Comprehensive and Integrated Prevention Programming Model for Schools

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Blue represents maturing of brain areas.
Is it *really* so harmful?

90% of adults addicts began engaging in the high-risk behavior when they were teens.
Myelin = Processing Speed

Dendrites = Learning
From Immature, Child Responding to Mature, Adult Thinking: The Road to Executive Function

Abstract: conceptual understanding

Impulse Control

Problem-Solving

Decision-Making

Judgment

Emotion Regulation

Frustration Tolerance

Ability to Feel Empathy
How do alcohol/drugs and other high-risk behaviors effect the brain during the pruning process?
HYPOFRONTALITY = PLEASURE or FEAR

IN BETWEEN Age 11-25 = ARREST
CHOICES High Risk Behaviors

1. Alcohol Use/Binge Drinking
2. Driving Under the Influence
3. Criminal Activity/Violence
4. Bullying/Cyberbullying
5. Date Rape/Dating Violence
6. Heavy Drug Use
7. Marijuana Use
8. Gambling
9. Eating Disorders/Body Image
10. Pornography
11. Self-Injury
12. Healthy Relationships/Sex/Sex Addiction
13. Suicide/Depression
14. Tobacco Use
15. Video Game/Internet/Technology Addiction/Technology Safety
Patterns of High-Risk Behavior

Many adolescents engage in multiple high-risk behaviors simultaneously.

One national study found over half of U.S. high school students were engaged in 2 or more significant risk behaviors, and 15% were involved in at least 5.

Prevalence rates increase from freshman to senior year in high school.

Biglan, Brennan, Foster, & Holder, 2005; Brener & Collins, 1998; Lindberg, Boggess, & Williams, 2000; Fox, McManus, & Arnold, 2010
The Choices Story

- 58 substance abuse prevention programs for adolescents age 13 to 17 exist
  - 44 are school-based, general population
  - 7 target all three levels: universal, selective, and indicated
    - Of these 7, only five programs target more than three other high-risk behaviors
    - Of these 5, four are designed for high school students

SAMHSA National Registry of Evidence-Based Programs Website, 2011
Types of Prevention

Public Health Model of Prevention

- PRIMARY
- SECONDARY
- TERTIARY

The Institute of Medicine (IOM)

- UNIVERSAL
- SELECTIVE
- INDICATED

Accepted modern paradigm is Comprehensive
Correcting the Norm

*Normative education attempts to present factual information about students’ social environments, creating a more realistic picture of social norms as they actually exist and reducing the “everybody does it” belief and the pro-drug attitude.*
The Choices Program

- Systemic
- Comprehensive
- Scientific

- Universal
- Selective
- Indicated

Faculty
Parents
Students

Executive Functioning
15 High-Risk Behaviors
<table>
<thead>
<tr>
<th>Procedures</th>
<th>Questions for Planning Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Clarification</td>
<td>What salient patterns of ATOD problems and co-occurring disorders appear in our community? What specific factors affect these patterns?</td>
</tr>
<tr>
<td>Assessment</td>
<td>Is more information needed?</td>
</tr>
<tr>
<td>Goals</td>
<td>What needs to be accomplished in the short term and long term?</td>
</tr>
<tr>
<td>Objectives</td>
<td>What can we measure and what can we expect?</td>
</tr>
<tr>
<td>Resources/Funding</td>
<td>What resources/funding do we have and what more do we need?</td>
</tr>
<tr>
<td>Leadership and Organization</td>
<td>Who are the key stakeholders?</td>
</tr>
<tr>
<td>Action</td>
<td>Are program elements evidence based, sustainable and progressive?</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>Are we staying on task?</td>
</tr>
<tr>
<td>Modification</td>
<td>Are there changes that need to be made and by whom?</td>
</tr>
</tbody>
</table>
The Choices Program

1. Needs Clarification
2. Assessment

- First Faculty Action Group
- Parent Needs Survey
- Student Survey

Youth Risk Behavior Survey, CDC
The Choices Program

1. Needs Clarification
2. Assessment
3. Goals
4. Objectives

Prevent, Reduce, & Treat High-Risk Behavior

Quantitative

Qualitative
LOCAL VERSUS NATIONAL
PRETEST YEAR 2009

*p < .004
The Choices Program

1. Needs Clarification
2. Assessment
3. Goals
4. Objectives
5. Resources and Funding
6. Leadership and Organization
The Choices Program

1. Needs Clarification
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3. Goals
4. Objectives
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6. Leadership and Organization
7. Action
8. Monitoring and Evaluation
9. Modification
LOCAL VERSUS NATIONAL
PRETEST YEAR 2011

*p < .004
LOCAL VERSUS NATIONAL
DIFFERENCE BETWEEN DIFFERENCES

Lifetime alcohol use
Drinking last 30 days*
Drinking 5 or more last 30*
Drinking and driving”
Lifetime marijuana use”
Marijuana last 30 days”
Lifetime cocaine use”
Cigarettes last 30 days”
Fasting last 30 days
Bullied last year*
Suicide attempts last year
Sex/Oral sex last year*
Dating Violence

\[ z = -2.20, *p < .028 \]
## The Choices Program Level Descriptions

<table>
<thead>
<tr>
<th>Modified Choices Counselor</th>
<th>Part-time Choices Counselor</th>
<th>Full-time Choices Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>Survey</td>
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</tr>
<tr>
<td>Systemic Prevention Education for Parents, Students, &amp; Faculty</td>
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</tr>
<tr>
<td>1-2 Prevention Events per Semester</td>
<td>2-4 Prevention Events per Month</td>
<td>Multiple Prevention Events per Week</td>
</tr>
<tr>
<td>Direction for setting up Parent, Student, &amp; Faculty Action Groups</td>
<td>Facilitated Parent, Student, &amp; Faculty Action Groups</td>
<td>Facilitated Parent, Student, &amp; Faculty Action Groups</td>
</tr>
<tr>
<td>Indicated Services at Agency</td>
<td>Limited Indicated Services on Campus</td>
<td>Indicated Services on Campus</td>
</tr>
<tr>
<td>Crisis Intervention as needed</td>
<td>Limited Crisis Intervention</td>
<td>Indicated Services on Campus</td>
</tr>
</tbody>
</table>

- **Modified Choices Counselor**
  - $5,000-10,000 per school

- **Part-time Choices Counselor**
  - $35,000-65,000 per school

- **Full-time Choices Counselor**
  - $95,000-105,000 per school
References

• Califano Jr., Joseph (2009), How to Raise a Drug-Free Kid, The Straight Dope for Parents.
• Drug Strategies (1999)
• National Institute of Health Website 2013
References

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http://austinalanon.org/ed6sml.htm

http://www.a4everfamily.org


Stanford University Medical Center (2009, December 17). Brain imaging shows kids' PTSD symptoms linked to poor hippocampus function.


