial/ethnic subgroups of youth, and that the predictive strength of these variables is weaker among racial/ethnic minority youth compared to White youth. These findings suggest that an important next step is to broaden the focus of etiology research from individual-level determinants to studying adolescent drug use behavior in the context of one’s cultural background and primary social settings, such as family, school, and community environments.

516 RACIAL DIFFERENCES IN THE DEVELOPMENTAL PREDICTORS OF CIGARETTE SMOKING: IMPLICATIONS FOR PREVENTION. Helene R. White1, Lisa Metzger2, Daniel Nagin3, Magda Stouthamer-Loeber2, Rutgers, The State University of New Jersey, Piscataway, NJ United States; 2Carnegie Mellon University, Pittsburgh, PA United States; 3University of Pittsburgh, Pittsburgh, PA United States

Although there are clear developmental differences in cigarette smoking behaviors between Whites and African-Americans, most prevention programs do not target these differences. Furthermore, the risk and protective factors for smoking differ for African-American and Whites, and yet these differences are often ignored in prevention programs. The purpose of this study is to examine racial differences in the risk and protective factors for smoking trajectories during varying developmental periods. We use data from a community sample of 503 boys who were first sampled in the first grade and followed annually for 14 years. Three trajectory groups were identified separately for African-Americans and Whites: nonsmokers, occasional smokers and regular smokers. Significantly more African-Americans were in the nonsmoker group and more Whites in the regular smoking group. Logistic regression analysis is used to differentiate among the three trajectory groups for African-Americans and Whites. Risk factor models are tested for four different developmental periods: childhood, early adolescence, middle adolescence and late adolescence. The implications of the findings for the development of racially appropriate prevention programs are discussed.

517 ARE MULTIRACIAL ADOLESCENTS AT A GREATER RISK? COMPARISONS OF RATES, PATTERNS, AND CORRELATES OF SUBSTANCE USE WITH MONORACIAL GROUPS. Yoonsun Choi1, Tracy Harachi2, Mary Rogers Gillmore3, Richard Catalano4, 1University of Chicago, Chicago, IL United States; 2University of Washington, Seattle, WA United States

Existing studies suggest that multiracial adolescents are at a greater risk than monoracial adolescents, as issues related to their multiracial background become more salient during the already challenging developmental period of adolescence. However, there is a dearth of empirical studies on multiracial youth despite their growing population size, diversity, and potentially unique needs. Thus, little is known about rates, patterns, and the determinants of substance use among multiracial adolescents. This information is important to inform the development of appropriate preventative interventions for these youth. Using the data from the Minority Youth Health Project (N=2,305), the study examined rates and patterns of substance use among multiracial early adolescents (n=454), and compared them with three monoracial youth groups, European Americans (n=650), African Americans (n=485), and Asian Americans (n=493). In addition, the study examined possible factors associated with substance use, such as ethnic identity and the subjective experience of racial discrimination, and compared these relationships among monoracial and multiracial youth. Multiracial adolescents reported higher rates of substance use relative to European- and Asian American youth, and stronger relationships between cultural risk factors and substance use than found for African- and Asian American youth. Implications for future research and intervention are discussed.

518 GENERALIZABILITY OF RISK AND PROTECTIVE FACTORS FOR DRUG USE, DELINQUENCY AND DEPRESSION AMONG VIETNAMESE AND CAMBODIAN YOUTH. Tracy Harachi1, Min Jung Kim1, Marc Clausen1, 1University of Washington, Seattle, WA United States

Recent census data continue to affirm the growth of racially and ethnically heterogeneous populations in the U.S. Immigrant children and U.S.-born children of immigrants are the fastest growing segment of the country's total population of children under 18 years of age (Rumbaut, 1997). In less than a decade, more than one-fifth of the school-age population will be children of immigrants (Padilla, 1997). While more attention is being given to studies which include diverse racial samples, few samples explicitly focus on immigrant populations. Findings from the Children of Immigrant Longitudinal Study suggest that not all immigrant groups are alike in terms of risk and protection as well as involvement in problem behavior outcomes. In fact, results from the Cross-Cultural Families study which examines a longitudinal panel of second generation Vietnamese and Cambodian adolescents suggests that these two populations do not meet the typical Asian model minority stereotype. Results of our paper examine rates of initiation of various behaviors among a sample of Vietnamese and Cambodian adolescents. In all instances, the proportion of Cambodians involved in each of the problem behaviors is higher than the Vietnamese youth. In some cases, the rate of involvement by
Cambodians is double, e.g., ever suspended from school (31% Cambodian, 17.2% Vietnamese) or ever been picked up by the police but not arrested (33.5% Cambodian, 14.1% Vietnamese). Descriptive statistics on known risk and protective factors are provided which suggest that the means and standard deviations are quite comparable across the two groups. Lastly, results of regression analyses examining the relationships between the individual risk and protective factors with drug use, delinquency, and depression are provided. With the majority of the factors, there is a consistency of associations between the two ethnic groups. The majority of risk factors found in the individual, peer, and school domains are significant and in the expected direction. Fewer significant relationships are found within the family domain, e.g., monitoring. Among the protective factors, social competency skills has the most consistently negative and significant relationship with the problem outcomes. In general, these findings suggest there is support of generalizability of these relationships and provide evidence that these risk and protective factors remain appropriate intervention targets for these two populations.

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THE EFFECTS OF RACE ON THE DEVELOPMENT OF FEMALE BEHAVIOR PROBLEMS IN THE CONTEXT OF PARENTAL SUBSTANCE USE AND PSYCHOPATHOLOGY: IMPLICATIONS FOR PREVENTION. Susan Gillo1, Alison Hipwell1, Helene White2, Rolf Loeber1, Magda Stouthamer-Loeber1, Kate Keenan2. 
1University of Pittsburgh, Pittsburgh, PA United States; 2Rutgers, The State University of New Jersey, Piscataway, NJ United States; 3University of Chicago, Chicago, IL United States

Little is known about the risks and correlates of disruptive behaviors in preadolescent girls because of the lack of large-scale prospective studies. There is some evidence, however, to suggest that parental substance use and psychopathology are significantly associated with conduct disorder symptoms in girls, although the direction of effects is unclear. Furthermore, the relative influence of these parental characteristics on the development of comorbid emotional and behavioral disorders among girls has yet to be determined. Finally, little is known about potential mediating or moderating variables such as race and SES. The current study investigates the impact of parental substance use on girls’ emotional and behavioral outcomes in a community population sample of 2,451 girls aged between 5 and 8 years. As part of an ongoing longitudinal study, three years of data have been collected from multiple informants. Preliminary analyses from the first year revealed that African-American girls are more likely than Caucasian girls to display conduct problems, oppositional-defiant behaviors and depressive symptoms among the girls, and exposure to adult substance use appeared to be mediated by parental depression. A direct relationship was found, however, between attention deficit-hyperactivity disorder (ADHD) symptoms and exposure to parental substance use. This relationship was moderated by race. The implications of the findings for primary prevention will be discussed.

CC 8/REAL WORLD SETTINGS

FAMILY INTERVENTIONS TO PREVENT DRINKING AMONG HIGH-RISK AND DISADVANTAGED YOUTH

Chair: Gayle Boyd

301A, Convention Centre

520 FATAL INTERVENTIONS TO PREVENT DRINKING AMONG HIGH-RISK AND DISADVANTAGED YOUTH. Gayle Boyd1, Brenda Miller2, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD United States; 2Pacific Institute for Research and Evaluation, Berkeley, CA United States

Efforts to prevent and reduce underage drinking are undermined by the special status that alcohol holds within our society. Individual decisions by young persons regarding alcohol take place within the context of socio-cultural and environmental influences that serve to imbue drinking with meaning and utilitarian value far beyond its direct pharmacological effects and, equally important, support its ready availability to youth. As the primary social environment, families are in a position to weight the decisional balance toward non-drinking by clearly articulating expectations, monitoring and enforcing consequences for rule violations. Analogous to community-level environmental change, parents can alter the family “environment” in ways that reduce alcohol availability and drinking opportunities, establish penalties for infractions, and increase the likelihood of violations being detected. Equally important, parents can help their children develop skills needed to successfully navigate the challenges of adolescence and to resist pro-drinking influences. Evidence suggests that these programs can produce sustained effects among youth, presumably because improved family communication and positive parent behaviors outlast the relatively brief intervention period.

Prevention of underage drinking is a major area of emphasis at the National Institute on Alcohol Abuse and Alcoholism, and the research studies presented in this symposium were all supported by NIAAA. They are extending effective family-based intervention methodologies to high-risk youth in particularly challenging settings-- 1) The “Strong African American Families Program” (Brody et al.), is being implemented in disadvantaged rural communities in the southern U.S. that are characterized by early initiation of drinking and of sexual behaviors. 2) Children of alcoholics
are at increased risk for early drinking and lifetime alcohol problems. A Strengthening Families program (Nochajski et al.) is being tested in Buffalo, New York, and Ontario, Canada, with low-income families in which one parent has an alcohol problem. 3) The Project Northland multi-component intervention was successful in delaying onset of drinking among adolescents in rural communities in northeastern Minnesota. This intervention, including a prominent family component, is being adapted and tested in an ethnically and economically diverse urban population in Chicago. The experiences of these research teams in adapting to the needs and sensitivities of their targeted populations and the success of their prevention efforts will be discussed.

521 THE STRONG AFRICAN AMERICAN FAMILIES PROGRAM— PREVENTING HIGH-RISK BEHAVIORS AMONG RURAL AFRICAN AMERICAN YOUTHS.

Gene Brody1, Velma Mcbride Murry1, Anita Brown1, Tracy Anderson1, 1University of Georgia, Athens, GA United States

In this presentation, we will discuss an empirical test of a new family-centered preventive intervention designed specifically for rural African American families with a sixth-grade son or daughter: the Strong African American Families Program (SAAF). No other empirically based, family-centered interventions have been designed to prevent the use of alcohol and other substances and early sexual activity specifically among the several million African American youths who live in the rural South. These are co-occurring behaviors (Leigh & Stall, 1993), and their correlates, such as academic failure, behavior problems, and emotional difficulties, have been increasing rapidly among this population of young people (Boatright & Bachtel, 1999). In addition to testing intervention effects on parents and youths, the study also addressed the mediational mechanisms. We hypothesized that intervention-induced reductions in youths’ initiation of high-risk behaviors would be mediated through the intervention’s effects on parents’ regulated, communicative child rearing processes. Three hundred twenty rural African American families with an 11-year-old in the sixth grade were randomly assigned to intervention or control groups. The SAAF program consists of seven consecutive weekly meetings, held at community facilities. Separate parent and youth skill-building curricula, as well as a family curriculum, are presented. The intervention-targeted parent and youth behaviors were selected through Brody and Murry’s longitudinal, developmental research with rural African American families (e.g., Brody, Murry, Kim, & Brown, 2002). These studies identified the malleable, proximal processes in the youths’ immediate family contexts that deter the use of alcohol and marijuana and early sexual activity. Families are pretested in their homes 1 month prior to intervention and are posttested at home 3 months following the final session, resulting in a 7-month test interval. The hypotheses were tested using structural equation modeling, which can be applied to evaluate models that include hypothesized sequences of intervention effects on proximal and distal outcomes (Aiken, Stein, & Bentler, 1994). Consistent with the theory and hypotheses that guided the study, the families who received the SAAF intervention experienced increases in regulated, communicative parenting; changes in targeted parental behaviors as reported by youths; and decreases in youths’ initiation of the targeted high-risk behaviors. The results also supported the mediational hypothesis: Changes in regulated, communicative parenting mediated the impact of prevention programming on youths’ initiation of substance use and early sexual activity.

522 PRELIMINARY FINDINGS FOR A RANDOMIZED TRIAL OF A FAMILY BASED PREVENTION PROGRAM FOR COAS.

Thomas Nochajski1, David Dewitt2, Andrew Safyer1, Eugene Manguin1, Scott Macdonald2, Kumpfer Karol1, 1University of Buffalo, Amherst, NY United States; 2York University, Toronto, Ontario Canada; 3York University, London, Ontario Canada; 4University of Utah, Salt Lake City, UT United States

This paper reports preliminary findings on the effectiveness of a 14-week prevention program called Strengthening Families (SFP) designed to enhance effective parenting practices and positive life skills in children from families having experienced a problem with alcohol. Families with at least one child between the ages of 9-12 and with one parent with an alcoholic problem were recruited from the client caseloads and catchment area populations of alcohol and drug treatment agencies located in Southern Ontario and Buffalo, New York. Families were randomly assigned to the 14 week Strengthening Families Program (SFP) or a minimal contact (control) group. Currently 470 individuals have been assessed at the pre and post-tests. The mean age of the responding parent was 39 (SD=5.6), the mean age of the child was 11 (SD=1.3). The sample was mostly female (87%) and white (61%), with 39% currently married or cohabitating, and 41% not working. About half reported combined family annual income of less than $20,000. Dependent measures for this presentation include children’s social skills, coping skills, externalizing behavior, and family functioning (FAMIII), and parental practices. Analyses comparing the SFP and control groups on all pre-test measures showed no significant differences. A series of repeated measures ANOVAs were performed to assess changes from pre- to post-test assessments. Results showed significant time by condition interactions for the children’s social skills and externalizing behavior, the role performance, communication, affective expression, affective involvement, control, and values and norms subscales of the FAMIII, and the discipline subscale of the parental practices measure. Eta Square ranged from .018 to .038. In all findings, the SFP group significantly improved over the control group. Additionally, interactions between time, condition and welfare status were found for the cooperation subscale of the social skills measure, indicating significant improvement for SFP families on welfare, with no change for families not on welfare. Furthermore, a significant time by condition by marital status interaction was found for the self control subscale of the social skills measure, with
Project Northland is a multi-component alcohol use prevention program for young adolescents, funded by the National Institute of Alcoholism and Alcohol Abuse. The project was first evaluated in northern Minnesota with 24 primarily rural school districts. At the end of three years of intervention there were significant reductions in monthly and weekly alcohol use among 8th grade students. The project is currently being adapted and replicated in 61 Chicago Public Schools. The intervention began in the 2002-2003 school year and consists of classroom-based curricula, parent involvement, peer leadership and extracurricular activities, and neighborhood community organizing. This talk will focus on the parental involvement interventions for 2002-2004 and the outcomes to date. In 2002-2003, when the study cohort was in the 6th grade, the intervention consisted of a peer-led, classroom-based parental involvement program called The Slick Tracy Program. Slick Tracy consisted of four comic-adventure activity books that the students took home to complete with their parents over a 4-week period. The activities were aimed to increase parent-child communication about alcohol use, monitoring and supervision, and home rules. The topics of the books included facts and myths about alcohol use, peer influence, media influence, and consequences of use. The parents were also invited to the Slick Tracy Poster Fair that consisted of posters that were made by the students related to social or physical aspects of alcohol use. Participation in Slick Tracy was high: 75% of parents participated and 64% completed the activity booklets with their child. In the 2003-2004 school year, the parental involvement program consists of the Amazing Alternatives Home Program, a set of booklets around the theme of a maze and decision-making around alcohol use, also sent home with students to work on with their parents. There is also a family fun night and a set of postcards that are being sent to parents to reinforce the themes of Amazing Alternatives. All of the parental involvement programs have been carefully adapted to be appropriate for an urban, multi-ethnic, and low income population of students and parents. The steps taken to adapt materials and process evaluation data will be discussed in this session. Preliminary results will be presented.

**FRIDAY, MAY 28, 2004 PROGRAM**

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<tr>
<td>12:15 PM – 1:30 PM</td>
<td>Lunch Break (On Your Own)</td>
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<td>1:30 PM – 3:00 PM</td>
<td>Concurrent Sessions, 1 - 8</td>
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<td><strong>COMMUNITIES THAT CARE (CTC) INTERNATIONAL</strong></td>
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<td>Chair: J. David Hawkins</td>
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<td><strong>PROJECT NORTHLAND FOR CHICAGO: PARENT INVOLVEMENT IN ALCOHOL USE PREVENTION</strong></td>
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<td>Cheryl Perry1, Kelli Konro2, Sara Veblen-Mortenson1, Bonnie Dudovitz2, Linda Bosma1, Kianoosh Farbakhsh1, Karen Munson1, 1University of Minnesota, Minneapolis, MN United States</td>
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**PROJECT NORTHLAND FOR CHICAGO: PARENT INVOLVEMENT IN ALCOHOL USE PREVENTION.**

Karen Munson1, 1University of Minnesota, Minneapolis, MN United States

Project Northland is a multi-component alcohol use prevention program for young adolescents, funded by the National Institute of Alcoholism and Alcohol Abuse. The project was first evaluated in northern Minnesota with 24 primarily rural school districts. At the end of three years of intervention there were significant reductions in monthly and weekly alcohol use among 8th grade students. The project is currently being adapted and replicated in 61 Chicago Public Schools. The intervention began in the 2002-2003 school year and consists of classroom-based curricula, parent involvement, peer leadership and extracurricular activities, and neighborhood community organizing. This talk will focus on the parental involvement interventions for 2002-2004 and the outcomes to date. In 2002-2003, when the study cohort was in the 6th grade, the intervention consisted of a peer-led, classroom-based parental involvement program called The Slick Tracy Program. Slick Tracy consisted of four comic-adventure activity books that the students took home to complete with their parents over a 4-week period. The activities were aimed to increase parent-child communication about alcohol use, monitoring and supervision, and home rules. The topics of the books included facts and myths about alcohol use, peer influence, media influence, and consequences of use. The parents were also invited to the Slick Tracy Poster Fair that consisted of posters that were made by the students related to social or physical aspects of alcohol use. Participation in Slick Tracy was high: 75% of parents participated and 64% completed the activity booklets with their child. In the 2003-2004 school year, the parental involvement program consists of the Amazing Alternatives Home Program, a set of booklets around the theme of a maze and decision-making around alcohol use, also sent home with students to work on with their parents. There is also a family fun night and a set of postcards that are being sent to parents to reinforce the themes of Amazing Alternatives. All of the parental involvement programs have been carefully adapted to be appropriate for an urban, multi-ethnic, and low income population of students and parents. The steps taken to adapt materials and process evaluation data will be discussed in this session. Preliminary results will be presented.
national report of this research (completed questionnaires of about 6500 students).

**Effective programs:** When we started CTC, in Holland there were not many well controlled studies of effective programs, as there were abroad (Dryfoos, Durlak, Sherman, Elliott, Hawkins and others). There was not a prevention-guide of effective programs for children and youth. In the beginning of 2004 we will publish a study in which all the effective and promising Dutch preventive programs are listed.

**Innovation and dissemination:** CTC can be characterized as a complex innovation strategy. On the local level CTC brings in a comprehensive perspective, working with research and solid facts and with effective interventions. On the national level we introduce a complex innovation strategy in which the spheres of knowledge, development and implementation are combined. CTC addresses the conflict of theory and practice, but also address the dilemmas of top-down versus bottom-up, prevention approaches.

**Evaluation:** In Holland the evaluation of CTC has been underway for three years (DSP-Group). It involves four pilot-areas in the cities of Amsterdam, Arnhem, Rotterdam and Zwolle. In the year 2000 a student survey was conducted in each of these areas. In the autumn of 2003 the student survey has been repeated in the four pilot areas. In 2004 a final evaluation report on the four pilots will be delivered.

**526 IMPLEMENTING COMMUNITIES THAT CARE IN THE UNITED KINGDOM.** Stephanie Lee1, Barry Anderson1, Communities That Care (UK), London, United Kingdom

This presentation will address the importation of a comprehensive US prevention system to the UK. Communities that Care, the organisation, was established in 1997 by the Joseph Rowntree Foundation to implement Communities that Care, the prevention system, in the UK. Developmental Research & Programs (now Channing Bete) provided the CTC model, as well as advice and assistance for bringing the American system into a British context. Initial development focused on validating the assessment tool used to quantify risk and protection (a task led by a group at Oxford University), and ensuring the community-driven prevention model would be adopted by UK communities. This presentation will address three primary strands:

First, we will explore some of the unique obstacles and difficulties CTC had in adapting the process for a UK audience. Practical, political and cultural factors have all influenced the basic response to the framework of risk and protection which underpins the CTC process. In addition, we discuss the initial negative reactions elicited by bringing an 'American product' into the UK.

Second, we will examine the implementation and sustainability of the CTC process from several perspectives. In particular, funding for CTC community programmes in the UK is often patched together from various sources; implications for both implementation and sustainability are widespread. Government support for CTC is not as strong as it is in the United States, so although the Government has now begun to discuss the importance of assessing risk and protection in order to prevent problem outcomes, knowledge about CTC is slow to spread.

Finally, the presentation will briefly consider the progress of three independent evaluation projects currently underway or in planning stages in the UK: one in England and Wales, one in Scotland and one in Northern Ireland.

**527 THE PENNSYLVANIA EVALUATION OF COMMUNITIES THAT CARE.** Mark Greenberg1, Mark Feinberg2, Communities That Care, PA United States; 2Pennsylvania State University, State College, PA United States.

The presentation will describe a longitudinal study of the process and outcomes of the Communities that Care (CTC) system in Pennsylvania. The CTC initiative in PA began in 1994 and this evaluation examined the first 20 communities that were funded for three years of operation (funding initiated between 1994 and 1997). During the period of 1997-2002 years, CTC grew to a program operating in over 100 communities. CTC was used to help communities organize, conduct assessments, and select and implement effective preventive interventions matched to their profiles of risk and protection. Thus, it attempted to provide a comprehensive model for the development of community-based, comprehensive, preventive programming.

The study examined 20 county sites in PA that began between 1994 and 1998. We will present both a conceptual and empirical model as well as an overview of the findings, which include interviews with over 200 key leaders, a review of archival documents, ratings by state TAs, and an analysis of juvenile delinquency rates in CTC vs. other communities. The presentation will examine the importance of community readiness, initial training and ongoing TA as predictors of the quality of the functioning, fidelity to, and perceived efficacy of the model. It will also examine how these factors predict to sustainability post-state funding.

Cross-sectional findings indicated that community readiness training, and the quality of the internal functioning of the collaborative were all significant predictors of quality of implementation. Longitudinal findings indicated that the quality of internal functioning of the collaborative during funding, board members knowledge of prevention, and researcher ratings of fidelity to the CTC model predict sustainability of the collaborative board process after funding has ended.

The presentation will discuss (1) issues in promoting planning for sustainability during years of funding, and (2) the use of web-based model of assessment for ongoing, periodic assessment of the CTC process, (3) the need for further youth outcome data to fully evaluate the model, and (4) the importance of longitudinal research on the development, function, and maturation of collaborative models for prevention planning.
A critical issue in prevention research is the development and dissemination of research-tested programs to promote effective practice. Over the last two decades, a small but growing cadre of prevention programs has shown, under controlled experimental conditions, the ability to prevent or reduce substance use and other high risk behaviors among adolescents. While extensive resources have been devoted to efficacy trials, only a few studies have examined what happens when programs are implemented in real world settings. This symposium presents findings from a multi-site effectiveness trial of an efficacious indicated program, “Reconnecting Youth.” The first phase of the 5-year project was a randomized control trial (RCT) in nine high schools across two large urban school districts. Independent evaluators replicated the program, provided funding for teacher training, program materials, and teacher time (program implementation); and collected student school data (GPA, truancy, dropout) and questionnaire data at four longitudinal time points for evaluation. Over 1,000 high risk students were randomized to experimental and control condition to test the program during three school semesters. Funding for program implementation will phase out after the RCT, and schools will be free to adapt the program, but researchers will continue to conduct both process and outcome evaluation. At the same time, researchers are conducting a diffusion study to examine adoption and institutionalization of the program in study sites. For this symposium, three papers are presented. The first provides main findings from the RCT, with data from the first three time points. The second paper examines fidelity of implementation — how it was measured, what were the findings, and how process evaluation data can aid the interpretation of outcomes. The third paper provides data from the diffusion study -- decisions that the schools and districts are making about adoption of the program. Findings from this comprehensive study are critical to better understanding how research can develop programs that are more effective -- and more likely to be adopted -- in the real world.
Background: Reconnecting Youth (RY) has been recognized as an efficacious indicated prevention program (NIDA) and effective Model Program (CSAP). The controlled quasi-experimental efficacy trial (sample size = 259 high risk youth) showed: 1) curbed drug use progression and decreased hard drug use; 2) decreased drug use control problems; 3) increased GPA; and 4) decreased depression and suicide risk. This paper presents findings from an effectiveness trial by independent evaluators, who replicated and tested the program in two large urban school districts, using a randomized control design. Method A total of nine schools contributed data to the study. Youth, identified as at-risk for drop-out based on low GPA, high truancy, or teacher referral, were identified and invited to participate in each school and then randomly assigned to either C (control) or E (experimental) group. Analyses of data (GPA and truancy from school records, and 22 self-reported outcomes from survey) were conducted as follows: 1) baseline test of equivalence between E and C; 2) “Intent-to-treat” comparison of pre- and post-test data between all E and C; and 3) comparison of high-dose E (completed more than 50% of RY class; mean=86%) with C. Results presented here show combined data from the first two cohorts for each site. Only significant findings (2-tail t-test) are reported. Additional analyses (cohort 3 and additional follow up data points) will be presented at conference. Results: All E and C groups were equivalent at baseline; attrition at post-test was also equivalent (<10%). Intent-to-treat: Site 1 showed 4 negative questionnaire outcomes (anxiety, self-esteem, depression, school connectedness); Site 2 showed one positive (personal control). High dosage: Site 1 showed improvement on school record GPA, but 3 negative questionnaire outcomes (hopelessness, self-esteem, personal control). Site 2 showed 4 positive outcomes (self-esteem, personal control, family support, personal coping skills), and 1 negative (anger). Discussion: Findings were mixed, and differed by site, by cohort (not presented), and analysis method. Intent to treat analysis is preferred because it preserves group equivalence, and also demonstrates effects under real-world conditions. However, high risk youth are mobile and discouraged from taking electives, resulting in low E exposure. Only 40% of E made it into the high dose group (another 10% were in a low dose group). In Site 1, high dose was not equivalent to C at baseline (e.g., lower GPA, higher truancy, higher marijuana use), which may account for negative outcomes; in Site 2 high dose E was equivalent to C.

CC 3/BASIC PREVENTION SCIENCE

MEASURING IMPLEMENTATION FIDELITY IN AN INDICATED PREVENTION PROGRAM EFFECTIVENESS TRIAL. Victoria Sanchez1, Denise Hallfors1, Pornrudee Nitirat1, Shereen Khatahpoush2, Allan Steckler2, John Rose3 1Pacific Institute for Research and Evaluation, Chapel Hill, NC United States; 2Prevention Research Center, Berkeley, CA United States.

Background: Fidelity of implementation is an important component of prevention research. The present study is a randomized control trial (RCT) to test the effectiveness of “Reconnecting Youth” (RY) in two large, urban school districts. Key program constructs include life skills training and positive group development/social support to achieve academic, drug prevention, and mood management goals among high risk youth. This paper describes methods for measuring fidelity of implementation as both dose and quality, presents process evaluation findings, and discusses methods for incorporating findings into outcome evaluation. Methods: Process data were collected at 9 high schools during the three-semester RCT. Dose was calculated as a function of both classroom and individual data. Classroom dose was measured as teacher time spent on core skills, documented by each RY teacher and then compared with multiple, direct teacher observations by research staff. Individual dose was measured as the proportion of RY classes each student attended. Quality of implementation was measured by researchers’ direct observation of multiple classes for each teacher each semester, using items coded for both constructs. Mean group development observation scores were compared to student perceptions of both leader and group support. Corroborative analyses will be used for final dose and quality measures, which will be entered as explanatory variables in models of student outcomes. Results: The average number of core lessons completed by the 13 teachers was 48 (range: 26-54) out of a possible 55. Analyses showed teachers’ report of time spent on skills training was significantly (p<.05) higher than the observers’ recorded time. Nevertheless, observations showed that most teachers spent close to the recommended 50% of class time on skills training (range: 36%-66%). Only 50% of experimental students were enrolled in the class. Of these, average student attendance was .74 (range: 0-1.0). Observations showed a range of 1.8-3.5 among teachers in quality of skills training, and 1.5-4.0 in quality of group development (scale for both = 0-5; 3.0 is acceptable). There was no correlation between student perceptions of support and group development observations. Discussion: Program observation is a critical method for measuring, and ensuring, fidelity of implementation. Teacher logs tend to inflate dose provided, compared to observation. In real world settings, RY is a complex program to implement. Although all teachers received 4-5 days of initial training, additional follow-up training, and coaching based on classroom observations, most RY teachers found it difficult to achieve acceptable quality of implementation standards.
Intergenerational studies are distinctly different from traditional longitudinal studies, and thus provide unique contributions to prevention research. Traditional longitudinal studies typically examine within-individual continuity and change in behavioral outcomes and the individual, parenting, peer, school and community risk and protective factors that predict these outcomes. Intergenerational studies examine between-generation continuity and change in risk and behavioral outcomes, and the individual, parenting, peer, school and community mechanisms that disrupt or facilitate the transmission of behavioral problems across generations. This symposium illustrates the contributions intergenerational research can provide to prevention science. Paper 1 examines within- and between-generation continuities in substance use and its precursors (CD, OD, ADHD) across three generations. Paper 2 examines parenting practices and family conflict as potential mediating mechanisms of this inter-generational continuity. Focusing on positive outcomes, Paper 3 examines the extent to which parents’ successful transition to adulthood (constructive engagement in school, work, or home, competence in relationships with peers and romantic partners, absence of antisocial behavior (substance use and crime), and mental and emotional health) is reflected in the development of their children. Data are drawn from the Seattle Social Development Project (SSDP, J. David Hawkins, PI) and The SSDP Intergenerational Project (TIP, Karl G. Hill, PI). SSDP is an 18-year longitudinal study that has followed 808 youths from elementary school (1985) to adulthood with the goal of understanding the causes and consequences of substance use across the lifespan. SSDP panel members are now aged 28, and are having and raising children of their own. TIP extends the SSDP panel by examining the effects of past and current parental substance use on development in the subsequent generation. Participants in TIP include those SSDP participants actively parenting a biological child, their oldest child and an alternate caregiver (typically the spouse). Using structural equation modeling, this paper examines the effects of parental substance use on behavior problems in children across three generations. We address four research questions: 1) Is there intergenerational transmission of substance use and childhood problem behavior? 2) Do both adolescent and adult G2 substance use affect G3 problem behavior? 3) Does past grandparent (G1) substance use affect grandchild problem behavior? 4) Is the transmission between G1 and G2 drug specific, general, or both? and 5) Are the effects of G2 substance use on G3 problem behavior drug specific, general, or both? Answering these questions will provide information useful in recognizing the scope of the problem of intergenerational transmission of substance use and problem behavior, and will identify which intergenerational relationships are most influential (e.g., parent and child, grandparent and child). Finally, results from this study will help to uncover detrimental effects of the use of specific substances over and above the effects of substance use in general, providing information useful in targeting interventions at more harmful substances.

This study examines data from G1 (as adults), their children G2 (as children, adolescents, and adults) and from their children, G3 (in childhood). We examine patterns of between-generation continuity in substance use from G1 to G2, within-generation patterns in continuity from G2 in adolescence to G2 in adulthood, and again between-generation transmission from G2 substance use to G3 problem behavior in childhood (a precursor to later G3 substance use). Data are drawn from the Seattle Social Development Project (SSDP, J David Hawkins, PI) and The SSDP Intergenerational Project (TIP, Karl G Hill, PI). SSDP is an 18-year longitudinal study that has followed 808 youths from elementary school (1985) to adulthood with the goal of understanding the causes and consequences of substance use across the lifespan. SSDP panel members are now aged 28, and are having and raising children of their own. TIP extends the SSDP panel by examining the effects of past and current parental substance use on development in the subsequent generation. Participants in TIP include those SSDP participants actively parenting a biological child, their oldest child and an alternate caregiver (typically the spouse). Using structural equation modeling, this paper examines the effects of parental substance use on behavior problems in children across three generations. We address four research questions: 1) Is there intergenerational transmission of substance use and childhood problem behavior? 2) Do both adolescent and adult G2 substance use affect G3 problem behavior? 3) Does past grandparent (G1) substance use affect grandchild problem behavior? 4) Is the transmission between G1 and G2 drug specific, general, or both? and 5) Are the effects of G2 substance use on G3 problem behavior drug specific, general, or both? Answering these questions will provide information useful in recognizing the scope of the problem of intergenerational transmission of substance use and problem behavior, and will identify which intergenerational relationships are most influential (e.g., parent and child, grandparent and child). Finally, results from this study will help to uncover detrimental effects of the use of specific substances over and above the effects of substance use in general, providing information useful in targeting interventions at more harmful substances.

This study builds on Paper 1 (Bailey, et al.) by examining the role G1 parenting practices and family conflict, and later G2 parenting practices and family conflict in mediating the transmission of substance use from G1 to G2 and later from G2 to G3. Data are drawn from the Seattle Social Development Project (SSDP, J David Hawkins, PI) and The SSDP Intergenerational Project (TIP, Karl G Hill, PI). SSDP is an 18-year longitudinal study that has followed 808 youths from elementary school (1985) to adulthood with the goal of understanding the causes and consequences of substance use across the lifespan. SSDP panel members are now aged 28,
and are having and raising children of their own. TIP extends the SSDP panel by examining the effects of past and current parental substance use on development in the subsequent generation. Participants in TIP include those SSDP participants actively parenting a biological child, their oldest child and an alternate caregiver (typically the spouse). We address three research questions: 1) To what extent are G1 parenting practices (Consistent Discipline and Monitoring) and Family Conflict reflected in G2 parenting practices and family conflict in the next generation? 2) Are Consistent Discipline, Monitoring, and Family Conflict mechanisms by which the effects of G1 substance use are transmitted to G2 substance use? 3) Are Consistent Discipline, Monitoring, and Family Conflict mechanisms by which the effects of G2 substance use are transmitted to G3 problem behaviors? Using structural equation modeling, this paper examines the mechanisms mediating the effects of parental substance use on behavior problems in children across three generations. Results from this study will inform the design of preventive interventions seeking to disrupt the transmission of behavioral problems across generations.

535 THE CONSEQUENCES OF PARENTS' SUCCESSFUL TRANSITION TO ADULTHOOD ON THEIR CHILDREN'S BEHAVIOR PROBLEMS. Sabrina Oesterle1, Karl Hill1, Jennifer Bailey1, J. David Hawkins1, Richard Catalano1, 1University of Washington, Seattle, WA United States

This study examines the extent to which parents' (G2) successful transition to adulthood is reflected in the development of their children (G3). We assess success across multiple, salient developmental domains in young adulthood: (constructive) engagement in school, work, or home, competence in relationships with peers and romantic partners, absence of antisocial behavior (substance use and crime), and mental and emotional health. Data are drawn from the Seattle Social Development Project (SSDP, J David Hawkins, PI) and The SSDP Intergenerational Project (TIP, Karl G Hill, PI). SSDP is an 18-year longitudinal study that has followed 808 youths from elementary school (1985) to adulthood with the goal of understanding the causes and consequences of substance use across the lifespan. SSDP panel members are now aged 28, and are having and raising children of their own. TIP extends the SSDP panel by examining the effects of past and current parental substance use on development in the subsequent generation. Participants in TIP include those SSDP participants actively parenting a biological child, their oldest child and an alternate caregiver (typically the spouse). Using structural equation modeling, we address the following research questions: 1) Do parents who successfully transition into young adulthood have children with fewer behavior problems? 2) If so, does this relationship remain when accounting for the intergenerational continuity of problem behavior by controlling parents' problem behavior in adolescence? 3) Is the negative relationship between parents' successful transition to adulthood and their children's problem behavior particular to specific domains of adult adjustment, general across domains, or a result of cumulative success in multiple domains? This study identifies potential intervention targets that help young adults successfully negotiate the transition to adulthood and promote healthy development in the next generation.
However, there are key differences between the interventions that have important cost implications. For example, Fast Track involved multiple years of intervention; the Success project, only one.

This presentation will present costs estimates and will consider a variety of related conceptual issues. The first of these involves the question of parental time costs related to participation. In the Success study, we collected this information from parents. Whether and how to use these data raises important conceptual questions. A second issue involves the handling of teacher training costs. Teachers, once trained, presumably can work with multiple cohorts of children; their skills, however, might deteriorate over time, much like a physical asset. We will discuss the appropriate way to handle these training costs. A third key issue arises in the Fast Track study and involves the assessment and interpretation of between-site differences in costs. A fourth issue involves using the data from these efficacy studies to estimate the costs of a real-world implementation as part of an effectiveness study. Many researchers presume that the costs of such an implementation would be lower. However, this is not a given—community agencies may have less flexibility in staffing, for example. Finally, we will consider the limitations involved in comparing cost estimates across studies.

538 THE COST EFFECTIVENESS OF A PREVENTIVE INTERVENTION: THE FAMILY BEREAVEMENT PROGRAM. E. Michael Foster¹, Michele Porter², Tim Ayers², Debra Kaplan², Irwin N. Sandler³, ¹Pennsylvania State University, University Park, PA United States; ²Arizona State University, Tempe, AZ United States; ³Prevention Research Center, Arizona State University, Tempe, AZ United States

The death of a parent is one of the most traumatic events in the life of a child and places a child at risk of emotional and behavioral problems. Grounded in developmental theory, the Family Bereavement Program (FBP) was designed to reduce the negative sequelae of parental death. The program directly intervenes with the surviving parent as well as children and youth in the bereaved family. Program components improve parenting skills and the quality of parent-child interactions. They address mental health problems experienced by both children and adults and encourage positive coping by both.

The evaluation of the FBP involves a longitudinal study of a sample of 156 children and families. Families were assigned to either to the FBP group (n=90) or to the self-study group (n=66). Assessment interviews were conducted at pretest, posttest and 11 month follow-up. The intervention provided 12 weekly 2-hour group sessions and two 1.5 hour individual sessions for parents, children and youth. The self-study groups were provided books to read on a monthly basis along with study guides. Analyses to date have revealed that at the 11 month follow-up, the FBP intervention reduced internalizing and externalizing problems in girls. Additionally, findings revealed that there was a reduction in clinical depression for high risk youth.

This presentation presents cost-effectiveness analyses of the FBP based on the 11 month follow-up data. The evaluation collected detailed budgetary data and information on time use by key project personnel. That information is used to estimate the costs of intervention for participants. Cost estimates are combined with information on key mental health measures to produce an estimate of the program’s "net benefits", a measure of the program's costs subtracted from its benefits measured at a policy maker's willingness to pay for improvements in that outcome. For this study, cost-effectiveness ratios are calculated for key program outcomes where the program has been shown to have a significant effect. These outcomes include reductions in internalizing and externalizing symptomatology at the 11 month follow-up. Simulation methods are used to estimate the probability that net benefits are positive. This probability is determined at various values of the outcome, and the resulting values are graphed to produce the cost-effectiveness acceptability curve (CEAC). We present the CEACs for the significant internalizing and externalizing program outcomes and produce separate curves for key sub-groups (e.g., by gender).

539 IS "STACKING" INTERVENTION COMPONENTS COST-EFFECTIVE?. E. Michael Foster¹, Allison Olchowski², Carolyn Webster-Stratton², Jamila Reid², ¹Pennsylvania State University, University Park, PA United States; ²University of Washington, Seattle, WA United States

Prior research suggests the reduction of behavior problems in children and youth requires interventions that target multiple risk factors, such as harsh parental discipline and poor classroom management by teachers. Effective interventions also promote protective factors, such as children's social skills and academic competence. Research by Webster-Stratton and others demonstrates that multi-component interventions are more effective in accomplishing these goals. Whether such treatments are more cost-effective, however, remains an open question. A key issue for policy makers is whether delivering fewer components (e.g., teacher training alone) to more children produces greater gains for families, taxpayers, and society as a whole.

This paper is the first to examine this issue using data from the Incredible Years Program (IYP), an empirically supported program for the treatment and prevention of conduct problems in children. The program involves multiple components: training of teachers in behavior management skills; social problem-solving skills training for elementary school children; and empirically-based parent training. Two decades of rigorous IYP research includes studies that randomize children and families to different combinations of intervention components. For that reason, these data represent an ideal opportunity to examine the question of differential cost-effectiveness of intervention components.

This paper considers that issue based on the experiences of 514 youth and their families that have participated in six treatment-outcome studies over the past twenty years. Treatment combinations include (1) parent
training only (PT), (2) child training only (CT), (3) PT and
CT, (4) PT and teacher training (TT), (5) CT and TT, (6) CT,
PT, and TT, and a control condition. These analyses combine
data from follow-up interviews as well as detailed budgetary
data. The latter have been used to estimate the costs of
intervention components. When combined with information
on program outcomes, one can estimate the "net benefits" for
each treatment combination. Simulation methods are used to
estimate the probability that net benefits are positive and
resulting values are graphed to produce the cost-effectiveness
acceptability curve. (Methodological research on cost-
effectiveness highlights the superiority of the CEAC to the
traditional incremental cost-effectiveness ratios.) We present
CEAC for a range of program outcomes, including scores
from the Child Behavior Checklist, Eyberg Child Behavior
Inventory, Dyadic Parent-Child Interactive Coding System-
Revised, and Parenting Stress Index.

CC 5/REAL WORLD SETTINGS

PREVENTION PROGRAMMING FOR LATINOS

Chair: Doug Coatsworth

Courville/Montmorency, Hilton Quebec

540 MEXICAN/MEXICAN AMERICAN ADOLESCENTS AND KEEPIN’ IT R.E.A.L.: AN EVIDENCED-BASED,
SUBSTANCE USE PREVENTION PROGRAM. Stephen
Kulis1, Flavio Marsiglia1, Elvira Elek2, Patricia Dustman1, David
Wagstaff3, Michael Hecht3, 1Arizona State University, Tempe, AZ United States; 2Pennsylvania State
University, Waldorf, MD United States; 3Pennsylvania State
University, University Park, PA United States

Research increasingly suggests that youths respond most
favorably to prevention messages when the program content
and format reflect the youths’ culture and learning styles. The
present study examined the importance of cultural grounding
and cultural targeting of substance use prevention efforts for
Mexican/Mexican American youth, an under-studied and
growing population. The study used a pre-post experimental
design to test the efficacy of three versions of a curriculum
designed to teach middle school students culturally
appropriate drug resistance strategies. A Latino version of the
curriculum was modeled on Mexican/Mexican American
culture; a second, non-Latino version targeted European
American and African American culture; and a third,
Multicultural version mixed elements of the first two curricula. Self-report data were obtained from 3,402 students
who reported any Mexican heritage at baseline and 14 months
after completing the curriculum. The students were enrolled in
35 middle schools in a large southwestern city, including 11
control sites. Compared to control students, students in the
Latino and Multicultural versions reported significantly
smaller increases in overall substance use and recent
marijuana use; students in the Multicultural version also
reported smaller increases in recent alcohol use. Students in
the Latino version reported stronger intentions and perceived
self-efficacy to refuse substance offers, and smaller estimates
of peer substance use. Although all significant program effects
were confined to the Latino and Multicultural versions, tests
of the relative efficacy of these versions versus the non-Latino
version did not indicate significant differences. Implications
for evidence-based, school social work practice and the design
of prevention programs for Latino youth as well as valuable
lessons regarding culturally grounded prevention are discussed.

541 THE ROLE OF ACCULTURATION AND ETHNIC
IDENTITY IN CULTURALLY-GROUNDED
SUBSTANCE USE PREVENTION WITH MEXICAN-
AMERICAN YOUTH. Flavio Marsiglia1, Stephen Kulis1,
Elvira Elek2, David Wagstaff3, David Draj1, 1Arizona State
University, Tempe, AZ United States; 2Pennsylvania State
University, Waldorf, MD United States; 3Pennsylvania State
University, University Park, PA United States

This study utilizes self-reports from Mexican-American
youth who took part in a randomized trial of keepin’ it REAL,
a culturally grounded school-based drug prevention
intervention. The intervention teaches drug resistance skills
grounded in the life experience of the participants which were
developed into three 10-session versions: a Mexican-
American curriculum, an European-American/African-
American curriculum and a Multicultural curriculum formed
from elements from the first two. The study focused on the
impact of acculturation status (measured through language
preference) and strength of ethnic identity (i.e. ethnic
affiliation, attachment and pride) on substance use and
substance use mediators, as well as their role as moderators of
the effectiveness of the intervention. Results are presented
based on pretest and 14-month post-test questionnaires
completed by 2,146 Mexican-heritage, 7th grade students
enrolled at 35 Phoenix, Arizona middle schools. To pinpoint
the impact of strong ethnic identity, students identifying with a
mixture of Mexican and other ethnic backgrounds were
excluded from analysis. Using multi-variate models that
accounted for the nesting of data at the school level, and
multiple imputation of missing data, desired program effects
were found to be stronger for more acculturated students but
were not related to a strong sense of ethnic identity. Less
acculturated (both Spanish dominant and bilingual) students
reported relatively low levels of substance use both at pretest
and post-test for both the intervention and control groups,
while more acculturated students (English dominant) had
much higher baseline levels of substance use. Program effects
were thus confined to the more acculturated students, with
those participating in the intervention reporting much smaller
increases in substance use and less erosion in anti-drug
mediators than those reported by the control group. Despite
the expectation that different versions of the program might
produce stronger desired program effects for students in
different acculturation statuses (Spanish dominant influenced
more by the Mexican-American version, English dominant by
the European-/African-American version, and bilingual
students by the Multicultural version), no significant interactions between acculturation and intervention version were found. Although strong positive ethnic identity was associated with less substance use and stronger anti-drug norms, it was not shown to be a significant moderator of program effects.

542 SMOKING PREVENTION FOR ETHNICALLY DIVERSE ADOLESCENTS: TWO-YEAR OUTCOMES OF A MULTICULTURAL, SCHOOL-BASED SMOKING PREVENTION CURRICULUM IN SOUTHERN CALIFORNIA. Jennifer Unger1, Steven Cen1, Peggy Gallaher2, Chih-Ping Chou2, 1University of Southern California Keck School of Medicine, Alhambra, CA United States; 2University of Southern California, Alhambra, CA United States

Effective and culturally appropriate school-based curricula are needed to prevent smoking among ethnically diverse adolescents. This study evaluated a multicultural smoking prevention curriculum for 6th-grade students in ethnically diverse Southern California schools.

Based on a social influences model, a classroom-based curriculum was created to deliver smoking prevention messages in the context of values and situations relevant to multiple cultures. Students in 24 middle schools (N=3157) received the multicultural curriculum, a similar curriculum without references to cultural issues, or a control condition (the school’s usual anti-tobacco education). Odds ratios for experimentation with smoking over a two-year period were calculated.

Never-smokers who received the multicultural curriculum were less likely to try smoking between 6th and 8th grade, relative to those in the control group (OR=0.77, 95% CI=0.61, 0.98). The standard curriculum was not more effective than the control (OR=0.97, 95% CI=0.75, 1.26). The program effects varied according to the ethnic composition of the schools, but did not vary by ethnicity within schools. In schools with predominantly Hispanic populations, the multicultural curriculum was more effective than the control (OR=0.97, 95% CI=0.75, 1.26) but the multicultural curriculum was not more effective than the control (OR=1.11, 95% CI=0.97, 1.27). However, in schools with predominantly Asian or multicultural populations, the standard curriculum was more effective than the control (OR=0.60, 95% CI=0.48, 0.75) but the multicultural curriculum was not more effective than the control (OR=0.94, 95% CI=0.77, 1.15).

Smoking prevention curricula for diverse adolescents could be improved by addressing the culture-specific norms and values that influence smoking behavior. The multicultural curriculum developed in this study was most effective in predominantly Hispanic schools. Further research is needed to determine the best ways to prevent smoking in predominantly Asian and multicultural schools.

543 EVALUATION OF AN INTERVENTION ALTERNATIVE TO APPROACH SUBSTANCE ABUSE PROBLEMS IN THE FAMILY. Marcela Tiburcio1, Guillermina Natera1, National Institute of Psychiatry, Mexico, Mexico D. F., Mexico

An intervention model was developed based on the results of a broader cross-cultural research project about the impact of addiction on family health in Mexico and England. The intervention model is aimed at helping relatives to find more effective ways of coping with the problem and reduce the stress they experience. To pursue this objective, the counselor must put into practice the five steps that constitute the model, these are: 1) To explore how substance abuse affects the family; 2) to provide objective and accurate information as to the different substances used and its effects; 3) to identify the different natural ways of coping the family has used, analyzing its advantages and disadvantages; 4) to explore social support received and potential new sources; 5) to refer to specialized treatment agencies when needed.

Up to present, different aspects related to the structure and feasibility of the model have been assessed, this paper reports on effectiveness assessment. The study involved the application of the intervention model to a group of relatives. The ways of coping they used as well as the presence of physical and psychological symptoms before the intervention and three months after finishing were compared. The results show reductions in the frequency relatives used tolerance and engagement coping strategies while withdrawal coping strategies increased. This ways of coping have been identified as healthy traits in previous works. Similarly, changes in frequency of physical and psychological symptoms were found. For these reasons, the intervention model represents a feasible alternative to deal with the problems derived from the experience of living with a substance user.

544 PARENTING AS A MEDIATOR OF THE SIX-YEAR LONGITUDINAL EFFECTS OF THE NEW BEGINNINGS PROGRAM FOR CHILDREN OF DIVORCE. Irwin Sandler1, Roger Millsap1, Qing Zhou1, Sharlene Wolchik1, Spring Dawson-Mcclure1, 1Arizona State University, Tempe, AZ, United States

This presentation will discuss an analysis of mediation of the longitudinal effects of an experimental intervention (the New Beginnings Program, NBP) to improve mental health outcomes of children of divorce over a six-year time period. The NBP is a randomized experimental trial of a theoretically derived intervention program for children following the divorce of their parents. The design involved random
and how to be a good parental role model.

communication, parental monitoring, parental disciplining, influence adolescent’s risk of drug use such as family factors which have been found in the research literature to effective school-based drug prevention curriculum called Life program was based on and provided in conjunction with an school students in grades 6 through 8. The parent prevention effectiveness of a newly developed home-based substance Promotion Associates Inc., White Plains, NY United States; 2Cornell University Medical College, NY, NY United States FOR MIDDLE SCHOOL STUDENTS. Araxi Macaulay1, Kenneth  Griffin2, Gilbert  Botvin2, 1National Health SCHOOL-BASED DRUG PREVENTION PROGRAM EFFECTIVENESS OF A COMBINED PARENT AND 545 EFFECTIVENESS OF A COMBINED PARENT AND SCHOOL-BASED DRUG PREVENTION PROGRAM FOR MIDDLE SCHOOL STUDENTS. Araxi Macaulay1, Kenneth Griffin2, Gilbert Botvin2, 1National Health Promotion Associates Inc., White Plains, NY United States; 2Cornell University Medical College, NY, NY United States Purpose: The purpose of this study was to determine the effectiveness of a newly developed home-based substance abuse prevention program implemented by parents of middle school students in grades 6 through 8. The parent prevention program was based on and provided in conjunction with an effective school-based drug prevention curriculum called Life Skills Training (LST). The parent intervention focused on factors which have been found in the research literature to influence adolescent’s risk of drug use such as family communication, parental monitoring, parental disciplining, and how to be a good parental role model. Background: While previous research has shown that general parenting practices are protective in terms of adolescent drug outcomes, less attention has been devoted to how intervening with parents can enhance the effects on youth outcomes among students participating in an effective school-based drug prevention curriculum. The parent intervention incorporated a video and guide which promoted decreasing adolescent risk of drug use and interactive activities that encourage use of general social and personal skills by the participating children.

Methodology: Over 2000 students participated in this study and 25% of their parents volunteered to implement the parent drug prevention component at home. Participating middle schools (N=34) were randomly assigned to one of the following 4 study arms: 1) receive the parent prevention program in conjunction with the school-based LST program (9 schools, n = 470); 2) receive only the school-based LST program (10 schools, n = 394); 3) receive the parent prevention program in conjunction with a non-evidence based drug prevention program (7 schools, n = 416); or 4) serve as a comparison group implementing a non-evidence based drug prevention program (8 schools, n = 381). Demographics, rates of substance use behavior, attitudes, knowledge, normative expectations, and related variables were examined among students who completed both a baseline and post-test assessment (N = 1654).

Results: Data were analyzed at the individual-level controlling for gender race and family structure. Individual-level analyses showed that intervention students receiving the combined school and parent program reported significantly higher drug refusal skills, higher overall life skills (including assertiveness skills), and greater overall knowledge (including skills and drug knowledge), relative to all other study conditions.

Conclusions: From these analyses it is evident that a parent component in combination with an already proven school-based substance abuse prevention program for middle school students helped to reinforce students’ knowledge and abilities to implement skills relevant to drug prevention.

CC 7/THE ROLE OF GENDER, SOCIAL CLASS, CULTURE, AND ETHNICITY IN PREVENTION RESEARCH MODELS AND PROGRAMS FOR SUBSTANCE USE PREVENTION AMONG RACIAL/ETHNIC ADOLESCENTS

Chair: Mary Jane Rotheram

Villeray, Hilton Quebec

546 FACTORS LINKED TO SUBSTANCE USE AMONG NATIVE AMERICAN EARLY ADOLESCENTS: A PRE-INTERVENTION STUDY. Joel Hektner1, 1North Dakota State University, Fargo, ND United States
The purpose of the present study was to gather information necessary to the development of a comprehensive substance use prevention plan for a boarding school for Native American middle school students. This narrowly-focused goal also lends itself to other broader concerns, namely the prevalence and psychosocial correlates of substance use among Native American youth generally and the use of pre-intervention assessments to tailor prevention to the specific needs of a particular population.

Native American adolescents as a population are particularly at risk for substance use and have unique needs that may not be well-addressed by standard prevention programs. In Minnesota for example, Native American youth have higher rates than any other Minnesota ethnic group of tobacco, alcohol, and marijuana use (Neumark-Sztainer, et al., 1996). A strong peer culture encouraging alcohol use (Herring, 1994) becomes even stronger when Native American adolescents live hundreds of miles from home in a boarding school.

Participants in the present study were 66 fifth through eighth graders attending an off-reservation boarding school. Participants reported affiliation with 12 different tribal communities, Sioux and Chippewa comprising the largest subgroups. At two time points, students completed a questionnaire which included widely-used measures of assertiveness, social anxiety, affiliation with deviant peers, self-esteem, and substance use (ATOD). Teacher questionnaires and school discipline records were also used to assess student substance use. Three-month stability of self-reported ATOD use was high, $r = .77$.

Of the three sources of information, student self-reports reflected the highest level of substance use, with over three-quarters of the sample indicating some alcohol or tobacco use and over 40% indicating use of inhalants. Girls reported a higher prevalence of ATOD use than boys and were found to report more negative affect, social anxiety, and affiliation with deviant peers. Assertiveness was negatively correlated with age, whereas affiliation with deviant peers and ATOD use increased with age. Regression analyses testing predictors of each of the three measures of ATOD use converged in finding that assertiveness and self-esteem were negatively related to substance use, whereas affiliation with deviant peers was the strongest positive predictor. The school’s policy of sequestering well-behaved students in an “Honor Dorm” may be exacerbating the deviant peer culture among the remaining students. To further elucidate these findings in order to prepare an intervention plan, observations are now being conducted (with results to be presented in the poster) of student and staff behavior after school and on weekends.

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GENDER AND ETHNIC COMPARISONS OF AGE OF FIRST USE OF INHALANTS BY 11TH AND 12TH GRADE RURAL YOUTH. Julie Chen1, Ruth Edwards1, 1Colorado State University, Fort Collins, CO United States

Volatile solvents or inhalants have the potential to reach epidemic proportions in any given community because of their vast availability. Unfortunately, inhalant abuse among youth remains a significant problem. One type of analysis that can provide unique information in prevention planning is by looking at the age of exposure to inhalant use for different groups through acquisition curves (Oetting & Beauvais, 1983). The acquisition curve is a chart of cumulative percentage of the exhibited behavior. The advantages of this method are that it is quantitatively based and can be expressed through a simple graphic representation of age of first exposure to inhalants. This curve can also help target appropriate age groups for prevention planning. In the current study, we develop an acquisition curve to examine the responses of “age of first use” to inhalants by 11th and 12th grade rural youths examining gender and ethnicity based on in school surveys. The study population includes approximately 31,000 students from sixty rural communities across the United States. The following ethnicities were compared: White non-Hispanics, Mexican Americans, African Americans, and American Indians. The curves show ethnic and gender differences and ethnicity by gender interactions. Implications of these findings for prevention research and implementation of prevention activities will be discussed.

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STUDYING AGE OF ONSET FOR MARIJUANA USE AMONG AFRICAN-AMERICAN YOUTH. Warren Rhodes1, Hanno Petras2, Patricia Clubb2, Katharine Masyn3, Fernando Wagner2, Dorothy C Browne2, 1DARP Morgan State University, Baltimore, MD United States; 2DARP/CHDS, Morgan State University, Baltimore, MD United States; 3University of California, Los Angeles, Los Angeles, CA United States

Background: Research has identified a host of psychosocial factors that contribute to the onset of marijuana use (Jessor et al., 1980; Morojele & Brook, 2001; Poikolainen et al., 2001). However, more studies are needed on factors specifically associated with the onset of marijuana use among African-American youth. To help address this need, the present investigation tested hypotheses about the relationship of individual, family, and peer factors with the onset of marijuana use among African-American adolescents, focusing specifically on gender differences in hopelessness, perceived vulnerability, parental-youth conflict, school achievement, and peer drug use. The overarching research questions were whether and how these factors accelerate or postpone the onset of marijuana use in a sample of African-American youth. Methods: 762 African-American adolescents who participated in a larger intervention trial (PI: Dr. Browne) were selected for this study. All measurements were based upon previously tested instruments that showed adequate reliability and validity. Discrete-time survival analysis, using the Mplus software (Muthen & Muthen, 1998), was used to investigate a) gender differences in age of onset, and b) gender differences in the impact of individual, family and peer factors on the age of onset for marijuana use. Results: Gender differences in hazards were found, with boys having a significantly higher hazard at age 13 and 14. By age 17, 60% of males and 53% of females have started using marijuana. Preliminary analyses
found gender-specific relationships between the risk and protective factors and the age of onset. While academic achievement was associated with significantly reduced hazard for boys, numbers of peers using marijuana was associated with significantly increased hazard. For girls, the correlation between academic achievement and hazard reduction was only marginally significant. On the other hand, mother-daughter conflict was clearly associated with increased hazard. Comments: These findings are discussed in terms of risk and protective factors for marijuana use as they apply to African-American youth and their implications for the prevention of drug use. Acknowledgments: The present study was supported by the National Institute on Drug Abuse (Grant 5-U24 DA12390). Data originally collected by the Reaching Adolescents, Parents, and Peers project (Project RAPP) supported by Grant 5-U01-HD30093-05 from the National Institute of Child Health and Human Development, Office of Minority Health, and by the University of North Carolina at Chapel Hill Research Council.

549 GENDER AND ETHNIC DIFFERENCES IN INHALANT USE OF RURAL 7TH-8TH GRADERS: IMPLICATIONS FOR PREVENTION. Beverly Marquart1, Ruth Edwards1, Barbara Plested2, Linda Stanley1, Pamela Thurman1, 1Colorado State University, Fort Collins, CO United States

Inhalant use is anomalous among drugs of abuse in that, based on in-school surveys, lifetime prevalence rates are generally higher for younger youth than they are for older youth. One likely explanation is that a significant group of youth who are involved with inhalants in middle school drop out of school before the late high school years. Data will be presented on lifetime and last 30 day prevalence of inhalant use for rural 7th & 8th graders by gender and ethnicity based on in-school surveys. The sample of rural communities include 23 Mexican American communities, 27 African American communities and 28 White non-Hispanic communities stratified by level of rurality. Complex survey analyses and multilevel modeling show prevalence rates are higher among rural Mexican American 7th & 8th graders than they are among either African American or White non-Hispanic 7th & 8th graders. Lifetime prevalence rates for 7th & 8th grade females in all three samples were higher than for males. Further, gender differences were greater in the most rural communities than in larger communities. Implications of these findings for prevention research and implementation of prevention activities will be discussed.

550 ETHNIC DIFFERENCES IN ALCOHOL USE AND PEER NORMS: INVESTIGATION OF A MEDIATIONAL MODEL. Scott Weaver1, Jeewon Cheong1, David Mackinnon2, 1University at Albany, SUNY, Albany, NY United States; 2Arizona State University, Tempe, AZ United States

Ethnic differences in adolescent alcohol use are well documented in the research literature. Generally, rates of use are higher for European Americans (EA) than for African Americans (AA). In an attempt to explain the mechanisms for these differences, a few studies have explored possible mediating variables of ethnicity and alcohol use. The current study examined peer norms as mediators intervening in the relation between ethnicity and alcohol use. Using piece-wise latent growth curve modeling, earlier growth during middle school and later additional growth during high school were separately modeled for informational peer norms (IPN; number of friends who drink alcohol), descriptive peer norms (DPN; estimated prevalence of peer alcohol use), and alcohol use (ALC; # of drinks in last month). Participants included 680 AA and EA adolescents (81% EA) from the control group of the Midwestern Prevention Project. EA reported greater initial level of IPN and ALC; greater growth in IPN and ALC during middle school; and greater additional growth of IPN, DPN, and ALC during high school, indicating that EA adolescents’ peer norms for alcohol use and alcohol use are higher at 6/7th grade and increase more rapidly over time than AA adolescents. Furthermore, there was evidence of mediational process through IPN, such that EA adolescents showed higher growth in PN during middle school, which in turn, was positively related to higher growth in ALC during middle school. Interestingly, those who showed higher growth in IPN during middle school showed smaller growth in ALC during high school. Similarly, the earlier growth of ALC was negatively related to the later growth of IPN. This pattern of results might be indicative of a ceiling effect for growth of IPN and ALC for those with higher growth rates in middle school: Those who show more rapid growth in middle school and reach the higher level seem to show relatively slow growth in high school. The pattern for DPN and ALC was similar to the findings for IPN and ALC. The current findings imply that the growth rates of peer norms are different for EA and AA adolescents and peer norms are important mediators for adolescent alcohol use. Implications for understanding ethnic differences in alcohol use will be discussed.

CC 8/REAL WORLD SETTINGS

INTERSECTING PERSPECTIVES: RESEARCH, IMPLEMENTATION, AND POLICY

Chair: Marion Forgatch

301A, Convention Centre

351 INTERSECTING PERSPECTIVES: RESEARCH, IMPLEMENTATION, AND POLICY. Marion Forgatch1, Richard Price2, Gerald Patterson1, Haktor Helland3, Jim Wotring4, Terje Ogden5, Kay Hodges6, 1Oregon Social Learning Center, Eugene, OR United States; 2University of Michigan, Ann Arbor, MI United States; 3Barne- og ungdomsavdelingen, Oslo, Norway; 4Michigan Department of Community Health, Lansing, MI United States; 5Aftersatsen, Oslo, Norway; 6Eastern Michigan University, Ann Arbor, MI United States

Applied research provides the sine qua non for the implementation of evidence-based programs, and policy makers furnish the resources that make it possible to conduct
wide-ranging diffusion campaigns. Unless collaborative relationships are thoughtfully constructed and nurtured through the many stages from need to implementation, limited perspectives can thwart progress. Researchers can be too narrowly focused on arcane questions; disseminators can fixate on spreading seed without first preparing the ground; policy makers can be tossed about on the winds of political change. Implementation, research and policy can all benefit when they work together. Implementation programs can be designed to address specific research questions, and research questions can be framed to shape and improve current and future disseminations. Tightly conceptualized research designs embedded within implementations can provide the data that policy makers need to obtain resources needed for success. Healthy triangulation among such leaders can promote adoption of best practices and prevent iatrogenic effects. This roundtable brings together researchers, implementers, program designers, and policy makers to discuss issues in integrating research, implementation, and policy.

Richard Price will set the stage by discussing lessons learned in forging strong collaboration at policy, research, and implementer levels in international programs. Next Gerald Patterson will speak about designing a theory-based intervention for a specific population and continuing his research on to improve the program over nearly four decades. Next, Haktor Helland will present his vision of helping the children of Norway nationwide with the establishment of a center to both implement evidence-based programs and conduct applied research on the process. Then Jim Wotring will speak about his vision to help severely emotionally disturbed children of Michigan, a significant underserved population. Finally applied researchers Terje Ogden and Kay Hodges will talk about the difficulties and benefits of bringing research into implementation.

3:00 PM – 3:15 PM

AFTERNOON BREAK

Foyer Salle de bal, Hilton Quebec

3:15 PM – 4:45 PM

CONCURRENT SESSIONS, 1 - 8

CC 1/EARLY CHILDHOOD DEVELOPMENT
552, 553, 554, 555 WITHDRAWN

CC 2/REAL WORLD SETTINGS

COMMUNITY EFFECTS ON SUBSTANCE ABUSE

Chair: Carol Metzler

Disentangling the Effects of Community on Adolescent Problem Behaviors. M. Van Horn¹, Michael Arthur¹, J. David Hawkins¹, Richard Catalano¹, ¹University of Washington, Seattle, WA United States

A fundamental principal of prevention science is that risk and protective factors for health and behavior problems can be identified and then targeted by preventive interventions to reduce the prevalence of the problem in the population. Many of the risk and protective factors identified for student problem behavior are contextual -- aspects of families, schools and communities. To this point most of the research on these factors has been done at the individual level making it difficult to know if the effect is contextual or simply an effect of student perceptions. Understanding the level at which contextual risk factors operate and the mechanisms through which they affect students has implications for the development and implementation of interventions.

The aims of this study are: 1) to assess the degree to which community leader ratings of community risk factors are related to student perceptions of the same risk factors; 2) to examine the direct and indirect effects of community risk factors on levels of student substance use; 3) to examine whether the same relationships hold for serious delinquency.

This study uses data from a study of 41 communities including 30,978 6th, 8th, 10th, and 12th grade students who reported levels of community, school, family, peer and individual risk and protective factors. Data were also obtained from between 13 and 18 leaders from each community, who rated their community on 4 community risk factors: low community attachment, community disorganization, law enforcement favorable to substance use, and norms favorable to substance use.

Multilevel modeling analysis revealed that key leader ratings of these risk factors were moderately related to student ratings of the same factors. Community leader ratings of law enforcement and norms were related to substance use. Serious delinquency was predicted by low community attachment, disorganization, and law enforcement. The relationship of attachment and disorganization remained significant after controlling for student perceptions, but law enforcement was no longer found to be related to serious delinquency.

In conclusion, this study found that community risk factors rated by leaders in the community were related to student outcomes, and this relationship was only partially mediated by student perceptions of the community. Law enforcement favorable to substance use and norms favorable to substance use were related to student reports of substance use. Low community attachment and high community disorganization were related to student’s self-reported delinquency.
This study focuses on neighborhood factors associated with youth alcohol use. Data from Phoenix, Arizona reveal patterns that diverge from prior studies of neighborhood influences on youth at-risk behaviors, most of which have examined large cities in the Northeast and Midwest where Mexican Americans are not the predominant ethnic minority group. Phoenix is typified by explosive population growth, ubiquitous residential movement, newer Sunbelt patterns of settlement and economic development, and the unique cultural history of the southwest. These factors make it likely that neighborhood factors based on patterns of ethnic and immigrant composition, on vulnerability due to alcohol availability, and on weakened social control due to residential instability and the prevalence of single mother households, will influence youth alcohol use in Phoenix in distinctive ways. Results are presented based on questionnaires completed by 3,902 Latino and non-Hispanic White 7th grade students enrolled at 35 Phoenix middle schools. Using SAS PROC MIXED multi-variate models that accounted for school/neighborhood random effects, and controlling for key individual-level characteristics, students from neighborhoods with higher violent crime rates reported that they drank more alcohol than those in less violent neighborhoods, and these effects were particularly strong for more acculturated Latinos. For the less acculturated Latinos, living in neighborhoods with relatively high proportions of recent immigrants appeared to be a protective factor against alcohol use, while higher rates of neighborhood residential instability, less pervasive poverty, and a higher proportion of residents from Mexican backgrounds were associated with more alcohol use for this group. There were no significant neighborhood effects on alcohol use reported by the non-Hispanic White students. The proportion of single-mother headed families in the neighborhood—an important factor elsewhere in youth drug use—was not a significant predictor in this study. Implications for community level prevention planning are discussed.
care including physical and immunizations, case management, and clinical social work services for students and staff. This school was matched to a similar school within the school district who did not have an in-school health clinic for comparison. The sample consisted of 1416 students in grades K-8. Data was collected on multiple variables at both schools over a three year period. Example of variables collected included: absenteeism rates of students and staff, immunization compliance, disciplinary reports, school suspensions, academic test scores, and out of school placements. Utilizing SPSS, results indicate that a health clinic with clinical social work services and case management placed within a rural school has positive impact on students and staff alike. Services were well utilized and filled a service gap in the community. Results included that the experimental group had higher attendance rates for both students and staff, increased rates of immunization compliance, less disciplinary problems, and less out of school placements. School-based health clinics are rare in the United States. Based on the outcomes of this study policy makers should advocate for funding of school-based health clinics that provide both medical and mental health treatment and prevention services, particularly in isolated rural communities where access to sick and well care, case management, and clinical social work services are limited. Inclusion of such services within the school setting promotes physical and mental health, which ultimately enhances student learning.

The INSIGHTS intervention consisted of two hour weekly facilitated parallel sessions for parents and teachers and a weekly one-hour classroom program. Parents and teachers were taught to recognize child temperament and then to develop related child management strategies. The participating children and their classmates engaged in activities designed to enhance their empathy and problem solving skills. In contrast, the children in the Read Aloud control group received a weekly one-hour program of after-school activities intended to increase their reading enjoyment. A repeated measures multivariate analysis of variance with parental depression as a covariate was used to test the efficacy of INSIGHTS as compared to the Read Aloud program. The Time X Treatment Interaction was significant. Children participating in INSIGHTS showed a significantly greater decline in problem behaviors over the five time periods than the children in the Read Aloud program. In order to test for differential effectiveness for children diagnosed versus not diagnosed for disruptive disorders, a three-way interaction was examined and also found to be significant. The INSIGHTS intervention was more effective than Read Aloud in reducing children’s problem behaviors at home across both the diagnosed and non-diagnosed groups. INSIGHTS also demonstrated a significantly greater efficacy among the children who were at diagnostic levels compared to those who were within normal levels. Implications of these findings for school-based preventive interventions are discussed.

The purpose of this study was to test whether children who participated in the INSIGHTS into Children’s Temperament intervention would exhibit fewer child behavior problems at home as reported by their primary caregiver compared to children in a Read Aloud control group. The analysis also explored whether INSIGHTS as compared to Read Aloud was differentially effective for children diagnosed with disruptive disorders versus children not diagnosed with these disorders.

The participants were 148 inner-city first and second grade children, their parents, and their teachers (n = 46) who were from six schools in a Northeastern city. Eighty-nine percent of the children were African-American. The remainder was Hispanic, non-Black. Sixty percent of the children lived in single-parent homes.

At baseline, disruptive disorders (attention deficit hyperactivity, oppositional, and conduct) were assessed on the Diagnostic Interview Schedule for Children. Parents also reported their depression symptoms on the Brief Symptom Inventory at baseline. During the intervention phase, a telephone interview using the Parent Daily Report was conducted five times to assess the children’s behavior problems at home.

The INSIGHTS intervention consisted of two hour weekly facilitated parallel sessions for parents and teachers and a weekly one-hour classroom program. Parents and teachers were taught to recognize child temperament and then to develop related child management strategies. The participating children and their classmates engaged in activities designed to enhance their empathy and problem solving skills. In contrast, the children in the Read Aloud control group received a weekly one-hour program of after-school activities intended to increase their reading enjoyment. A repeated measures multivariate analysis of variance with parental depression as a covariate was used to test the efficacy of INSIGHTS as compared to the Read Aloud program. The Time X Treatment Interaction was significant. Children participating in INSIGHTS showed a significantly greater decline in problem behaviors over the five time periods than the children in the Read Aloud program. In order to test for differential effectiveness for children diagnosed versus not diagnosed for disruptive disorders, a three-way interaction was examined and also found to be significant. The INSIGHTS intervention was more effective than Read Aloud in reducing children’s problem behaviors at home across both the diagnosed and non-diagnosed groups. INSIGHTS also demonstrated a significantly greater efficacy among the children who were at diagnostic levels compared to those who were within normal levels. Implications of these findings for school-based preventive interventions are discussed.

Participants included 515 students in the 4th thru 7th grades. Children were drawn from 10 rural schools (n = 208) and 14 urban schools (n = 308) in Canada. Approximately half of children received the ROE program and the remaining
served as controls. Children were representative of diverse racial and ethnic populations. A quasi-experimental control pretest-posttest design was utilized. Instructors were trained in the ROE program and provided 3 lessons per month during the school year. A battery of measures assessing emotional and social understanding, academics, classroom belonging, knowledge of infant development, and beliefs about parenting were administered to children at pretest and posttest. Teachers and peers provided ratings of students' aggressive and prosocial behaviors. Information on implementation integrity was collected throughout the school year.

Results from this evaluation provided support for the effectiveness of the ROE program. Specifically, ROE program children in contrast to comparison children improved across a number of dimensions of social and emotional understanding. Moreover, in accordance with the theoretical notion that development in emotional competence leads to concomitant improvements in behaviors, program children, relative to comparison children, significantly decreased in varying forms of aggression and significantly increased in prosocial behaviors as obtained via teacher and peer reports. Most notably, while program children demonstrated significant reductions in aggression across the school year, comparison children demonstrated significant increases in aggression. Further analyses will examine these data via hierarchical linear modeling (HLM) using both context (school and site) and level of implementation (strength and integrity) in our analyses.

CC 4/REAL WORLD SETTINGS

SCHOOL-BASED PREVENTION PROGRAMS

Chair: J. Paul Moberg

St Foy/Portneuf, Hilton Quebec

562 PREVENTING ALCOHOL, TOBACCO, AND OTHER DRUG USE AMONG LEARNING DISABLED HIGH SCHOOL YOUTH: AN EVALUATION OF A SCHOOL-BASED EMPOWERMENT PROGRAM. Brenda Marshall1, 1City University of New York, Jamaica, Queens, NY United States

Research supports the theory that adolescents, particularly students classified with a learning disability are at higher risk for substance abuse. Many students with learning disabilities are educated in "contained classrooms", apart from other students, and subsequently not exposed to mainstream health curricula. This study used a comparative pretest, posttest design to evaluate the effects of a drug prevention/youth empowerment curriculum, Eye on My Strength, on the perceived problem-solving competence, self-determination and locus of control of students with, and without, learning disabilities. Teachers were trained by Health Educators to implement the strategies in routine classroom work, which had been introduced in the empowerment program. The curriculum focused on increasing teachers' ability to see students from a strength perspective by encouraging independent problem-solving, and demonstrating concern and warmth. During the 2001-2002 academic year, the curriculum was implemented in mainstream and self-contained classes of students with, and without, learning disabilities from six districts in New Jersey (n=174). Outcome indicators included knowledge about drug use, life skills, self-esteem, and areas of sense of support. Results of paired sample t-tests indicated that there were significant increases in nearly all dependent variables. Aggregated self-esteem scores, however, decreased and sense of support areas shifted for all students. Differences in group gains were evident for life skills, self-esteem, and sense of support. This paper will present the formative and outcome evaluations of the Eye on My Strength empowerment program.

563 SOCIAL DEVELOPMENT AND COGNITION: TRANSLATION LED TO PROJECT TND. Steven Sussman1, 1University of Southern California, Alhambra, CA United States

Project Towards No Drug Abuse (Project TND) is a model targeted school-based prevention program that illustrates very nicely the translation of social cognition and development theories into practice. Among the social-cognitive theories that led to the creation of the 12 session program, Project Towards No Drug Abuse, included are attitudinal perspective theory, illusory correlation-related notions, perceived effects and mystification notions, and cognitive self-control notions. Social development notions including internalization of values and formation of abstract reasoning led to the creation of a motivation-skills-decision making model as opposed to a social influences model (appropriate for younger teens). These theories, and how they were translated into practice through use of empirical program development techniques will be instructed. The results of three large experimental trial of Project TND that illustrates the fruits of this labor also will be presented.


Purpose: The purpose of this study was to examine the effectiveness of a substance abuse prevention program delivered using CD-ROM technology among adolescents in the sixth and seventh grades. The CD-ROM prevention program was based on the LifeSkills Training model and used interactive audio and video content to teach social resistance skills, general personal and social competence skills and normative education.
Background: Despite the fact that effective school-based drug prevention programs have been identified, many of the commercial curricula and related products that are available to schools interested in preventing tobacco, alcohol and drug abuse have been based largely on approaches that are either ineffective or remain untested. It is critical that new prevention technologies based on these most effective approaches are developed and disseminated in order to reach diverse audiences.

Methodology: Rates of substance use behavior, attitudes, knowledge, normative expectations and related variables were examined among youth (N = 123) that were randomly assigned to either receive the CD-ROM preventive intervention (n = 61) or to serve as a control group (n = 62). Data was analyzed for all participating students who completed both the baseline and post-test, with a subset also completing the 6-month follow-up.

Results: Significant effects of the intervention on pro-drug attitudes, normative expectations for drug use (both peer and adult), relaxation skills knowledge and anxiety reduction skills were found at the post-test assessment, with intervention students demonstrating improvements in these areas relative to controls. Elevated drug knowledge scores for the intervention students, relative to the control participants, were marginally significant. This presentation will focus on results from the 6-month follow-up assessment and maintenance of intervention effects.

Conclusions: Findings indicate that a school-based substance abuse prevention approach previously found to be effective among middle school students is also effective when delivered using CD-ROM technology.

OBJECTIVES: To present a practical methodology for developing a multi-component, HIV/STD prevention program for middle school youth.

METHODS: Intervention Mapping (IM) was used for intervention development. IM provides a methodology to: (1) identify proximal program objectives; (2) identify theory-based methods and practical strategies for effective intervention; (3) identify critical aspects for program delivery.

RESULTS: Data from an urban school district indicate that 25.0% of middle school students reported ever having sex, with the proportion increasing from 18.1% of 6th graders to 27.3% of 8th graders. Of sexually experienced students, 37.1% reported first sex before age 11; 38.0% already had three or more partners. IM was used to incorporate qualitative data from student and parent focus groups on dating and sexual behavior together with theoretical and empirical evidence to develop a classroom curriculum and interactive CD-ROM-based tailored intervention. The curriculum addresses peer norms, attitudes, self-efficacy, refusal skills and communication skills related to healthy relationships, dating, and sexual risk-taking behavior. The CD-ROM-based intervention, delivered in conjunction with the curriculum, tailors information to the individual’s intentions or behaviors related to sexual risk-taking.

CONCLUSIONS: IM provides an effective methodology for linking prevention science to practice. This methodology aids in developing HIV/STD interventions that are culturally sensitive and relevant to the needs of middle school youth.

566 INTERNATIONAL ADAPTATION OF AN EFFICACIOUS HIV PREVENTIVE INTERVENTION.
Marguerita Lightfoot1, Rebecca Morris1, Rogers Kasirye2, 1University of California, Los Angeles, Los Angeles, CA United States; 2Uganda Youth Development Link, Kampala, Uganda

There are efficacious HIV risk reduction programs that have been successfully mounted in the U.S. To impact the AIDS pandemic, international adaptation of these behavioral preventive programs is needed. Uganda is one of the countries hardest hit by the HIV/AIDS pandemic; it is estimated that 1.9 million people are presently living with HIV/AIDS in Uganda (UNAIDS, 1999); an estimated 10 percent of 15 to 49 year olds are HIV infected (World Health Organization, 1999). Currently, AIDS is responsible for up to 12 percent of annual deaths and has surpassed malaria and other conditions as the leading cause of death among individuals aged 15 - 49 (National Strategic Framework in Uganda, 2000). In order to meaningfully impact the spread of the HIV epidemic among street and poor urban youth in Uganda, U.S. and Ugandan collaborators embarked on a partnership with two objectives. The first objective was to build the capacity and skills among the team of Ugandan collaborators in research design and methodology, as well as, in intervention theory, development and implementation. In order to practice the skills acquired through the capacity building process, the second objective is
A SUSTAINABLE, COMMUNITY-LEVEL HIV PREVENTION PROGRAM FOR SEX WORKERS IN INDIA. Mary Jane Rotheram-Borus1, Dallas Swendeman1, Sung Jae Lee1, Robert Weiss1, Peter Newman2, 1University of California, Los Angeles, Los Angeles, CA United States; 2University of Toronto, Toronto, Ontario Canada

Background: The Sonagachi Project is an STD/HIV prevention program based in Kolkata, India. This multi-pronged intervention evolved in partnership with the sex-worker community and includes peer education, condom social marketing, community organizing, worker's human rights activism, micro-credit cooperative, and reproductive health care. HIV prevalence remains below 10% and condom use rates rose to 90% among sex-workers in Kolkata since 1992; the opposite trend occurred in other major Indian cities.

Method: The Sonagachi intervention was replicated in a "naïve" sex-worker community ("red-light area") in North Bengal, India. In a control community a reproductive health clinic was established as standard care. One hundred sex-workers were recruited in each community and interviewed with structured questionnaires at baseline and three times over 18 months. Multivariate regression analyses were conducted to compare overall condom use rates, controlling for possible confounders. McNemar's tests were used to evaluate changes in 100% condom use.

Results: Statistically significant increases in condom use were sustained in the intervention community (39%) compared to the control (11%). One hundred percent condom users increased a net 25% in the intervention community compared to a 16% net decrease in the control.

Conclusion: This study provides support for the efficacy of the Sonagachi model intervention in increasing condom use and maintaining low HIV prevalence among sex-workers.

FRIDAY, MAY 28, 2004 PROGRAM

ADAPTING PREVENTION PROGRAMMING

Chair: Ray Peters

Dufferin, Hilton Quebec

FOUR YEARS OF AN EVALUATION OF COOL GIRLS, INC.: A DEVELOPMENTALLY SENSITIVE PREVENTIVE INTERVENTION FOR AT-RISK GIRLS. Jim Emshoff1, Gabriel Kuperminc1, Phyllis Holditch Niolon1, Kimberly Broomfield1, Laura Secrest1, Tracy Dickens1, Georgia State University, Atlanta, GA United States; 2Georgia State University, Atlanta, GA United States

Recent attention has been given to the importance of after-school programs for preventing a wide range of negative behaviors (e.g., substance abuse, teen pregnancy). Such programs emphasize social relationships among youth and adults and engage young people in gaining critical life skills. This presentation will describe the process required for international adaptation of western behavioral interventions and outline the experiences and lessons learned in adapting and implementing a behavioral intervention for use in Uganda.
Programmatic effects predicting lower rates of teen pregnancy can be seen in the fact that Cool Girls (more than comparison girls) became more comfortable talking to their partners about sexual behavior choices, and had greater self-efficacy regarding birth control.

**569 EFFECTIVENESS OF A SCHOOL-BASED COMPETENCE-ENHANCEMENT APPROACH TO DRUG ABUSE PREVENTION AMONG INNER-CITY MINORITY ADOLESCENTS: FOUR YEAR FOLLOW-UP RESULTS.** Gilbert Botvin1, Kenneth Griffin1, Tracy Nichols2,1. Cornell University Medical College, New York, NY United States.

Research on school-based drug abuse prevention has increased markedly in the past two decades and several effective programs have been identified. However, this literature is limited in that most prevention studies have been conducted with predominantly white middle-class adolescent populations and much of the research has had relatively short-term follow-up. The present study was designed to assess the impact of a competence-enhancement approach to drug abuse prevention called Life Skills Training (LST) on drug use among inner-city, minority youth and to examine the long-term effects of the preventive intervention in this population. The LST program teaches drug resistance skills, norms against substance use, and material designed to facilitate the development of important personal and social skills. A randomized, controlled trial was conducted in which 29 middle schools were randomized into the intervention or control conditions. The preventive intervention was delivered in the 7th, 8th, and 11th grades and follow-up data on drug use was collected into high school. Students that completed surveys in the 7th, 8th, and 11th grades were included in the present analyses. The follow-up sample was 45% male, 62% African-American, and 23% Hispanic. About 63% of students received free lunch at school and over one-third (35%) lived in mother-only households. There were no pretest differences in drug use across experimental condition and no differential attrition between conditions over time. A series of generalized estimating equation models were conducted in order to examine how participation in the prevention program predicted several drug use outcomes, controlling for school level clustering as well as race, gender, pretest scores, and program implementation fidelity. Alcohol, tobacco, marijuana, inhalant, and polydrug use were compared among youth who received the program (n = 1,418) and a control group (n = 991) who did not. At the four-year follow-up assessment in the 11th grade, the intervention had a significant effect on several substance use outcomes. A composite smoking score for the intervention group was lower than the control group, \( \chi^2 (1) = 4.3, p < .019 \); and a composite alcohol use score for the intervention group was lower than the control group, \( \chi^2 (1) = 7.9, p < .003 \). Significant intervention effects were also observed for polydrug use in the past month, \( \chi^2 (1) = 5.2, p < .001 \), with intervention students scoring lower than control students at the four-year follow-up assessment. The results of this large-scale, randomized trial show that a school-based intervention produces long-term prevention effects for tobacco, alcohol, and polydrug use with inner-city, minority youth that last for four years after the initial year of the prevention program.

**570 HEALTH FOR ALL: CALIFORNIA’S STRATEGIC APPROACH TO ELIMINATING RACIAL AND ETHNIC HEALTH DISPARITIES.** Larry Cohen1, Rachel Davis1, Leslie Mikkelsen2, Manal Aboelata3, Sabrina Fernandes1, Prevention Institute, Oakland, CA United States.

Developed by the California Campaign to Eliminate Racial and Ethnic Disparities in Health, the California Strategic Approach explores and synthesizes relevant research and delineates a framework with which to examine and alleviate health disparities. The effort was co-chaired by the American Public Health Association and the California Health and Human Services Agency and involved a broad public-private partnership. The Approach’s strategic goals and delineation of Critical Pathways from root factors to health disparities are widely applicable to any effort to improve the health status of vulnerable members of society. The framework emphasizes the key role of government and other institutions in addressing health disparities.

The Campaign developed the Approach based on a literature review, data analysis, a consensus-based deliberative process, and interviews with key stakeholders. The Approach summarizes data documenting the social, economic, and community conditions -- deteriorated housing, poor education, limited employment opportunities and role models, limited household resources, and ready availability of cheap high-fat foods -- that prevail in low-income neighborhoods where people of color are more likely to live. These conditions, along with severe gaps in access, quality, and culturally and linguistically appropriate medical services, exacerbate health disparities.

Along with recognizing these Critical Pathways, the Approach examines available data and identifies Nine Priority Medical Issues: 1) cardiovascular disease, 2) breast cancer, 3) cervical cancer, 4) diabetes, 5) HIV/AIDS, 6) infant mortality, 7) asthma, 8) mental health, and 9) trauma (including intentional and unintentional injury). These Priority Medical Issues were chosen both for their prevalence among communities of color and the clear opportunities for intervention that exist among them.

The Strategic Approach is a data-driven conceptual framework for engaging public and private stakeholders in the process of attaining its two goals: 1) Prevent the development of illness and injury by fostering healthy behaviors, healthy community environments, and institutional support of good health outcomes and 2) Reduce the severity of illness and injury by providing high-quality medical care to all. It is designed to be the first step of an action-oriented Campaign in California although the model is applicable to other population-based efforts to reduce disparate health outcomes.
Background/Objective. During the last decade, universal preventive interventions designed to reduce substance use among adolescents have been developed and tested; many have been shown to be effective in delaying substance initiation (Tobler et al., 2000). Researchers have also examined differential effectiveness—whether programs are more effective for certain subgroups or under certain conditions (Spoth, Guyll, & Redmond, 2003). The current paper evaluates the moderation of program effectiveness by school environment factors.

School environments wherein there is tolerance of substance use and greater availability of substances are likely to increase risk for student substance initiation (Hawkins, Catalano, & Miller, 1992). It is reasonable to expect that differences in such risk environments could contribute to differential intervention effects. Findings from evaluations of risk moderation for universal adolescent preventive intervention programs have had mixed results, but when moderation has been found, stronger intervention effects have often been shown for higher risk students (Spoth et al., 2003). This study evaluated school environment-related risk moderation of prevention program effects, with the expectation that, if risk moderation were found, students at higher risk would show stronger intervention effects.

Methods. The three condition study design is described in the overview. The current study measured school environment risk by averaging student pretest responses to three sets of questions related to substance availability, peer offers, and student estimates of current users. The Substance Initiation Index (SII) was constructed by summing responses to questions regarding whether students had ever used alcohol, tobacco, and marijuana. Fives waves of data were utilized to estimate growth in SII. Pretest SII was used as a covariate. Both intervention conditions were compared separately to the control condition. School environment risk was evaluated as a moderator of intervention effects.

Results. Significant three-way interaction effects were found, indicating that risk moderated the effect of the interventions. Although higher risk students demonstrated a higher initial level of substance use in both intervention conditions, the higher-risk students in the intervention conditions demonstrated a slower rate of growth, compared to the higher-risk control condition students.

Conclusion. Results suggested that higher-risk students benefited more from the interventions, in terms of their growth in SII over time.

The implementation of combined family- and school-based preventive interventions is warranted by high prevalence rates of youth substance use (Johnson, 2003) and etiological research establishing the central role of causal factors originating in family and school settings (Mrazek & Haggerty, 1994). Further, youth substance use is a predictor of a range of substance-related and other problem behaviors in later adolescence and adulthood (e.g., Kandel & Yamaguchi, 1993; Windle & Windle, 2001); substance-related problems alone exact a huge toll in societal costs (Howard, Fontana, & Livermore, 1999; Spoth, Guyll, & Day, 2002). Testing multicomponent universal interventions, and dissemination of those that prove efficacious, is one approach to the population-based amelioration of youth substance-related problems.

This poster symposium reports findings from a longitudinal study that randomly assigned the 7th grade classes of 36 school districts to three experimental conditions: the classroom-based Life Skills Training (LST); the classroom-based LST plus the family-focused Strengthening Families Program For Parents and Youth 10-14 (LST & SFP 10-14); and a minimal contact control condition. It provides an overview of intervention effects on longitudinal growth in substance initiation and more serious types of alcohol use, factors mediating and moderating those outcomes, and methodological issues in detecting outcomes.

The first paper focuses on intervention effects on substance initiation, regular alcohol use, drunkenness, and binge drinking at 2½ years past baseline, along with effects on growth curves for the same set of variables. A second paper addresses the issue of implementation quality in outcome evaluation. It examines the effects of a key indicator of implementation quality—interactive instructional methods—on mediating youth skill outcomes of the interventions and on substance initiation. A third paper addresses moderation effects of baseline school environment (opportunity for and level of students’ use) on substance initiation outcomes. A final paper examines strategies for controlling for baseline differences in substance use initiation across experimental conditions in the context of a curvilinear logistic growth model. Two strategies employing alternative assumptions concerning long-term substance use are illustrated and contrasted with results based on linear growth assumptions.
573 RANDOMIZED STUDY OF UNIVERSAL FAMILY AND SCHOOL PREVENTIVE INTERVENTIONS: EFFECTS ON INITIATION AND MORE FREQUENT OR SERIOUS SUBSTANCE USE. Richard Spoth¹, Chungyeol Shin¹, Kevin Randall¹, Cleve Redmond¹, 1Iowa State University, Ames, IA United States

Background. Results of recent national surveys of adolescent alcohol, cigarette and marijuana initiation continue to reveal high prevalence rates, despite downward trends in recent years (Substance Abuse and Mental Services Administration, 2002; Johnson, 2003). Of considerable concern are the rates of regular or more serious types of use, including drunkenness and binge drinking (Johnson, 2003). Early initiation and more regular or serious use of alcohol and other substances is a predictor of substance-related problems in later adolescence and adulthood (Duncan, Stryker, & Duncan, 1999; Windle & Windle, 2001).

Objectives. This study extends an earlier report on the effects of a multi-component, universal intervention combining family and school programs (Spoth, Redmond, Trudeau, & Shin, 2002). An additional wave of data collection following baseline allowed for the evaluation of longer-term intervention effects, as well as effects on substance use trajectories, using multilevel growth curve analyses. Increases in rates of more regular or serious forms of alcohol use (drunkenness, binge drinking) from baseline allowed the examination of these outcomes. Also, the additional data allow closer scrutiny of how outcomes vary by specific type of substance use and type of intervention.

Method. Participants in the study were 1,649 seventh graders enrolled in 36 rural schools in 22 contiguous counties in a midwestern state. A randomized block design guided the assignment of the 36 schools to the three experimental conditions noted in the symposium overview (LST only, LST & SFP 10-14, minimal contact control). Multilevel analysis of covariance (SAS Proc Mixed with restricted maximum likelihood estimation) was used to test for intervention effects on the measures of substance initiation, usual alcohol use, drunkenness, and binge-drinking.

Results/Discussion. There were significant (a) point-in-time intervention-control differences 2½ years past baseline in adjusted mean levels of substance initiation and (b) intervention-control differences in substance initiation growth over time, but only for the multicomponent intervention. The LST-only intervention demonstrated lower mean levels 2½ years past baseline and lower rates of growth in drunkenness and binge-drinking. Results supporting significant long-term effects on initiation for the multicomponent intervention are consistent with earlier findings. Factors resulting in the differences in the pattern of positive effects on substance initiation, usual, and more serious use across conditions are under investigation.

574 CONTROLLING FOR BASELINE CONDITION DIFFERENCES IN SUBSTANCE USE INITIATION IN A CURVILINEAR GROWTH MODEL. Cleve

Redmond¹, Chungyeol Shin¹, Richard Spoth¹, 1Iowa State University, Ames, IA United States

Introduction. Research shows that growth in population substance initiation rates typically exhibit an S-shaped curve. This finding is consistent with a diffusion or epidemic model of substance initiation. Within this model, a key factor determining the rate at which substance use behaviors will be adopted is the degree to which members of that population are exposed to others who have already adopted the behavior. A consequence of this exposure process is that early prevalence rates can have a substantial impact on subsequent growth rates. This, in turn, has implications for how differences in baseline rates of substance use are controlled in experimental studies examining preventive intervention effects on long-term initiation rates, particularly so because the magnitudes of expected intervention effects are often modest.

Method. The study examined long-term patterns of growth in substance use initiation, assessed by a substance use initiation index (SII) addressing lifetime use of alcohol, tobacco, and marijuana using data collected from 1,360 students enrolled in 24 rural Iowa schools. Five waves of data were collected, using questionnaires administered in the classroom. Two waves of data were collected in the 7th grade (fall and spring), with follow-ups collected in the spring of the 8th, 9th, and 10th grades. Students in 12 of the 24 schools received a 15-session classroom-based program; in addition, these students and their families were invited to attend a 7-session universal family skills intervention. Interventions were implemented between the two 7th grade assessments. The 12 remaining schools were assigned to a minimal contact control condition.

Results and Conclusions. Logistic growth curve models were employed to examine intervention-control differences in substance initiation. Two different strategies were used to adjust for observed baseline differences in SII at Wave 1. Relative to a linear growth model, results based on each of the two adjusted logistic growth curve models suggested a greater intervention effect. In addition, because growth in substance initiation is curvilinear, condition differences are both time-dependent and sensitive to baseline levels. In this regard, linear models are generally adequate only over relatively short time frames. However, results from the two logistic growth models also differed somewhat in terms of implied intervention effect size, suggesting that choice of baseline correction method is important and that the underlying conceptual assumptions of each method be carefully considered.

575 RELATIONSHIP BETWEEN PROGRAM IMPLEMENTATION, TEACHING METHOD AND YOUTH OUTCOMES. Catherine Lillehoj¹, Richard Spoth¹, Kenneth Griffin², 1Iowa State University, Ames, IA United States; 2Cornell University, New York, NY United States

Background/objectives. Meta-analytic studies (e.g., Tobler et al., 1999, 2000) have suggested that school-based preventive interventions implemented with participatory or
interactive teaching methods are effective in reducing risk factors and enhancing protective factors for youth problem behaviors. Most studies that have examined the impact of interactive programs on youth outcomes have not evaluated interactive teaching methods separately. The primary objective of the current study was to examine the association between teaching methods and youth skill or substance initiation outcomes in a sample of rural adolescents participating in a longitudinal preventive intervention study. A secondary objective was to examine the relationship between teacher characteristics and implementation quality.

Methods. During the 1998-1999 academic year, classroom teachers who had been trained in both the content and the teaching methodology of a research-based preventive intervention (i.e., Life Skills Training [Botvin, 2000]), implemented the program with seventh grade students (N=1,323) in 24 rural middle schools. Trained observers evaluated the implementation of the preventive intervention program by classroom teachers (N = 30); both content delivery and teaching methodology were monitored. Teaching methodology included both interactive (i.e., demonstration, discussion, practice) and didactic (i.e., lecture) techniques. Following the classroom program, participating students completed surveys assessing various program outcomes, including the development of skills targeted by the preventive intervention.

Results. Findings indicated that lecturing was the most frequently used teaching methodology, followed by discussion and practice. Regression analyses suggested that students were more likely to improve their assertiveness and communication skills when a relatively higher proportion of teaching time utilized discussion as a methodology. In addition, students were more likely to report an increase in assertiveness skill when a higher proportion of the practice methodology was used. Teaching methodology was not found to impact substance initiation. Male providers with more years of teaching experience tended to use lecturing as a teaching method; whereas female providers with more years of teaching experience and those with more experience implementing prevention programs were more likely to use demonstration and practice methodologies. Students were rated as more responsive during the program lesson when teachers relied upon all three interactive methods (i.e., demonstration, practice, discussion).

Discussion. Findings suggest that the influence of preventive interventions on youth skill outcomes is enhanced when teachers utilize interactive teaching methods.

CC 8/ THE ROLE OF GENDER, SOCIAL CLASS, CULTURE, AND ETHNICITY IN PREVENTION RESEARCH

ON DEVELOPING CULTURALLY-RICH PROGRAMS FOR SUBSTANCE ABUSE PREVENTION

Chair: Celene Domritrovich
Presenters will describe an exploratory study conducted in three community settings within Austin, TX. Using appropriately modified ARSMA-II scales, researchers asked participants from an alternative learning setting, a homeless youth shelter, and a community program for low income youth to complete pre-surveys that collected demographic as well as attitudinal and behavioral information with regard to drug and alcohol use questions. Participants also viewed culturally-grounded prevention videos that were developed in earlier research and, during focus group interactions, were asked to offer their perspectives about the realism and appropriateness of the video contents and presentation styles. Presenters will discuss the survey findings, the themes emerging from the focus groups, and the application of the Orthogonal Cultural Identification Theory to the population studied. Connections between the original video development and the reflection exercise conducted with this group of students will be described and discussed. Implications for developing effective prevention for high-risk youth, especially within such non-standard settings also will be detailed.

5:00 PM – 5:45 PM

CONFERENCE WRAP UP

❖ Porte Du Palais, Hilton Quebec