

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
 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
 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
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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.

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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,

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	and 1.6 million children and youth have participated in the program.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	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.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Selective Indicated

4. Outcomes

Outcome 1: Antisocial attitudes

Description of Measures	<p>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:</p> <ul style="list-style-type: none"> • "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." <p>Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.</p>
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)

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Outcome 2: Rebellious behavior

Description of Measures	<p>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:</p> <ul style="list-style-type: none"> • "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." <p>Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.</p>
Key Findings	<p>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 ($p < .05$).</p>
Studies Measuring Outcome	Study 1
Study Design	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 3: Attitudes and intentions about substance use

Description of Measures	<p>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:</p> <ul style="list-style-type: none"> • "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."
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	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	Study 1
Study Design	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

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	Study 1
Study Design	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

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

7. Who is using this program/strategy

Washington Counties	Oregon Counties

8. Study Populations

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

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

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

Hedl, J. J., Jr. (2009, December). Reducing interrelated risks for substance abuse, delinquency and violence: Effects of the Rainbow Days' Curriculum-Based Support Group Program. Nonequivalent control group study--Study conducted in 2003; analysis conducted in 2007. Final report: January, 2008 (Rev. ed.).

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

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5. Potential confounding variables

6. Appropriateness of analysis

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

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

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

Program Web site, <http://www.rdikids.org>

Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Christian faith-based settings. Dallas, TX: Author.

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Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Schools & community-based settings. Dallas, TX: Author.

Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Shelters, group homes, & transitional settings. Dallas, TX: Author.

Rainbow Days, Inc. (2009). Curriculum-Based Support Group (CBSG) Program, facilitator training, trainer's manual. Dallas, TX: Author. Rainbow Days, Inc. (2009). Curriculum-Based Support Group (CBSG) Program, quality assurance procedures manual. Dallas, TX: Author.

Rainbow Days, Inc. (n.d.). Curriculum-Based Support Group (CBSG) Program, facilitator training handout packet. Dallas, TX: Author.

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.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	4.0	3.5	3.7

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.

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

12. Contacts for more information

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