Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Curriculum-Based Support Group (CBSG) Program

Report Contents
1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-15 who are identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence (e.g., they are living in adverse family situations, displaying observable gaps in coping and social skills, or displaying early indicators of antisocial attitudes and behaviors).

Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce antisocial attitudes and rebellious behavior. Delivered in 10-12 weekly, 1-hour support group sessions, the curriculum addresses topics such as self-concept, anger and other feelings, dreams and goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and making a public commitment to staying drug free and true to life goals. Lesson content and objectives are essentially the same for all participants but are tailored for age and developmental status.

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
2. Implementation considerations (if available)

Groups are formed with 6-10 participants no more than 2 years apart in age and are led by trained adult facilitators and co-facilitators who follow the program facilitator's manual. Students ages 8-11 participated in the study reviewed for this summary.

3. Descriptive Information

| Areas of Interest       | Mental health promotion  
|                        | Substance abuse prevention |
| Outcomes                | 1: Antisocial attitudes  
|                        | 2: Rebellious behavior  
|                        | 3: Attitudes and intentions about substance use  
|                        | 4: Substance use |
| Outcome Categories      | Alcohol  
|                        | Drugs  
|                        | Social functioning  
|                        | Tobacco |
| Ages                    | 6-12 (Childhood) |
| Gender                  | Male  
|                        | Female |
| Races/Ethnicities       | Asian  
|                        | Black or African American  
|                        | Hispanic or Latino  
|                        | White  
|                        | Race/ethnicity unspecified |
| Settings                | School |
| Geographic Locations    | Urban Implementation |
| History                 | The CBSG Program was developed in Texas in 1982 and was implemented first in community-based settings and then in schools. An adaptation for use in homeless and domestic violence shelters, group homes, and other transitional settings was developed with a 5-year demonstration grant from the Center for Substance Abuse Prevention and in partnership with the University of Texas at Arlington and the Texas Commission on Alcohol and Drug Abuse. Since dissemination of the program began in 1984, more than 17,000 youth service professionals have been trained to implement the program in more than 2,400 schools and community-based sites in 32 States, |
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

and 1.6 million children and youth have participated in the program.

<table>
<thead>
<tr>
<th>NIH Funding/CER Studies</th>
<th>Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptations</td>
<td>The program has been adapted for use in Christian faith-based settings and in homeless and domestic violence shelters, group homes, and other transitional settings. All program handouts have been translated into Spanish.</td>
</tr>
<tr>
<td>Adverse Effects</td>
<td>No adverse effects, concerns, or unintended consequences were identified by the applicant.</td>
</tr>
<tr>
<td>IOM Prevention Categories</td>
<td>Selective Indicated</td>
</tr>
</tbody>
</table>

4. Outcomes

Outcome 1: Antisocial attitudes

Description of Measures

Antisocial attitudes were assessed using a 4-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 4 items, adapted from the Student Survey of Risk and Protective Factors, were:

- "I think it is ok to take something without asking if you can get away with it."
- "I think it is all right to cheat at school,"
- "I think it is all right to beat up people if they start a fight."
- "You should tell the truth even if you are going to get in trouble."

Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.

Key Findings

Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant decrease in antisocial attitudes compared with control group students (p < .05).

Studies Measuring Outcome

Study 1

Study Design

Experimental

Quality of Research Rating

3.7 (0.0-4.0 scale)
Outcome 2: Rebellious behavior

Description of Measures

Rebellious behavior was assessed using a 3-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 3 items, adapted from the Student Survey of Risk and Protective Factors, were:

- "I do the opposite of what people tell me, just to get them mad."
- "I like to see how much I can do before I get in trouble."
- "I don't follow rules that I don't like."

Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.

Key Findings

Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant decrease in self-reported rebellious behavior compared with control group students (p < .05).

Outcome 3: Attitudes and intentions about substance use

Description of Measures

Attitudes and intentions about substance use were assessed using a 10-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 10 items, which were extracted from the Individual Protective Factors Index and used without modification, were:

- "I might smoke cigarettes when I get older."
- "Grown-ups have more fun when they drink."
- "I will probably drink alcohol when I am old enough."
- "It is ok to use drugs if you don't get caught."
- "Drugs like marijuana and cocaine should be ok for kids to use."
- "If I have a choice, I might try drugs." "Marijuana makes you happy."
- "People usually drink alcohol at parties."
- "I can't wait to be old enough to drink."
- "I am curious about alcohol and drugs."
### Key Findings

**Response options were 1 (no or never), 2 (I don’t think so), 3 (maybe), and 4 (yes, definitely). A composite score was created across all items.**

**Key Findings**

Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant increase in anti-substance use attitudes and intentions compared with control group students (p< .05).

### Studies Measuring Outcome

<table>
<thead>
<tr>
<th>Study Design</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Research Rating</td>
<td>3.7 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

### Outcome 4: Substance use

**Description of Measures**

Substance use was assessed using 5 self-report items from the 2003 CBSG Program Pre/Post Survey. The 5 items, adapted from the Monitoring the Future questionnaire, asked on how many of the past 30 days the student used the following drugs: alcohol, marijuana, inhalants, other illegal drugs, and any type of tobacco. Response options were 0, 1-2 days, 3-4 days, and 5 or more days.

**Key Findings**

Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to post-test, self-reported inhalant use decreased among intervention group students and increased among control group students (p < .05). No significant difference was found for the other substances.

### Studies Measuring Outcome

<table>
<thead>
<tr>
<th>Study Design</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Research Rating</td>
<td>3.7 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

7. Who is using this program/strategy

<table>
<thead>
<tr>
<th>Washington Counties</th>
<th>Oregon Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood)</td>
<td>58% Male / 42% Female</td>
<td>47% Hispanic or Latino / 35% Black or African American / 11% White / 4% Race/ethnicity unspecified / 3% Asian</td>
</tr>
</tbody>
</table>

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

**Study 1**


*Quality of Research Ratings by Criteria* (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Antisocial attitudes</td>
<td>3.3</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td>2: Rebellious behavior</td>
<td>3.3</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td>3: Attitudes and intentions about substance use</td>
<td>3.3</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td>4: Substance use</td>
<td>3.3</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>3.8</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**Study Strengths**

The scales and items used to measure attitudes and behaviors in this study have very good content and criterion validity. Intervention fidelity procedures were adequately documented (i.e., use of orientation and training for staff; attendance sheets; fidelity checklist; randomized, systematic observation; and adherence guidelines). Missing data and attrition were minimal (attrition was 9% for the intervention group and 11% for the control group) and were accounted for using data imputation methods. Randomization into study groups minimized the potential for confounding variables. Data analysis techniques were appropriate.

**Study Weaknesses**

Reliability coefficients for most of the scales and items were modest.

**10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

**Dissemination Materials**


**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5</td>
<td>4.0</td>
<td>3.5</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**Dissemination Weaknesses**

Some organizations may find it difficult to correctly implement the manuals, which are extensive and dense. The manuals refer to "mom and dad," terms that may not apply to all families. Because the supervisor at the implementing site is not required to participate in training, it is not clear how this person provides oversight to facilitators.

**11. Costs (if available)**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

---

*Excellence in Prevention* is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Program Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-day training in cities throughout Texas (includes facilitator’s manual, ongoing support/technical assistance, and quality assurance tools)</td>
<td>$300 per participant</td>
<td>Yes (one training option is required)</td>
</tr>
<tr>
<td>2-day, on-site training (includes facilitator’s manual, ongoing support/technical assistance, and quality assurance tools)</td>
<td>$4,000 for the first 20 participants and $100 for each additional participant, plus travel expenses</td>
<td>Yes (one training option is required)</td>
</tr>
</tbody>
</table>

12. Contacts for more information

For information on implementation:

Janet Mitchell  
(800) 899-7828  
janetm@rdikids.org

For information on research:

Karen Williams  
(800) 899-7828  
williamsgroup@cableone.net

Learn More by Visiting: http://www.rdikids.org

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.