

Effective Research-Based Prevention
Programming for Teens

The Essence of Youth to Youth

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WHAT IS PREVENTION?

Conventional wisdom suggests that preventing problems before they start makes sense. However, the field of prevention has suffered from fragmentation, lack of resources, and a paucity of rigorous research. Most Americans support prevention in theory but lack an understanding of what is effective for a number of reasons. Prevention research is poorly funded and can be difficult to interpret. Findings published in academic journals generally appear years after the research has been completed. The result is a public that lacks a sound scientific foundation from which to advocate for prevention, leaving prevention funding vulnerable to the vagaries of politics (Falco, 1996).

Many approaches to substance abuse prevention have been attempted over the years, but only in the past decade has enough evidence been gathered to demonstrate the potential of prevention approaches. This evidence emerges from studies testing the efficacy of primary prevention strategies designed to affect the social and psychological factors believed to promote the initiation of substance use and later abuse.

Prevention is a broad concept with no one universally accepted definition. Prevention interventions fall along a continuum ranging from primary prevention to treatment creating ambiguity and confusion regarding what is meant by prevention. The Center for Substance Abuse Prevention (1995) defines prevention as:

- * The promotion of constructive lifestyles and norms that discourage drug use
- * The development of social and physical environments that facilitate drug-free lifestyles

They conclude that “prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.” Although

extremely general, this definition is useful in that it emphasizes the use of multiple strategies affecting those environmental and individual factors that tend to promote or support the initiation of drug use and subsequent patterns of drug abuse.

Evaluation of prevention programs supports the CSAP definition. The National Structured Evaluation of Alcohol and Other Drug Abuse Prevention (1994) published these key findings:

- * No single approach works for everyone
- * Among adolescents and younger children, a psychosocial approach emphasizing personal skills development and task-oriented training often reduces substance use
- * Among adults, changing the policies, regulations, and laws to alter community environment reduces substance abuse problems
- * Among adolescents at significant risk, individual counseling and family intervention show promise in affecting long-term risk and protective factors
- * Sensitivity to and inclusion of the cultural values of the target community enhances effectiveness

Even though prevention programs should be available to address the needs of all ages, most primary prevention is aimed at adolescents and pre-adolescents. Preventive efforts targeting this population should include components that focus on the individual or environmental factors that promote the onset and early stages of substance use and abuse (Botvin, Baker, Dusenbury, Botvin & Diaz 1995).

There are many venues in which prevention is provided to young people, the most common of which is the school setting. However, families, communities, and the media shape the larger social milieu in which children make decisions about alcohol, tobacco, and other drug use. Prevention for young people is the most effective when school

programming is reinforced by a clear, consistent social message that substance use by young people is harmful, unacceptable, and illegal (Johnson, Pentz, & Weber, 1990).

Therefore, prevention that is offered in the community context is critical.

The National Institute on Drug Abuse (1997) has identified six prevention principles for community programs, stated in the form of questions, to ensure that findings from the latest research on effective prevention have been incorporated. They are:

- * To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations, and health providers? Are the program components well integrated in theme and content so that they reinforce each other?
- * Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce school-based curriculum for students and parents, and keep the public informed of the program's promise?
- * Can program components be coordinated with other community efforts to reinforce prevention messages?
- * Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?
- * Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation, and review to refinement, with feedback to and from the community at all stages?
- * Are the objectives and activities specific, time-limited, feasible (given available resources), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?

Clearly, effective substance abuse prevention is a complex endeavor. The principles outlined by the National Institute on Drug Abuse are beyond the scope of any one program. Although people generally think about preventing substance abuse

problems in terms of programs and activities, these are really only one part of an overall strategy. *(might want a sidebar of community prevention wheel you talked about here)* A comprehensive approach must be adopted that includes the contributions of legislators, educators, law enforcement, health professionals, business leaders, youth, and concerned citizens.

Prevention approaches must be feasible and acceptable to the target population and affect both the risk factors associated with drug use and the drug use itself. In the real world, effective prevention efforts are adaptable to a variety of conditions, providers, and delivery systems, as well as easily exportable to different intervention sites (Botvin, 1995).

ADOLESCENCE

Although prevention strategies are necessary for all ages, prevention for adolescents brings with it some special challenges. Life, from birth to death, continually changes, presenting new obstacles and developmental tasks to master along the way. No period of life requires so much adjustment as does adolescence. Almost nothing remains constant. Bodies change and grow, becoming unmistakably male or female. Feelings change. Rarely neutral, feelings swing dramatically between love and hate. Consequently, relationships change. A new set of rules dictates what is acceptable in appearance and behavior. Ideas about the world change. The dichotomous black and white world view of the child is replaced with moral dilemma. At the time when more choices are available than ever before, there seems to be no clear direction.

In contrast to other age groups, the health status of American teenagers has declined in recent decades (DuRant, 1995). According to the American Medical Association (1997), “changes in adolescent morbidity and mortality during the past several decades has created a health crisis for today’s youth.” Health challenges include motor vehicle crashes, violence, homicide, suicide, HIV and other sexually transmitted infections, alcohol and other drug use, unhealthy diets, and eating disorders. All of these challenges are behaviorally related.

To some adults, adolescence appears to be a pathology rather than a normal, although turbulent, stage of life. Considering the developmental tasks that must be completed on the way to a functional adulthood, the behaviors that are so baffling become more understandable. Young people must separate from their parents and begin the process of formalizing their own identities. They often experiment with behaviors

associated with being an adult, behaviors that potentially cause harm. Peers replace parents and adult caretakers as the primary source of influence. Teens are forced to explore morals and values and how they apply in a variety of situations. All of these developmental tasks must be negotiated in a relatively short time in the context of powerful physiological changes. Adolescence is comprised of a series of disruptive, stressful, and challenging events that vary in frequency, duration, and severity. Hopefully, the adolescent will obtain sufficient skills and coping abilities to weather the storm.

Clearly young people benefit from the support of caring adults and communities that understand the complexity of adolescence. Research that looks beyond ‘problem’ behaviors to the examination of traits, conditions, and situations that change, or even reverse negative outcomes, shows promise (Garmezy, 1991). Bernard (1992) stresses the importance of these research contributions to the field of prevention:

...if we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the key to healthy development. The challenge...is the implementation of prevention strategies that strengthen protective factors in our families, schools, and communities (p. 3).

A NEW PERSPECTIVE

Research in the area of adolescent health has evolved over time, yet many gaps in knowledge still persist. In recent years, a number of researchers have changed their focus from the examination of risks associated with a negative health outcome, such as alcohol and other drug use, to one of considering mechanisms or factors deemed protective to adolescent health. Two psychosocial models have emerged from this research,

emphasizing resiliency and asset building rather than risk. These promising models will guide prevention efforts in the coming decades with a positive, youth-centered approach.

Resiliency

This model assumes that stress is inevitable, but even the most painful experiences do not necessarily lead to disastrous outcomes (Blum, 1998). Resiliency research suggests a strong link between success in life and one's resiliency. That is, an individual possessing the characteristics and abilities needed to successfully negotiate a stressful situation is more likely to experience a positive outcome, even in the presence of multiple risk factors (DuRant, 1995).

Bernard (1995) defines resiliency as a "set of qualities that foster a process of successful adaptation and transformation despite risk and adversity." Essentially, resilient individuals are able to bounce back or adapt following exposure to stressful events.

Resiliency varies from one individual to the next (Werner & Smith, 1992), yet there is a common core of factors that combine to foster a child who "works well, plays well, loves well, and expects well" (Blum, 1998; Bernard, 1992). These consistently identified characteristics are nurtured in the context of the individual, the family, and in the environment.

At the individual level, a resilient young person is 1) socially competent: responsive, flexible, and adaptable; empathetic and caring; able to communicate; and has a sense of humor; 2) skilled at problem solving and planning: average or above intelligence; able to think abstractly, critically, deductively, and flexibly; able to seek alternative solutions; and responsible; 3) autonomous: has a sense of identity, self esteem, and self worth; able to act independently; sense of personal control; and able to recognize

and separate self from a harmful situation; 4) sense of purpose and future: healthy expectations, sense of coherence, confidence and faith that hardships can be overcome. Other attributes include easy temperament, close relationships with others, and spirituality (Henderson, 1996; Bernard, 1992; Werner, 1984).

Family factors also foster resiliency. They include a sense of connectedness with at least one parent; positive parental expectations; a sense of family cohesion; family structure and continuity over time; positive relationships; sibling closeness; responsive, supportive and care giving environment; interest; encouragement; small family size; and positive role model presence (Bernard, 1992; Werner, 1984).

Other external factors impact resiliency. Caring adults (other than parents); involvement with school, church, and other community organizations; fewer negative life events of shorter duration; opportunities to participate in meaningful activities; and appropriate levels of responsibility are all significant contributors to resiliency.

Is the resilient child born or 'made?' The combination of genetics and environmental forces are at work in all of us, but no one person should ever be considered a finished product. Some young people are faced with learning problems, aggressive temperaments, physical impairments, and other difficulties. Environmental and social stresses include family discord and chaos, overcrowding, and poverty. Some factors exist outside of the individual's direct control. Clearly, resolving all of the difficulties with which young people contend is beyond the scope of any one program or organization. However, there is a critical role for all of us in fostering resiliency in youth, whether we contribute at the individual, family, or community level.

Asset Development

Extensive research, grounded in the studies on resiliency, prevention, and adolescent development strongly supports a cadre “developmental assets” that young people need to become healthy, caring, and responsible. This research, conducted by the Search Institute, has resulted in a framework of 40 developmental assets, defined as “the positive relationships, opportunities, competencies, values and self perceptions that youth need to succeed” (Scales & Leffert, 1998). These 40 assets, grouped into eight categories and representing the broad areas of influence on young people, can be further divided into *external assets*, those relationships and opportunities that adults provide, and *internal assets*, those competencies and values youth develop internally that help them become self regulating adults.

External assets include support, empowerment, boundaries and expectations, and constructive use of time. Support is defined as the provision of material benefits, feedback that strengthens identity, and caring or nurturance (Price, Cioci, Penner & Trautlein, 1990). Youth who feel supported report a connection to people they value and to adults who know and care for them. They are able to turn to trusted adults for help with emotional problems, the acquisition of learning skills, or obtaining resources. Positive relationships that provide support are available at the family, school, and community levels. Research links family support, positive family communication, and parent involvement in schooling with:

- * lower rates of substance abuse
- * higher adolescent self esteem, self concept, academic self concept, self worth, positive feelings about self, and perceived competence

- * more positive development of other psychosocial traits such as lower acceptance of unconventionality
- * less anxiety and depression
- * less psychological distress or a “buffering” of the effects of stress
- * less aggressive conflict resolution
- * greater prosocial values and moral reasoning
- * less delinquency and school misconduct
- * higher school engagement, motivation, aspirations, attendance, personal responsibility for achievement; more hours spent on homework, higher grades, and higher standardized test scores

(Scales & Leffert, 1998)

Empowerment refers to the extent to which youth feel valued, feel that others view them as resources, feel they can make contributions, and feel free of threats to their physical and emotional safety. If young people feel valued and safe, and have opportunities to meaningfully contribute, they are more likely to feel connected, to be influenced by positive norms and expectations, and to grow into responsible and caring adults. Research links feeling valued and useful, or empowerment, with:

- * higher self esteem, self concept
- * greater sense of personal control, sense of optimism about the future
- * greater achievement of self-actualization
- * reduced delinquency
- * reduced violence and fighting
- * decreased school failure, school suspensions: increased school attendance; increased academic performance
- * reduced substance abuse

(Scales & Leffert, 1998)

Boundaries and expectations are the rules, standards, and norms that guide choice and regulate behavior. Clear boundaries and expectations specifically outline how youth should and should not behave and the consequences for deviating from those standards in the family, school, and community context. Boundaries and expectations will change with the development of the child, gradually allowing for more autonomy and responsibility. Throughout adolescence, youth benefit from adults and peers who model healthy, prosocial behaviors, and communities that respond appropriately and consistently to adolescent behavior. Research links boundaries and expectations in the family, school, and community with:

- * higher self esteem
- * greater psychosocial competence and peer acceptance
- * higher school achievement, graduation rates, performance, and school adaptation
- * decreased problem behaviors such as substance abuse, delinquency, and early sexual behaviors

(Scales & Leffert, 1998)

The last category among the external assets is constructive use of time. Productive use of free time is desirable for adolescents because it encourages the development of other positive attributes, assists young people in developing prosocial supports and skills, and prevents involvement in risky behaviors during “free time.” Structured activities stimulate positive growth whether it is offered through schools, community or religious organizations, or for-profit endeavors.

Research provides abundant evidence that supports constructive use of time activities, including:

- * higher self esteem
- * increased creativity, intrinsic motivation, and long-term retention
- * sense of personal control
- * better developed life skills such as leadership, public speaking, decision making, and dependability
- * decreased involvement in risky behaviors
- * increased academic achievement

(Scales & Leffert, 1998)

Internal assets encompass commitment to learning, positive values, social competencies, and positive identity. Commitment to learning is strongly influenced by relationships with family, within the school, with peers and others. Schunk (1995) asserts that this asset includes motivational processes such as setting performance goals, holding positive beliefs about ability, valuing learning, and being proud of one's efforts.

Commitment to learning is reflected in positive school experiences, liking school, bonding to school, intellectual development, and the enjoyment of learning for its own sake. Research indicates that commitment to learning is associated with:

- * increased high school completion, increased enrollment in college, higher grades
- * increased positive perceptions of schools and teachers
- * less sexual intercourse and drug use
- * more positive perception of number of personal strengths

(Scales & Leffert, 1998)

Positive values are those widely shared beliefs that, when acted upon, benefit both the individual and society. Values have profound effect on behavior. In his study of adolescents, Donahue (1987) determined that the belief that it would be “against my values to have sex while I’m a teenager” was a stronger predictor of a young person’s intentions to have sex than fear of consequences or beliefs about what others would think of them. It is critical to recognize that defining universal values is difficult given the diversity of our society. However, the Search Institute has delineated six values that appear to have “universal currency, affirmed by nearly all citizens regardless of age, income, race, or ethnicity” (Benson, 1997, p.48). They include both prosocial values (caring, and equality and social justice) and values of personal character (integrity, honesty, responsibility, and restraint). Positive values have been linked directly or indirectly with:

- * higher levels of prosocial behavior
- * better problem solving, reasoning, and conflict resolution skills
- * greater overall well-being, higher self esteem, and more hopefulness
- * less affiliation with deviant peers
- * higher scholastic competence and higher math and reading scores

(Scales & Leffert, 1998)

One of the major developmental tasks in adolescence is identity formation. A young person may complete this task passively by accepting the roles and self-images provided by others (Adams, 1992), or by prolonging adolescence, that is, resisting making final choices about that identity (Blos, 1979). Forming a positive identity, on the other hand, is an active process. Positive identity is based on how comfortable a young

person is being him/herself, a sense of control over aspects of life, and a sense of optimism about the future. Research has demonstrated that positive identity is associated with:

- * increased achievement, engagement in learning, and life satisfaction
- * increased problem solving ability, leadership, and coping skills
- * decreased problem behaviors including substance use and decreased emotional distress
- * decreased susceptibility to peer pressure
- * increased academic achievement

(Scales & Leffert, 1998)

Research in assets development and resiliency demonstrate the power of these positive forces in childrens' lives. Unfortunately however, studies also show that many young people spend at least two hours every school day home alone after school with nothing constructive to do, while many more children, particularly youth of color, have limited access to structured activities (Carnegie Council on Adolescent Development, 1992). Search Institute data reveals that only about half the youth surveyed feel engaged in schoolwork and connected to their schools (Benson, 1997). Clearly, those factors identified as developmental assets and resiliency characteristics will provide a strong foundation, enabling young people to withstand the challenges of growing up in our complex society.

Youth to Youth programming provides opportunities for young people to reach their full potential and the skills and confidence to successfully negotiate the tumultuous adolescent years. Although the focus of Youth to Youth is to keep young people drug and

alcohol free, other issues are addressed as well such as sexuality, suicide, education and career concerns, self concept, and community responsibility. Together, these efforts combine to provide a comprehensive, multifaceted approach aimed at building assets and resiliency. *(put “research says, youth to youth” sidebar around here someplace)*

TELL ME ABOUT YOUTH TO YOUTH

Youth to Youth is a youth-driven program which uses education, peer support and fun activities to help young people stay drug-free. It is a comprehensive peer involvement and drug prevention program where teens support each other in their decisions to be free of alcohol, tobacco, and other drugs. Youth shape the program and determine how they will be positive role models for their peers.

Youth to Youth began in 1982 in Columbus, Ohio as a community based program focusing on middle and high school students. Because of its continued success in Columbus, the program was duplicated in other areas of the U.S. and around the world beginning in 1984. The Youth to Youth program easily replicated and can be adapted to any community. The key is youth involvement from the beginning. Youth to Youth incorporates four strategies into its programming:

- * information: teaching the facts on the harmful effects of tobacco, alcohol and other drug use, and other information that impacts decision making skills

providing other information that impacts decision-making skills and healthy choices
- * personal growth: focusing on knowledge, good self concept, emotions, and interpersonal skills to establish positive behaviors

exploring personal values and internal decisions regarding making a drug-free choice
building identity and support with one's peer

group who are also choosing a drug-free lifestyle

developing a positive self-concept through
enhancement of leadership skills

* alternatives: offering alternative activities that are viewed as more
rewarding than substance use

creating fun environments that support being drug-
free

* environmental
change: organizing activities that can change conditions
that exist in schools and communities

changing existing factors that are contributing to
the tobacco, drug and alcohol problem

developing positive programs initiated by youth

In Franklin County, Ohio, Youth to Youth maintains a large network of young people who meet weekly to form the Youth Advisory Board. A peer speakers bureau, trained in public speaking, drama, and puppetry travels to schools, churches, community organizations, and drug-free clubs all over central Ohio. Enjoyable, monthly events are planned where any teen can participate as long as they arrive, stay, and leave drug free. Mini-conferences, trainings, one day symposiums, youth led workshops, and a summer conference comprise the mix of local programming offered by Youth to Youth.

All national and international programming is based on the teens in the Franklin County, Ohio program. Programming ideas are initiated, refined, and evaluated within our local program before they are attempted in other venues. Youth are integrally involved in the development, facilitation, and revision of the programs. Young people are seen as role models for other youth while concurrently developing their own skills and abilities. Youth to Youth truly empowers young people to make a difference!

WHY YOUTH TO YOUTH?

Many school and community based programs have as their goal to support youth in adopting and maintaining a drug-free lifestyle. What makes Youth to Youth so successful?

1. Youth to Youth is based on research.

Most of us would not go on a trip to an unfamiliar destination without the benefit of directions. Directions may take different forms. For example, some people are inclined to consider hunches about the best travel route, while others may consult a detailed map. Some prevention planners, like those traveling on a hunch, have knowledge about those they serve. These planners are aware of client strengths, needs, and the environment in which they interact - all valuable information. However, prevention programming strictly based on first hand knowledge, although well-intentioned, is not necessarily effective. Programs based on informal theory often deliver messages that are subtly contradictory. A program that is well received by its audience is often mistaken for being effective. Just because “the kids love it” does not mean the audience has been impacted enough to change knowledge, attitudes, beliefs, and ultimately behaviors (Daugherty & Leukefeld, 1998).

Programs informed by research, like the traveler following the detailed map, are more likely to achieve intended outcomes. Research helps to unify and organize the many observations made to explain behavior (Gravetter & Wallnau, 1985). When combined with knowledge about the program participants and their environment, research guides the planner in creating programs that reach their goals.

Youth to Youth provides teen-centered programming supported by resiliency and asset development research. Young people are seen as powerful resources and are integrally involved in program planning and implementation. This youth-centered approach demonstrates that Youth to Youth is an organization that values and understands the young people they serve. In-depth knowledge about the attitudes, values, and beliefs of teens coupled with programming based on current research, ensures that Youth to Youth is relevant, effective, and responsive to the needs of adolescents.

2. Youth to Youth promotes positive peer influence.

Clearly, the relationship between youth and parents or caregivers changes during the teen years. The adult's ability to influence the thoughts and behaviors of the teenager, although still important, diminishes. Peer acceptance becomes paramount, but paradoxically, the young person may feel terribly isolated and vulnerable. One of the strongest predictors of adolescent drug use is association with drug using peers (Elliot, Huizinga & Ageton, 1989; Kandel, Simcha-Fagan & Davis, 1987). Young people who lack positive social bonds engage more frequently in antisocial acts which are associated with earlier and heavier use of substances (Hawkins & Catalano, 1980; Hawkins & Lishner, 1983).

Youth to Youth capitalizes on the developmental need for peer acceptance by harnessing the powerful influence of peer pressure and transforming it into a positive force that encourages young people to live substance free. This is achieved in a supportive, accepting environment that recognizes young people as resources. Peer clubs provide a continual positive support network to help adolescents make the right choice (Center for Substance Abuse Prevention, 1994).

3. Youth to Youth is uniquely youth-led

Youth to Youth, as the name implies is uniquely youth-led. Youth-to-Youth teens have a “real voice” in addressing issues important to them. Ownership in and identification with this program has proven to be a positive means for enforcing a drug free lifestyle. Decades of research into resilient youth and healthy families and communities has identified participation and contribution as critical to success in life (Benard, 1991). “Giving a voice to youth is probably the ingredient tipping the scale from failure to success in youth-serving programs” (American Policy Forum, 1997).

4. Youth to Youth sends a clear “No Use” message

Youth to Youth sends a clear-cut “NO” message to tobacco, alcohol, or any other drug at any time. Active members sign a “Drug-Free Pledge.” The pledge was developed and written by youth to ensure that teens who are speaking on behalf of Youth to Youth practice what they preach.

4. Youth to Youth provides multiple opportunities for self expression.

Youth to Youth programming is based on the assumption that young people have different needs and abilities and thus require different avenues for self expression. Leadership is fostered and developed through skill-based training that enables a young person to use his or her powerful influence to turn peer pressure from negative to positive.

A trained youth Speakers’ Bureau spreads the drug-free message to others creatively and energetically. Teens active in the Speakers’ Bureau receive approximately 20 hours of training which consists of information about substances and their effects; public speaking; skits and drama techniques; puppetry; and panel development. Once

trained, these young people provide presentations for schools and other community organizations.

Youth to Youth conferences feature presentations and workshops focused on prevention, as well as small discussion groups and regional youth action planning meetings for developing community projects. Conference participants gain powerful motivational skills that can be implemented at the local level.

In addition to the conference, high school teens can attend weekly meetings of the Youth Advisory Board. The board consists of local teens who wish to share community project ideas and organize activities.

Youth to Youth offers a range of alternative activities and community service projects that are planned and facilitated by young people. Alternative activities that include youth input and incorporate skill building have shown a positive impact (Salt & Gorman, 1997). Approximately one fun event is held every month for young people in the area. The Youth Advisory Board brainstorms ideas for events and after choosing one for that month, organizes details with the support and the supervision of the administrative staff. Anyone is welcome to attend these events with the condition that they come drug free, stay drug free, and leave drug free. Not only do these events offer drug free fun, but they provide an opportunity for interested young people to learn about the program. These activities, along with community service projects, provide teens with program planning experience.

In addition to programming at the high school level, Youth to Youth provides year-round programming to junior high school students by offering training camps, school symposiums, and prevention conferences to meet the specific developmental

needs of this age group. Students involved in Junior Youth to Youth often start a club in their own schools and plan projects and other activities throughout the school year.

5. Youth to Youth develops life skills

The Youth to Youth model emphasizes the development of necessary life skills in communication, decision making and problem solving so young people will be equipped and prepared to handle any situation. Teens learn and practice skills by participating in the Speakers' Bureau, assisting with trainings, serving as youth staff at conferences, participating on committees, planning and implementing prevention activities, participating in retreats, and networking with their peers.

6. Youth to Youth incorporates adult guidance and support

Although Youth to Youth is a program that is largely youth run, adults play a vital role. Caring and involved adults provide positive role modeling and mentoring. These adults work directly with the teens, co-facilitating meetings and providing input and guidance into program planning. In Youth to Youth, teens accomplish wonders with the support of key adults. Teens learn all the various tasks required to complete projects, gaining from the life experience of empathetic and competent adults.

Many of the Youth to Youth program staff were former youth participants. These staff members bring with them a sense of pride and ownership of the program, a dedication to excellence, and a profound belief in the value of Youth to Youth. Enthusiastic volunteers also contribute their considerable talents to reach further into the community with a positive prevention message.

7. Youth to Youth has been evaluated

Evaluation should be an inherent element of prevention programming. Youth to Youth has infused evaluation procedures into its daily management so that it is an integral part of program planning. Evaluation can and should be energizing to staff and participants, allowing them to see progress as well as where to make improvements. Evaluation with a positive attitude leads to positive and effective programming.

To assure an informative and non-biased evaluation, Youth to Youth developed and implemented a pre/posttest evaluation instrument with Dr. Lawrence Gabel of The Ohio State University. For five consecutive years, results have demonstrated the effectiveness of the Youth to Youth conference experience in the reported increase in positive knowledge, skills, attitudes, and drug free behaviors. Evaluation instruments are administered before, during and at the conclusion of the conference. Results guide program changes, alert staff to possible gaps in service, and assess participant needs and the level to which expectations are met.

Annual program reports dating back to 1982, reflect the level of ongoing activity generated directly by Youth to Youth participants in countywide efforts. In addition, thousands of hours of prevention programming is delivered by young people involved in Youth to Youth. Because of the excitement, commitment, and enthusiasm generated, this program has consistently achieved high retention rates.

YOUTH TO YOUTH IMPACTS YOUNG PEOPLE

Youth to Youth is designed to be adaptable to meet the needs of the community or school setting in which it operates. Levels of participation and activities will vary

depending on the setting. Some individuals seek active, ongoing involvement while others may not. Regardless of the level of participation, all young people benefit. Youth to Youth strives through its programming, youth-centered philosophy, and caring adults to ensure that

- * energy is redirected toward positive action
- * teens feel empowered to voice the benefits of being drug-free
- * teens feel responsible for themselves and others
- * teens see the value in diversity and acceptance

Through participation in Youth to Youth, young people will know that they can positively influence their peers and communities, and will be strongly supported in their drug free beliefs and behaviors.

Research says that youth need to:

- * **have clear boundaries and expectations**
- * **be engaged in meaningful activity**
- * **be surrounded by caring adults who value young people and support them in a variety of ways**
- * **develop skills that enable them to successfully interact with others**
- * **have the ability to manage stress and conflict, and to solve problems**
- * **value themselves and their contributions**

Youth to Youth:

- * **maintains a consistent “no use” message and high, yet realistic expectations of the potential of young people**
- * **provides multiple opportunities for self expression and encourages community contribution**
- * **employs staff who model healthy, prosocial behaviors; who make themselves available to the young people; and who believe in youth-centered programming**
- * **provides opportunities to develop leadership and motivational skills**
- * **engages youth in workshops and real-life situations that build confidence in performing these skills**
- * **offers a nurturing environment in which young people experience a sense of being valued for who they are and what they do**

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