

## **Texas Impaired Driving Task Force**

Recommendations for Alcohol and Drug Prevention Programs K–12th Grade

Living Document – Updated June 2022





#### **Dear Texas School Administrators and Staff:**

School-based prevention programs, beginning in elementary school and continuing through secondary school and beyond, can play a pivotal role in preventing underage drinking and impaired driving. If children can learn healthy attitudes towards alcohol and drugs, then they may be able to adopt safe behaviors that they carry with them into adolescence and beyond.

Currently, Texas does not have a standard mandatory traffic safety or impairment curriculum. To that end, the Texas Impaired Driving Task Force (TxIDTF) has developed the *Texas Impaired Driving Task Force Recommendations for Alcohol and Drug Prevention Programs K-12th Grade* for your reference as you consider implementing alcohol and drug prevention programs in your schools. The purpose of this reference book is to provide Texas K-12th grades with current, impaired driving information for inclusion in health and other curriculum. This reference book provides an overview of alcohol and drug prevention programs that vary in cost, time, and materials so that you can select the program that is best suited for the needs of your students, staff, and schools.

We recognize that spare time in the classroom is limited. Each of the programs listed in this reference book meets a Texas Education Knowledge and Skills (TEKS), so that your teachers, instructors, and mentors can continue to teach to state standards while instilling valuable lessons about alcohol, drugs, and impaired driving. This reference book is split into two sections, including 1) evidence-based educational programs and 2) programs funded by the Texas Department of Transportation that address impaired driving. We hope that you find this reference book beneficial as you consider implementing alcohol and drug prevention programs. The TxIDTF's mission is to eliminate impaired driving fatalities, injuries, and crashes on Texas roadways. The TxIDTF recognizes that education continues to play a pivotal role in impaired driving prevention strategies.

Respectfully,

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**Evidence-Based Programs Section** 

# Using Evidence-Based Practices and Programs to Reduce Youth Alcohol and Drug Use

When it comes to preventing and reducing youth alcohol and drug use, there is no silver bullet. In the absence of a single cure-all, it is best to use policies, programs, and practices that have a demonstrated effectiveness in solving or addressing the issue at hand. Using evidencebased strategies not only yields greater positive outcomes, but also provides a more effective means of using limited resources.

Because there is not a single approach that works in all cases, a comprehensive prevention system addressing intervening variables that lead and contribute to alcohol use is most effective. According to the Substance Abuse Mental Health Services Administration, the variables to address include:

- · Poor enforcement (of existing policies or laws)
- Easy retail access (sales to minors or alcohol outlet density)
- Social access (getting alcohol through parties and friends)
- Promotion (ad placement and product/brand sponsorships)
- Pricing (low excise taxes or sales on products/bar specials)
- Social norms (rite of passage, perception that peers are doing it and perception of risk – will I get in trouble if I get caught using this product?)

These variables exist in every community, though each community experiences the intervening variables in its own way and has its own specific issues that it must address. A strong prevention system consists of strategies that are tailored to a community's needs and focus on both individual behavioral change and community environmental change.

When addressing the variables outlined above, selecting strategies that have been proven by sound research and evaluation methodologies offers the greatest likelihood of yielding the desired results. This reference book provides information about school-based alcohol and drug education programs that have been proven to effect change on specific outcomes. According to research found in *Alcohol: No Ordinary Commodity*, school-based prevention programs aim to achieve one or more of the following:

- Change the adolescent's drinking beliefs, attitudes, and behaviors
- Modify factors associated with adolescent drinking (e.g., social skills, self-esteem)
- · Delay the onset of first use of alcohol
- · Reduce the use of alcohol
- · Reduce high-risk drinking
- Minimize the harm caused by drinking

Communities began implementing school-based programs focused on preventing and reducing underage alcohol use in the 1960s. In the early years, prevention was focused on increasing knowledge of alcohol use and the associated risks and dangers with the purpose of changing behavior (informational approach). In subsequent years affective education became popular which addresses self-esteem, general social skills, values clarification, or similar factors assumed to underlie underage alcohol use. There was also a focus on encouraging alternative activities assumed to be inconsistent with alcohol use such as playing sports or meditating. However, research has shown that a majority of the programs that employ informational approaches and/or affective education have been largely ineffective (Cuijpers, 2003).

Starting in the early 1980s, social influence programs were developed in response to the ineffectiveness of informational and affective education programs. Social influence programs assume that most adolescents have an unfavorable attitude towards alcohol, tobacco, and other drug use, yet when challenged about their beliefs they are easily swayed because they have had little practice resisting social pressure. The programs attempt to prepare students against challenges to their beliefs through resistance skills that focus on short-term and immediate social consequences. In the early 1990s, it was recognized that adolescent alcohol use is determined less by direct pressure from others and more from a myriad of subtle social influences (as indicated in the intervening variables previously mentioned). Since the 1990s, there has been a shift from focusing primarily on refusal/resistance skills to focusing on normative education, which corrects a student's tendency to over-estimate the number of their peers that actually use and/or approve of alcohol use. Many school-based programs now include a combination of both normative education and resistance skills training.

It is also important to note that research assessing 207 universal school-based drug prevention programs, many of which had alcohol as their focus, found there was little effect from noninteractive programs, such as lectures focused on increasing alcohol knowledge or affective education. (Tobler et al., 2007). However, interactive programs that fostered interpersonal skills development did show some positive effects.

There is research and scientific evaluation that indicates some resistance skills and normative education programs work at reducing alcohol use and some do not. The programs presented in this reference book are social influence programs with demonstrated evidence of effecting change on specific outcomes. The document provides the reader with a target age group, program description, what entities deem the program as evidence-based, the changes the program is intended to affect, outcomes, program costs, and contact information.

Again, because no two schools are exactly alike, and resources are often limited, it is important for a school to select evidence-based programs that 1) best address the intervening variables present at your school, and 2) offer the biggest "bang for the buck." It is also critical that schools honor the fidelity of the programs to observe the intended outcomes and results.

With evidenced-based programs and practices, school administrators and educators can maximize the impact their limited resources will have on reducing alcohol abuse, while at the same time reducing unanticipated consequences. It may require a departure from current prevention practices or a greater investment of resources but using evidence-based programs and practices should generate greater outcomes making it worth the return on investment.

Cuijpers, P. (2003). Three decades of drug prevention research. Drugs: education, prevention and policy, 10(1), 7-20.

Tobler, N. S., Roona, M. R., Ochshorn, P., Marshall, D. G., Streke, A. V., & Stackpole, K. M. (2000). School-based adolescent drug prevention programs: 1998 meta-analysis. Journal of primary Prevention, 20(4), 275-336.

## Contents

Evidence-Based Programs Section	3
Using Evidence-Based Practices and Programs to Reduce Youth Alcohol and Drug Use	5
Across Ages	8
Achievement Mentoring	10
Alcohol Literacy Challenge	12
Al's Pals: Kids Making Healthy Choices	
All Stars	
ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)	18
ATLAS (Athletes Training and Learning to Avoid Steroids)	
Caring School Community	
Coping Power Program	
Early Risers "Skill for Success"	
EFFEKT	
Good Behavior Game (GBG)	
Guiding Good Choices	
Keepin' it REAL	
LifeSkills Training	
Lions Quest	
Master Mind	41
Media Detective	
Media Ready	
Michigan Model for Health	
Promoting Alternative THinking Strategies	
Peers Making Peace	
Positive Action	
Positive Family Support	
Project ALERT	
Project EX	
Project Northland	
Project Towards No Drug Abuse	
Project Towards No Tobacco Use	
Project Venture	
Raising Healthy Children	
Reconnecting Youth	
Social Decision Making/Problem Solving Program	
SPORT Prevention Plus Wellness	
Start Taking Alcohol Risks Seriously (STARS) for Families	
Strengthening Families Program	
Strengthening Families Program - For Parents and Youth Ages 10-14	
Strong African American Families	
Strong African American Families – Teen Program	
Teams-Games-Tournaments Alcohol Prevention	
Too Good for Drugs – Elementary School	
Too Good for Drugs – Middle School	
Youth Message Development	
Appendix	
Program Quick Guide	
Program Contacts	
Program TEKS	
Methodology	139



## During-School; After-School *Program Description*

Across Ages targets at-risk middle school youth through mentorship using school and communitybased program components. The program matches adult mentors (55+) with youth aged 9-13 years old. Ultimately, the goal of Across Ages is to increase protective factors to prevent or delay substance use. The four program components include mentoring, community service, classroom curriculum focusing on social competence training, and parent workshops.

*Substances Addressed:* Alcohol, Drugs-General, Tobacco

## *Cost:* >\$2,100

*Cost Description:* The cost includes onsite training, a program manual, and a handbook. The onsite training costs \$2,000, the manual costs \$75, and the handbook costs \$25.

*Optional Costs:* Technical assistance costs \$500 per day.

School Subjects Covered: Health

**Program Components:** Community, Mentor, Parent, Student

**Reviewing Agencies:** California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Aseltine, R. H., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of Across Ages. *Adolescent and Family Health, 1*(1), 11-20.
- LoSciuto, L., Rajala, A. K., Townsend, T. N., & Taylor, A. S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research, 11*(1), 116-129. doi:10.1177/0743554896111007
- Rogers, A. M., & Taylor, A. S. (1997). Intergenerational mentoring: A viable strategy for meeting the needs of vulnerable youth. *Journal of Gerontological Social Work, 28*(1-2), 125-140. doi:10.1300/J083v28n01\_15
- Taylor, A. S., & Dryfoos, J. G. (1999). Creating a safe passage: Elder mentors and vulnerable youth. *Generations*, 22(4), 43-48.
- Taylor A. S., LoSciuto L., Fox M., & Hilbert S. (1999). The mentoring factor: An evaluation of Across Ages' intergenerational approach to drug abuse prevention. *Child & Youth Services, 20*(1-2), 77-99. doi:10.1300/J024v20n01\_07

Outcome	Significant *
Improvement in Attitudes Toward School	×
Improvement in Coping Skills	×
Improvement in Family and School Bonding	×
Improvement in General Functioning and Well-Being	×
Improvement in Substance Use Knowledge, Attitudes, and Beliefs	
Improvement in Prosocial Behaviors	V
Improvement in Self-Control	×
Improvement in Substance Use	x
Note: *Significant at p-value <0.05.	·

## Program Notes

Program information can be found at: <u>https://www.cebc4cw.org/program/across-ages/</u>



## During-School Program Description

Achievement Mentoring (also known as Behavioral Monitoring & Reinforcement Program (BMRP) and formerly called Prevention Intervention) encourages high school completion by pairing students with school-based staff mentors (teacher, social worker, counselor, nurse, psychologist, or youth worker). The school-based mentors meet with the students during weekly small group and individual sessions and seek to collaborate with students in navigating potential obstacles to high school completion. The goal of Achievement Mentoring is to encourage the mentee to be motivated in achieving success in all aspects of life. The program also promotes school connectedness in order to enhance student learning and academic achievement. Through the program, students will learn valuable problemsolving skills and will form positive habits and patterns of behavior.

Substances Addressed: Alcohol, Drugs-General Cost: \$20,000

*Cost Description:* The cost includes onsite training, a program manual, and a handbook. The onsite training costs \$2,000, the manual costs \$75, and the handbook costs \$25.

*Optional Costs:* Technical assistance costs \$500 per day.

School Subjects Covered: Health Program Components: Mentor, Student Reviewing Agencies: Blueprints, National Dropout Prevention Center, National Mentoring Research Center

- Pandina, R. J., Johnson, V. L., & Barr, S. L. (2014). Peer Group Connection: A peer-led program targeting the transition into high school. In Scheier, L. M. (Ed), *Handbook of adolescent drug use prevention: Research, intervention strategies, and practice.* (pp. 217-233). Washington, DC, US: American Psychological Association.
- Johnson, V. L., Simon, P., & Mun, E.Y. (2013). A peer-led high school transition program increases graduation rates among Latino males. *The Journal of Educational Research, 107(3)*, 186-196. doi: 10.1080/00220671.2013.788991

- Johnson, V., Holt, L., Bry, B. & Powell, S. R. (2008). Effects of an integrated prevention program on urban youth transitioning into high school. *Journal of Applied School Psychology, 24(2)*, 225-246. doi:10.1080/15377900802089999
- Bry, B. H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One- and five-year follow-up. *American Journal of Community Psychology, 10(3),* 265-276. doi:10.1007/ BF00896494
- Bry, B. H., & George, F. E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional Psychology, 11*, 252-260. doi:10.1037/0735-7028.11.2.252
- Bry, B. H., & George, F. E. (1979). Evaluating and improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning*, *2*, 127-136. doi:10.1016/0149-7189(79)90022-3

Outcome	Significant *
Improvement in Ability to Resist Peer Pressure	
Improvement in Academic Achievement	V
Improvement in Coping Skills	
Improvement in Decision-Making	V
Improvement in Delinquency	×
Improvement in Employment and Work Readiness	×
Improvement in Graduation Rates	
Improvement in Positive Peer Connections	
Improvement in School Attendance	
Improvement in School Behavior and Discipline Referrals	
Improvement in Substance Use	×
Note: *Indicates statistically significant finding at p-value <0.05.	

## **Program Notes**

• Program information can be found at: <u>https://www.cebc4cw.org/program/across-ages/</u>



## During-School Program Description

Alcohol Literacy Challenge (ALC) is an underage and binge drinking prevention program that questions students' beliefs about alcohol use. The lessons utilize media literacy approaches that show how alcohol marketing can create deeply held positive beliefs about drinking. A change in both alcohol expectancies and alcohol use occur when students learn these media literacy concepts. Additionally, the program educates students about the physical effects of consuming alcohol, and the social & emotional effects of alcohol use. The ALC provides age appropriate lessons that include student activity sheets, instructor talking points, & student evaluations. Furthermore, key concepts are presented in movies and animations that will engage students.

## Substances Addressed: Alcohol Cost: \$500 per annual license Cost Description: The ALC is provided in a PowerPoint format and the cost of the license is \$1.25 per student per year, plus a \$50.00 security and handling fee. The minimum annual license that can be purchased is \$500 (for training up to 450 students + the \$50 security fee). Optional Costs: Technical assistance costs \$500 per day. School Subjects Covered: English Language Arts, Health, Psychology, Sociology Program Components: Student Reviewing Agencies: Office of Juvenile Justice

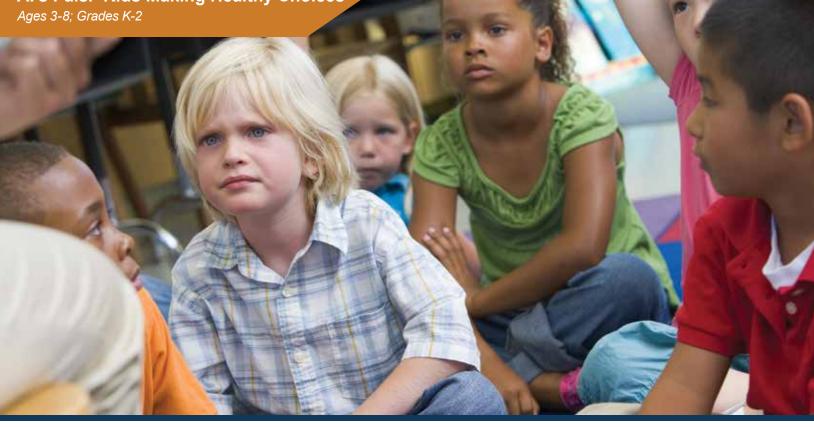
and Delinquency Prevention (OJJDP)

- Dunn, M. E., Fried-Somerstein, A., Flori, J. N., Hall, T. V., & Dvorak, R. D. (2020). Reducing alcohol use in mandated college students: A comparison of a Brief Motivational Intervention (BMI) and the Expectancy Challenge Alcohol Literacy Curriculum (ECALC). *Experimental and Clinical Psychopharmacology, 28(1)*, 87–98. doi:10.1037/pha0000290
- Fried, A. B., & Dunn, M. E. (2012). The expectancy challenge alcohol literacy curriculum (ECALC): A single session group intervention to reduce alcohol use. *Psychology of Addictive Behaviors, 26(3)*, 615-620. doi:10.1037/a0027585
- Cruz, I. Y., & Dunn, M. E. (2003). Lowering risk for early alcohol use by challenging alcohol expectancies in elementary school children. *Journal of Consulting and Clinical Psychology, 71(3)*, 493-503. doi: 10.1037/0022-006X.71.3.493

Outcome	Significant *
Improvement in Alcohol Use	
Improvement in Binge Drinking	
Improvement in Knowledge, Attitudes, and Beliefs About Alcohol Use	
Note: *Indicates statistically significant finding at p-value <0.05.	

## Program Notes

Program overviews are available at: <u>https://alcoholliteracychallenge.com</u>



## **During-School Program Description**

Al's Pals is designed to improve problem-solving skills, social and emotional health, self-control, and healthy decision-making skills. These skills are taught through short lessons, appropriate teaching approaches, interactive puppets, and other fun activities. Additionally, parents are regularly updated about the skills children are learning and are given exercises to support these behaviors at home.

Substances Addressed: Alcohol, Drugs-General Cost: Not readily available Cost Description: Not readily available Optional Costs: Not readily available School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Education - Office of Safe and Drug Free Schools

- Lynch, K. B., Geller, S. R., & Schmidt, M. G. (2004). Multi-year evaluation of the effectiveness of a resilience-based prevention program for young children. Journal of Primary Prevention, 24(3), 335-353. doi:10.1023.B:JOPP.0000018052.12488.d1
- Lynch, K. B., & McCracken, K. (2001). Highlights of findings of the Al's Pals: Kids Making Healthy Choices intervention implemented in Hampton City Public Schools 1999 - 2000. Virginia Institute for Developmental Disabilities at Virginia Commonwealth University. With Addendum and Clarification for NREPP 2016 review prepared by M. E. Loos (2016). Unpublished document.
- Lynch, K. B., & McCracken, K. (2001). Highlights of findings of the Al's Pals: Kids Making Healthy Choices intervention implemented in Greater Des Moines, Iowa 1999 – 2000. Virginia Institute for Developmental Disabilities at Virginia Commonwealth University. With Addendum and Clarification for NREPP 2016 review prepared by M. E. Loos (2016). Unpublished document.
- McGee, E. H. (1997). A comparison of the effects of Head Start with and without the use of a newly developed resiliency-based curriculum. Dissertations, Theses, and Masters Projects. Paper 1539626140. doi:10.21220/s2-vy45-pa88

Outcome	Significant *
Improvement in Anxiety Disorders and Symptoms	
Improvement in Attention Disorders and Symptoms	
Improvement in Coping Skills	V
Improvement in Disruptive Behavior Disorders and Symptoms	
Improvement in Social and Emotional Skills	
Note: *Significant at p-value <0.05.	

## Program Notes

Program Information available at: <u>http://wingspanworks.com/healthy-al/</u>



## During-School; After-School *Program Description*

All Stars prevents high risk behaviors through a character-based approach designed to develop positive norms, build strong relationship bonds, promote positive parenting behaviors, develop future goals, and school and community involvement. All Stars is comprised of five programs which correspond to grade level, including All Stars Character Education, Core, Booster, Plus, and Senior. These programs complement each other, covering the entire span of adolescent development. All Stars Character Education, Core, Booster, and Plus engage parents through a variety of activities and encourage children to have meaningful conversations with parents to reinforce classroom lessons. Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco, Vaping

## Cost: \$400 per curriculum

*Cost Description:* The cost includes the All Stars Facilitator manual and student materials. The All Stars Facilitator manual ranges from \$35 to \$100 depending on the specific All Stars curriculum, and the student materials range from \$6 to \$10 per student depending on the specific curriculum. A 30-student class could anticipate paying \$400 for one curriculum.

Optional Costs: Training is available, but a quote must be requested through the company website. School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: California Evidence-Based Clearing House for Child Welfare (All Stars Core curriculum evaluated), Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Education - Office of Safe and Drug Free Schools (All Stars Core curriculum evaluated)

- Donaldson, S. I., Graham, J. W., & Hansen, W. B. (1994). Testing the generalizability of intervening mechanism theories: Understanding the effects of adolescent drug use prevention interventions. *Journal* of Behavioral Medicine, 17(2), 195-216. doi:10.1007/BF01858105
- Gottfredson, D. C., Cross, A. B., Wilson, D. M., Rorie, M., & Connell, N. M. (2010). An experimental evaluation of the All Stars Prevention curriculum in a community afterschool setting. *Prevention Science*, *11*, 142-54. doi:10.1007/s11121-009-0156-7
- Hansen, W. B. (1996). Pilot test results comparing the All Stars program with seventh grade D.A.R.E.: Program integrity and mediating variable analysis. *Substance Use & Misuse, 31*(10), 1359-1377. doi:10.3109/10826089609063981

- Hansen, W. B., & Dusenbury, L. (2004). All Stars Plus: A competence and motivation enhancement approach to prevention. *Health Education, 104*(6), 371-381. doi:10.1108/09654280410564141
- Hansen, W. B., Pankratz, M. M., Dusenbury, L., Giles, S. M., Bishop, D. C., Albritton, J., Albritton, L. P., & Strack, J. (2013). Styles of adaptation: The impact of frequency and valence of adaptation on preventing substance use. *Health Education 113*(4), 345-63. doi:10.1108/09654281311329268
- Harrington, N. G., Giles, S. M., Hoyle, R. H., Feeney, G. J., & Yungbluth, S. C. (2001). Evaluation of the All Stars character education and problem behavior prevention program: Effects on mediator and outcome variables for middle school students. *Health Education & Behavior, 28*(5), 533-546. doi:10.1177/109019810102800502
- McNeal Jr, R. B., Hansen, W. B., Harrington, N. G., & Giles, S. M. (2004). How All Stars works: An examination of program effects on mediating variables. *Health Education & Behavior, 31*(2), 165-178. doi:10.1177/1090198103259852
- Taylor, B. J., Graham, J. W., Cumsille, P., & Hansen, W. B. (2000). Modeling prevention program effects. *Prevention Science*, *1*(4), 183-197. doi:10.1023/a:1026547128209

Outcome	Significant *
Improvement in Disruptive Behavior Disorders and Symptoms	×
Improvement in Health-Risk Behaviors	Mixed
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use	×
Improvement in School Engagement	×
Improvement in Sexual Activity	×
Improvement in Substance Use	Mixed
Improvement in Violence	
Note: *Significant at p-value <0.05.	

## **Program Notes**

- Program overviews are available at: https://www.allstarsprevention.com/programs.html
- A preview copy of the All Stars curriculum can be obtained by contacting the company.

## ATHENA (Athletes Targeting Healthy Exercises & Nutrition Alternatives) Ages 13-17; Grades 7-12; Females



## During-School; After-School *Program Description*

ATHENA is designed for female athletes using a team-centered and peer-led program to target potential risk factors associated with eating disorders and body issues. The goal of ATHENA is to prevent eating-disorders and subsequent drug use (e.g. steroids and diet pills) in female athletes. *Substances Addressed:* Alcohol, Drugs-General, Tobacco Cost: \$1,000+ for two teams Cost Description: The cost includes curriculum and guides for athletes and squad leaders. The curriculum costs \$280, and the guides can be purchased for \$11 per student. Optional Costs: None identified School Subjects Covered: Health, Physical Education Program Component: Student Reviewing Agency: Office of Juvenile Justice

and Delinquency Prevention (OJJDP)

- Elliot, D. L., Goldberg, L., Moe, E. L., DeFrancesco, C. A., Durham, M. B., & Hix-Small, H. (2004). Preventing substance use and disordered eating: initial outcomes of the ATHENA (Athletes Targeting Healthy Exercise and Nutrition Alternatives) program. *Archives of Pediatrics & Adolescent Medicine*, *158*(11), 1043-1049. doi:10.1001/archpedi.158.11.1043
- Elliot, D. L., Goldberg, L., Moe, E. L., DeFrancesco, C. A., Durham, M. B., McGinnis, W., & Lockwood, C. (2008). Long-term outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program for female high school athletes. *Journal of Alcohol and Drug Education, 52*(2), 73.
- Elliot, D. L., Moe, E. L., Goldberg, L., DeFrancesco, C. A., Durham, M. B., & Hix-Small, H. (2006). Definition and outcome of a curriculum to prevent disordered eating and body-shaping drug use. *Journal* of School Health, 76(2), 67-73. doi:10.1111/j.1746-1561
- Goldberg, L., & Elliot, D. L. (2005). Preventing substance use among high school athletes: The ATLAS and ATHENA programs. *Journal of Applied School Psychology, 21*(2), 63-87. doi:10.1300/J370v21n02\_05
- Gomez, J. E. (2004). ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives): A promising program up against stiff competition. *Archives of Pediatrics and Adolescent Medicine*, *158*(11), 1084-1086. doi:10.1001/archpedi.158.11.1084
- Ranby, K. W., Aiken, L. S., MacKinnon, D. P., Elliot, D. L., Moe, E. L., McGinnis, W., & Goldberg, L. (2009). A mediation analysis of the ATHENA intervention for female athletes: Prevention of athletic-enhancing substance use and unhealthy weight loss behaviors. *Journal of Pediatric Psychology*, *34*(10), 1069-1083. doi:10.1093/jp3psy/jsp025

Outcome	Significant *
Improvement in Disordered Eating Behavior	Mixed
Improvement in Healthy Eating Behaviors	
Improvement in Health-Risk Behaviors	
Improvement in Substance Use	Mixed
Improvement in Tobacco Use	Mixed
Note: *Significant at p-value <0.05.	

## Program Notes

Program information available at: <u>https://www.ohsu.edu/ortho/high-school-athlete-program</u>

ATLAS (Athletes Training and Learning to Avoid Steroids) Ages 14-17; Grades 9-12; Males

## During-School; After-School *Program Description*

ATLAS is designed for male athletes to provide sports nutrition and strength training alternatives to prevent risky behaviors (e..g, alcohol or drug use). The program uses a peer-led approach and curriculum based on positive peer pressure and role models.

**Substances Addressed:** Alcohol, Drugs-General, Tobacco

**Cost:** \$1,000+ for two teams Cost Description: The cost includes curriculum and guides for athletes and squad leaders. The curriculum costs \$280, and the guides are \$11 per student.

*Optional Costs:* Training is recommended. The registration fee is \$195 per participant, and program materials are \$310 per participant.

**School Subjects Covered:** Health, Physical Education

**Program Component:** Student **Reviewing Agencies:** Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Education - Office of Safe and Drug Free Schools

- Goldberg, L., & Elliot, D. L. (2005). Preventing substance use among high school athletes: The ATLAS and ATHENA programs. *Journal of Applied School Psychology*, 21(2), 63-87. doi:10.1300/J370v21n02\_05
- Goldberg, L., Elliot, D., Clarke, G. N., MacKinnon, D. P., Moe, E., Zoref, L., ... & Lapin, A. (1996). Effects of a multidimensional anabolic steroid prevention intervention: The Adolescents Training and Learning to Avoid Steroids (ATLAS) program. *JAMA*, *276*(19), 1555-1562. doi:10.1001/jama.1996.03540190027025
- Goldberg, L., Elliot, D. L., Clarke, G. N., MacKinnon, D. P., Zoref, L., Moe, E., ... & Wolf, S. L. (1996). The Adolescents Training and Learning to Avoid Steroids (ATLAS) prevention program: Background and results of a model intervention. *Archives of Pediatrics & Adolescent Medicine*, *150*(7), 713-721. doi:10.1001/ archpedi.1996.02170320059010
- Goldberg, L., MacKinnon, D. P., Elliot, D. L., Moe, E. L., Clarke, G., & Cheong, J. (2000). The adolescents training and learning to avoid steroids program: Preventing drug use and promoting health behaviors. *Archives of Pediatrics & Adolescent Medicine, 154*(4), 332-338. doi:10.1001/archpedi.154.4.332
- MacKinnon, D. P., Goldberg, L., Clarke, G. N., Elliot, D. L., Cheong, J., Lapin, A., ... & Krull, J. L. (2001). Mediating mechanisms in a program to reduce intentions to use anabolic steroids and improve exercise. *Prevention Science*, *2*(1), 15-28. doi:10.1023/A:1010082828000

Outcome	Significant *
Improvement in Alcohol-Impaired Driving	
Improvement in Exercise and Nutrition	
Improvement in Healthy Body Image	
Improvement in Knowledge, Attitudes, and Beliefs About Health	
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use	
Improvement in Substance Use	
Note: *Significant at p-value <0.05.	

## Program Notes

Program information available at: <u>https://www.ohsu.edu/ortho/high-school-athlete-program</u>



## During-School; After-School *Program Description*

The Caring School Community (CSC) program focuses on strengthening school bonding by building a classroom and schoolwide community to improve social skills, emotional skills, and prosocial behaviors. In addition to class meetings, home and schoolwide activities, CSC includes a cross-ages mentoring program. The objective is to foster positive academic performance and reduce substance use, violence, and mental health issues. *Substances Addressed:* Alcohol, Drugs-General *Cost:* \$225 per grade level; \$1,500 for all grades *Cost Description:* The package includes lesson plans, a teacher's calendar, an activity book, athome activities, as well as schoolwide community building activities.

*Optional Costs:* A principal's package can be purchased for \$425 which includes everything abovementioned with a leadership guide for principals.

School Subject Covered: Health Program Components: Mentor, Parent, Student Reviewing Agencies: National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the Child Development Project on students' drug use and other problem behaviors. *Journal of Primary Prevention, 21*(1), 75-99. doi:10.1023/A:1007057414994
- Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring School Communities. *Educational Psychologist, 32*(3), 137-151. doi:10.1207/s15326985ep3203\_1
- Muñoz, M. A., & Petrosko, J. M. (n.d.). Character education in elementary schools: Effects of the Child Development Project in a large urban district. Unpublished manuscript, University of Louisville, Louisville, Kentucky.
- Solomon, D., Watson, M. S., Delucchi, K. L., Schaps, E., & Battistich, V. (1988). Enhancing children's prosocial behavior in the classroom. *American Educational Research Journal*, *25*(4), 527-554. doi:10.3102/00028312025004527

Outcome	Significant *
Improvement in Employment and Work Readiness	×
Improvement in School Climate	V
Improvement in School Engagement	V
Improvement in Social and Emotional Skills	V
Improvement in Substance Use	×
Note: *Significant at p-value <0.05.	

## **Program Notes**

- Formally known as Child Development Project
- Brochure available at: <u>http://online.fliphtml5.com/srupx/siuu/#p=1</u>
- Program preview available at: <u>https://www.collaborativeclassroom.org/wp-content/uploads/2017/10/</u> <u>MKT2494-CSC2-Program-Preview\_web.pdf</u>
- Webinar series available at <a href="https://www.collaborativeclassroom.org/resources/caring-school-community-webinar-series/">https://www.collaborativeclassroom.org/resources/caring-school-community-webinar-series/</a>



## During-School; After-School *Program Description*

The Coping Power Program addresses social skills, self-control, and positive parenting behaviors through skills-based training. The program includes group sessions focused on teaching children positive behaviors, such as problem solving and anger management, as well as a program component to support parental involvement. The program also includes cognitive-behavioral group sessions.

Substances Addressed: Alcohol, Drugs-General Cost: \$300+

Cost Description: The cost includes the program

intervention kit, the facilitators guide, and the parent group facilitators guide. The kit costs \$200, and the two facilitators guides are \$60 and \$50, respectively.

*Optional Costs:* Training is available for \$175 for a two-day training.

*School Subjects Covered:* English Language Arts, Health

**Program Components:** Parent, Student **Reviewing Agencies:** Blueprints, California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Boxmeyer, C. L., Lochman, J. E., Powell, N. P., Windle, M., & Wells, K. (2009). School counselors' *Report* on *Emotional and Behavioral Disorders in Youth, 8*, 79-95.
- Cabiya, J. J., Padilla-Cotto, L., González, K., Sanchez-Cestero, J., Martínez-Taboas, A., & Sayers, S. (2008). Effectiveness of a cognitive-behavioral intervention for Puerto Rican children. *Revista Interamericana de Psicología*, 42(2), 195-202. doi:10.1037/t05317-000
- Cowell, K., Horstmann, S., Linebarger, J., Meaker, P., & Aligne, C. A. (2008). A "vaccine" against violence: Coping Power. *Pediatrics in Review, 29*, 362-363. doi:10.1542/pir.29-10-362
- Jurecska, D. D., Hamilton, E. B., & Peterson, M. A. (2011). Effectiveness of the Coping Power Program in middle-school children with disruptive behaviors and hyperactivity difficulties. *Support for Learning, 26,* 168-172. doi:10.1111/j.1467-9604.2011.01499.x

- Lochman, J. E., Baden, R. E., Boxmeyer, C. L., Powell, N. P., Qu, L., Salekin, K. L., & Windle, M. (2014). Does a booster intervention augment the preventive effects of an abbreviated version of the Coping Power Program for aggressive children? *Journal of Abnormal Child Psychology, 42*(3), 367-381. doi:10.1007/s10802-013-9727-y
- Lochman, J. E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the Coping Power Program: Importance of intensity of counselor training. *Journal of Consulting and Clinical Psychology*, *77*, 397-409. doi:10.1037/a0014514
- Lochman, J. E., FitzGerald, D. P., Gage, S. M., Kannaly, M. K., Whidby, J. M., Barry, T. D., Pardini, D. A., & McElroy, H. (2001). Effects of social-cognitive intervention for aggressive deaf children: The Coping Power Program. *Journal of the American Deafness and Rehabilitation Association*, *35*, 39-61.
- Lochman, J. E., & Wells, K. C. (2004). The Coping Power Program for preadolescent boys and their parents: Outcome effects at the 1-year follow-up. *Journal of Consulting and Clinical Psychology*, 72(4), 571-578. doi:10.1037/0022-006X.72.4.571
- Lochman, J. E., & Wells, K. C. (2003). Effectiveness study of Coping Power and classroom intervention with aggressive children: Outcomes at a one-year follow-up. *Behavior Therapy, 34*, 493-515. doi:10.1016/S0005-7894(03)80032-1
- Lochman, J. E., & Wells, K. C. (2002). Contextual social-cognitive mediators and child outcome: A test of the theoretical model in the Coping Power Program. *Development and Psychopathology*, *14*(4), 945-967. doi:10.1017/S0954579402004157
- Lochman, J. E., & Wells, K. C. (2002). The Coping Power Program at the middle school transition: Universal and indicated prevention effects. *Psychology of Addictive Behaviors, 16*(4S), S40-S54. doi:10.1037/0893-164X.16.4S.S40
- Lochman, J. E., Wells, K. C., Qu, L., & Chen, L. (2013). Three year follow-up of Coping Power intervention effects: Evidence of neighborhood moderation? *Prevention Science*, *14*, 364-37. doi:10.1007/s11121-012-0295-0
- Muratori, P., Bertacchi, I., Giuli, C., Lombardi, L., Bonetti, S., Nocentini, A., ... Lochman, J. E. (2015). First adaptation of Coping Power Program as a classroom-based prevention intervention on aggressive behavior among elementary school children. *Prevention Science, 16*, 432-439. doi:10.1007/s11121-014-0501-3
- Muratori, P., Bertacchi, I., Giuli, C., Nocentini, A., Ruglioni, L., & Lochman, J. E. (2016). Coping Power adapted as universal prevention program: Mid-term effects on children's behavioral difficulties and academic grades. *Journal of Primary Prevention, 37*, 389-401. doi:10.1007/s10935-016-0435-6
- Peterson, M. A., Hamilton, E. B., & Russell, A. D. (2009). Starting well: Facilitating the middle school transition. *Journal of Applied School Psychology*, *25*(3), 286-304. doi:10.1080/15377900802487219
- Van de Wiel, N. M. H., Matthys, W., Cohen-Kettenis, P. T., Maassen, G. H., Lochman, J. E., & van Engeland, H. (2007). The effectiveness of an experimental treatment when compared with care as usual depends on the type of care as usual. *Behavior Modification, 31*(3), 298-312. doi:10.1177/0145445506292855
- Zonnevylle-Bender, M. J.S., Matthys, W., van de Wiel, N. M. H., & Lochman, J. (2007). Preventive
  effects of treatment of disruptive behavior disorder in middle childhood on substance use and delinquent
  behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 33-39. doi:10.1097/01.
  chi.0000246051.53297.57

Outcome	Significant *
Improvement in Alcohol Use	X
Improvement in Behavior Problems	Mixed
Improvement in Delinquency	Mixed
Improvement in Marijuana Use	N
Improvement in Parental Support	
Improvement in School Behavior	Mixed
Improvement in Substance Use	Mixed
Improvement in Tobacco Use	Mixed
Note: *Significant at p-value <0.05.	

## **Program Notes**

Program Information available at: <u>https://www.cebc4cw.org/program/coping-power-program/detailed</u>



## During-School; After-School *Program Description*

The Early Risers "Skills for Success" is a multicomponent program that targets elementary school children 6 to 12 years of age who are at high risk for early development of conduct problems, such as substance use. Early Risers uses two complementary components, CORE and FLEX. The CORE component is delivered during 6 weeks of summer school sessions and includes ongoing teacher consultation and student mentoring during the school day as well as a biweekly family program that consists of parent education, skills training, and child social skills training groups. The FLEX component is delivered at the same time but functions as a prevention case management tool to handle unique family issues that the CORE curriculum may not be

able to adequately address. FLEX uses family strengths as levers for change and adapts services to the individual needs of children, parents, and families. Early Risers Program aims to prevent high-risk children's further development of problem behaviors by improving their social and academic skills and intervening in their family environment. Substances Addressed: Drugs-General Cost: Not readily available Cost Description: Not readily available Optional Costs: Not readily available School Subjects Covered: Health Program Component: Mentor, Parent, Student Reviewing Agencies: California Evidence-Based Clearinghouse for Child Welfare, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- August, G.J., Bloomquist, M.L., Lee, S.S., Realmuto, G.M., & Hektner, J.M. (2006). Can evidence-based prevention programs be sustained in community practice settings? The Early Risers advanced-stage effectiveness trial. *Prevention Science*, 7(2), 151-165. doi:10.1007/s11121-005-0024-z
- August, G.J., Bloomquist, M.L., Realmuto, G.M., & Hektner, J.M. (2007). The Early Risers "skills for success" program: An early-age-targeted intervention for preventing conduct problems and substance abuse. In P.T. Tolan, J. Szapocznik, & S. Sambrano (Eds.). Preventing Substance Abuse: Science-Based Programs for Children and Adolescents. (p. 137-158). American Psychological Association.
- August, G.J., Egan, E.A., Hektner, J.M., & Realmuto, G.M. (2003). Four years of the Early Risers earlyage-targeted preventive intervention: Effects on aggressive children's peer relations. *Behavioral Therapy*, 34, 453-470. doi:10.1016/S0005-7894(03)80030-8
- August, G.J., Hektner, J.M., Egan, E.A., Realmuto, G.M., & Bloomquist, M.L. (2002). The Early Risers longitudinal prevention trial: Examination of 3-year outcomes in aggressive children with intent-to-treat and as-intended analyses. *Psychology of Addictive Behaviors*, 16, 27-39. doi:10.1037/0893-164X.16.4S.S27

- August, G.J., Lee, S.S., Bloomquist, M.L., Realmuto, G.M. & Hektner, J.M. (2004). Maintenance effects of an evidence-based preventive innovation for aggressive children living in culturally diverse, urban neighborhoods: The Early Risers effectiveness study. *Journal of Emotional and Behavioral Disorders*, 12, 194-205. doi:10.1177/10634266040120040101
- August, G.J., Realmuto, G.M., Hektner, J.M., & Bloomquist, M.L. (2001). An integrated components preventive intervention for aggressive elementary school children: The Early Risers program. *Journal of Consulting and Clinical Psychology*, 69, 614-626. doi:10.1037/0022-006X.69.4.614
- August, G.J., Realmuto, G.M., Mathy, R.M., & Lee, S.L. (2003). The Early Risers flex program: A familycentered preventive Intervention for children at-risk for violence and antisocial behavior. *The Behavioral Analyst Today*, 4, 26-33.
- August, G.J., Realmuto, G.M., Winters, K.C., & Hektner, J.M. (2001). Prevention of adolescent drug abuse: Targeting high-risk children with a multifaceted intervention model-the Early Risers "Skills for Success" program. *Applied & Preventive Psychology*, 10, 135-154. doi:10.1017/S0962-1849(02)01005-3
- Bernat, D., August, G.J., Hektner, J.M., & Bloomquist, M.L. (2007). The Early Risers preventive intervention: Testing for six-year outcomes and mediational processes. *Journal of Abnormal Child Psychology*, 35, 605-615. doi:10.1007/s10802-007-9116-5
- Bloomquist, M.L., August, G.J., Lee, S.S., Piehler, T.F., & Jensen, M. (2011). Parent participation within community center or in-home outreach delivery models of the Early Risers conduct problems prevention program. *Journal of Child and Family Studies*, 21(3), 368-383. doi:10.1007/s10826-011-9488-6
- Gewirtz, A.H., DeGarmo, D.S., Lee. S., Morrell, N., & August, G. (2015). Two-year outcomes of the Early Risers prevention trial with formerly homeless families residing in supportive housing. *Journal of Family Psychology*, 29(2), 242-252. doi:10.1037/fam0000066
- Hektner, J. M., August, G. J., Bloomquist, M. L., Lee, S., & Klimes-Dougan, B. (2014). A 10-year randomized controlled trial of the Early Risers conduct problems preventive intervention: Effects on externalizing and internalizing in late high school. *Journal of Consulting and Clinical Psychology*, 82(2), 355–360. doi: 10.1037/a0035678
- Lee, C-Y., S., August, G. J., Realmuto, G. M., Horowitz, J. L., Bloomquist, M. L., & Klimes-Dougan, B. (2008). Fidelity at a distance: Assessing implementation fidelity of the Early Risers prevention program in a going-to-scale intervention trial. *Prevention Science*, 9, 215-229. doi: 10.1007/s11121-008-0097-6
- Piehler, T. F., Lee, S. S., Bloomquist, M. L., & August, G. J. (2014). Moderating effects of parental well-being on parenting efficacy outcomes by intervention delivery model of the Early Risers conduct problems prevention program. *The Journal of Primary Prevention*, 35(5), 321–337. doi: 10.1007/s10935-014-0358-z

Outcome	Significant *
Improvement in Academic Performance	V
Improvement in Aggression	V
Improvement in Parenting Skills	×
Improvement in Social Skills	V
Note: *Indicates statistically significant finding at p-value <0.05.	

## **Program Notes**

A program overview is available at: <a href="https://innovation.umn.edu/early-risers/wp-content/uploads/sites/75/2021/10/ER-Program-Information.pdf">https://innovation.umn.edu/early-risers/wp-content/uploads/sites/75/2021/10/ER-Program-Information.pdf</a>



## After-School Program Description

The EFFEKT program (formerly the Örebro Prevention Program) encourages parents to promote a zero-tolerance policy for alcohol use among children with the aim of preventing alcohol abuse among youth. Parents are given information via meetings and letters throughout the school year, and are also informed of community activities and events for their children to participate in. The EFFEKT program emphasizes clear communication and strict rules between parents and children, including signed agreements about alcohol use and other important family issues. Substance Addressed: Alcohol Cost: \$225 per teacher Cost Description: The cost includes a 2-day training course. The training for 30 teachers is \$6,730, which is about \$225 per teacher. The curriculum and materials are included in the initial training package. Optional Costs: None identified School Subject Covered: Health Program Component: Parent Reviewing Agencies: Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Bodin, M. C., & Strandberg, A. K. (2011). The Orebro prevention programme revisited: A clusterrandomized effectiveness trial of programme effects on youth drinking. *Addiction, 106*(12), 2134-2143. doi:10.1111/j.1360-0443.2011.03540.x
- Koning, I. M., van der Eijnden, R. J., Verdurmen, J. E., Engels, R. C., & Vollebergh, W. A. (2011). Long-term effects of a parent and student intervention on alcohol use in adolescents: A cluster randomized controlled trial. *American Journal of Preventive Medicine*, *40*(5), 541-547. doi:10.1016/j. amepre.2010.12.030
- Koning, I. M., Vollebergh, W. A. M., Smit, F., Verdurmen, J. E. E., Van Den Eijnden, R. J. J. M., Ter Bogt, T. F. M., ... & Engels, R. C. M. E. (2009). Preventing heavy alcohol use in adolescents (PAS): Cluster randomized trial of a parent and student intervention offered separately and simultaneously. *Addiction*, *104*(10), 1669-1678. doi:10.1111/j.1360-0443.2009.02677.x
- Koutakis, N., Stattin, H., & Kerr, M. (2008). Reducing youth alcohol drinking through a parent-targeted intervention: The Örebro prevention program. *Addiction, 103*(10), 1629-1637. doi:10.1111/j.1360-0443.2008.02326.x
- Ozdemir, M., & Stattin, H. (2012). Does the Orebro prevention programme prevent youth drinking? *Addiction, 107*(9), 1706-1708. doi:10.1111/j.1360-0443.2012.03905.x
- Strandberg, A. & Bodin, M. (2011). Alcohol-specific parenting within a cluster-randomized effectiveness trial of a Swedish primary prevention program. *Health Education, 111*(2), 92-102. doi:10.1108/09654281111108526

Outcome	Significant *
Improvement in Alcohol Use	Mixed
Improvement in Delinquency	V
Improvement in Parental Attitudes About Alcohol Use	V
Improvement in Parental Strictness	V
Note: *Significant at p-value <0.05.	

## Program Notes

- Formerly the Örebro Prevention Program
- Program description can be found at: <a href="https://www.blueprintsprograms.org/programs/460999999/effekt/">https://www.blueprintsprograms.org/programs/460999999/effekt/</a>
  <a href="https://www.blueprintsprograms.org/programs/460999999/effekt/">https://www.blueprintsprograms.org/programs/460999999/effekt/</a>
  <a href="https://www.blueprintsprograms.org/programs/460999999/effekt/">https://www.blueprintsprograms.org/programs/460999999/effekt/</a>



#### During-School Program Description

The Good Behavior Game (GBG) promotes positive behavior for students. GBG rewards students for following classroom rules, such as following directions or working quietly. The program aims to reduce aggressiveness, disruptive behavior, and future behavioral issues, such as drug and alcohol use.

Substances Addressed: Alcohol, Drugs-General, Tobacco Cost: \$800 Cost Description: Implementation materials are \$200 per coach. *Optional Costs:* Onsite training is available for

\$600 per teacher, and the coach material set is

\$2,000 per day and technical assistance is available for \$200 per hour.
School Subjects Covered: English Language Arts, Health, Physical Education
Program Component: Student
Reviewing Agencies: Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness

- Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., ... & Wilcox, H. C. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95(Suppl. 1), S5-S28. doi:10.1016/j.drugalcdep.2008.01.004
- Kellam, S. G., Mackenzie, A. C., Brown, C. H., Poduska, J. M., Wang, W., Petras, H., & Wilcox, H. C. (2011). The Good Behavior Game and the future of prevention and treatment. *Addiction Science & Clinical Practice*, *6*(1), 73.
- Kellam, S. G., Wang, W., Mackenzie, A. C., Brown, C. H., Ompad, D. C., Or, F., ... & Windham, A. (2014). The impact of the Good Behavior Game, a universal classroom-based preventive intervention in first and second grades, on high-risk sexual behaviors and drug abuse and dependence disorders into young adulthood. *Prevention Science*, *15*(1), 6-18. doi:10.1007/s11121-012-0296-z

- Petras, H., Kellam, S. G., Brown, C. H., Muthén, B. O., Ialongo, N. S., & Poduska, J. M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent and criminal behavior: Effects by young adulthood of a universal preventive intervention in first-and second-grade classrooms. Drug and alcohol dependence, 95, S45-S59.
- Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., & Anthony, J. C. (2008). The impact of two universal randomized first-and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence, 95*, S60-S73. doi: 10.1016/j. drugalcdep.2008.01.005

Outcome	Significant *
Improvement in Aggressive Behavior	Mixed
Improvement in Alcohol Use	$\checkmark$
Improvement in Antisocial Personality Disorder	V
Improvement in Peer Acceptance	V
Improvement in Substance Use	V
Improvement in Tobacco Use	V
Improvement in Violence	V
Note: *Significant at p-value <0.05.	

## **Program Notes**

- Good Behavior Game overview video can be found at: <u>https://youtu.be/a0ab5PS8110</u>
- Good Behavior Game training manual can be found at: <u>https://www.txasp.org/assets/conference-materials/2017/Fall-Convention-Handouts/Martinez01.pdf</u>



#### During-School; After-School *Program Description*

Guiding Good Choices aims to provide the knowledge and skills needed for early adolescence. The program teaches children the skills to resist drug use, as well as promote good behavior and family bonding. The program includes five sessions where students learn to resist peer pressure. In addition, during these sessions, parents learn to identify substance abuse risk factors and strengthen parenting skills, such as conflict management.

Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco Cost: \$840+

#### **Program Publications**

*Cost Description:* The Core Program Kit is \$839, and Family Guides can be purchased for \$13.99 each.

*Optional Costs:* Optional training is available for \$4,200.

School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Blueprints, California Evidence-Based Clearing House for Child Welfare, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbott, R. D., & Catalano, R. F. (2008). Early effects of communities that care on targeted risks and initiation of delinquent behavior and substance use. *Journal of Adolescent Health*, *43*(1), 15-22. doi:10.1016/j.jadohealth.2008.01.022
- Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from preparing for the drug free years. *Journal of Community Psychology*, 25(4), 337-352. doi:10.1002/(SICI)1520-6629(199707)25:4<337::AID-JCOP3>3.0.CO;2-R
- Mason, W. A., Kosterman, R., Haggerty, K. P., Hawkins, J. D., Redmond, C., Spoth, R. L., & Shin, C. (2009). Gender moderation and social developmental mediation of the effect of a family-focused substance use preventive intervention on young adult alcohol abuse. *Addictive Behaviors, 34*(6-7), 599-605. doi:10.1016/j.addbeh.2009.03.032

- Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., & Spoth, R. L. (2003). Reducing adolescents' growth in substance use and delinquency: Randomized trial effects of a preventive parent-training intervention. *Prevention Science*, *4*(3), 203-212. doi:10.1023/A:1024653923780
- Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R. L., & Redmond, C. (2007). Influence of a family-focused substance use preventive intervention on growth in adolescent depressive symptoms. *Journal of Research on Adolescence, 17*(3), 541-564. doi:10.1111/j.1532-7795.2007.00534.x
- Park, J., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Duncan, T. E., Duncan, S. C., & Spoth, R. (2000). Effects of the "Preparing for the Drug Free Years" curriculum on growth in alcohol use and risk for alcohol use in early adolescence. *Prevention Science*, *1*(3), 125-138. doi: 10.1023/A:1010021205638
- Redmond, C., Spoth, R., Shin, C., & Lepper, H. S. (1999). Modeling long-term parent outcomes of two universal family-focused preventive interventions: One-year follow-up results. *Journal of Consulting and Clinical Psychology*, *67*(6), 975-984. doi:10.1037/0022-006X.67.6.975
- Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family, 57*, 449-464. doi:10.2307/353698
- Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting and Clinical Psychology*, *66*(2), 385-399. doi:10.1037/0022-006X.66.2.385
- Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology*, *69*(4), 627. doi:10.1037/0022-006X.69.4.627
- Spoth, R., Redmond, C., Shin, C., & Azevedo, K. (2004). Brief family intervention effects on adolescent substance initiation: School-level curvilinear growth curve analyses 6 years following baseline. *Journal of Consulting and Clinical Psychology*, *72*(3), 535-542. doi:10.1037/0022-006X.72.3.535
- Spoth, R., Reyes, M. L., Redmond, C., & Shin, C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, 67(5), 619. doi:10.1037/0022-006X.67.5.619
- Spoth, R., Trudeau, L., Guyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. *Journal of Consulting and Clinical Psychology*, *77*(4), 620. doi:10.1037/a0016029

Outcome	Significant *
Improvement in Communication	V
Improvement in Delinquency	
Improvement in Depressive Disorders and Symptoms	
Improvement in Negative Interactions with Children	Mixed
Improvement in Parenting Behaviors	
Improvement in Relationships	×
Improvement in Substance Use	
Note: *Significant at p-value <0.05.	

## Program Notes and Available Resources

Program overview can be found at: <u>http://helpingkidsprosper.org/how-it-works/programs/guiding-good-choices</u>



## During-School Program Description

Keepin' it REAL (kiR) focuses on developing drug resistance skills. The program is highly interactive between students and teachers with lessons focusing on drug refusal, healthy choices, self-control, social skills, and critical thinking. Throughout the program, students will complete ten 45-minute lessons, which include videos, role-play, decision-making activities, and storytelling. *Substances Addressed:* Alcohol, Drugs-

General, Marijuana, Tobacco *Cost:* \$300-\$500 *Cost Description:* The materials bundle is \$300 and includes a teacher manual, 5 student workbooks, 5 videos, and student completion certificates. Additional student workbooks can be purchased for \$35 per 5-pack. Alternatively, you can order all materials digitally for \$500 (two-year site license).

*Optional Costs:* Optional training is offered at \$2,000 for a 1-day training or \$2,500 for a 2-day training.

School Subject Covered: Health Program Component: Student Reviewing Agencies: California Evidence-Based

Clearinghouse for Child Welfare, Texas Education Agency - Evidence Based Programs for Alcohol Awareness

- Caputi, T. L., & Thomas McLellan, A. (2017). Truth and D.A.R.E.: Is D.A.R.E.'s new Keepin' it REAL curriculum suitable for American nationwide implementation? *Drugs: Education, Prevention and Policy,* 24(1), 49-57. doi:10.1080/09687637.2016.1208731
- Dilorio, C., Resnicow, K., Thomas, S., Wang, D. T., Dudley, W. N., Van Marter, D. F., & Lipana, J. (2002). Keepin' It R.E.A.L.!: Program description and results of baseline assessment. *Health Education & Behavior, 29*(1), 104-123. doi:10.1177/109019810202900110
- Gosin, M., Marsiglia, F. F., & Hecht, M. L. (2003). Keepin' it R.E.A.L.: A drug resistance curriculum tailored to the strengths and needs of pre-adolescents of the Southwest. *Journal of Drug Education, 33*(2), 119-142. doi:10.2190/dxb9-1v2p-c27j-v69v
- Hecht, M. L., Graham, J. W., & Elek, E. (2006). The drug resistance strategies intervention: Program effects on substance use. *Health Communication*, *20*(3), 267-276. doi:10.1207/s15327027hc2003\_6
- Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P., & Miller-Day, M. (2003). Culturally grounded substance use prevention: An evaluation of the keepin' it REAL curriculum. *Prevention Science*, 4(4), 233-248. doi:10.1023/A:1026016131401
- Kulis, S., Marsiglia, F. F., Elek, E., Dustman, P., Wagstaff, D. A., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and keepin' it REAL: An evidence-based substance use prevention program. *Children & Schools, 27*(3), 133-145. doi:10.1093/cs/27.3.133

- Kulis, S., Nieri, T., Yabiku, S., Stromwall, L. K., & Marsiglia, F. F. (2007). Promoting reduced and discontinued substance use among adolescent substance users: Effectiveness of a universal prevention program. *Prevention Science*, *8*(1), 35-49. doi:10.1007/s11121-006-0052-3
- Kulis, S., Yabiku, S. T., Marsiglia, F. F., Nieri, T., & Crossman, A. (2007). Differences by gender, ethnicity, and acculturation in the efficacy of the keepin' it REAL model prevention program. *Journal of Drug Education*, *37*(2), 123-144. doi:10.2190/C467-16T1-HV11-3V80
- Marsiglia, F. F., Kulis, S., Yabiku, S. T., Nieri, T. A., & Coleman, E. (2011). When to intervene: Elementary school, middle school, or both? Effects of keepin' it REAL on substance use trajectories of Mexican heritage youth. *Prevention Science, 12*(1), 48-62. doi:10.1007/s11121-010-0189-y
- Pettigrew, J., Miller-Day, M., Krieger, J., & Hecht, M. L. (2011). Alcohol and other drug resistance strategies employed by rural adolescents. *Journal of Applied Communication Research, 39*(2), 103-122. doi:10.1080/00909882.2011.556139
- Warren, J. R., Hecht, M. L., Wagstaff, D. A., Elek, E., Ndiaye, K., Dustman, P., & Marsiglia, F. F. (2006). Communicating prevention: The effects of the keepin' it REAL classroom videotapes and televised PSAs on middle-school students' substance use. *Journal of Applied Communication Research*, 34(2), 209-227. doi:10.1080/00909880600574153

Outcome	Significant *
Improvement in Alcohol Use	V
Improvement in Drug Refusal Skills	$\overline{\mathbf{A}}$
Improvement in Marijuana Use	V
Improvement in Self-Concept	$\overline{\mathbf{A}}$
Improvement in Self-Efficacy	V
Improvement in Sexual Activity	$\overline{\mathbf{A}}$
Improvement in Substance Use	Mixed
Note: *Significant at p-value <0.05.	

## **Program Notes**

A product guide is available at: <a href="https://real-prevention.com/wp-content/uploads/2016/07/RP-PRESS-KIT\_FINAL-Digital.pdf">https://real-prevention.com/wp-content/uploads/2016/07/RP-PRESS-KIT\_FINAL-Digital.pdf</a>



LifeSkills Training is a school-based substance abuse curriculum that can be used from K-12th grades. The program aims to improve drug-related knowledge and attitudes, as well as teach students skills for resisting peer pressure and developing social skills. The curriculum is developmentally appropriate and includes a variety of activities, such as lectures, discussions, activities, and practice. *Substances Addressed:* Alcohol, Drugs-General, Tobacco *Cost:* \$175-\$275 per curriculum Cost Description; Curriculum sets range from \$175

*Cost Description:* Curriculum sets range from \$175 to \$275 depending on grade level.

*Optional Costs:* Additional CD/DVD materials can be purchased (\$10-\$20 each). Online Provider Training is \$250 plus materials. Contact the company for a quote for in-person teacher trainings.

School Subjects Covered: English Language Arts, Health, Social Studies

**Program Component:** Student **Reviewing Agencies:** Blueprints, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *JAMA*, 273(14), 1106-1112. doi:10.1001/jama.1995.03520380042033
- Botvin, G. J., & Griffin, K. W. (2004). LifeSkills Training: Empirical findings and future directions. *Journal of Primary Prevention*, *25*(2), 211-232. doi:10.1023/B:JOPP.0000042391.58573.5b

- Botvin, G. J., Griffin, K. W., & Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, *7*(4), 403-408. doi:10.1007/s11121-006-0057-y
- Gorman, D. M. (2005). Does measurement dependence explain the effects of the Life Skills Training program on smoking outcomes? *Preventive Medicine*, 40(4), 479-487. doi:10.1016/j.ypmed.2004.07.005
- Griffin, K. W., Botvin, G. J., & Nichols, T. R. (2006). Effects of a school-based drug abuse prevention program for adolescents on HIV risk behavior in young adulthood. *Prevention Science*, 7(1), 103. doi:10.1007/s11121-006-0025-6
- Griffin, K. W., Botvin, G. J., & Nichols, T. R. (2004). Long-term follow-up effects of a school-based drug abuse prevention program on adolescent risky driving. *Prevention Science*, *5*(3), 207-212. doi:10.1023/ B:PREV.0000037643.78420.74
- Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K. A. S. (2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. *Prevention Science*, *4*(2), 109-122. doi:10.1023/A:1022926332514

•	Findings:
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Outcome	Significant *
Improvement in Alcohol Use	Mixed
Improvement in Delinquency	V
Improvement in Marijuana Use	×
Improvement in Risky Driving	Mixed
Improvement in Sexual Activity	${\bf \boxtimes}$
Improvement in Substance Use	Mixed
Improvement in Tobacco Use	Mixed
Improvement in Violence	$\square$
Note: *Significant at p-value <0.05.	

- Program presentations available at: <u>https://www.lifeskillstraining.com/overview-webinar-presentations/</u>
- Program overview available at: https://www.lifeskillstraining.com/lst-overview/



Lions Quest is a school-based social and emotional learning program designed to equip students with the tools necessary to understand and cope with emotions, establish and accomplish goals, demonstrate empathy for peers, create positive relationships, and make mature choices. The program provides skill-building curriculum, opportunities for parent involvement and community service, and reinforcement and enrichment activities. Lions Quest also teaches behavioral and social techniques for middle school students to help resist alcohol and drug use. Lions Quest helps foster positive student behaviors that leads to greater academic success, improved school connectedness, and improved school climate.

**Substances Addressed:** Alcohol, Drugs-General, Tobacco

**Cost:** \$199 per 5-year individual teacher license (1-50 teachers)

*Cost Description:* The Online Edition contains everything you need to teach the Lions Quest

program. Every teacher/facilitator using the program should have their own Individual Teacher License for each grade level they teach. An individual 5-year license is \$199/each for 1-50 teachers, \$149/each for 51-150 teachers, or \$99/ each for over 150 teachers.

*Optional Costs:* The Print + Online Edition contains the print Facilitator's Resource Guide and the entire Online Edition as well. Every teacher/facilitator using the program should have their own Individual Teacher License for each grade level they teach. An individual 5-year license for the print + online edition is \$249/each for 1-50 teachers, \$199/each for 51-150 teachers, or \$149/each for over 150 teachers.

*School Subjects Covered:* English Language Arts, Health, Social Studies

*Program Component:* Community, Parent, Student

**Reviewing Agencies:** National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Education - Office of Safe and Drug-Free Schools

#### **Program Publications**

- Eisen, M., Gail L. Z., & David M. M. (2003). Evaluating the Lions–Quest 'Skills for Adolescence' drug education program: Second-year behavior outcomes. *Addictive Behaviors 28(5)*, 883–897. doi:10.1016/ s0306-4603(01)00292-1
- Gol-Guven, M. (2017) The effectiveness of the Lions Quest Program: Skills for Growing on school climate, students' behaviors, perceptions of school, and conflict resolution skills, *European Early Childhood Education Research Journal, 25(4)*, 575-594. doi:10.1080/1350293X.2016.1182311
- Flynn A. B, Falco M., & Hocini S. (2015). Independent evaluation of middle school–based drug prevention curricula: A aystematic review. *JAMA Pediatr 169(11)*, 1046–1052. doi:10.1001/jamapediatrics.2015.1736

#### • Findings:

Outcome	Significant *
Improvement in Alcohol Use	×
Improvement in Behaviors Problems	$\mathbf{\nabla}$
Improvement in Conflict Resolution	M
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use	V
Improvement in Marijuana Use	×
Improvement in School Climate	M
Improvement in School Connectedness	X
Improvement in Substance Use	X
Improvement in Tobacco Use	
Note: *Indicates statistically significant finding at p-value <0.05.	

#### Program Notes

Program overviews are available at: <u>https://www.lions-quest.org</u>



# During-School Program Description

The Master Mind Program aims to improve decision-making capabilities through mindfulness training. By engaging students in mindfulness training through classroom curriculum, interactive activities, and homework, students develop skills to help improve self-control. The students are also taught to evaluate and avoid risky situations, especially surrounding substance abuse. Additionally, students develop coping mechanisms for stress and anxiety. Substance Addressed: Drugs-General Cost: \$500 per teacher Cost Description: The instructor's kit includes the teacher manual, student workbook, multimedia classroom presentations, teacher certification test, and student resources. Optional Costs: Renewal fee of \$25 every 2 years. School Subject Covered: Health Program Component: Student Reviewing Agency: Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Parker, A. E., & Kupersmidt, J. B. (2016). "Two Universal Mindfulness Education Programs for Elementary and Middle-School Students: Master Mind and Moment." *In Handbook of Mindfulness in Education*. New York, N.Y.: Springer, 335-54.
- Parker, A. E., Kupersmidt, J. B., Mathis, E. T., Scull, T. M., & Sims, C. (2014). The impact of mindfulness education on elementary school students: evaluation of the Master Mind program. *Advances in School Mental Health Promotion*, 7(3), 184-204. doi:10.1080/1754730X.2014.916497

Outcome	Significant *
Improvement in Aggression	
Improvement in Alcohol Use	×
Improvement in Anxiety Disorders and Symptoms	Mixed
Improvement in Attention Disorders and Symptoms	×
Improvement in Executive Functioning (e.g. self-control, memory)	$\checkmark$
Improvement in Self-Control	Mixed
Improvement in Social Problems	V
Improvement in Tobacco Use	×
Note: *Significant at p-value <0.05.	·

# Program Notes

Program information is available at: <u>http://mastermindprogramsonline.com/program-details/</u>



Media Detective is a media literacy program aimed at alcohol and tobacco abuse prevention in elementary schools. The program focuses on media messages with the goal of changing how children process these messages. In addition, the program consists of several hands-on activities. Media Detective also involves parents through online activities to be completed with their student, as well as family night programs.

*Substances Addressed:* Alcohol, Tobacco, Vaping

*Cost:* \$250 per instructor

*Cost Description:* The cost includes the teacher's manual, digital student resources, and digital presentations.

*Optional Costs:* Media Detective Family can be purchased for \$25. Contact the company for a quote for in-person teacher trainings. *School Subjects Covered:* English Language

Arts, Health

**Program Components:** Parent, Student **Reviewing Agencies:** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness

- Kiili, K. (2008, June). Teacher's role in media detective game: Communication through non-player game characters. *In EdMedia: World Conference on Educational Media and Technology* (pp. 5248-5255). Association for the Advancement of Computing in Education (AACE).
- Kupersmidt, J. B., Scull, T. M., & Austin, E. W. (2010). Media literacy education for elementary school substance use prevention: Study of media detective. *Pediatrics*, *126*(3), 525-531. doi:10.1542/peds.2010-0068
- Scull, T. M., & Kupersmidt, J. B. (2011). An evaluation of a media literacy program training workshop for late elementary school teachers. *The Journal of Media Literacy Education, 2*(3), 199.

Outcome	Significant *
Improvement in Alcohol Use	N
Improvement in Critical Thinking Skills	V
Improvement in Persuasive Intent	
Improvement in Self-Efficacy	V
Improvement in Tobacco Use	
Note: *Significant at p-value <0.05.	

# Program Notes

Program information available at: <u>http://mediadetectiveprograms.com/media-detective/</u>



#### During-School Program Description

Media Ready is a media literacy program for middle-school students that aims to prevent alcohol and tobacco use. Students are empowered to make informed decisions about substance use through ten interactive lessons that encourage abstinence from alcohol use and improve critical thinking skills when interpreting media messages.

*Substances Addressed:* Alcohol, Tobacco, Vaping

*Cost Description:* The cost includes the teacher's manual, digital student resources, and digital presentations. *Optional Costs:* None Identified

**School Subjects Covered:** English Language Arts, Health

**Program Component:** Student **Reviewing Agencies:** Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness

Cost: \$250 per instructor

#### **Program Publications**

Kupersmidt, J. B., Scull, T. M., & Benson, J. W. (2012). Improving media message interpretation
processing skills to promote healthy decision making about substance use: The effects of the middle
school media ready curriculum. *Journal of Health Communication*, *17*(5), 546-563. doi:10.1080/10810730.
2011.635769

#### • Findings:

Outcome	Significant *
Improvement in Alcohol Use	×
Improvement in Tobacco Use	
Note: *Significant at p-value <0.05.	

#### **Program Notes**

Program information available at: <u>http://mediareadyprograms.com/program-details/</u>

# Michigan Model for Health Ages 5-18; Grades K-12

# During-School Program Description

The Michigan Model for Health (MMH) focuses on several health issues such as nutrition, physical activity, social health, and substance use prevention. The comprehensive health education curriculum is designed using a building-block approach with age appropriate lessons and activities.

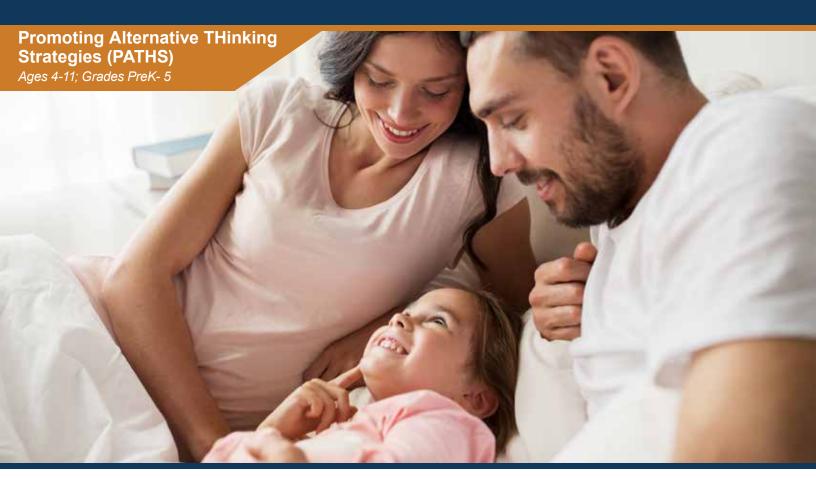
Substances Addressed: Alcohol, Drugs-General, Tobacco Cost: \$190-\$515 per grade *Cost Description:* The manuals cost \$50 to \$130, and the grade support kits cost \$140 to \$385. *Optional Costs:* Support materials are available for purchase.

School Subjects Covered: English Language Arts, Health, Science, Social Studies Program Component: Student Reviewing Agencies: Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Education - Office of Safe and Drug Free Schools

- O'neill, J. M., Clark, J. K., & Jones, J. A. (2011). Promoting mental health and preventing substance abuse and violence in elementary students: A randomized control study of the Michigan Model for Health. *Journal of School Health*, *81*(6), 320-330. doi:10.1111/j.1746-1561.2011.00597.x
- O'neill, J. M., Clark, J. K., & Jones, J. A. (2016). Promoting fitness and safety in elementary students: A randomized control study of the Michigan Model for Health. *Journal of School Health*, *86*(7), 516-525. doi:10.1111/josh.12407
- Shope, J. T., Marcoux, B. C. & Thompson, J. (1990). *Summary of Results of an Evaluation of the Substance Abuse Lessons in the Michigan Model*. Mount Pleasant, Mich.: Central Michigan University.

Outcome	Significant *
Improvement in Aggressive Behaviors	${\bf \boxtimes}$
Improvement in Drug Refusal Skills	N
Improvement in Exercise and Nutrition	V
Improvement in Prosocial Behaviors	×
Improvement in Relationships	V
Improvement in Social and Emotional Skills	
Improvement in Substance Use	V
Note: *Significant at p-value <0.05.	•

- Formerly the Michigan Model for Comprehensive School Health Education
- Program information can be found at: <u>https://www.mmhclearinghouse.org/default.aspx?p=botpg1</u>
- An Implementation Guide is available at: <u>https://www.mmhclearinghouse.org/images/MMH-Implementation-Guide-201909.pdf</u>



#### After-School; During-School *Program Description*

The Promoting Alternative THinking Strategies (PATHS) curriculum promotes social and emotional learning. PATHS curriculum consists of separate volumes of lessons for each grade level (K-5), which all include developmentally appropriate materials. Throughout the lessons, PATHS focuses on self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem-solving skills.

Lessons include such activities as dialoguing, roleplaying, story-telling by teachers and peers, social and self-reinforcement, attribution training, and verbal mediation. Additionally, PATHS encourages parent involvement through parent letters and home activity assignments. The curriculum package provides detailed lesson plans, exact scripts, suggested guidelines, and general and specific objectives for each lesson. However, the curriculum has considerable flexibility so that it can also be integrated with an individual teacher's style. The overall goal of PATHS is to reduce aggression and behavior problems in elementary school-aged children. Substances Addressed: Drugs-General Cost: \$500-900/curriculum package Cost Description: Each grade-level sold separately. Roughly \$500 - \$900 per curriculum package. Online training is included in each curriculum package. Each package includes a curriculum manual, puppets, cards, posters, and stickers. Additionally, online support materials, such as an evaluation kit, are also included in the Basic package.

*Optional Costs:* Training for one teacher is included in each curriculum package. Additional training seats can be purchased for \$150.

School Subjects Covered: Health Program Component: Parent, Student Reviewing Agencies: Blueprints, California Evidence-Based Clearinghouse for Child Welfare, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency (TEA)-Evidence Based Programs for Alcohol Awareness

- Averdijk, M., Zirk-Sadowski, J., Ribeaud, D., & Eisner, M. (2016). Long-term effects of two childhood psychosocial interventions on adolescent delinquency, substance use, and antisocial behavior: A cluster randomized controlled trial. *Journal of Experimental Criminology*, 12, 21-47. doi: 10.1007/s11292-015-9249-4
- Barlow, A., Wigelsworth, M., Lendrum, A., Pert, K., Joyce, C., Stephens, E., . . . Humphrey, N. (2015). *Promoting Alternative Thinking Strategies (PATHS): Evaluation report and executive summary.* The Education Endowment Fund. Available online: https://files.eric.ed.gov/fulltext/ED581278.pdf
- Bierman, K. L., Coie, J. D., Dodge, K. A., Greenberg, M. T., Lochman, J. E., McMahon, R. J., & Pinderhughes, E. (2010). The effects of a multiyear universal social-emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology*, 78(2), 156. doi: 10.1037/a0018607
- Crean, H. F., & Johnson, D. B. (2013). Promoting Alternative THinking Strategies (PATHS) and elementary school aged children's aggression: Results from a cluster randomized trial. *American Journal* of Community Psychology, 52, 56-72. doi: 10.1007/s10464-013-9576-4
- Curtis, C., & Norgate, R. (2007). An evaluation of the Promoting Alternative Thinking Strategies curriculum at key stage 1. *Educational Psychology in Practice*, 23, 33-44. doi: 10.1080/02667360601154717
- Fishbein, D. H., Domitrovich, C., Williams, J., Gitukui, S., Guthrie, C., Shapiro, D., & Greenberg, M. (2016). Short-term intervention effects of the PATHS curriculum in young low-income children: Capitalizing on plasticity. *Journal of Primary Prevention*, 37, 493-511. doi: 10.1007/s10935-016-0452-5
- Hennessey, A., & Humphrey, N. (2020). Can social and emotional learning improve children's academic progress? Findings from a randomised controlled trial of the Promoting Alternative Thinking Strategies (PATHS) curriculum. *European Journal of Psychology of Education*, 35(4), 751-774. doi: 10.1007/s10212-019-00452-6
- Humphrey, N., Barlow, A., Wigelsworth, M., Lendrum, A., Pert, K., Joyce, C., . . . Turner, A. (2016). A cluster randomized controlled trial of the Promoting Alternative Thinking Strategies (PATHS) curriculum. *Journal of School Psychology*, 58, 73-89. doi: 10.1016/j.jsp.2016.07.002
- Humphrey, N., Barlow, A., & Lendrum, A. (2018). Quality matters: Implementation moderates student outcomes in the PATHS curriculum. *Prevention Science*, 19, 197-208. doi: 10.1007/s11121-017-0802-4
- Humphrey, N., Hennessey, A., Lendrum, A., Wigelsworth, M., Turner, A., Panayiotou, M., . . . Calam, R. (2018). The PATHS curriculum for promoting social and emotional well-being among children aged 7-9 years: A cluster RCT. *Public Health Research*, 6(10), 1-116. doi:10.3310/phr06100
- Kam, C., Greenberg, M. T., & Walls, C. T. (2003). Examining the role of implementation quality in schoolbased prevention using PATHS curriculum. *Prevention Science*, 4, 55-63. doi: 10.1023/A:1021786811186
- Kam, C., Greenberg, M. T., & Kusché, C. A. (2004). Sustained effects of the PATHS curriculum on the social and psychological adjustment of children in special education. *Journal of Emotional and Behavioral Disorders*, 12, 66-78. doi: 10.1177/10634266040120020101
- Malti, T., Ribeaud, D., & Eisner, M. P. (2011). The effectiveness of two universal preventive interventions in reducing children's externalizing behavior: A cluster randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, 40(5), 677-692. doi: 10.1080/15374416.2011.597084
- Panayiotou, M., Humphrey, N., & Hennessey, A. (2020). Implementation matters: Using complier average causal effect estimation to determine the impact of the Promoting Alternative Thinking Strategies (PATHS) curriculum on children's quality of life. *Journal of Educational Psychology*, 112(2), 236-253. doi: 10.1037/edu0000360
- Riggs, N. R., Greenberg, M. T., Kusché, C. A., & Pentz, M. A. (2006). The mediational role of neurocognition in the behavioral outcomes of a social-emotional prevention program in elementary school students: Effects of the PATHS curriculum. *Prevention Science*, 7, 91-102. doi: 10.1007/s11121-005-0022-1

- Seifert, R., Gouley, K., Miller, A. L., & Zabriski, A. (2004). Implementation of the PATHS curriculum in an urban elementary school. *Early Education & Development*, 15(4), 471-486. doi: 10.1207/s15566935eed1504\_6
- Social and Character Development Research Consortium (SCDRC) (2010). Efficacy of schoolwide programs to promote social and character development and reduce problem behavior in elementary school children (NCER 2011-2001). Washington, DC: National Center for Education Research, Institute of Education Sciences, U.S. Department of Education.

Outcome	Significant *
Improvement in Academic Performance	×
Improvement in ADHD Symptoms	×
Improvement in Aggression	Mixed
Improvement in Behavior Problems	Mixed
Improvement in Delinquency	V
Improvement in School Connectedness	×
Improvement in Positive Peer Connections	Mixed
Improvement in Problem Solving Skills	$\square$
Improvement in Psychological Wellbeing	Mixed
Improvement in Social-Emotional Competence	Mixed
Improvement in Substance Use	×
Note: *Indicates statistically significant finding at p-value <0.05.	

- A program overview is available at: <u>https://pathsprogram.com/paths-program-by-grade</u>
- A curriculum preview is available at: <u>https://info.pathsprogram.com/preview-the-paths-program</u>



Peers Making Peace is designed to handle conflicts through peer-mediation to improve school environments with a focus on reducing violence and other discipline issues and maintaining drugfree schools. The program includes having schools identify peer mediators who help resolve conflicts among other students at the school and serve as drug-free role models.

Substance Addressed: Drugs-General Cost: \$1,350+

Cost Description: The Implementation Kit includes a manual and a site license to reproduce student workbooks and videos (\$500). Facilitator training, which includes a 3-day, 21-hour certification training, is \$850. Optional Costs: None Identified **School Subjects Covered:** English Language Arts, Health, Social Studies **Program Components:** Mentor, Student **Reviewing Agencies:** Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Education - Office of Safe and Drug Free Schools

#### **Program Publications**

 Landry, R. (2003). Peers Making Peace: Evaluation Report. Houston, Texas: Research and Educational Services.

Outcome	Significant *
Improvement in Assaults	$\square$
Improvement in Discipline Referrals	V
Improvement in School Absences	V
Improvement in School Expulsions	V
Improvement in School Performance	V
Improvement in Self-Efficacy	V
Note: *Significant at p-value <0.05.	

# Program Notes

Program resources can be found at: <u>http://www.paxunited.org/resources.aspx</u>



The Positive Action program focuses on improving academic behaviors, family bonding, relationships, and reducing substance use, disruptive behaviors, and family conflict.

Substances Addressed: Alcohol, Drugs-General, Tobacco Cost: \$390-\$460 per Instructor Kit Cost Description: The overall cost is dependent on the implementation design. However, an

Instructor's Kit is necessary for each instructor who will implement the program.

*Optional Costs:* Many optional materials can be purchased and implemented with the standard Positive Action curriculum, such as counselor, family, and community kits. In addition, a variety of trainings are available.

*School Subjects Covered:* English Language Arts, Health

**Program Components:** Parent, Student **Reviewing Agencies:** Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Bavarian, N., Lewis, K. M., DuBois, D. L., Acock, A., Vuchinich, S., Silverthorn, N., Snyder, F. J., Day, J., Ji, P., & Flay, B. R. (2013). Using social-emotional and character development to improve academic outcomes: A matched-pair, cluster-randomized controlled trial in low-income, urban schools. *Journal of School Health*, *83*(11), 771-9. doi:10.1111/josh.12093
- Beets, M. W., Flay, B. R., Vuchinich, S., Acock, A. C., Li, K.-K., & Allred, C. (2008). School climate and teachers' beliefs and attitudes associated with implementation of the Positive Action program: A diffusion of innovations model. *Prevention Science*, 9, 264-75. doi:10.1007/s11121-008-0100-2
- Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F. J., Acock, A., Li, K.-K., Burns, K., Washburn, I. J., & Durlak, J. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. *American Journal of Public Health*, 99(8), 1438-45. doi:10.2105/AJPH.2008.142919

- Bickman, L., Riemer, M., Brown, J. L., Jones, S. M., Flay, B. R., Li, K.-K., DuBois, D., Pelham, Jr., W., & Massetti, G. (2009). Approaches to measuring implementation fidelity in school-based program evaluations. *Journal of Research in Character Education*, *7*(2), 75-101.
- Flay, B. R. & Allred, C. G. (2003). Long-term effects of the Positive Action program. *American Journal of Health Behavior, 27*(Supplement 1), S6-S21.
- Flay, B. R., Allred, C. G., & Ordway, N. (2001). Effects of the Positive Action program on achievement and discipline: Two matched-control comparisons. *Prevention Science*, *2*, 71-89. doi:10.1023/A:1011591613728
- Lewis, K. M., Bavarian, N., Snyder, F. J., Acock, A., Day, J., DuBois, D. L., Ji, P., Schure, M. B., Silverthorn, N., Vuchinich, S., & Flay, B. R. (2012). Direct and mediated effects of a social-emotional and character development program on adolescent substance use. The International Journal of Emotional *Education, 4*(1), 56-78.
- Lewis, K. M., Schure, M. B., Bavarian, N., DuBois, D. L., Day, J., Ji, P., Silverthorn, N., Acock, A., Vuchinich, S., & Flay, B. R. (2013). Problem behavior and urban, low-income youth: A randomized controlled trial of Positive Action in Chicago. *American Journal of Preventive Medicine*, 44(6), 622-30. doi:10.1016/j.amepre.2013.01.030
- Li, K-K., Washburn, I.J., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V., Day, J., Beets, M. W., Acock, A. C., Berbaum, M., Snyder, F. J., & Flay, B. R. (2011). Effects of the Positive Action program on problem behaviors in elementary school students: A matched-pair randomized control trial in Chicago. *Psychology & Health, 26*(2), 187-204. doi:10.1080/08870446.2011.531574
- Snyder, F., Flay, B., Vuchinich, S., Acock, A., Washburn, I., Beets, M., & Li, K.-K. (2010). Impact of a social-emotional and character development program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster-randomized, controlled trial. *Journal of Research on Educational Effectiveness, 3*, 26-55. doi:10.1080/19345740903353436

- Tindings.	
Outcome	Significant *
Improvement in Disruptive Behavior Disorders and Symptoms	×
Improvement in School Absences	V
Improvement in School Engagement	V
Improvement in School Performance	V
Improvement in Sexual Activity	Mixed
Improvement in Social and Emotional Health	V
Improvement in Substance Use	V
Improvement in Violence	V
Note: *Significant at p-value <0.05.	

- Program information available at: <u>https://www.positiveaction.net/introduction</u>
- Program resources can be found at: <u>https://www.positiveaction.net/program-resources#skills-for-greatness-resources</u>



Positive Family Support (PFS) is a multi-tiered, school intervention program that targets youth at risk of problem behaviors, such as substance abuse. PFS is parent-focused and aims to develop family management and communication skills. The main objective of the program is to prevent behavior problems and substance use in adolescents by enhancing communication and parenting skills at home. Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco Cost: Not readily available Cost Description: Not readily available Optional Costs: Not readily available School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Blueprints, California Evidence-Based Clearinghouse for Child Welfare, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Connell, A. M., & Dishion, T. J. (2008). Reducing depression among at-risk early adolescents: Three-year effects of a family-centered intervention embedded within schools. *Journal of Family Psychology, 22*(4), 574-585. doi:10.1037/0893-3200.22.3.574
- Connell, A. M., Dishion, T. J., Yasui, M., & Kavanagh, K. (2007). An adaptive approach to family intervention: Linking engagement in family-centered intervention to reductions in adolescent problem behavior. *Journal of Consulting and Clinical Psychology*, *75*(4), 568-579. doi:10.1037/0022-006X.75.4.568
- Dishion, T. J., Andrews, D. W., Kavanagh, K., & Soberman, L. H. (1996). Preventive interventions for high-risk youth: The Adolescent Transitions Program. In R. D. Peters & R. J. McMahon (Eds.), Banff international behavioral science series, Vol. 3. Preventing childhood disorders, substance abuse, and delinquency (p. 184-214). Sage Publications, Inc. doi:10.4135/9781483327679.n9
- Dishion, T. J., & Kavanaugh, K. (2002). The Adolescent Transitions Program: A family-centered prevention strategy for schools. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (p. 257-272). American Psychological Association. doi:10.1037/10468-013
- Dishion, T. J., Kavanagh, K., Schneiger, A., Nelson, S., & Kaufman, N. K. (2002). Preventing early adolescent substance use: A family-centered strategy for the public middle school. *Prevention Science*, 3(3), 191-201. doi:10.1023/A:1019994500301

- Moore, K. J., Garbacz, S. A., Gau, J. M., Dishion, T. J., Brown, K. L., Stormshak, E. A., & Seeley, J. R. (2016). Proactive parent engagement in public schools: Using a brief strengths and needs assessment in a multiple-gating risk management strategy. *Journal of Positive Behavior Interventions, 18*(4), 230-240. doi:10.1177/1098300716632590
- Smolkowski, K., Seeley, J. R., Gau, J. M., Dishion, T. J., Stormshak, E. A., Moore, K. J., ... Garbacz, S. A. (2017). Effectiveness evaluation of the Positive Family Support intervention: A three-tiered public health delivery model for middle schools. *Journal of School Psychology*, 62, 103-125. doi:10.1016/j. jsp.2017.03.004

Outcome	Significant *
Improvement in Alcohol Use	Ø
Improvement in Behavior Problems	Ø
Improvement in Delinquency	Ø
Improvement in Depressive Disorders and Symptoms	
Improvement in Marijuana Use	
Improvement in Substance Use	
Improvement in Tobacco Use	
Note: *Significant at p-value <0.05.	

- Formerly known as Adolescent Transitions Program (ATP)
- Program information available at: <u>https://reachinstitute.asu.edu/programs/positivefamilysupport</u>



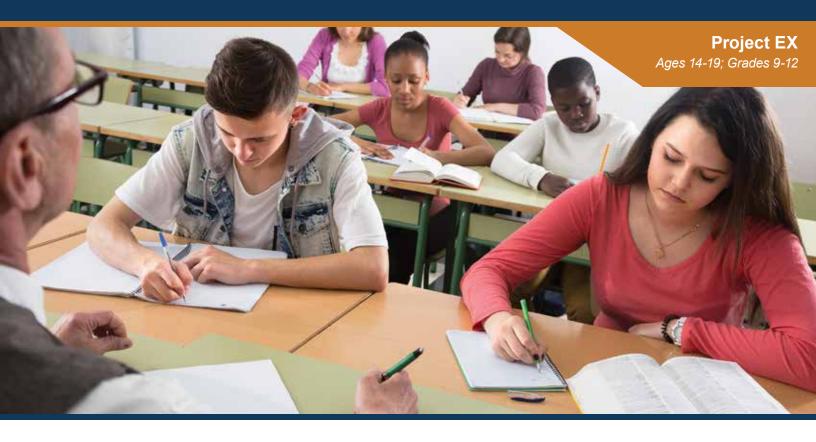
Project ALERT is designed to prevent substance use through developing and promoting non-use attitudes and beliefs. These skills are developed through interactive in-class activities, role-playing, and discussions. Parents are also involved by completing homework assignments with their student to reinforce the skills learned in school. *Substances Addressed:* Alcohol, Drugs-General, Marijuana, Tobacco, Vaping *Cost:* Free Cost Description: A digital version of Project ALERT is available online for free. In addition, training is also available for free online. Optional Costs: None Identified School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: California Evidence-Based Clearinghouse, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency -Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Bell, R., Ellickson, P., &, Harrison, E. (1993). Do drug prevention effects persist into high school? How Project ALERT did with ninth graders. *Preventive Medicine,* (22), 463-483. doi:10.1006/pmed.1993.1038
- Ellickson, P., & Bell, R. (1990). Drug prevention in junior high: A multi-site longitudinal test. Science, 247, 1299-1305. doi:10.1126/science.2180065
- Ellickson, P., & Bell, R. (1990). Prospects for preventing drug use among young adolescents. Santa Monica, Calif.: RAND Corporation, R-3896-CHF.
- Ellickson, P., Bell, R., & Harrison, E. (1993). Changing adolescent propensities to use drugs: Results from Project ALERT. *Health Education Quarterly, 20*(2), 227-242. doi:10.1177/109019819302000214

- Ellickson, P., Bell, R., & McGuigan, K. (1993). Preventing adolescent drug use: Long-term results of a junior high program. *American Journal of Public Health, 83*, 856-861. doi:10.2105/AJPH.83.6.856
- Ellickson, P., McCaffrey, D. F., Ghosh-Dastidar, B., & Longshore, D. (2003). New inroads in preventing adolescent drug use: Results from a large-scale trial of Project ALERT in middle schools. *American Journal of Public Health*, *93*(11), 1830-1836. doi:10.2105/AJPH.93.11.1830
- Ghosh-Dastidar, B., Longshore, D. L., Ellickson, P. L., & McCaffrey, D. F. (2004). Modifying pro-drug risk factors in adolescents: Results from Project ALERT. *Health Education & Behavior, 31*(3), 318-334. doi:10.1177/1090198104263333
- Orlando, M., Ellickson, P., McCaffrey, D., & Longshore, D. (2005). Mediation analysis of a school-based drug prevention program: Effects of Project ALERT. *Prevention Science*, 6(1), 35-46. doi:10.1007/s11121-005-1251-z
- Ringwalt, C. L., Clark, H. K., Hanley, S., Shamlen, S. R., & Flewelling, R. L. (2009). Project ALERT. A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine*, *163*(7), 625-632. doi:10.1001/ archpediatrics.2009.88
- St. Pierre, T. L., Osgood, D. W., Mincemoyer, C. C., Kaltreider, D. L., & Kauh, T. J. (2005). Results of an independent evaluation of Project ALERT delivered in schools by cooperative extension. *Prevention Science*, *6*(4), 305-17. doi:10.1007/s11121-005-0015-0

Outcome	Significant *
Improvement in Alcohol Use	N
Improvement in Behavior Problems	∑
Improvement in Delinquency	
Improvement in Depressive Disorders and Symptoms	∑
Improvement in Marijuana Use	
Improvement in Substance Use	Mixed
Note: *Significant at p-value <0.05.	

- Program overview can be found at: <u>https://s3.amazonaws.com/project\_alert/upload/project\_alert\_at\_a\_glance.pdf</u>
- Online brochure available at: <u>https://www.projectalert.com/brochure#page\_4</u>
- Lesson plans available at: <u>https://www.projectalert.com/account</u>



#### **During-School Program Description**

Project EX program includes several motivational activities (e.g., yoga, interactive games, and a mock talk show) to stop or reduce tobacco use in high school students. The curriculum focuses on teaching self-control, mood management, and goal setting. In addition, the curriculum focuses on lessons for addressing stress, providing other relaxation methods, and discussing nicotine withdrawal.

Substances Addressed: Tobacco

### **Program Publications**

# **Cost:** \$100

Cost Description: The required teacher's manual costs \$60, and the required student workbooks are \$35 for a set of five. The student pre-tests and post-tests are \$2.50 each. Optional Costs: Training is available from \$1,300 to \$2,000 depending on length of training. School Subjects Covered: English Language Arts, Health, Physical Education Program Component: Student **Reviewing Agency:** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- McCuller, W. J., Sussman, S., Wapner, M., Dent, C., & Weiss, D. J. (2006). Motivation to guit as a mediator of tobacco cessation among at-risk youth. Addictive Behaviors, 31, 880-888. doi:10.1016/j. addbeh.2005.07.019
- Sun, P., Miyano, J., Rohrbach, L. A., Dent, C. W., & Sussman, S. (2007). Short-term effects of Project EX-4: A classroom-based smoking prevention and cessation intervention program. Addictive Behaviors, 32(2), 342-350. doi:10.1016/j.addbeh.2006.05.005
- · Sussman, S., Dent, C. W., & Lichtman, K. L. (2001). Project EX: Outcomes of a teen smoking cessation program. Addictive Behaviors, 26, 425-438. doi:10.1016/S0306-4603(00)00135-0
- Sussman, S., McCuller, W. J., Zheng, H., Pfingston Y. M., Miyano, J., & Dent, C. W. (2004). Project EX: A program of empirical research on adolescent tobacco use cessation. Tobacco Induced Diseases, 2(119). doi:10.1186/1617-9625-2-3-119
- Zheng, H., Sussman, S., Chen, X., Wang, Y., Xia, J., Gong, J., Liu, C., Shan, J., Unger, J., & Johnson, A. C. (2004). Project EX – A teen smoking cessation initial study in Wuhan China. Addictive Behaviors, 29(9), 1725-1733. doi:10.1016/j.addbeh.2004.03.035

Outcome	Significant *
Improvement in Tobacco Use	V
Note: *Significant at p-value <0.05.	

# Program Notes

Program implementation information can be found at: <u>https://projectex.usc.edu/?page\_id=20</u>



#### During-School Program Description

Project Northland curriculum targets alcohol use and prevention. The curriculum is designed to reduce alcohol use and associated behaviors (e.g., binge drinking) in middle school students. Additionally, the program encourages parents and the community to prevent the consumption and commercial sale of alcohol to minors.

Substance Addressed: Alcohol Cost: \$625

*Cost Description:* The cost includes the curriculum and a program guide.

Optional Costs: None Identified School Subject Covered: Health Program Components: Community, Parent, Student

**Reviewing Agencies:** Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Komro, K. A., Perry, C. L., Veblen-Mortenson, S., Farbakhsh, K., Toomey, T. L., Stigler, M. H., ... Williams, C. L. (2008). Outcomes from a randomized controlled trial of a multi-component alcohol use preventive intervention for urban youth: Project Northland Chicago. *Addiction*, *103*(4), 606-618. doi:10.1111/j.1360-0443.2007.02110.x
- Komro, K. A., Perry, C. L., Williams, C. L. Stigler, M. H., Farbakhsh, K., & Veblen-Mortenson, S. (2001). How did Project Northland reduce alcohol use among young adolescents? Analysis of mediating variables. *Health Education Research*, *16*(1), 59-70. doi:10.1093/her/16.1.59

- Perry, C. L., Lee, S., Stigler, M. H., Farbakhsh, K., Komro, K. A., Gewirtz A. H., & Williams, C. L. (2007). The impact of Project Northland on selected MMPI-A problem behavior scales. *The Journal of Primary Prevention, 28*(5), 449-465. doi:10.1007/s10935-007-0105-9
- Perry, C. L., Williams, C. L., Forster, J. L., Wolfson, M., Wagenaar, A. C., Finnegan, J. R., ... Anstine, P. S. (1993). Background, conceptualization and design of a community-wide research program on adolescent alcohol use: Project Northland. *Health Education Research*, 8(1), 125-136. doi:10.1093/her/8.1.125
- Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Forster, J. L, Bernstein-Lachter, R., Pratt, L. K., ... McGovern, P. (2000). Project Northland high school interventions: Community action to reduce adolescent alcohol use. *Health Education and Behavior*, 27(1), 29-49. doi:10.1177/109019810002700105
- Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Stigler, M. H., Munson, K. A., ... Forster, J. L. (2002). Project Northland: Long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research*, *17*(1), 117-132. doi:10.1093/her/17.1.117
- Perry, C. L., Williams, C. L., Veblen-Mortenson, Toomey, T. L, Komro, K. A., Anstine, P. S., ... Wolfson, M. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health, 86*(7), 956-965. doi:10.2105/AJPH.86.7.956
- Stigler, M. H., Perry, C. L., Komro, Cudeck, R. & Williams, C. L. (2006). Teasing apart a multiple component approach to adolescent alcohol prevention: What worked in Project Northland? *Prevention Science*, *7*(3), 269-280. doi:10.1007/s11121-006-0040-7
- West, B., Abatemarco, D., Ohman-Strickland, P. A., Zec, V., Russo, A., & Milic. R. (2008). Project Northland in Croatia: Results and lessons learned. *Journal of Drug Education, 38*, 55-70. doi:10.2190/ DE.38.1.e
- Williams, C. L., Toomey, T. L., McGovern, Wagenaar A. C., & Perry, C. P. (1995). Development, reliability, and validity of self-report alcohol-use measures with young adolescents. *Journal of Child and Adolescent Substance Abuse*, *4*(3), 17-40. doi:10.1300/J029v04n03\_02

Outcome	Significant *
Improvement in Alcohol Use	Mixed
Improvement in Commercial, Community, and Parental Attitudes	Mixed
Improvement in Family Problems	V
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use	Mixed
Improvement in Substance Use	Mixed
Note: *Significant at p-value <0.05.	

#### **Program Notes**

Program information can be found at: <u>https://www.spfhawaii.org/evidence-based-programs/project-northland</u>



#### During-School Program Description

Project Towards No Drug Abuse is designed for atrisk high school students. The curriculum focuses on improving positive skills (e.g., communication, decision making) through hands on activities and worksheets.

Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco Cost: \$165+ Cost Description: The cost includes one teacher's manual (\$90), five student workbooks (\$60), and one game board (\$15). *Optional Costs:* An optional video can be

purchased for \$25. In addition, training is available for \$1,300 to \$2,000 depending on the length. **School Subjects Covered:** English Language Arts, Health

Program Component: Student

**Reviewing Agencies:** Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Dent, C., Sussman, S., & Stacy, A. (2001). Project Towards No Drug Abuse: Generalizability to a general high school sample. *Preventive Medicine*, *32*, 514-520. doi:10.1006/pmed.2001.0834
- Lisha, N. E., Sun, P., Rohrbach, L. A., Spruijt-Metz, D., Unger, J. B., & Sussman, S. (2012). An evaluation of immediate outcomes and fidelity of a drug abuse prevention program in continuation high schools: Project Toward No Drug Abuse (TND). *Journal on Drug Education*, *42*(1), 33-57. doi:10.2190/DE.42.1.c
- Rohrbach, L. A., Sun, P., & Sussman, S. (2010). One-year follow-up evaluation of the Project Towards No Drug Abuse (TND) dissemination trial. *Preventive Medicine*, *51*, 313-319. doi:10.1016/j.ypmed.2010.07.016
- Simon, T. R., Sussman, S., Dahlberg, L. L., & Dent C. W. (2002). Influence of a substance-abuseprevention curriculum on violence-related behavior. *American Journal of Health Behavior, 25*, 103-110. doi:10.5993/AJHB.26.2.3
- Sun, P., Sussman, S., Dent, C. W., & Rohrbach, L. A. (2008). One-year follow-up evaluation of Project Towards No Drug Abuse (TND-4). *Preventive Medicine*, *47*, 438-442. doi:10.1016/j.ypmed.2008.07.003
- Sun, W., Skara, S., Sun, P., Dent, C. W., & Sussman, S. (2006). Project Towards No Drug Abuse: Long-term substance use outcomes evaluation. *Preventive Medicine*, *42*, 188-192. doi:10.1016/j. ypmed.2005.11.011
- Sussman, S., Dent, C. W., Craig, S., Ritt-Olsen, A., & McCuller, W. J. (2002). Development and immediate impact of a self-instruction curriculum for an adolescent indicated drug abuse prevention trial. *Journal of Drug Education*, *32*(2), 121-137. doi:10.2190/93XY-C6GB-9LLY-PAA4

- Sussman, S., Dent, C. W., & Stacy, A. W. (2002). Project Towards No Drug Abuse: A review of the findings and future directions. *American Journal of Health Behavior, 26*(5), 354-365. doi:10.5993/AJHB.26.5.4
- Sussman, S., Dent, C. W., Stacy, A. W., & Craig, S. (1998). One-year outcomes of Project Towards No Drug Abuse. *Preventive Medicine*, 27(4), 632-642. doi:10.1006/pmed.1998.0338
- Sussman, S., Sun, P., McCuller, W. J., & Dent, C. W. (2003). Project Towards No Drug Abuse: Two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive medicine*, *37*(2), 155-162. doi:10.1016/S0091-7435(03)00108-7
- Sussman, S., Sun, P., Rohrbach, L. A., & Spruijt-Metz, D. (2012). One-year outcomes of a drug abuse prevention program for older teens and emerging adults: Evaluating a motivational interviewing booster component. *Health Psychology*, *31*(4), 476-485. doi:10.1037/a0025756
- Valente, T. V., Ritt-Olson, A., Stacy, A., Unger, J. B., Okamoto, J. & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction, 102*(11), 1804-1815. doi:10.1111/j.1360-0443.2007.01992.x

Outcome	Significant *
Improvement in Alcohol Use	V
Improvement in Marijuana Use	Mixed
Improvement in Substance Use	V
Improvement in Tobacco Use	Mixed
Improvement in Violence	Mixed
Note: *Significant at p-value <0.05.	

- A preview of the curriculum is available at: <u>https://tnd.usc.edu/?page\_id=41</u>
- Program implementation information can be found at: <u>https://tnd.usc.edu/?page\_id=71</u>



# During-School Program Description

The Project Towards No Tobacco Use (Project TNT) classroom curriculum is focused on preventing and reducing tobacco use. Project TNT is based on the belief that students will make better decisions if they are aware of misleading information regarding tobacco and tobacco use. Project TNT focuses on teaching skills to resist social pressures. The curriculum uses interactive activities to enhance student participation, including games, role-plays, discussions, activism letter writing, and a videotaping project.
Substance Addressed: Tobacco
Cost: Not readily available
Cost Description: Not readily available
Optional Costs: Training is available from \$1,300 to
\$2,000 depending on length of training.
School Subject Covered: Health
Program Component: Student
Reviewing Agencies: Office of Juvenile
Justice and Delinquency Prevention (OJJDP), US
Department of Education - Office of Safe and Drug
Free Schools

- Dent, C. W., Sussman, S., Stacy, A. W., Craig, S., Burton, D., & Flay, B. R. (1995). Two-year behavior outcomes of Project Towards No Tobacco Use. *Journal of Clinical and Consulting Psychology*, 63(4), 676-677. doi:10.1037/0022-006X.63.4.676
- Meshack, A. F., Hu, S., Pallonen, U. E., McAlister, A. L., Gottlieb, N., & Huang, P. (2004). Texas tobacco prevention pilot initiative: Processes and effects. *Health Education Research*, *1*9(6), 657-668. doi:10.1093/ her/cyg088
- Sussman, S., Dent, C. W., Stacy, A. W., Hodgson, C. S., Burton, D., & Flay, B. R. (1993). Project Towards No Tobacco Use: Implementation, process and post-test knowledge evaluation. *Health Education Research*, 8(1), 109-123. doi:10.1093/her/8.1.109
- Sussman, S., Dent, C. W., Stacy, A. W., Sun, P., Craig, S., Simon, T. R., & Flay, B. R. (1993). Project Towards No Tobacco Use: 1-year behavior outcomes. *American Journal of Public Health*, 83(9), 1245-1250. doi:10.2105/AJPH.83.9.1245
- Wang, L. Y., Crossett, L. S., Lowry, R., Sussman, S., & Dent, C. W. (2001). Cost-effectiveness of a school-based tobacco-use prevention program. *Archives of Pediatrics and Adolescent Medicine, 155*(9), 1043-1050. doi:10.1001/archpedi.155.9.1043



Project Venture targets at-risk American Indian youth by focusing on cultural values. The program promotes prosocial behavior, as well as alcohol and drug prevention. Project Venture utilizes classroombased activities, outdoor experiential learning, and afterschool/weekend intensive sessions. The program also includes a community service component where staff and students complete community service projects that contribute to community building. Substances Addressed: Alcohol, Drugs-General Cost: Not readily available Cost Description: Not readily available Optional Costs: Trainings and workshops are offered. Contact Project Venture for a quote. School Subjects Covered: Health, Physical Education Program Components: Community Student

**Program Components:** Community, Student **Reviewing Agency:** Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### **Program Publication**

• Carter, S. L., Straits, J. E., & Hall, M. (2007). Project Venture: Evaluation of a Positive, Culture-Based Approach to Substance Abuse Prevention with American Indian Youth. Technical Report. Gallup, N.M.: National Indian Youth Leadership Project.

#### • Findings:

Outcome	Significant *
Improvement in Alcohol Use	V
Improvement in Illicit Drug Use	×
Improvement in Marijuana Use	×
Improvement in Substance Use	V
Improvement in Tobacco Use	×
Note: *Significant at p-value <0.05.	

#### **Program Notes**

Program information available at: <u>https://projectventure.org/programs/</u>



Raising Healthy Children targets teachers, parents, and students. Teachers complete workshops that focus on classroom management skills and exercises to reduce aggressive behaviors and risk factors. Students complete lessons and exercises focused on peer-intervention strategies. And, parents participate through workshops and at-home sessions that focus on providing reinforcement and consequences for good and bad behaviors. **Substances Addressed:** Alcohol, Drugs-General Cost: Not readily available

*Cost Description:* The costs of this program vary depending on the classroom size. *Optional Costs:* Training is available for \$950 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and for \$500 per teacher for the first and second upon and teacher for \$500 per teacher for the first and second upon and teacher for \$500 per te

teacher for the first and second year and for \$500 for the third year.

School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Blueprints, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Brown, E. C., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2005). Adolescent substance use outcomes in the Raising Healthy Children project: A two-part latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, *73*, 699-710. doi:10.1037/11855-007
- Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, *41*, 143-164. doi:10.1016/S0022-4405(03)00031-1
- Haggerty, K. P., Fleming, C. B., Catalano, R. F., Harachi, T. W., & Abbot, R. D. (2006). Raising Healthy Children: Examining the impact of promoting healthy driving behavior within a social development intervention. *Prevention Science*, *7*, 257-267. doi:10.1007/s11121-006-0033-6

Outcome	Significant *
Improvement in Alcohol-Impaired Driving	N
Improvement in Alcohol Use	Mixed
Improvement in Antisocial Behavior	Mixed
Improvement in Marijuana Use	Mixed
Improvement in School Engagement	
Improvement in School Performance	
Improvement in Social and Emotional Skills	Mixed
Improvement in Tobacco Use	×
Note: *Significant at p-value <0.05.	

# Program Notes

• A sample of the program can be found at: <u>http://www.sdrg.org/RHC\_YEAR\_1\_Impl\_Guide.pdf</u>

An overview of the program can be found at: <u>http://www.sdrg.org/rhcsummary.asp</u>



Reconnecting Youth teaches students skills to avoid or address risk factors. The program is designed for high risk students. The curriculum focuses on increasing self-esteem, improving decision-making skills, and enhancing interpersonal communication. Additionally, Reconnecting Youth aims to increase social involvement in healthy activities, especially activities that increase school bonding.

Substances Addressed: Alcohol, Drugs-General Cost: \$400+

Cost Description: The curriculum materials

#### **Program Publications**

- Cho, H., Hallfors, D. D., & Sanchez, V. (2005). Evaluation of a high school peer group intervention for atrisk youth. *Journal of Abnormal Child Psychology, 33*(3), 363-374. doi:10.1007/s10802-005-3574-4
- Dougherty, D., & Sharkey, J. (2017). Reconnecting Youth: Promoting emotional competence and social support to improve academic achievement. *Children and Youth Services Review*, 74, 28-34. doi:10.1016/j. childyouth.2017.01.021
- Eggert, L. L., & Herting, J. R. (1991). Preventing teenage drug abuse: Exploratory effects of network social support. *Youth and Society, 22*(4), 482-524. doi:10.1177/0044118X91022004004
- Eggert, L. L., Seyl, C. D., & Nicholas, L. J. (1990). Effects of a school-based prevention program for potential high school dropouts and drug abusers. *International Journal of the Addictions*, *25*(7), 773-801. doi:10.2109/10826089009056218

include five lesson plan books and one student workbook for \$299 plus shipping. Additional student workbooks cost \$29.95 each plus shipping, and the modules cost about \$75 each. *Optional Costs:* Posters are available for \$50-\$150. The teacher/facilitator training is available for \$8,800. Technical assistance (professional development workshops and webinars) are available for \$250.

School Subjects Covered: English Language Arts, Health, Social Studies Program Component: Student Reviewing Agency: Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Eggert, L. L., Thompson, E. A., Herting, J. R., & Nicholas, L. J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior, 25*(2), 276-296. doi:10.1111/j.1943-278X.1995.tb00926.x
- Eggert, L. L., Thompson, E. A., Herting, J. R., Nicholas, L. J., & Dicker, B. G. (1994). Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. *American Journal of Health Promotion*, 8(3), 202-215. doi:10.4278/0890-1171-8.3.202
- Sánchez, V., Steckler, A., Nitirat, P., Hallfors, D. Cho, H., & Brodish, P. (2007). Fidelity of implementation in a treatment effectiveness trial of Reconnecting Youth. *Health Education Research, 22*(1), 95-107. doi:10.1093/her/cyl052
- Thompson, E. A., Eggert, L. L., & Herting, J. R. (2000). Mediating effects of an indicated prevention program for reducing youth depression and suicide risk behaviors. *Suicide and Life-Threatening Behavior*, *30*(3), 252-271. doi:10.1111/j.1943-278X.2000.tb00990.x

Outcome	Significant *
Improvement in Alcohol Use	×
Improvement in Anger	
Improvement in Delinquency	×
Improvement in Depressive Disorders and Symptoms	
Improvement in Peer Bonding	
Improvement in Health-Risk Behaviors	
Improvement in School Attendance	
Improvement in School Bonding	Mixed
Improvement in School Performance	Mixed
Improvement in Substance Use	Mixed
Improvement in Suicide	
Improvement in Tobacco Use	×
Note: *Significant at p-value <0.05.	

- A program overview is available at: <u>https://www.reconnectingyouth.com/content/our-programs/ry</u>
- Implementation resources are available at: <u>https://www.reconnectingyouth.com/content/resources/</u> <u>implementation</u>

Social Decision Making/Problem **Solving Program** 



# **During-School Program Description**

The Social Decision Making/Problem Solving Program (SDM/PS) is intended to be used with all students in kindergarten to eighth grades. SDM/PS uses a variety of cooperative learning methods, including small-group brainstorming, problem-solving, and role-playing activities. Students learn skills such as self-control, listening, respectful communication, giving and receiving help, and working cooperatively and fairly in groups. Sessions follow a structure that includes an introduction to the topic, modeling of the skill, opportunities for practice, reflection and discussion, and suggestions for practice beyond the structured lesson. Teachers are trained to design application activities to help students transfer what they have learned in the program to real life and academic areas. Another important part of the SDM/PS

program is parent participation and support. The goal of the program is to improve self-control and social awareness, social decision making skills, and applications to academics and "real life" problems. These skills help to protect and prevent a wide range of problems such as, substance abuse, violence, bullying, gang involvement, early teenage pregnancy, suicide and increased academic achievement.

Substances Addressed: Alcohol, Drugs-General Cost: Not readily available Cost Description: Not readily available Optional Costs: Not readily available School Subjects Covered: Health Program Components: Parent, Student Reviewing Agencies: California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

#### **Program Publications**

- Bruene-Butler, L., Hampson, J., Elias, M. J., Clabby, J. F., et al. (1997). The Improving Social Awareness-Social Problem Solving Project. In G. W. Albee & T. P. Gullotta (Eds.), *Primary prevention works* (pp. 239–267). Sage Publications, Inc. doi: 10.4135/9781452243801.n11
- Elias, M. J., Gara, M. A., Ubriaco, M., Rothbaum, P., Clabby, J., & Schuyler, T. F. (1986). Impact of a preventive social problem solving intervention on children's coping with middle-school stressors. *American Journal of Community Psychology*, 14(3), 259–75. doi: 10.1007/BF00911174
- Elias, M. J., Gara, M. A., Schuyler, T. F., Branden-Muller, L. R., & Sayette, M. A. (1991). The promotion of social competence: Longitudinal study of a preventive school-based program. *American Journal of Orthopsychiatry*, 61(3):409–17. doi: 10.37/h0079277
- Elias, M. J., & Weissberg, R. P. (2000). Primary prevention: Educational approaches to enhance social and emotional learning. *Journal of School Health*, 70(5), 186–90. doi: 10.1111/j.1746-1561.2000.tb06470.x

#### • Findings:

Outcome	Significant *
Improvement in Academic Achievement	V
Improvement in Alcohol Use	×
Improvement in Coping Skills	V
Improvement in Making Social Adjustments	V
Improvement in Problem Solving Skills	V
Improvement in Social Emotional Skills	V
Improvement in Tobacco Use	×
Note: *Indicates statistically significant finding at p-value <0.05.	

#### **Program Notes**



# During-School Program Description

SPORT Prevention Plus Wellness (SPORT PPW) is designed to prevent substance abuse while also promoting physical activity, healthy eating, adequate sleep, and stress-reduction for youth. Students engage in goal setting to increase overall wellness and drug abstinence. SPORT PPW also includes optional parental materials to reinforce lessons at home.

*Substances Addressed:* Alcohol, Drugs-General, Marijuana, Tobacco, Vaping

### **Program Publications**

# **Cost:** \$499

*Cost Description:* The cost includes the program and SPORT PPW manual.

*Optional Costs:* Training is available for \$199 to \$499 per teacher. Prices vary depending upon the type of training.

School Subjects Covered: English Language Arts, Health, Physical Education, Social Studies Program Components: Parent, Student Reviewing Agency: Blueprints

- Moore, M. J., & Werch, C. (2009). Efficacy of a brief alcohol consumption reintervention for adolescents. Substance Use & Misuse, 44, 1009-1020. doi:10.1080/10826080802495229
- Werch, C., Moore, M. J., DiClemente, C., Bledsoe, R., & Jobli, E. (2005). A multihealth behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science*, *6*(3), 213-226. doi:10.1007/s11121-005-0012-3

### • Findings:

Outcome	Significant *
Improvement in Alcohol Use	
Improvement in Marijuana Use	
Improvement in Physical Activity	
Improvement in Substance Use	Mixed
Improvement in Tobacco Use	
Note: *Significant at p-value < 0.05.	·

- Program information can be found at: <u>https://preventionpluswellness.com/products/sport-prevention-plus-wellness</u>
- A program sample can be requested through the company website.



Start Taking Alcohol Risks Seriously (STARS) for Families prevents alcohol use through identifying risk factors and provides targeted information on underage alcohol use. During the program, students are assessed for risk factors and alcohol use through a health consultation with a health care provider. "Key Facts Postcards" are also disseminated to parents to help foster good communication about alcohol use with their child. Additionally, parents are involved through takehome lessons that include prevention activities. **Substance Addressed:** Alcohol **Cost:** \$800 *Cost Description:* The cost includes the curriculum for \$299 and an audio training for program implementers for \$499.

*Optional Costs:* Optional materials can be purchased, including parent postcards (\$49.95 for 50), family take-home lessons (\$129.95 for 50), an implementation consultation (\$599 per hour), scannable outcome surveys (\$5 each), and evaluation services (\$10 per adolescent). *School Subject Covered:* Health *Program Components:* Parent, Student *Reviewing Agencies:* Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness

- Werch, C. E., Owen, D. M., Carlson, J. M., DiClemente, C. C., Edgemon, P., & Moore, M. (2003). Oneyear follow-up results of the STARS for Families alcohol prevention program. *Health Education Research*, *18*(1), 74-87. doi:10.1093/her/18.1.74
- Werch, C. E., Carlson, J. M., Owen, D. M., DiClemente, C. C., & Carbonari, J. P. (2001). Effects of a stage-based alcohol preventive intervention for inner-city youth. *Journal of Drug Education, 31*(2), 123-138. doi:10.2190/VEB0-7Y4M-M79W-DNW5
- Werch, C. E., Carlson, J. M., Pappas, D. M., Edgemon, P., & DiClemente, C. C. (2000). Effects of a brief alcohol preventive intervention for youth attending school sports physical examinations. *Substance Use and Misuse*, *35*(3), 421-432. doi:10.3109/10826080009147704
- Werch, C. E., Pappas, D. M., Carlson, J. M., Edgemon, P., Sinder, J. A., & DiClemente, C. C. (2000). Evaluation of a brief alcohol prevention program for urban school youth. *American Journal of Health Behavior, 24*(2), 120-131. doi:10.5993/AJHB.24.2.5
- Werch, C. E., Pappas, D. M., Carlson, J. M., & DiClemente, C. C. (1998). Short- and long-term effects of a pilot prevention program to reduce alcohol consumption. *Substance Use and Misuse*, *33*(11), 2303-2321. doi:10.2109/10826089809056259

Outcome	Significant *
Improvement in Alcohol Use	Mixed
Improvement in Positive Peer Associations	×
Improvement in Risk Factors	×
Note: *Significant at p-value <0.05.	·

# Program Notes

• A program description can be found at: <u>https://www.crimesolutions.gov/ProgramDetails.aspx?ID=315</u>



# During-School Program Description

The Strengthening Families Program prevents drug use in children whose parents have a history of abusing drugs. The program aims to improve behavioral health outcomes, as well as reduce problem behaviors (e.g. mental health, delinquency, substance abuse) through improving parenting and behavior management skills.

Substances Addressed: Alcohol, Drugs-General Cost: \$450 per curriculum

*Cost Description:* Each age group curriculum must be purchased separately at a cost of \$450 each.

*Optional Costs:* A two-day training is available for \$4,100 for 16 or fewer, or \$4,900 for 36 or fewer. **School Subjects Covered:** English Language Arts, Health, Social Studies

**Program Components:** Parent, Student **Reviewing Agencies:** Blueprints, California Evidence-Based Clearinghouse for Child Welfare, National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness, US Department of Education - Office of Safe and Drug Free Schools

- Brook, J., McDonald, T. P., & Yan, Y. (2012). An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review, 34*(4), 691-95. doi:10.1016/j.childyouth.2011.12.018
- DeMarsh, J., & Kumpfer, K. L. (1986). Family-oriented interventions for the prevention of chemical dependency in children and adolescents. *Journal of Children in Contemporary Society: Advances in Theory and Applied Research, 18*(122), 117-151. doi:10.1300/J274v18n01\_07
- Gottfredson, D. C., Kumpfer, K. L., Fox, D. P., Wilson, D. B., Puryear, V., Beatty, P. D., & Vilmenay, M. (2006). The Strengthening Washington D.C. Families Project: A randomized effectiveness trial of family-based prevention. *Prevention Science*, 7(1), 57-74. doi:10.1007/s11121-005-0017-y
- Johnson-Motoyama, M., Brook, J., Yan, Y., & McDonald, T. P. (2013). Cost analysis of the Strengthening Families Program in reducing time to family reunification among substance-affected families. *Children and Youth Services Review, 35*(2), 244-252.
- Kumpfer, K. L. (2015). Middle childhood: Strengthening Families Program 6-11. In M. Van Ryzin, K. L. Kumpfer, G. Falco, & M. Greenberg (Eds.) *Family-based prevention programs for children and adolescents: Theory, research, and large-scale dissemination,* Chapter 4. New York: Psychology Press.
- Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in familybased prevention interventions. *Prevention Science*, *3*(3), 241-246. doi:10.1023/A:1019902902119

- Kumpfer, K. L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6-8-year-old rural children. *Psychology of Addictive Behaviors, 16*(Suppl. 4), S65-S71. doi:10.1037/0893-164X.16.4S.S65
- Kumpfer, K. L., Greene, J. A., Bates, R. F., Cofrin, K., & Whiteside, H. (2007). State of New Jersey DHS Division of Addiction Services Strengthening Families Program Substance Abuse Prevention Initiative: Year Three Evaluation Report (Reporting period: July 1, 2004-June 30, 2007). Salt Lake City, UT: LutraGroup.
- Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, and Practice, 14*(3), 211-229. doi:10.1037/a0020602
- Kumpfer, K. L., Xie, J., & O'Driscoll, R. (2012). Effectiveness of a culturally adapted Strengthening Families Program 12-16 years for high-risk Irish families. *Child & Youth Care Forum, 41*(2), 173-195. doi:10.1007/s10566-011-9168-0
- Magalhães, C., & Kumpfer, K. L. (2015). Effectiveness of culturally adapted Strengthening Families Programme 6-11 years among Portuguese families. *Journal of Children's Services, 10*(2), 151-160. doi:10.1108/JCS-02-2014-0010
- Maguin, E., Nochajski, T., DeWit, D., Macdonald, S., Safyer, A., & Kumpfer, K. (2007). The Strengthening Families Program and children of alcoholic's families: Effects on parenting and child externalizing behavior. Manuscript submitted for publication.
- Miller, A. L., Perryman, J., Markovitz, L., Franzen, S., Cochran, S., & Brown, S. (2013). Strengthening incarcerated families: Evaluating a pilot program for children of incarcerated parents and their caregivers. *Family Relations*, *62*(4), 584-596. doi:10.1111/fare.12029
- Mindel, C. H., & Hoefer, R. A. (2006). An evaluation of a family strengthening program for substance abuse offenders. *Journal of Social Service Research*, *32*(4), 23-38. doi:10.1300/J079v32n04\_02

Outcome	Significant *
Improvement in Behavior Problems	
Improvement in Depressive Disorders and Symptoms	V
Improvement in Drug Refusal Skills	X
Improvement in Family Relationships	Mixed
Improvement in Family Reunification	V
Improvement in Negative Peer Associations	X
Improvement in Parenting Behaviors	
Improvement in Risk and Protective Factors	X
Improvement in School Bonding	V
Note: *Significant at p-value < 0.05.	

- The program is available in English and Spanish.
- Program information is available at: <u>https://strengtheningfamiliesprogram.org/about.html</u>

Strengthening Families Program: For Parents and Youth 10-14 Ages 10-14; Grades 5-8

# During-School Program Description

Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) (formerly known as Iowa Strengthening Families) is a seven-session program that aims to enhance family protective factors and decrease family risk factors related to youth substance use and other problem behaviors. The weekly two-hour sessions include skillsbuilding activities for both the students and their parents. The parents and students also participate in a weekly family session where parents and students practice the skills they have acquired, work on conflict resolution and communication, and engage in activities to increase family bonding. The parental skills taught include appropriately communicating substance use expectations based on child development norms of adolescent substance use, using proper disciplinary actions, managing their child's emotions, and using effective communication. Children are taught refusal skills for dealing with peer pressure and other socialemotional skills.

Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco Cost: ~ \$2270 Cost Description: The required materials include a Facilitator Manual for \$195, a DVD video set for \$298, a poster set for \$55, and Love and Limits Magnetic Clips for \$25-\$125. Before purchasing the required materials you must be able to verify that you were trained within the last three years. The cost for a small training (10-15 facilitators) is \$4200 plus travel for one trainer (~\$1700) and cost for a large training (16-30 facilitators) is \$5400 plus travel for two trainers (~\$3400).

Optional Costs: You can purchase promotional materials, such as information brochures (\$20/ pkg of 50), sticky notepads (\$27.50/pkg of 25), conversation cards (\$2.25 - \$90), and pens (\$55/pkg of 50). You can also purchase booster materials, including a Booster Manuel - Sessions 1-4 (\$50) and Parent Booster DVD Sets (\$60). Materials are also available in Spanish. School Subjects Covered: English Language Arts, Health, Social Studies Program Components: Parent, Student Reviewing Agencies: Blueprints, California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinguency Prevention (OJJDP), National Institute on Drug Abuse (NIDA), Texas Education Agency (TEA)-Evidence Based Programs for Alcohol Awareness, U.S. Department of Education - Office of Safe and **Drug-Free Schools** 

- Foxcroft, D. R., Callen, H., Davies, E. L., & Okulicz-Kozaryn, K. (2016). Effectiveness of the Strengthening Families Programme 10-14 in Poland: Cluster randomized trial. *The European Journal of Public Health*, *27(3)*, 494-500. doi: 10.1093/eurpub/ckw195
- Baldus, C., Thomsen, M., Sack, P. M., Broning, S., Arnaud, N., Daubmann, A., & Thomasius, R. (2016). Evaluation of a German version of the Strengthening Families Programme 10-14: A randomized controlled trial. *The European Journal of Public Health, 26(6)*, 953-959. doi: 10.1093/eurpub/ckw082

- Rulison, K. L., Feinberg, M., Gest, S. D., & Osgood, D. W. (2015). Diffusion of intervention effects: The impact of a family-based substance use prevention program on friends of participants. *Journal of Adolescent Health, 57*, 433-440. doi: 10.1016/j.jadohealth.2015.06.007
- Coombes, L., Allen, D., & Foxcroft, D. (2012). An exploratory pilot study of the Strengthening Families programme 10-14 (UK). *Drugs: Education, Prevention and Policy, 19(5)*, 387-396. doi: 10.3109/09687637.2012.658889
- Riesch, S. K., Brown, R. L., Anderson, L. S., Wang, K., Canty-Mitchell, J., & Johnson, D. L. (2012). Strengthening Families Program (10-14): Effects on the family environment. *Western Journal of Nursing Research*, *34*(*3*), 340-376. doi: 10.1177/0193945911399108
- Spoth, R. L., Randall G. K, , & Shin, C. (2008). increasing school success through partnership-based family competency training: Experimental study of long-term outcomes. *School Psychology Quarterly,* 23(1), 70–89. doi: 10.1037/1045-3830.23.1.70
- Spoth, R. L., Cleve, R., Chungyeol, S., & Kari, A. (2004). brief family intervention effects on adolescent substance initiation: school-level growth curve analyses 6 years following baseline. *Journal of Consulting and Clinical Psychology*, *72*(*3*), 535–42. doi: 10.1037/0022-006X.72.3.535
- Spoth, R. L., Max, G., Wei, C., & Virginia K. M. (2003). Virginia Molgaard exploratory study of a preventive intervention with general population African American families. Journal of Early Adolescence, 23(4), 435–86.
- Spoth, R. L., Redmond, C., Trudeau, L., & Shin, C. (2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychology of Addictive Behaviors, 2*, 129-134.
- Spoth R. L., Redmond C., & Shin C. (2000). Reducing adolescents' aggressive and hostile behaviors: Randomized trial effects of a brief family intervention 4 years past baseline. *Arch Pediatr Adolesc Med*, *154(12)*, 1248-1257. doi: 10.1001/archpedi.154.12.1248
- Spoth R. L., Redmond C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family-focused preventive interventions: one- and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol, Supplemental(s13)*, 103-111. doi: 10.15288/jsas.1999.s13.103

Outcome	Significant *		
Improvement in Aggressive and Destructive Behaviors			
Improvement in Alcohol Resistance Skills	×		
Improvement in Alcohol Use	Mixed		
Improvement Knowledge, Attitudes, and Beliefs About Substance Use	V		
Improvement in Marijuana Use			
Improvement in Parental Behaviors	Mixed		
Improvement in Parental Interactions	Mixed		
Improvement in Substance Use			
Improvement in Tobacco Use	×		
Note: *Indicates statistically significant finding at p-value <0.05.			

- A program overview is available at: https://www.extension.iastate.edu/sfp10-14/
- Sample curriculum is available at: <u>https://iastate.box.com/s/qye7lnl6yw7w05wlqyfe79k1xe2ah9ni</u>
- Program materials available in Spanish



Strong African American Families (SAAF) aims to prevent risky behaviors, such as substance abuse through training parents and a family therapy component. SAAF works to improve parenting practices related to monitoring youth and communication about alcohol use expectations, sexual activity, and racial socialization.

Substances Addressed: Alcohol, Drugs-General Cost: \$7,000 Cost Description: Costs to implement include purchasing the SAAF program package, as well as a 3-day on-site facilitator training for up to 30 participants, and technical assistance and consultation.

Optional Costs: None Identified School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Blueprints, California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Beach, S. R. H., Kogan, S. M., Brody, G. H., Chen, Y. -f., Lei, M. -K., & Murry, V. M. (2008). Change in caregiver depression as a function of the Strong African American Families Program. *Journal of Family Psychology*, *22*(2), 241-252. doi:10.1037/0893-3200.22.2.241
- Brody, G., Kogan, S., Chen, Y., & McBride-Murry, V. (2008). Long-term effects of the Strong African American Families program on youths' conduct problems. *Journal of Adolescent Health, 43*, 474-481. doi:10.1016/j.adohealth.2008.04.016
- Brody, G., McBride-Murry, V., Gerrard, G., Gibbons, F., Molgaard, V., McNair, L., ... Neubaum-Carlan, E. (2004) The Strong African American Families Program: Translating research into prevention programming. *Child Development*, *75*(3), 900-917. doi:10.1111/j.1467-8624.2004.00713.x

- Brody, G. H., Chen, Y.-F., Kogan, S. M., Murry, V. M., & Brown, A. C. (2010). Long-term effects of the Strong African American Families program on youths' alcohol use. *Journal of Consulting and Clinical Psychology*, *78*(2), 281-285. doi:10.1037/a0018552
- Brody, G. H., Murry, V. M., Gerrard, M., Gibbons, F. X., McNair, L., Brown, A. C., ... Chen, Y. (2006). The Strong African American Families Program: Prevention of youths' high-risk behavior and a test of model change. *Journal of Family Psychology*, *20*, 1-11. doi:10.1037/0893-3200.20.1.1
- Brody, G. H., Murry, V. M., Kogan, S. M., Brown, A. C., Anderson, T., Chen, Y., ... Wills, T. A. (2006). The Strong African American Families Program: A cluster-randomized prevention trial of long-term effects and a mediational model. *Journal of Consulting and Clinical Psychology*, 74, 356-366. doi:10.1037/0022-006X.74.2.356
- Gerrard, M., Gibbons, F. X., Brody, G. H., Murry, V. M., Cleveland, M. J., & Wills, T. A. (2006). A theorybased dual-focus alcohol intervention for preadolescents: The Strong African American Families Program. *Psychology of Addictive Behaviors, 20*, 185-195. doi:10.1037/0893-164X.20.2.185
- Gottfredson, D. C., Kumpfer, K. L., Fox, D. P., Wilson, D. B., Puryear, V., Beatty, P. D., & Vilmenay, M. (2006). The Strengthening Washington D.C. Families Project: A randomized effectiveness trial of family-based prevention. *Prevention Science*, 7(1), 57-74. doi:10.1007/s11121-005-0017-y
- Kogan, S. M., Lei, M.-K., Brody, G. H., Futris, T. G., Sperr, M., & Anderson, T. (2016). Implementing family-centered prevention in rural African American communities: A randomized effectiveness trial of the Strong African American Families program. *Prevention Science*, *17*(2), 248-258. doi:10.1007/s11121-015-0614-3
- Murry, V. M., Berkel, C., Brody, G. H., Gibbons, M., & Gibbons, F. X. (2007). The Strong African American Families program: Longitudinal pathways to sexual risk reduction. *Journal of Adolescent Health, 41*, 333-342. doi:10.1016/j.jadohealth.2007.04.003
- Murry, V. M., McNair, L. D., Myers, S. S., Chen, Y., & Brody, G. H. (2014). Intervention induced changes in perceptions of parenting and risk opportunities among rural African Americans. *Journal of Child and Family Studies*, *23*, 422-466. doi:10.1007/s10826-013-9714-5

Outcome	Significant *
Improvement in Alcohol Use	Mixed
Improvement in Behavior Problems	
Improvement in Depressive Disorders and Symptoms	
Improvement in Health-Risk Behaviors	
Improvement in Parenting Behaviors	
Improvement in Sexual Activity	×
Note: *Significant at p-value <0.05.	

# **Program Notes**

• A promotional video and brochure can be found at: <u>https://cfr.uga.edu/saaf-programs/saaf/</u>



The Strong African American Families - Teen (SAAF-T) program targets African-American students living in rural communities that are entering high school. The program includes 5 sessions focusing on reducing risky behaviors, substance abuse, and sexual risk-taking. SAAF-T integrates individual student skills building, parenting skills training, and family interaction training. Each session includes separate one-hour trainings for parents and students, followed by a one-hour combined session where parents and students can practice the skills learned individually. The goal of SAAF-T is to promote positive development of African American youth throughout their teenage years by building on the strengths of African American families. Substances Addressed: Alcohol, Drugs-General, Marijuana, Tobacco Cost: \$8,000 Cost Description: The cost includes a 3-day training, ongoing technical assistance, two sets of the program DVDs and online videos, a printed set of curriculum materials, access to PDF copies of curriculum materials, resource materials, and access to the program's impact Implementation Support Platform. Optional Costs: None Identified School Subject Covered: Health Program Components: Parent, Student Reviewing Agencies: Blueprints

- Brody, G. H., Chen, Y., Kogan, S. M., Yu, T., Molgaard, V. K., DiClemente, R. J., & Wingood, G. M. (2012). Family-centered program deters substance use, conduct problems, and depressive symptoms in black adolescents. *Pediatrics*, *129*, 108-115. doi: 10.1542/peds.2011-0623
- Kogan, S. M., Brody, G. H., Molgaard, V. K., Grange, C. M., Oliver, D. A. H., Anderson, T. N., . . . Sperr, M. C. (2012). The Strong African American Families-Teen trial: Rationale, design, engagement processes, and family-specific effects. *Prevention Science*, *13*, 206-217. doi: 10.1007/s11121-011-0257-y
- Kogan, S. M., Yu, T., Brody, G. H., Chen, Y., DiClemente, R. J., Wingood, G. M., & Corso, P. S. (2012). Integrating condom skills into family-centered prevention: Efficacy of the Strong African American Families-Teen program. *Journal of Adolescent Health*, *51*, 164-170. doi: 10.1016/j.jadohealth.2011.11.022

Outcome	Significant *
Improvement in Behavior Problems	
Improvement in Depressive Disorders and Symptoms	
Improvement in Parenting Behaviors	
Improvement in Sexual Activity	
Improvement in Substance Use	
Note: *Indicates statistically significant finding at p-value <0.05.	· ·

- A program overview is available at: <u>https://cfr.uga.edu/saaf-programs/saaf-t/</u>
- A brochure is available at: <u>http://2dbdib1jyt93348us72tciaw-wpengine.netdna-ssl.com/wp-content/uploads/sites/18/2020/02/SAAF-T\_Brochure\_14\_no-contact-1.pdf</u>



# During-School Program Description

The Teams-Games-Tournaments uses peer support and group reward structures to prevent alcohol use. The program includes an educational program that also includes a tournament game to reinforce lessons.

Substance Addressed: Alcohol

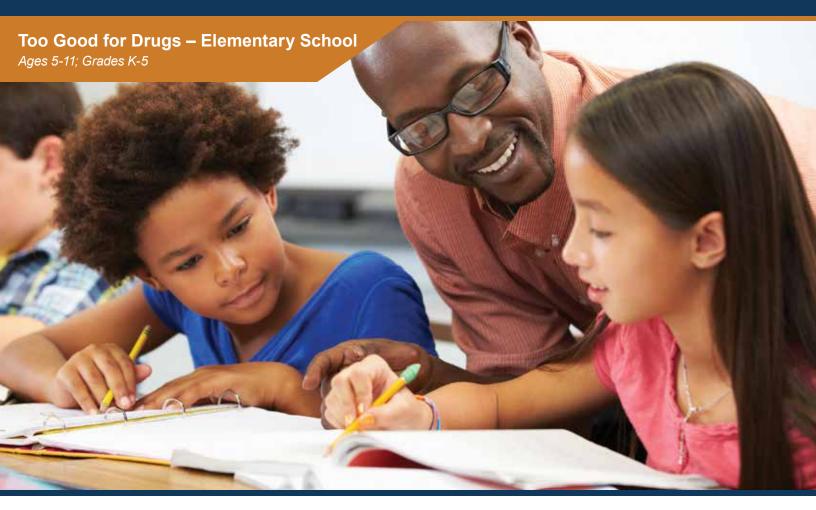
Cost: Not readily available Cost Description: Not readily available Optional Costs: Not readily available School Subjects Covered: English Language Arts, Health, Physical Education Program Component: Student Reviewing Agency: Office of Juvenile Justice and Delinguency Prevention (OJJDP)

- Wodarski, J. S. (1987). A social learning approach to teaching adolescents about alcohol and driving: A multiple-variable follow-up evaluation. *Journal of Behavior Therapy and Experimental Psychiatry, 18*(1), 51-60. doi:10.1016/0005-7916(87)90071-1
- Wodarski, J. S. (1987). Evaluating a social learning approach to teaching adolescents about alcohol and driving. *Journal of Social Service Research*, *10*(2-4), 121-144. doi:10.1300/J079v10n02\_08
- Wodarski, J. S. (1987). Teaching adolescents about alcohol and driving: A 2-year follow-up. *Journal of Drug Education, 17*(4), 327-43. doi:10.1177/104973159400400103
- Wodarski, J. S. (2010). Prevention of adolescent reoccurring violence and alcohol abuse: A multiple site evaluation. *Journal of Evidence-Based Social Work, 7*(4), 280-301. doi:10.1080/15433710903176112
- Wodarski, J. S., & Feit, M. D. (2011). Adolescent preventive health and Team-Games-Tournaments: Five decades of evidence for an empirically based paradigm. *Social Work in Public Health*, 26(5), 482-512. doi: 10.1080/19371918.2011.533561
- Wodarski, J., & MacMaster, S. (2012). HIV AIDS and substance abuse primary prevention in minority adolescents. *Retrovirology*, *9*(1), P128. doi:10.1186/1742-4690-9-S1-P128
- Wodarski, J. S., Wodarski, L. A., & Parris, H. N. (2004). Adolescent preventive health and Teams-Games-Tournaments. *Journal of Evidence-Based Social Work, 1*(1), 101-124. doi:10.1300/J394v01n01\_06

Outcome	Significant *	
Improvement in Alcohol-Impaired Driving		
Improvement in Alcohol Use		
Improvement in Behavior Problems		
Improvement in Family Relationships		
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use		
Improvement in Self-Efficacy		
Note: *Significant at p-value <0.05.		

# Program Notes

• Program description can be found at: <u>https://www.crimesolutions.gov/ProgramDetails.aspx?ID=302</u>



# During-School Program Description

Too Good for Drugs – Elementary School aims to build young students' self-efficacy and confidence. Skill building activities and lessons are designed to the intellectual, cognitive, and social development of the student. Age appropriate lessons address managing emotions, resisting peer pressure, seeking positive peer relationships, and making healthy decisions. Additionally, Too Good for Drugs – Elementary introduces the harmful effects of substance use when developmentally appropriate. This foundation primes students for conversations about tobacco, alcohol, and other drug use in later years. Substances Addressed: Alcohol, Drugs-General, Tobacco Cost: \$295 per program kit Cost Description: Each grade has its own program kit available for \$295. Program kits include a teacher's manual, a starter pack of student workbooks (pack of 30), and activity materials needed for the program. Optional Costs: Onsite trainings (max of 30 participants) are available for \$2,000 per day. School Subject Covered: Health Program Component: Student Reviewing Agencies: Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Bacon, T. P. (2007). Technical report: Evaluation of the Too Good for Drugs—Elementary School Prevention Program 2006–07. Tallahassee, Fla.: Florida Department of Safe and Drug-Free Schools.
- Bacon, T. P. (2003). Technical report: Evaluation of the Too Good for Drugs Elementary School Prevention Program. A report produced for Florida Department of Education Department of Safe and Drug-Free Schools. Tallahassee, FL.
- Bacon, T. P. (2000). The effects of the Too Good for Drugs prevention program on students' substance use intentions and risk and protective factors. *Florida Educational Research Council, Inc., Research Bulletin*, 31(3 & 4), 1–25.

Outcome	Significant *		
Improvement in Behavior Problems			
Improvement in Decision Making Skills			
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use			
Improvement in Peer Pressure Resistance Skills	×		
Improvement in Prosocial Behaviors			
Improvement in Social-Emotional Skills			
Note: *Indicates statistically significant finding at p-value <0.05.			

# Program Notes

A program overview is available at: <u>https://toogoodprograms.org/collections/too-good-for-drugs</u>



# During-School Program Description

Too Good for Drugs – Middle School empowers middle schoolers to meet the difficulties of school life by providing social-emotional learning. Too Good for Drugs provides students with the skills to avoid substance use and increase confidence and self-efficacy through lessons on goal setting, decision making, and problem solving.

Substances Addressed: Alcohol, Drugs-General, Tobacco Cost: \$295 per program kit

Cost Description: Each grade has its own program

kit available for \$295. Program kits include a teacher's manual, a starter pack of student workbooks (pack of 30), and activity materials needed for the program. *Optional Costs:* Onsite trainings (max of 30 participants) are available for \$2,000 per day. **School Subject Covered:** Health *Program Component:* Student *Reviewing Agencies:* California Evidence-Based Clearinghouse for Child Welfare, Office of Juvenile Justice and Delinquency Prevention (OJJDP), Texas Education Agency - Evidence Based Programs for Alcohol Awareness

- Bacon, T. P. (2000). The Effects of the Too Good for Drugs 2 Drug Prevention Program on Students' Use Intentions and Risk and Protective Factors. Tampa, Fla.: Florida Educational Research Council.
- Bacon, T. P., Hall, B. W., & Ferron, J. M. (2013). One-Year Study of the Effects of the Too Good for Drugs Prevention Program on Middle School Students. Tampa, Fla.: C.E. Mendez Foundation, Inc.
- Hall, B. W., Bacon, T. P., & Ferron, J. M. (2013). Randomized controlled evaluation of the Too Good for Drugs prevention program: Impact on adolescents at different risk levels for drug use. *Journal of Drug Education, 43*(3), 277-300. doi:10.2190/DE.43.3.e

Outcome	Significant *		
Improvement in Alcohol Use			
Improvement in Decision-Making Skills	×		
Improvement in Drug Refusal Skills			
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use			
Improvement in Marijuana Use	Mixed		
Improvement in Prosocial Behaviors			
Improvement in Substance Use			
Improvement in Tobacco Use			
Note: *Significant at p-value <0.05.	·		

# Program Notes

• A program overview can be found at: <u>https://toogoodprograms.org/</u>



# During-School Program Description

Youth Message Development consists of four lessons focusing on adolescent substance abuse prevention. The activities included in the program are designed to be engaging and encourage collaborations and discussions among students. The curriculum incorporates advertisements for discussion and analysis, activities to increase engagement, and small-group formats to encourage learning from peers. The four lessons can be taught in one, 90-minute session, separated across four, 20- to-25-minute sessions, or two, 45-minute lessons. The Youth Message Development curriculum will increase student knowledge of advertising techniques used to sell alcohol, tobacco, and other drug (ATOD) products. Additionally, the program aims to improve students' critical thinking skills and help them apply these skills to form substance use prevention messages. *Substances Addressed:* Alcohol, Drugs-General, Tobacco

*Cost:* \$350 per program bundle *Cost Description:* The required program bundle includes a Teacher's Guide with all four lessons, student handouts, and PowerPoint presentations. *Optional Costs:* Onsite trainings are available for \$2,000 plus travel for 1-day training and \$2,500 plus travel for a 2-day training. **School Subject Covered:** English Language

Arts, Health

Program Component: Student

**Reviewing Agencies:** California Evidence-Based Clearinghouse for Child Welfare

# **Program Publications**

- Greene, K., Catona, D., Elek, E., Magsamen-Conrad, K., Banerjee, S. C., & Hecht, M. L. (2016). Improving prevention curricula: Lessons learned through formative research on the youth message development curriculum. *Journal of health communication, 21*(10), 1071–1078. doi:10.1080/10810730.2016. 1222029
- Banerjee, S. C., Greene, K., Magsamen-Conrad, K., Elek, E., & Hecht, M. L. (2015). Interpersonal communication outcomes of a media literacy alcohol prevention curriculum. *Translational Behavioral Medicine*, *5*, 425-432. doi:10.1007/s13142-015-0329-9
- Banerjee, S. C., & Greene, K. (2007). Anti-smoking initiatives: Effects of analysis versus production media literacy interventions on smoking-related attitude, norm, and behavioral intention. *Health Communication*, 22, 37-48. doi:10.1080/10410230701310281
- Banerjee, S. C., & Greene, K. (2006). Analysis versus production: Adolescent cognitive and attitudinal responses to anti-smoking interventions. *Journal of Communication*, 56, 773-794. doi:10.1111/j.1460-2466.2006.00319.x

### • Findings:

Outcome	Significant *
Improvement in Critical Thinking Skills	Mixed
Improvement in Interpersonal Communication	$\square$
Improvement in Knowledge, Attitudes, and Beliefs About Substance Use	
Improvement in Peer Pressure Resistance	A
Improvement in Substance Use	
Note: *Indicates statistically significant finding at p-value <0.05.	

### **Program Notes**

• A program overview is available at: <u>https://real-prevention.com/youth-message-development-program/</u>

**TxDOT Programs Section** 

# Using Texas Department of Transportation (TxDOT)–Sponsored Programs to Reduce Youth Alcohol and Drug Use

The Texas Impaired Driving Task Force (TxIDTF) recognizes that every school and each school district have a different set of available resources to meet the varying needs of students, teachers, and staff. The advantage of implementing evidenced-based alcohol and drug prevention programs in schools is that they have demonstrated evidence of effecting change. However, many alcohol and drug prevention programs that have been certified as evidence-based are costly to implement and exceed resources available to schools.

Every year, the Texas Department of Transportation (TxDOT) funds numerous alcohol and drug prevention programs that can be implemented in schools. While not all of these programs have been certified as evidence-based, many of these programs have demonstrated promising practices. Additionally, because TxDOT provides funding for these programs through traffic safety grants, these programs are typically offered at no cost to schools. Programs are available both statewide and regionally.

If you are interested in implementing one of these programs at your schools, we urge you to reach out to contact the program directly to further coordinate.

# Contents

TxDOT Programs Section	93
Using Texas Department of Transportation (TxDOT)–Sponsored Programs to Reduce Youth A	
Drug Use	94
Alcohol Drug And Safety Training Education Program – AD-A-STEP For Life	95
Brazos Valley Injury Prevention Coalition	96
Driving on the Right Side of the Road	97
Live Your DREAMS (Distraction REduction Among Motivated Students)	
Power of Parents	99
Power of You(th)	100
Safe Homes Project	
Teens in the Driver Seat	102
Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program	103
Watch UR BAC	
Appendix	105
Program Quick Guide	
Program Contacts	
TxDOT Program TEKS	
0 -	

# Alcohol Drug And Safety Training Education Program – AD-A-STEP For Life Ages 3+; Grades PreK-12



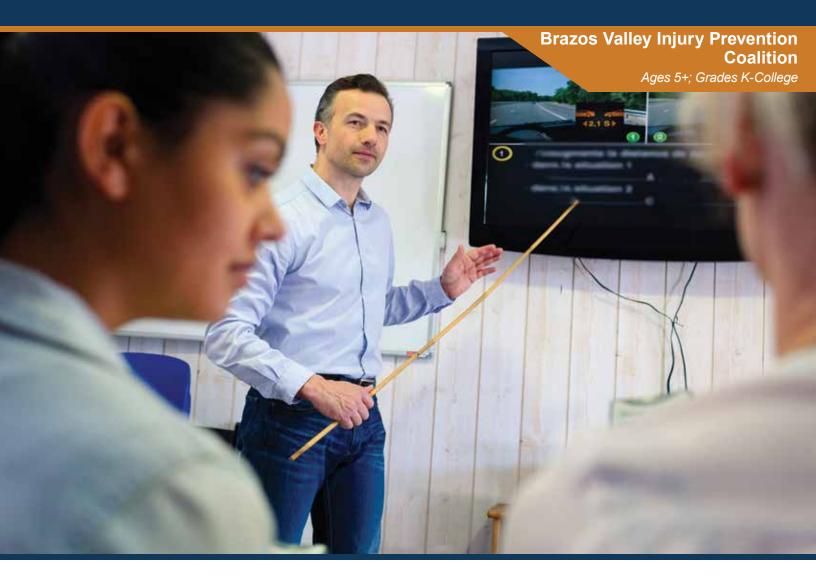
# During-School; After-School Program Description

The Alcohol Drug and Safety Training Education Program (AD-A-STEP for Life) is a 3-hour program for PreK-12 students and their parents. The program can also be administered to adults identified as undereducated by federal guidelines. Each target audience receives age appropriate educational training, course material, and handson activities. The program's goal is to reduce the number of impaired driving crashes where the driver is under the age of 21 by increasing public education and information. *Substances Addressed:* Alcohol, Drugs-General, Marijuana, Tobacco, Vaping *Cost:* Free *Cost Description:* Program is free *Optional Costs:* None identified *School Subject Covered:* Health *Program Components:* Parent, Student

# **Program Publications**

None Identified

- A flyer and social media marketing are available for information on dissemination and implementation of the program.
- While no formal evaluation exists, the project conducts evaluations every year that are reported to the Texas Department of Transportation.

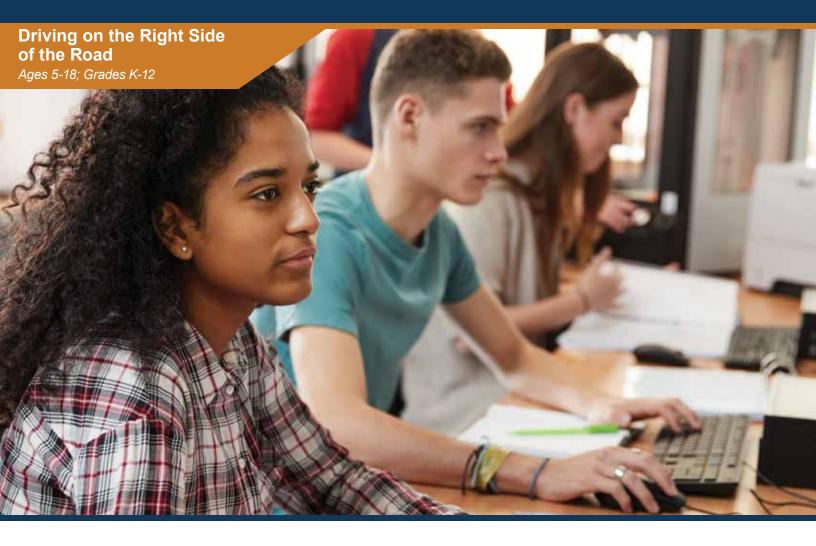


The Brazos Valley Injury Prevention Coalition's membership and associated activities are offered at no charge to schools and universities. The program covers the dangers of impaired driving, distracted driving, drowsy driving, seat belt use, and speeding. The coalition aims to reduce risky behaviors through assembly style programs, as well as hands-on educational activities that are age appropriate. Additionally, parents and mentors are also invited to attend the program to learn about reducing risky behaviors. **Substances Addressed:** Alcohol, Drugs-General, Tobacco, Vaping **Cost:** Free *Cost Description:* Program is free *Optional Costs:* None identified **School Subjects Covered:** Health, Physical Education, Science **Program Components:** Mentor, Parent, Student

# **Program Publications**

None Identified

- · Educational materials on impaired driving can be requested.
- Program information is available at: <u>https://brazosvalleyinjuryprevention.tamu.edu/programs/</u>
- Despite not having a formal evaluation, the program uses pre-and post-assessments to evaluate the program.



events.

Cost: Free

community though conferences and outreach

School Subjects Covered: English Language

Substance Addressed: Alcohol

Cost Description: Program is free

Arts, Health, Math, Social Studies

Program Component: Student

Optional Costs: None identified

# During-School; After-School *Program Description*

Driving on the Right Side of the Road (DRSR) incorporates traffic safety concepts, such as impaired-driving, into classroom curriculum. For no cost, schools can request a multitude of traffic safety storybooks and lessons to be distributed in classrooms. Additionally, DRSR offers trainings/ workshops for teachers, and engages with the

# **Program Publications**

· None identified

- Traffic safety children's books are available at: <u>https://www.tmcec.com/drsr/educators/childrens-books/</u>
- Program lessons and curriculum are available at: <u>https://www.tmcec.com/drsr/educators/lessons-and-curriculum/publications/</u>
- Materials can be requested from: <u>https://www.tmcec.com/drsr/materials-request-forms/drsr/</u>
- Program information available at: <u>https://www.tmcec.com/files/7015/1093/5896/2016\_Instructional\_</u> <u>Materials\_Brochure.pdf</u>



The Live Your DREAMS teen driver safety program is committed to reducing injuries from motor vehicle collisions in Brazoria, Fort Bend, Galveston, Harris, Montgomery, and Waller Counties. The program aims to increase awareness and education about protective and risk factors for motor vehicle safety through a multi-tiered program that can be utilized in the community or in the high school settings. Students participate in interactive activities to simulate the consequences of driving under the influence or distracted, which provides a platform for discussion on impairment and safe options when impairment is an issue. In addition, parents of selected students attend an in-depth hospital based event with their teen.

Substances Addressed: Alcohol, Drugs-General Cost: Free Cost Description: Program is free Optional Costs: None identified

School Subject Covered: Health Program Components: Parent, Student

# **Program Publications**

None Identified

- · Educational materials on impaired driving can be requested.
- Program information available at: http://go.memorialhermannhealth.org/trauma-live-your-dreams.html



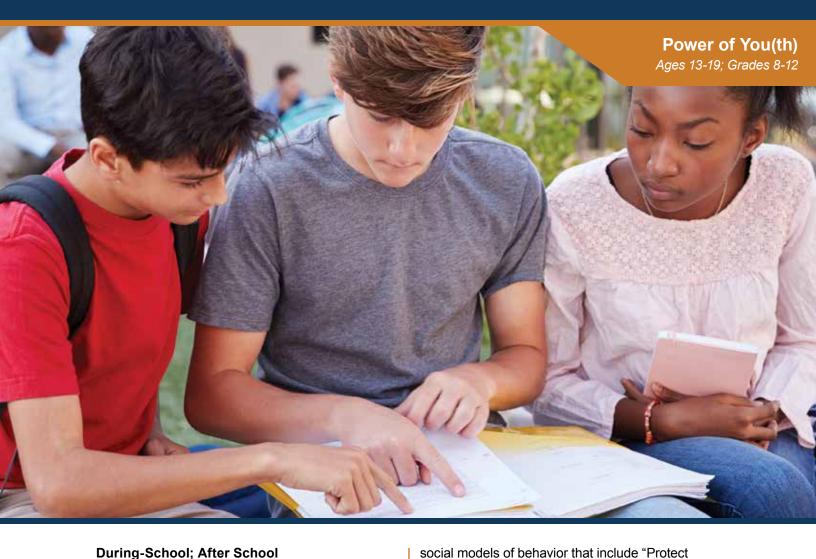
# After-School Program Description

The Power of Parents is a research-based program that consists of a short presentation and high quality printed guides designed to assist parents and/or guardians to have positive discussions with their teens to not consume or abuse alcohol. Substance Addressed: Alcohol Cost: Free Cost Description: Program is free Optional Costs: None identified School Subject Covered: Health Program Component: Parent, Student

# **Program Publication**

 Varvil-Weld, L., Scaglione, N., Cleveland, M. J., Mallett, K. A., Turrisi, R., & Abar, C. C. (2014). Optimizing timing and dosage: Does parent type moderate the effects of variations of a parent-based intervention to reduce college student drinking? *Prevention Science*, *15*(1), 94-102. doi:10.1007/s11121-012-0356-4

- Power of Parents is part of the 'Take the Wheel' initiative, which is a comprehensive list of complimentary strategies to help end alcohol-impaired driving in Texas.
- Program information available at: https://www.madd.org/the-solution/power-of-parents/



Power of You(th) is designed to educate teens about the consequences of underage drinking. The program aims to demonstrate that pop culture and social media misrepresent the prevalence of underage alcohol use by using a 'social norming' strategy. The program influences teens to abstain from alcohol use before they are 21 with positive Yourself," "Protect Ur Friends," and/or "Protect Ur Future." *Substance Addressed:* Alcohol

Cost: Free Cost Description: Program is free Optional Costs: None identified School Subject Covered: Health Program Component: Student

### **Program Publications**

· None identified

- Power of You(th) Teen Booklet available at: <a href="https://online.flippingbook.com/view/798543/">https://online.flippingbook.com/view/798543/</a>
- Toolkit is available at: <a href="https://online.flippingbook.com/view/615202/">https://online.flippingbook.com/view/615202/</a>
- Program information available at: <u>https://powerofyouth.com</u>



# After-School; During-School *Program Description*

The Safe Homes Project aims to reduce underage drinking and impaired driving in Williamson County. The program works to educate parents on the dangers of underage drinking and encourage parents to send a clear "zero tolerance" message. Additionally, Safe Homes uses a science-based curriculum to promote resiliency to delay the onset of risky behaviors, such as impaired driving, amongst high-school students. Safe Homes also uses the All Stars Senior curriculum, which focuses on improving students' attitudes and behavior and includes research-based strategies that are fun, engaging, and effective to deter underage drinking and impaired driving. This program includes three sessions utilizing both online and classroom learning to convey key prevention concepts. *Substances Addressed:* Alcohol, Drugs-General, Marijuana, Tobacco *Cost:* Free *Cost Description:* Program is free *Optional Costs:* None identified *School Subject Covered:* Health, Science *Program Components:* Parent, Student

## **Program Publications**

None identified

- A program overview is available at: <u>https://lifestepscouncil.org/safe-homes-project/</u>
- A flyer is available at: <u>https://lifestepscouncil.org/wp-content/uploads/2021/11/Safe-Homes-Flier\_Nov2.pdf</u>



Teens in the Driver Seat (TDS) is the first peer-topeer program for teens that focuses solely on traffic safety and addresses all major risks for this age group, including impaired driving. Teens help shape the program and are responsible for implementing it and educating their peers and parents; the Texas A&M Transportation Institute (TTI) provides the science, guidance, and project resources. Schools receive resources and information pertaining to zero tolerance, other drugs, and education outreach materials to help address impaired driving among youth. In addition, high school students apply to be on the student advisory board, which is instrumental in guiding future direction and content of programs. TDS programs are also encouraged to partner with the community for activities and outreach.

Substances Addressed: Alcohol, Drugs-General, Marijuana Cost: Free Cost Description: The Texas Department of Transportation covers the cost of the program resource kit. Optional Costs: None identified School Subject Covered: Health Program Components: Community, Mentor, Parent, Student

### **Program Publications**

- Fischer, P. (2019, March). Peer-to-peer teen traffic safety program guide (Report No. DOT HS 812 631).
   Washington, DC: National Highway Traffic Safety Administration.
- Geedipally, S. R., Henk, R. H., & Fette, B. (2012). Effectiveness of Teens in the Driver Seat Safety Program in Texas, Paper submitted to the 92nd Annual Meeting of the Transportation Research Board.
- Henk, R. H., Pezoldt, V. J., & Womack, K. N. (2008). Assessing the Effectiveness of the "Teens in the Driver Seat Program" in Texas (Report No. FHWA/TX-08/0-5657-1). Texas Transportation Institute: College Station, Tx.
- Munira, S., Henk, R. H., & Tisdale, S. (2017). An Incentive-Based Teen Driver Smartphone App: Results of 2017 Pilot Project. Submitted to Transportation Research Board 97th Annual Meeting.
- Nebraska Teen Driving Experiences Survey Four-Year Trend Report: 2014-2015, 2015-2016, and 2017-2018 School Years. (2018). Report Submitted to the Nebraska Department of Health and Human Services.
- Sherin, K. M., Lowe, A. L., Harvey, B. J., Leiva, D. F., Malik, A., Matthews, S., & Suh, R. (2014).
   Preventing texting while driving: A statement of the american college of preventive medicine. *American Journal of Preventive Medicine*, *47*(5), 681-688. doi:10.1016/j.amepre.2014.07.004
- Weston, L., & Hellier, E. (2018). Designing road safety interventions for young drivers The power of peer influence. *Transportation Research Part F: Traffic Psychology and Behaviour.* 55, 262-272. doi:10.1016/j. trf.2018.03.003

- The program is also known as "Statewide Peer to Peer Traffic Safety Program for Youth Ages 11 to 25."
- Resources available at: <u>https://www.t-driver.com/category/activity/</u>
- Program information available at: <u>https://www.t-driver.com</u>

Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program Ages 9-18; Grades 4-12



# During-School; After-School *Program Description*

The program provides age-appropriate anti-DWI alcohol awareness presentations and information booths free to Travis, Hays, and Williamson Counties. The program also educates parents on how to initiate conversations with their children about alcohol use. The objective is to save the lives of teenagers by discouraging underage alcohol consumption, and therefore lower the rate of underage alcohol-related car crashes among teenagers. Substance Addressed: Alcohol Cost: Free Cost Description: Program is free Optional Costs: None identified School Subject Covered: Health Program Components: Parent, Student

# **Program Publication**

None Identified

- "Tween" program resources are available at: <u>https://www.traviscountytx.gov/county-attorney/underage-</u> <u>drinking-prevention/tween-programs</u>
- Teen program resources are available at: <u>https://www.traviscountytx.gov/county-attorney/underage-</u> <u>drinking-prevention/teen-presentations</u>
- Program information available at: <u>https://www.traviscountytx.gov/county-attorney/underage-drinking-prevention</u>



Texas A&M AgriLife's Watch UR BAC is an interactive program that can be used in schools, county fairs, safety/health fairs, or any other community event to help provide information about the dangers of underage drinking and impaired driving. The Watch UR BAC program, funded by the Texas Department of Transportation, is a free resource to Texas community groups, faith-based organizations, schools, and businesses. Students are impacted through high tech video gaming systems and impaired driving goggles. In addition, parents are also educated on current drug and alcohol trends. **Substances Addressed:** Alcohol, Drugs-General, Tobacco, Vaping **Cost:** Free *Cost Description:* Program is free *Optional Costs:* None identified **School Subjects Covered:** English Language Arts, Health **Program Components:** Community, Parent, Student

# **Program Publications**

· None identified

- Despite not having a formal evaluation, the program uses pre- and post-tests to capture knowledge at select locations.
- Program information available at: https://watchurbac.tamu.edu/

Appendix

# Program Quick Guide

Program Name	Ages/Grades	Substances Addressed	Community Component	Mentor Component	Parent Component	Student Component	Cost <sup>1</sup>
Across Ages	Ages 9-13; Grades 5-8	Alcohol, Drugs- General, Tobacco	Ø	Ø		Ø	\$\$\$
Achievement Mentoring	Ages 9-16; Grades 5-11	Alcohol, Drugs- General	x	V	X	V	\$\$\$\$
Alcohol Literacy Challenge	Ages 10-18; Grades 6-12	Alcohol	x	X	×	Ø	\$
Al's Pals: Kids Making Healthy Choices	Ages 3-8; Grades K-2	Alcohol, Drugs- General, Marijuana, Tobacco, Vaping	×	X	V	V	\$
All Stars	Ages 9-17; Grades 4-12	Alcohol, Drugs- General	X	x	V	Ø	?
ATHENA (Athletes Targeting Healthy Exercises & Nutrition Alternatives)	Ages 13-17; Grades 7-12; Females	Alcohol, Drugs- General, Tobacco	X	X	X		\$\$
ATLAS (Athletes Training and Learning to Avoid Steroids)	Ages 14-17; Grades 9-12; Males	Alcohol, Drugs- General, Tobacco	X	X	X		\$\$
Caring School Community	Ages 5-11; Grades K-6	Alcohol, Drugs- General	x	V	V	Ø	\$
Coping Power Program	Ages 9-12; Grades 4-6	Alcohol, Drugs- General	x	x	V		\$
Early Risers "Skills for Success"	Ages 6-12; Grades K- 5	Drugs-General	x	V	N	Ø	?
EFFEKT	Ages 12-14; Grades 6-8	Alcohol	x	x	V	x	\$
Good Behavior Game	Ages 5-18; Grades K-12	Alcohol, Drugs- General, Tobacco	x	x	X	Ø	\$\$
Guiding Good Choices	Ages 9-14; Grades 4-8	Alcohol, Drugs- General, Marijuana, Tobacco	×	X	V	V	\$\$
Keepin' it REAL	Ages 11-15; Grades 6-9	Alcohol, Drugs- General, Marijuana, Tobacco	×	X	X	V	\$
LifeSkills Training	Ages 5-18; Grades K-12	Alcohol, Drugs- General, Tobacco	X	X	V	Ø	\$
Master Mind	Ages 9-11; Grades 4-5	Drugs-General	x	×	X		\$
Lions Quest	Ages 4-18; Grades PreK-12	Alcohol, Drugs- General, Tobacco		x	V		\$
Media Detective	Ages 8-11; Grades 3-5	Alcohol, Tobacco, Vaping	x	x	V		\$
Media Ready	Ages 11-14; Grades 6-8	Alcohol, Tobacco, Vaping	x	x	X	V	\$
Michigan Model for Health	Ages 5-18; Grades K-12	Alcohol, Drugs- General, Tobacco	X	X	X	V	\$
Promoting Alternative THinking Strategies	Ages 4-11; Grades PreK- 5	Drugs-General	x	x	V	V	\$\$
Peers Making Peace	Ages 3-18; Grades PreK–12	Drugs-General	X	V	×	M	\$\$
<sup>1</sup> Key: \$ = <\$500, \$\$ = \$501 - \$1,500, \$\$\$ = \$1,501 - \$2,500, \$\$\$\$ = \$2,501 - \$3,500, \$\$\$\$\$ = >\$3,500							

## Program Quick Guide (continued)

Program Name	Ages/Grades	Substances Addressed	Community Component	Mentor Component	Parent Component	Student Component	Cost <sup>1</sup>
Positive Action	Ages 3-18; Grades PreK-12	Alcohol, Drugs- General, Tobacco	×	×	Ø	Ø	\$
Positive Family Support	Ages 10-14; Grades 6-8	Alcohol, Drugs- General, Marijuana, Tobacco	X	X	V	Ø	?
Project ALERT	Ages 12-14; Grades 7-8	Alcohol, Drugs- General, Marijuana, Tobacco, Vaping	X	X	V	Ø	\$
Project EX	Ages 14-19; Grades 9-12	Tobacco	×	×	X		\$
Project Northland	Ages 11-14; Grades 6-8	Alcohol	V	×	M	Ø	\$\$
Project Towards No Drug Abuse	Ages 14-19; Grades 9-12	Alcohol, Drugs- General, Marijuana, Tobacco	X	X	X	V	\$
Project Towards No Tobacco Use	Ages 10-14; Grades 5-9	Tobacco	×	×	X	Ø	?
Project Venture	Ages 10-14; Grades 5-8	Alcohol, Drugs- General	Ø	×	X		?
Raising Healthy Children	Ages 5-18; Grades K-12	Alcohol, Drugs- General	X	×	V	Ø	?
Reconnecting Youth	Ages 14-18; Grades 9-12	Alcohol, Drugs- General	x	X	X		\$
Social Decision Making/Problem Solving Program	Ages 5-14; Grades K- 8	Alcohol, Drugs- General	X	X		V	?
SPORT Prevention Plus Wellness	Ages 7-18; Grades 3-12	Alcohol, Drugs- General, Marijuana, Tobacco, Vaping	X	X		V	\$
Start Taking Alcohol Risks Seriously (STARS) for Families	Ages 11-15; Grades 6-9	Alcohol	X	X		V	\$\$
Strengthening Families Program	Ages 3-18; Grades PreK-12	Alcohol, Drugs- General	×	×	M		\$
Strengthening Families Program: For Parents and Youth 10-14	Ages 10-14; Grades 5-8	Alcohol, Drugs- General, Marijuana, Tobacco	X	X	Ø	Ø	\$\$\$
Strong African American Families	Ages 10-14; Grades 5-8	Alcohol, Drugs- General	×	×	M		\$\$\$\$\$
Strong African American Families – Teen Program	Ages 14-16; Grades 9-10	Alcohol, Drugs- General, Marijuana, Tobacco	X	X		V	\$\$\$\$\$
Teams-Games- Tournaments Alcohol Prevention	Ages 13-18; Grades 8-12	Alcohol	X	X	X	V	?
Too Good for Drugs – Elementary School	Ages 5-11; Grades K-5	Alcohol, Drugs- General, Tobacco	x	X	X	V	\$
Too Good for Drugs – Middle School	Ages 9-13; Grades 6-8	Alcohol, Drugs- General, Tobacco	x	X	X	Ø	\$
Youth Message Development	Ages 13-15; Grades 8-9	Alcohol, Drugs- General, Tobacco	x	X	X	V	\$
<sup>1</sup> Key: \$ = <\$500, \$\$ =	\$501 - \$1,500, \$\$\$ =	= \$1,501 - \$2,500, \$\$\$	\$ = \$2,501 - \$3,5	500, \$\$\$\$\$ = >\$	3,500		

### Program Contacts

Program Name	Contact	Phone Number	Email	Website	Social Media
Across Ages	Andrea Taylor	(215) 204-6708	ataylor@temple.edu	None Identified	None Identified
Achievement Mentoring	Margo Ross	(609) 252-9300	mross@supportiveschools.org	https://www.supportiveschools. org/achievement-mentoring	•https://www.facebook.com/           centerforsupportiveschools/_           •https://www.linkedin.com/company/center-           for-supportive-schools/_
Alcohol Literacy Challenge	Tracy Juechter	(505) 690-3272	Tracy@alcoholliteracychallenge. com	https://alcoholliteracychallenge. com	•https://www.facebook.com/           AlcoholLiteracyChallenge/_           •https://twitter.com/AlcLitChallenge           •https://twitter.com/AlcLitChallenge           •https://www.youtube.com/channel/           UCGeQK71QwRgoBHuDxKbzYFA
Al's Pals: Kids Making Healthy Choices	Susan Geller	(804) 967-9002	sgeller@wingspanworks.com	http://wingspanworks.com/ healthy-al/	<u>https://www.facebook.com/acorndreams</u> <u>https://www.pinterest.com/acorndreams/</u>
All Stars	All Stars Prevention	(336) 601-9909	allstarsprevention1@gmail.com	https://allstarsprevention.com/	https://www.facebook.com/ allstarsprevention/
ATHENA (Athletes Targeting Healthy Exercises & Nutrition Alternatives)	Oregon Health & Science University (OHSU)	(503) 418-4166	<u>chpr@ohsu.edu</u>	https://www.ohsu.edu/ortho/ high-school-athlete-program	None Identified
ATLAS (Athletes Training and Learning to Avoid Steroids)	Oregon Health & Science University (OHSU)	(503) 418-4166	chpr@ohsu.edu	https://www.ohsu.edu/ortho/ high-school-athlete-program	None Identified
Caring School Community	Center for the Collaborative Classroom	(510) 533-0213	info@collaborativeclassroom.org	https://www. collaborativeclassroom.org/ programs/caring-school- community/	•https://www.facebook.com/           CollabClassroom           •https://twitter.com/CollabClassroom           •https://www.youtube.com/c/           TheDSCWaypage           •https://www.linkedin.com/company/           collabclassroom/
Coping Power Program	The University of Alabama (UA) Coping Power Program	(205) 348-3535	<u>coping@ua.edu</u>	None identified	https://www.facebook.com/ CopingPowerProgram/
Early Risers "Skills for Success"	Nicole Morrell	(612) 624-2600	morre006@umn.edu	itr.umn.edu/centers/early-risers	None Identified
EFFEKT	Nikolaus Koutakis	None identified	nikolaus.koutakis@oru.se	None identified	None Identified
Good Behavior Game	Paxis Institute	(520) 299-6770	info@paxis.org	https://www.goodbehaviorgame. org/	•https://www.facebook.com/PAXGAME           •https://twitter.com/pax_gbg           •https://www.instagram.com/paxgbg/           •https://www.youtube.com/channel/UCH8j- 5auE8TPkim_w1Jlh5A/featured
Guiding Good Choices	Channing Bete Company	(800) 477-4776	service@ChanningBete.com	https://www.channingbete.com/	None Identified
Keepin' it REAL	Michelle Miller- Day	(814) 255-7325	michelle@real-prevention.com	https://real-prevention.com	https://www.facebook.com/ REALprevention/
LifeSkills Training	National Health Promotion Associates	(914) 421-2525	Istinfo@nhpamail.com	https://www.lifeskillstraining. com/	•https://www.facebook.com/           BotvinLifeSkillsTraining/           •https://twitter.com/botvinlst           •https://www.instagram.com/lifeskills_           training/           •https://www.youtube.com/user/           BotvinLifeSkills           •https://www.linkedin.com/in/           botvinLifeskillsraining/
Lions Quest	Lions Clubs International Foundation	800-446-2700	lcif@brightkey.net	https://www.lions-quest.org	•https://www.facebook.com/lionsquest           •https://twitter.com/LionsQuest           •https://www.youtube.com/view_play_           list?p=F03458561D490C03           •https://www.instagram.com/lionsquest/
Master Mind	Innovative Research and Training, Inc	(919) 493-7700	info@irtinc.us	http:// mastermindprogramsonline.com	None Identified

### Program Contacts (continued)

Program Name	Contact	Phone Number	Email	Website	Social Media
Media Detective	Innovative Research and Training, Inc	(919) 493-7700	info@irtinc.us	http://mediadetectiveprograms. com/	https://twitter.com/Media_Ready
Media Ready	Innovative Research and Training, Inc	(919) 493-7700	preventioncentral@irtinc.us	http://mediareadyprograms.com/	https://twitter.com/Media_Ready
Michigan Model for Health	Jessica Shaffer	(517) 241-0270	shafferj3@michigan.gov	https://www.mmhclearinghouse. org/default.aspx	None Identified
Promoting Alternative THinking Strategies	PATHS Program, LLC	(877) 717-2847	info@pathsprogram.com	https://pathsprogram.com/paths- program-pk5	•https://www.facebook.com/PATHSSEL/           •https://www.linkedin.com/           company/pathsprogram/?original_           referer=https%3A%2F%2Fpathsprogram.           com
Peers Making Peace	PaxUnited	(972) 671-9550	info@paxunited.org	http://www.paxunited.org	https://www.facebook.com/paxunited/     https://twitter.com/paxunited     http://www.youtube.com/user/paxunited
Positive Action	Positive Action, Inc	(208) 733-1328	info@positiveaction.net	https://www.positiveaction.net/	<u>https://www.facebook.com/PosActSEL/</u> <u>https://twitter.com/PosActSEL</u>
Positive Family Support	Sally Balanon	(480) 965-7420	sally.balanon@asu.edu	https://reachinstitute.asu.edu/ programs/positivefamilysupport	None Identified
Project ALERT	RAND Corporation	(800) 253-7810	projectalert@rand.org	https://www.projectalert.com/	<u>https://www.facebook.com/projectalert/</u> <u>https://www.youtube.com/user/</u> <u>TheProjectALERT</u>
Project EX	Leah Meza	(800) 400-8461	leahmedi@usc.edu	https://projectex.usc.edu/	None Identified
Project Northland	Hazelden Publishing	(800) 328-9000	customersupport@ hazeldenbettyford.org	http://www.hazelden.org/web/go/ projectnorthland	None Identified
Project Towards No Drug Abuse	Leah Meza	(800) 400-8461	leahmedi@usc.edu	https://tnd.usc.edu/	None Identified
Project Towards No Tobacco Use	Leah Meza	(800) 400-8461	leahmedi@usc.edu	https://tnt.usc.edu/	None Identified
Project Venture	Sheri Pfieffer- Tsinajinnie	(505) 554-2289	info@niylp.org	https://projectventure.org	https://www.youtube.com/channel/ UCZnEFQ_xUAWUGB6qVQRLN9w
Raising Healthy Children	Kevin Haggerty	(206) 543-3188	haggerty@uw.edu	http://www.sdrg.org/ rhcsummary.asp	None Identified
Reconnecting Youth	Beth E. McNamara	(425) 861-1177	info@reconnectingyouth.com	http://www.reconnectingyouth. com/	•https://www.facebook.com/           RYCASTPROGRAMS/_           •https://twitter.com/llc_ry           •https://www.instagram.com/ry_cast/
Social Decision Making/ Problem Solving Program	Rutgers University	(732) 235-9280	spsweb@ubhc.rutgers.edu	https://ubhc.rutgers.edu/ education/social-decision- making/overview.xml	-https://twitter.com/Rutgers_UBHC
SPORT Prevention Plus Wellness	Prevention Plus Wellness, LLC	Unknown	info@preventionpluswellness.com	https://preventionpluswellness. com/	•https://www.facebook.com/ preventionpluswellness/           •https://twitter.com/preventionplusw           •https://twitter.com/preventionplusw           •https://www.youtube.com/channel/           UCJ4H7fQ3QA0uHLFDXqeS7bw
STARS for Families	NIMCO, Inc	(800) 962-6662	info@nimcoinc.com	https://nimcoinc.com/product/ stars-for-families-curriculum/	None Identified
Strengthening Families Program	Jaynie Brown	(385) 226-3396	strengtheningfamiliesprogram1@ gmail.com	https:// strengtheningfamiliesprogram. org/index.html	None Identified
Strengthening Families Program: For Parents and Youth 10-14	Cathy Hockaday	(515) 294-7601	sfp1014@iastate.edu	https://www.extension.iastate. edu/sfp10-14/	<u>https://www.facebook.com/iastatesfp1014/</u>
Strong African American Families	Tracy Anderson	(706) 425-2992	tnander@uga.edu	https://cfr.uga.edu/saaf- programs/saaf/	None Identified
Strong African American Families – Teen Program	Tracy Anderson	706-425-2992	tnander@uga.edu	https://cfr.uga.edu/saaf- programs/saaf-t/	None Identified
Teams-Games- Tournaments Alcohol Prevention	John Wodarski	(865) 974-3988	jwodarsk@utk.edu	None identified	None Identified

### **Program Contacts (continued)**

Program Name	Contact	Phone Number	Email	Website	Social Media
Too Good for Drugs – Elementary School	Mendez Foundation	(800) 750-0986	info@mendezfoundation.org	https://toogoodprograms.org/ collections/too-good-for-drugs	•https://www.facebook.com/           TooGoodPrograms/
Too Good for Drugs - Middle School	Mendez Foundation	(800) 750-0986	info@mendezfoundation.org	https://toogoodprograms.org	•https://www.facebook.com/           TooGoodPrograms/           •https://twitter.com/TooGoodPrograms           •https://twitter.com/TooGoodPrograms/
Youth Message Development	Michelle Miller- Day	(814) 255-7325	michelle@real-prevention.com	https://real-prevention.com/ youth-message-development- program/	•https://twitter.com/realprevention •https:// www.facebook.com/REALprevention/_           •https://www.linkedin.com/company/real- prevention/about/

### Program Quick Guide

Program Name	Grade or Age	Substances Addressed	Community Component	Mentor Component	Parent Component	Student Component	Cost <sup>1</sup>
Alcohol Drug And Safety Training Education Program - AD-A-STEP For Life	Ages 3+; Grades PreK-12	Alcohol, Drugs- General, Marijuana, Tobacco, Vaping	X	X	V	V	Free
Brazos Valley Injury Prevention Coalition	Ages 5+; Grades K-College	Alcohol, Drugs- General, Tobacco, Vaping	X	Ø	Ø	Ø	Free
Driving on the Right Side of the Road	Ages 5-18; Grades K-12	Alcohol	×	×	×	Ø	Free
Live Your DREAMS (Distraction REduction Among Motivated Students)	Ages 13-19; Grades 8-12	Alcohol, Drugs- General	X	×	Ø	V	Free
Power of Parents	Ages 12-20; Grades 6-12	Alcohol	×	×	Ø	Ø	Free
Power of You(th)	Ages 13-19; Grades 8-12	Alcohol	×	×	×	Ø	Free
Safe Homes Project	Ages 11-21; Grades 6-College	Alcohol, Drugs- General, Marijuana, Tobacco	X	×	Ø	V	Free
Teens in the Driver Seat	Ages 12-18; Grades 6-12	Alcohol, Drugs- General, Marijuana	V	V	V	Ŋ	Free
Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program	Ages 9-18; Grades 4-12	Alcohol	X	X	Ø	V	Free
Watch UR BAC	Ages 13+; Grades 8-College	Alcohol, Drugs- General, Tobacco, Vaping	V	X	V	Ø	Free
<sup>1</sup> \$= Less than \$50 per stud	ent						

### Program Contacts

Program Name	Contact	Organization	Phone	Email	Website	Social Media
Alcohol Drug And Safety Training Education Program - AD-A-STEP For Life	Amy Moser	Region 6 Education Service Center	(936) 435- 8343	amoser@esc6.net	https://www.esc6. net/472421_3	•https://www.facebook.           com/SETdepartment/_           •https://twitter.com/esc6           safetyed           •https://www.instagram.com/           esc6safetyed/
Brazos Valley Injury Prevention Coalition	Cindy Kovar	Texas A&M Agrilife Extention	(979) 862- 1921	<u>cmkovar@ag.tamu.</u> edu	https:// brazosvalleyinjuryprevention. tamu.edu/	<u>https://www.facebook.</u> com/Brazos-Valley-Injury- <u>Prevention-Coalition-</u> <u>BVIPC-433634166828094/</u>
Driving on the Right Side of the Road	Elizabeth De La Garza	Texas Municipal Courts Education Center	(512) 320- 8274	elizabeth@tmcec. com	https://www.tmcec.com/drsr/	<u>https://www.facebook.com/</u> <u>DRSRtmcec/</u> <u>https://www.youtube.com/</u> user/TMCECWeb
Live Your DREAMS (Distraction REduction Among Motivated Students)	Sarah Abbott	Memorial Hermann Hospital	(713) 704- 1115	sarah.abbott@ memorialhermann. org	http:// go.memorialhermannhealth. org/trauma-live-your-dreams. html	None Identified
Power of Parents	Jackie Ipina	Mothers Against Drunk Driving	(210) 349- 0200 Ext. 4813	jackie.ipina@madd. org	https://www.madd.org/the- solution/power-of-parents/	https://www.facebook.com/ MADD.Official     https://twitter.com/ MADDOnline     https://www.linkedin.com/ company/mothers-against- drunk-driving/     https://www.instagram.com/ mothersagainstdrunkdriving/     https://www.youtube.com/ user/MADDOnline
Power of You(th)	Jackie Ipina	Mothers Against Drunk Driving	(210) 349- 0200 Ext. 4813	jackie.ipina@madd. org	https://powerofyouth.com	•https://www.facebook.           com/MADDsPowerofYouth           •https://twitter.com/           MADDOnline           •https://www.instagram.com/           mothersagainstdrunkdriving/           •https://www.youtube.com/           user/MADDOnline
Safe Homes Project	Cristina Baldwin	LifeSteps Coalition	(512) 246- 9880	cristina@ lifestepscouncil.org	https://lifestepscouncil.org/ safe-homes-project/	•https://www.facebook.com/ LifeStepsCouncil/           •https://witter.com/LifeSteps           •https://www.instagram.com/           lifestepscouncil/           •https://www.youtube.com/           channel/UCLHJgs1x_           Yy4vl81vwgcxGA
Teens in the Driver Seat	Lisa Minjares- Kyle	Texas A&M Transportation Institiute	(713) 613- 9211	I-minjares@tti. tamu.edu	https://www.t-driver.com/	https://www.facebook. com/teensdriverseat_ https://twitter.com/ TeensDriverSeat_ https://www.instagram.com/ teensdriverseat/# https://www.snapchat.com/ add/teensdriverseat
Travis County Attorney's Office Comphrensive Underage Drinking Prevention Program	Gloria Souhami	Travis County Attorney's Office (UDPP)	(512) 854- 4229	gloria.souhami@ co.travis.tx.us	https://www.traviscountytx. gov/county-attorney/underage- drinking-prevention	None Identified
Watch UR BAC	Bobbi Brooks	Texas A&M Agrilife Extension	(979) 862- 8325	<u>blbrooks@ag.tamu.</u> <u>edu</u>	https://watchurbac.tamu.edu/	•https://www.facebook.           com/watchurbac           •https://instagram.com/           •https://twitter.com/#!/           watchurbac

#### **Program TEKS**

#### **Across Ages**

Ages 9-13; Grades 5-8 During-School; After-School

• Health Education, Grade 5. o (b) (5) (J) o (b) (7) (D) o (b) (5) (K) o (b) (5) (C) o (b) (11) (A) o (b) (5) (D) o (b) (11) (B) o (b) (10) (A) o (b) (5) (F) o (b) (11) (C) o (b) (12) (C) o (b) (11) (D) o (b) (12) (D) o (b) (6) (A) • Health Education, Grade 6. • Health Education, Grades o (b) (12) (E) o (b) (5) (B) 7-8. o (b) (5) (C) o (b) (5) (H)

#### **Achievement Mentoring**

Ages 9-16; Grades 4-11 During-School

- Health Education, Grade 4.
   o (b) (4) (B)
   o (b) (4) (C)
  - o (b) (4) (D)
- Health Education, Grade 5.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)
  - o (b) (5) (F)
- Health Education, Grade 6.
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b )(7) (G)

- Health Education, Grades
  7-8.
  0 (b) (1) (E)
  0 (b) (2) (F)
  0 (b) (2) (F)
  0 (b) (6) (H)
  0 (b) (6) (H)
  0 (b) (6) (I)
  0 (b) (6) (J)
  0 (b) (6) (K)
  0 (b) (6) (L)
  0 (b) (6) (M)
- Health 1, Grades 9-10 (One-Half Credit).
  - o (b) (2) (H)
  - o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (E)
  - o (b) (7) (G)
- Advanced Health, Grades 11-12 (One-Half Credit).
  - o (c) (7) (A)
  - o (c) (7) (G)
  - o (c) (7) (A)

### Alcohol Literacy Challenge

Ages 10-18; Grades 6-12 During-School

<ul> <li>Health Education, Grade 4.</li> </ul>	o (b) (12) (G)	o (c) (4) (D)
o (b) (7) (B)	<ul> <li>Sociology, High School</li> </ul>	Health 1, Grades 9-10 (One-
o (b) (7) (C)	(One-Half Credit).	Half Credit).
o (b) (7) (D)	o (c) (3) (A)	o (b) (2) (H)
o (b )(7) (G)	o (c) (6) (B)	o (b) (4) (C)
<ul> <li>Health Education, Grades</li> </ul>	o (c) (7) (C)	o (b) (7) (B)
7-8.	o (c) (16) (D)	o (b) (7) (C)
o (b) (1) (E)	<ul> <li>Psychology, High School.</li> </ul>	o (b) (7) (D)
o (b) (2) (F)	o (c) (4) (A)	o (b) (7) (E)
o (b) (4) (H)	<ul> <li>Discovering Language and</li> </ul>	o (b) (7) (G)
o (b) (6) (H)	Cultures, High School.	<ul> <li>Advanced Health, Grades</li> </ul>
o (b) (6) (l)	o (c) (1) (C)	11-12 (One-Half Credit).
o (b) (6) (J)	<ul> <li>English Language Arts and</li> </ul>	o (c) (7) (A)
o (b) (6) (K)	Reading, English I, High	o (c) (7) (G)
o (b) (6) (L)	School.	o (c) (7) (A)
o (b) (6) (M)	o (c) (4) (B)	
	0 (0) (4) (D)	I

#### Al's Pals: Kids Making Healthy Choices

Ages 3-8; Grades K-2 During-School

<ul> <li>Health Education,</li> </ul>	Health Education, Grade 1.	Health Education, Grade 2.
Kindergarten.	o (b) (2) (C)	o (b) (2) (A)
o (b) (2) (C)	o (b) (3) (A)	o (b) (2) (D)
o (b) (3) (A)	o (b) (3) (B)	o (b) (2) (F)

#### **All Stars**

Ages 9-17; Grades 4-12 During-School; After-School

<ul> <li>Health Education, Grade 6.</li> </ul>	o (b) (12) (A)	o (b) (14) (C)
o (b) (7) (C)	o (b) (12) (B)	o (b) (14) (D)
o (b) (7) (D)	o (b) (12) (C)	Health Education, Grades 7-8.
o (b) (7) (E)	o (b) (12) (D)	o (b) (1) (A)
o (b) (7) (F)	o (b) (12) (E)	o (b) (6) (E)
o (b) (7) (G)	o (b) (12) (F)	o (b) (6) (H)
o (b) (7) (H)	o (b) (12) (G)	o (b) (6) (J)
o (b) (8) (A)	o (b) (12) (H)	o (b) (6) (L)
o (b) (8) (B)	o (b) (12) (l)	o (b) (8) (A)
o (b) (8) (C)	o (b) (13) (A)	o (b) (8) (B)
o (b) (9) (A)	o (b) (13) (B)	o (b) (12) (A)
o (b) (9) (B)	o (b) (13) (C)	o (b) (12) (B)
o (b) (9) (C)	o (b) (13) (D)	o (b) (12) (C)
o (b) (9) (D)	o (b) (13) (E)	o (b) (12) (D)
o (b) (9) (E)	o (b) (13) (F)	o (b) (12) (E)
o (b) (9) (F)	o (b) (14) (A)	o (b) (12) (F)
o (b) (11) (A)	o (b) (14) (B)	o (b) (12) (G)
o (b) (11) (B)		

#### ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)

Ages 13-17; Grades 7-12; Females During-School: After-School

During-School; After-School			
Health Education, Grades	o (b) (12) (D)	o (b) (7) (D)	
7-8.	o (b) (12) (E)	o (b) (7) (E) o (b) (7) (G)	
o (b) (5) (H)	• Health 1, Grades 9-10 (One-		
o (b) (5) (J)	Half Credit).	Advanced Health, Grades	
o (b) (5) (K)	o (b) (2) (H)	11-12.	
o (b) (10) (A)	o (b) (4) (C)	o (b) (4) (C)	
o (b) (12) (C)	o (b) (7) (B)	o (b) (7) (D)	
	o (b) (7) (C)		
ATLAS (Athletes Training a Ages 14-17; Grades 9-12; Males	and Learning to Avoid Steroic	ls)	
During-School; After-School			
Health 1, Grades 9-10 (One-	o (b) (4) (C)	o (b) (7) (D)	
Half Credit).	o (b) (7) (B)	o (b) (7) (E)	
o (b) (2) (H)	o (b) (7) (C)	o (b) (7) (G)	
Ages 5-11; Grades K-6 During-School; After-School • Health Education, Grade 1. o (b) (2) (C) o (b) (3) (A) o (b) (3) (B)	o (b) (7) (A) o (b) (8) (A) • Health Education, Grades 4. o (b) (4) (C)	<ul> <li>o (b) (5) (F)</li> <li>o (b) (6) (A)</li> <li>Health Education, Grade 6.</li> <li>o (b) (5) (B)</li> </ul>	
<ul> <li>Health Education, Grade 2.</li> </ul>	o (b) (4) (D)	o (b) (5) (C)	
o (b) (2) (A)	o (b) (7) (A)	o (b) (7) (D)	
o (b) (2) (D)	o (b) (8) (A)	o (b) (11) (A)	
o (b) (2) (F)	Health Education, Grades 5.	o (b) (11) (B)	
Health Education, Grades 3.	o (b) (5) (C)	o (b) (11) (C)	
o (b) (4) (C)	o (b) (5) (D)	o (b) (11) (D)	
o (b) (4) (D)			
Coping Power Program			
Ages 9-12; Grades 4-6			
During-School; After-School			
Health Education, Grade 4.	o (b) (5) (B)	o (b) (1) (C)	
o (b) (4) (C)	o (b) (5) (C)	o (b) (1) (D)	
(b)(4)(0)	(b)(0)(0)	(b) (1) (2)	

- o (b) (4) (D)
- o (b) (7) (A)
- o (b) (8) (A)
- Health Education, Grade 5. o (b) (5) (A)

0 (D) (5) (C)	(U) (T) (D)
o (b) (5) (D)	o (b) (4)
<ul> <li>English Language Arts and</li> </ul>	o (b) (6) (B)
Reading, Grade 5.	
o (b) (1) (A)	
o (b) (1) (B)	

#### Early Risers "Skill for Success"

#### Ages 6-12; Grades K- 5 After-School; During-School

<ul> <li>Health Education,</li> </ul>	Health Education, Grade 2.	o (b) (4) (C)
Kindergarten.	o (b) (2) (A)	o (b) (4) (D)
o (b) (2) (C)	o (b) (2) (D)	Health Education, Grade 5.
o (b) (2) (D)	Health Education, Grade 3.	o (b) (5) (B)
<ul> <li>Health Education, Grade 1.</li> </ul>	o (b) (2) (B)	o (b) (5) (C)
o (b) (2) (C)	o (b) (2) (C)	o (b) (5) (D)
o (b) (2) (D)	Health Education, Grade 4.	o (b) (5) (F)
	o (b) (4) (B)	

#### EFFEKT

Ages 12-14; Grades 6-8 After-School

<ul> <li>Health Education, Grade 6.</li> </ul>	<ul> <li>Health Education, Grades</li> </ul>	o (b) (6) (l)
o (b) (7) (B)	7-8.	o (b) (6) (J)
o (b) (7) (C)	o (b) (1) (E)	o (b) (6) (K)
o (b) (7) (D)	o (b) (2) (F)	o (b) (6) (L)
o (b) (7) (G)	o (b) (4) (H)	o (b) (6) (M)
	o (b) (6) (H)	o (b) (12) (G)

#### **Good Behavior Game**

Ages 5-18; Grades K-12 During-School

Health Education,	o (b) (5) (F)	o (b) (5) (C)
Kindergarten.	Health Education, Grade 6.	o (b) (5) (D)
o (b) (2) (C)	o (b) (1) (A)	o (b) (5) (E)
o (b) (2) (D)	o (b) (1) (B)	o (b) (5) (F)
Health Education, Grade 1.	o (b) (1) (C)	o (b) (5) (G)
o (b) (2) (C)	o (b) (1) (D)	o (b) (6) (A)
o (b) (2) (D)	o (b) (1) (E)	o (b) (6) (B)
Health Education, Grade 2.	o (b) (1) (F)	o (b) (6) (C)
o (b) (2) (A)	o (b) (1) (G)	o (b) (7) (A)
o (b) (2) (D)	o (b) (1) (H)	o (b) (7) (B)
Health Education, Grade 3.	o (b) (2) (A)	o (b) (7) (C)
o (b) (2) (B)	o (b) (2) (B)	o (b) (7) (D)
o (b) (2) (C)	o (b) (2) (C)	o (b) (7) (E)
Health Education, Grade 4.	o (b) (2) (D)	o (b) (7) (F)
o (b) (4) (B)	o (b) (3) (A)	o (b) (7) (G)
o (b) (4) (C)	o (b) (3) (B)	o (b) (7) (H)
o (b) (4) (D)	o (b) (3) (C)	o (b) (7) (l)
<ul> <li>Health Education, Grade 5.</li> </ul>	o (b) (4) (A)	o (b) (8) (A)
o (b) (5) (B)	o (b) (4) (B)	o (b) (8) (B)
o (b) (5) (C)	o (b) (5) (A)	o (b) (8) (C)
o (b) (5) (D)	o (b) (5) (B)	o (b) (9) (A)

o (b) (9) (B)	o (b) (2) (D)	o (b) (12) (E)
o (b) (9) (C)	o (b) (2) (E)	o (b) (12) (F)
o (b) (9) (D)	o (b) (2) (F)	o (b) (12) (G)
o (b) (9) (E)	o (b) (3) (A)	• Health 1, Grades 9-10 (One-
o (b) (9) (F)	o (b) (3) (B)	Half Credit).
o (b) (10) (A)	o (b) (3) (C)	o (b) (2) (H)
o (b) (10) (B)	o (b) (3) (D)	o (b) (4) (C)
o (b) (10) (C)	o (b) (4) (A)	o (b) (7) (B)
o (b) (11) (A)	o (b) (4) (B)	o (b) (7) (C)
o (b) (11) (B)	o (b) (4) (C)	o (b) (7) (D)
o (b) (12) (A)	o (b) (4) (D)	o (b) (7) (E)
o (b) (12) (B)	o (b) (4) (E)	o (b) (7) (G)
o (b) (12) (C)	o (b) (4) (F)	<ul> <li>Advanced Health, Grades</li> </ul>
o (b) (12) (D)	o (b) (5) (A)	11-12.
o (b) (12) (E)	o (b) (5) (B)	o (b) (4) (A)
o (b) (12) (F)	o (b) (5) (C)	o (b) (4) (B)
o (b) (12) (G)	o (b) (6) (A)	o (b) (4) (C)
o (b) (12) (H)	o (b) (6) (B)	o (b) (7) (E)
o (b) (12) (l)	o (b) (6) (C)	o (b) (7) (F)
o (b) (13) (A)	o (b) (6) (D)	o (b) (7) (G)
o (b) (13) (B)	o (b) (6) (E)	o (b) (14) (A)
o (b) (13) (C)	o (b) (6) (F)	o (b) (14) (B)
o (b) (13) (D)	o (b) (6) (G)	o (b) (15) (A)
o (b) (13) (E)	o (b) (6) (H)	o (b) (16) (A)
o (b) (13) (F)	o (b) (6) (l)	o (b) (16) (B)
o (b) (14) (A)	o (b) (6) (J)	o (b) (16) (C)
o (b) (14) (B)	o (b) (6) (K)	<ul> <li>English Language Arts and</li> </ul>
o (b) (14) (C)	o (b) (6) (L)	Reading, English I (High
o (b) (14) (D)	o (b) (6) (M)	School).
<ul> <li>Health Education, Grades</li> </ul>	o (b) (7) (A)	o (b) (6)
7-8.	o (b) (7) (B)	o (b) (10) (A)
o (b) (1) (A)	o (b) (7) (C)	o (b) (13) (B)
o (b) (1) (B)	o (b) (8) (A)	o (b) (19)
o (b) (1) (C)	o (b) (8) (B)	o (b) (23) (A)
o (b) (1) (D)	o (b) (9) (A)	o (b) (24) (A)
o (b) (1) (E)	o (b) (9) (B)	o (b) (24) (B)
o (b) (1) (F)	o (b) (12) (A)	o (b) (24) (C)
o (b) (2) (A)	o (b) (12) (B)	o (b) (25)
o (b) (2) (B)	o (b) (12) (C)	o (b) (26)
o (b) (2) (C)	o (b) (12) (D)	

#### **Guiding Good Choices**

Ages 9-14; Grades 4-8 During-School; After-School

<ul> <li>Health Education, Grade 4.</li> </ul>	<ul> <li>Health Education, Grade 6.</li> </ul>	Health Education, Grades
o (b) (4) (C)	o (b) (5) (B)	7-8.
o (b) (4) (D)	o (b) (5) (C)	o (b) (5) (H)
o (b) (7) (A)	o (b) (7) (D)	o (b) (5) (J)
o (b) (8) (A)	o (b) (11) (A)	o (b) (5) (K)
<ul> <li>Health Education, Grade 5.</li> </ul>	o (b) (11) (B)	o (b) (10) (A)
o (b) (5) (C)	o (b) (11) (C)	o (b) (12) (C)
o (b) (5) (D)	o (b) (11) (D)	o (b) (12) (D)
o (b) (5) (F)		o (b) (12) (E)
o (b) (6) (A)		

#### Keepin' it REAL

Ages 11-15; Grades 6-9 During-School

<ul> <li>English Language Arts,</li> </ul>	English Language Arts and	Health Education, Grade 6.
Grades 6-8.	Reading, English 3 (High	o (b) (6) (A)
o (b) (1) (A)	School).	o (b) (6) (C)
o (b) (3)	o (b) (24)	o (b) (7) (B)
o (b) (5)	o (b) (2) (A)	o (b) (7) (D)
o (b) (9)	o (b) (6)	o (b) (7) (E)
o (b) (12)	o (b) (7)	o (b) (8) (A)
<ul> <li>English Language Arts and</li> </ul>	o (b) (9)	o (b) (9) (F)
Reading, English 1 (High	o (b) (15) (A)	o (b) (13) (F)
School).	o (b) (15) (B)	<ul> <li>Social Studies, Grade 6.</li> </ul>
o (b) (2) (A)	o (b) (16) (A)	o (b) (22)
o (b) (2) (B)	o (b) (25)	Health Education, Grades
o (b) (6)	<ul> <li>English Language Arts and</li> </ul>	7-8.
o (b) (9)	Reading, English 4 (High	o (b) (1) (F)
o (b) (15) (B)	School).	o (b) (5) (A)
o (b) (17) (A)	o (b) (2) (A)	o (b) (5) (B)
o (b) (24)	o (b) (6)	o (b) (6) (H)
<ul> <li>English Language Arts and</li> </ul>	o (b) (7)	o (b) (6) (J)
Reading, English 2 (High	o (b) (9)	o (b) (6) (M)
School).	o (b) (10) (A)	o (b) (7) (C)
o (b) (2) (C)	o (b) (15) (A)	o (b) (11) (A)
o (b) (6)	o (b) (15) (A)	o (b) (12) (G)
o (b) (7)	o (b) (16) (A)	o (b) (13) (F)
o (b) (8)	o (b) (16) (B)	<ul> <li>Social Studies, Grade 7.</li> </ul>
o (b) (9)	o (b) (24) (A)	o (b) (23)
o (b) (15) (B)		<ul> <li>Social Studies, Grade 8.</li> </ul>
o (b) (16)		o (b) (31)
o (b) (14)		

Health 1, Grades 9-10 (One-	• Economics, High School.	Sociology, High School.
Half Credit).	o (c) (22) (B)	o (c) (7) (C)
o (b) (2) (H)	o (c) (23)	o (c) (7) (D)
o (b) (4) (C)	<ul> <li>Psychology, High School.</li> </ul>	• U.S. History, High School.
o (b) (7) (B)	o (c) (7) (B)	o (c) (3) (C)
o (b) (7) (C)	o (c) (16) (B)	
o (b) (7) (D)		
o (b) (7) (E)		
o (b) (7) (G)		

#### LifeSkills Training

Ages 5-18; Grades K-12 During-School; After-School

- Health Education, Grade 3.

  (b) (2) (B)

  English Language Arts and Reading, Grade 3.

  (b) (1) (A)
  (b) (1) (A)
  (b) (1) (B)
  (b) (1) (C)
  (b) (1) (C)
  (b) (1) (D)
  (b) (1) (D)
  (b) (1) (E)
  (b) (1) (E)
  (b) (4)
  (b) (6) (A)

  Health Education, Grade 4.

  (b) (4) (A)
  - o (b) (4) (B)
  - o (b) (4) (C)
  - o (b) (4) (D)
- English Language Arts and Reading, Grade 5.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (4)
  - o (b) (6) (B)
- Health Education, Grade 6.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (E)
  - o (b) (9) (B)

- English Language Arts and Reading, Grade 6. o (b) (1)
- Health Education, Grades 7-8.
  - o (b) (5) (J)
- English Language Arts and Reading, Grade 7.
  - o (b) (1)
  - o (b) (4)
  - o (b) (22) (A)
- Health Education, Grade 8.
   o (b) (1)
   o (b) (4)
- Health 1, Grades 9-10 (One-Half Credit).
   o (b) (2) (H)
   o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
- o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (G)
- Advanced Health, Grades 11-12 (One-Half Credit).
   o (c) (3) (C)
  - o (c) (7) (F)

- English Language Arts and Reading, English I (High School).
  - o (b) (6)

o (b) (10) (A) o (b) (10) (B) o (b) (13) (A) o (b) (13) (B) o (b) (13) (C) o (b) (13) (C) o (b) (13) (D) o (b) (13) (E) o (b) (19) o (b) (23) (A)

- o (b) (23) (R)
- o (b) (24) (A)
- o (b) (24) (B)
- o (b) (25)
- o (b) (26)
- Social Studies (High School).
  - o (b) (24) (A)
  - o (b) (24) (B)
  - o (b) (24) (D)
- Law Enforcement I.
  - o (c) (11) (A)
  - o (c) (11) (B)
  - o (c) (11) (C)

#### Lions Quest– Middle School

Ages 4-18; Grades PreK-12 During-School; After-School

During Control, Anton Control
<ul> <li>Health Education,</li> </ul>
Kindergarten.
o (b) (2) (C)
o (b) (2) (D)
English Language Arts and
Reading, Kindergarten.
o (a) (1) (A)
o (a) (1) (B)
o (a) (1) (C)
o (a) (1) (D)
o (a) (1) (E)
o (b) (1) (A)
o (b) (1) (B)
o (b) (1) (C)
o (b) (4)
o (b) (6)
Social Studies,
Kindergarten.
o (a) (1)
o (b) (5) (A)
o (b) (5) (B)
o (b) (5) (C)
o (b) (14) (A)
o (b) (14) (B)
o (b) (14) (C)
o (b) (16) (A)
• Health Education, Grade 1.
o (b) (2) (C)
o (b) (2) (D)
English Language Arts and
Reading, Grade 1.
o (b) (1) (A)
o (b) (1) (B)
o (b) (1) (C)
o (b) (1) (D)
o (b) (1) (E)
o (b) (3)
o (b) (7)
o (b) (8)
o (b) (10)
Social Studies, Grade 1.
o (a) (1)
• Health Education, Grade 2.
o (b) (2) (A)
o (b) (2) (D)

 English Language Arts and Reading, Grade 2. o (a) (1) o (a) (2) o (b) (6) • Social Studies, Grade 2. o (c) (10) o (b) (10) (C) • Health Education, Grade 3. o (b) (2) (B) o (b) (2) (C) • English Language Arts and Reading, Grade 3. o (b) (1) (A) o (b) (1) (B) o (b) (1) (C) o (b) (2) o (b) (3) o (b) (7) • Social Studies, Grade 3. o (b) (9) o (b) (10) • Health Education, Grade 4. o (b) (4) (B) o (b) (4) (C) o (b) (4) (D) English Language Arts and Reading, Grade 4. o (b) (1) o (b) (3) o (b) (6) o (b) (7) • Health Education, Grade 5. o (b) (5) (B) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) · English Language Arts and Reading, Grade 5. o (b) (1) (A) o (b) (1) (C) o (b) (6) o (b) (7) o (b) (8) o (b) (13)

- Social Studies, Grade 5. o (a) (2)
- Health Education, Grade 6. o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b)(7)(G)
- English Language Arts and Reading, Grade 6.
  - o (b) (1) (A) o (b) (1) (B)
  - o (b) (2)
  - o (b) (5) (A)
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)
  - o (b) (5) (E)
  - o (b) (9)
- Social Studies, Grade 6.
  - o (b) (6) (A)
  - o (b) (9) (C) o (b) (12) (A)
  - o (b) (12) (A)
  - o (b) (10) (A)
  - o (b) (19) (A)
- Health Education, Grades
  - **7-8.** o (b) (1) (E)
  - o (b) (2) (F) o (b) (4) (H) o (b) (6) (H) o (b) (6) (l)
  - o (b) (6) (J)
  - o (b) (6) (K)
  - o (b) (6) (L)
  - o (b) (6) (M)
  - o (b) (12) (G)
- English Language Arts and Reading, Grade 7.
   o (b) (1) (A)
  - o (b) (1) (A) o (b) (1) (B)
  - o (b) (1)
  - o (b) (5) (A)
  - o (b) (5) (B)

o (b) (5) (C)	Psychology, High School.	• Health 1, Grades 9-10 (One-
o (b) (5) (D)	o (c) (4) (A)	Half Credit).
o (b) (5) (E)	o (c) (5) (A)	o (b) (2) (H)
o (b) (9)	o (c) (5) (F)	o (b) (4) (C)
<ul> <li>English Language Arts and</li> </ul>	o (c) (6) (B)	o (b) (7) (B)
Reading, Grade 8.	o (c) (13) (A)	o (b) (7) (C)
o (b) (1) (A)	Discovering Languages and	o (b) (7) (D)
o (b) (1) (B)	Cultures, High School.	o (b) (7) (E)
o (b) (2)	o (c) (1) (A)	o (b) (7) (G)
o (b) (5) (A)	o (c) (1) (C)	Advanced Health, Grades
o (b) (5) (B)	o (c) (2) (B)	11-12 (One-Half Credit).
o (b) (5) (C)	o (c) (3) (B)	o (c) (7) (A)
o (b) (5) (D)	English Language Arts and	o (c) (7) (G)
o (b) (5) (E)	Reading, English I, High	o (c) (7) (A)
o (b) (9)	School.	
United States History Since	o (c) (1) (A)	
1877, High School.	o (c) (1) (B)	
o (b) (2)	o (c) (1) (D)	
o (b) (9) (E)	o (c) (4) (B)	
o (b) (11) (B)	o (c) (4) (C)	
o (b) (24) (B)	o (c) (4) (D)	
o (b) (28) (D)	o (c) (4) (E)	
o (b) (29) (A)	o (c) (4) (G)	
Master Mind		
Ages 9-11; Grades 4-5		
During-School		
Health Education, Grade 4.	o (b) (4) (D)	o (b) (5) (C)
o (b) (4) (B)	Health Education, Grade 5.	o (b) (5) (D)
	o (b) (5) (B)	o (b) (5) (F)
o (b) (4) (C)		

- Health Education, Grade 3. o (b) (2) (B)
- English Language Arts and Reading, Grade 3.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (1) (E)
  - o (b) (4)
  - o (b) (6) (A)

٠	Health Education, Grade 4.	
	$- (I_{-}) (A) (A)$	

- o (b) (4) (A)
- o (b) (4) (B)
- o (b) (4) (C)
- o (b) (4) (D)
- English Language Arts and Reading, Grade 4.
   o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (4)
  - o (b) (6) (B)

- Health Education, Grade 5.
  - o (b) (5) (A)
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)
- English Language Arts and Reading, Grade 5.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (4)
  - o (b) (6) (B)

#### Media Ready

Ages 11-14; Grades 6-8 During-School

- Health Education, Grade 6.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (E)
  - o (b) (9) (B)
- English Language Arts and Reading, Grade 6 o (b) (1)
- **Michigan Model for Health**

Ages 5-18; Grades K-12 During-School

- · Health Education, Kindergarten.
  - o (b) (2) (C)
- English Language Arts and Reading, Kindergarten.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (4)
- Health Education, Grade 1. o (b) (2) (C)
  - o (b) (2) (D)
  - o (b) (2) (H)
- English Language Arts and Reading, Grade 1.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (4)
- Health Education, Grade 2. o (b) (2) (A)
- English Language Arts and Reading, Grade 2.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (4)
  - o (b) (6) (A)
- Health Education, Grade 3. o (b) (2) (B)

- · Health Education, Grades 7-8. o (b) (5) (J)
- · English Language Arts and Reading, Grade 7.
  - o (b) (1)
  - o (b) (4)
  - o (b) (22) (A)

- English Language Arts and Reading, Grade 8. o (b) (1)
- o (b) (4)

- English Language Arts and Reading, Grade 3. o (b) (1) (A) o (b) (1) (B) o (b) (1) (C) o (b) (1) (D) o (b) (1) (E) o (b) (4) o (b) (6) (A) • Health Education, Grade 4. o (b) (4) (A) o (b) (4) (B) o (b) (4) (C) o (b) (4) (D) · English Language Arts and Reading, Grade 4. o (b) (1) (A) o (b) (1) (B) o (b) (1) (C) o (b) (1) (D) o (b) (4) o (b) (6) (B) • Health Education, Grade 5. o (b) (5) (A) o (b) (5) (B) • Health Education, Grade 6. o (b) (7) (B) o (b) (7) (C) o (b) (7) (D) o (b) (7) (G)
- Health Education, Grades 7-8. o (b) (1) (E)
  - o (b) (2) (F)
- o (b) (4) (H)
- o (b) (6) (H) o (b) (6) (l)
- o (b) (6) (J) o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)
- Health 1, Grades 9-10 (One-Half Credit).
  - o (b) (2) (H)
  - o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (E)
  - o (b) (7) (G)
- Advanced Health, Grades 11-12 (One-Half Credit).
  - o (c) (7) (A)
  - o (c) (7) (G)

#### **Promoting Alternative THinking Strategies (PATHS)**

Ages 4-11; Grades PreK- 5

During-School; After-School

• Health Education, Grade 3. · Health Education, o (b) (2) (B) o (b) (5) (B) Kindergarten. o (b) (2) (C) o (b) (5) (C) o (b) (2) (C) • Health Education, Grade 4. o (b) (5) (D) o (b) (2) (D) o (b) (4) (B) o (b) (5) (F) • Health Education, Grade 1. o (b) (4) (C) o (b) (2) (C) o (b) (4) (D) o (b) (2) (D) • Health Education, Grade 2. o (b) (2) (A) o (b) (2) (D)

#### **Peers Making Peace**

Ages 3-18; Grades PreK-12 During-School; After-School

- · Health Education, Kindergarten. o (b) (2) (C) o (b) (2) (D) • Health Education, Grade 1. o (b) (2) (C) o (b) (2) (D) • Health Education, Grade 2. o (b) (2) (A) o (b) (2) (D) • Health Education, Grade 3. o (b) (2) (B) o (b) (2) (C) • Health Education, Grade 4. o (b) (4) (B) o (b) (4) (C) o (b) (4) (D) • Health Education, Grade 5. o (b) (5) (B) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) • Health Education, Grade 6. o (b) (7) (B) o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (G)

- Health Education, Grades 7-8. o (b) (1) (E) o (b) (2) (F) o (b) (4) (H) o (b) (6) (H) o (b) (6) (l) o (b) (6) (J) o (b) (6) (K) o (b) (6) (L) o (b) (6) (M) o (b) (12) (G) · Health 1, Grades 9-10 (One-Half Credit). o (b) (2) (H) o (b) (4) (C) o (b) (7) (B) o (b) (7) (C) o (b) (7) (D) o (b) (7) (E) o (b) (7) (G) Advanced Health, Grades 11-12 (One-Half Credit). o (c) (3) (C) o (c) (7) (F)
- English Language Arts and Reading, English I (High School).

o (b) (6) o (b) (10) (A) o (b) (10) (B) o (b) (13) (A) o (b) (13) (B) o (b) (13) (C) o (b) (13) (D) o (b) (13) (E) o (b) (19) o (b) (23) (A) o (b) (23) (B) o (b) (24) (A) o (b) (24) (B) o (b) (24) (C) o (b) (25) o (b) (26) Social Studies (High School). o (b) (24) (A) o (b) (24) (B)

- o (b) (24) (D)
- Law Enforcement I. o (c) (11) (A) (B) (C)

• Health Education, Grade 5.

#### **Positive Action**

Ages 3-18; Grades PreK-12 During-School; After-School Health Education

<ul> <li>Health Education,</li> </ul>	<ul> <li>Health Education, Grade</li> </ul>
Kindergarten.	o (b) (4) (B)
o (b) (2) (C)	o (b) (4) (C)
<ul> <li>English Language Arts and</li> </ul>	o (b) (4) (D)
Reading, Kindergarten.	Health Education, Grade
o (b) (1) (A)	o (b) (5) (B)
o (b) (1) (B)	o (b) (5) (C)
o (b) (1) (C)	o (b) (5) (D)
o (b) (4)	o (b) (5) (F)
Health Education, Grade 1.	Health Education, Grade
o (b) (2) (C)	o (b) (7) (B)
o (b) (2) (D)	o (b) (7) (C)
Health Education, Grade 2.	o (b) (7) (D)
o (b) (2) (A)	o (b) (7) (G)
o (b) (2) (D)	Health Education, Grades
Health Education, Grade 3.	7-8.
o (b) (2) (B)	o (b) (1) (E)
o (b) (2) (C)	o (b) (2) (F)
	o (b) (4) (H)
	o (b) (6) (H)

alth Education, Grade 4.

- 5.
- 6.
- S

- o (b) (6) (l)
- o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)
- Health 1, Grades 9-10 (One-Half Credit).
  - o (b) (2) (H)
  - o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (E)
  - o (b) (7) (G)
- Advanced Health, Grades 11-12 (One-Half Credit). o (c) (7) (A)
  - o (c) (7) (G)

#### **Positive Family Support**

Ages 10-14; Grades 6-8 During-School; After-School

<ul> <li>Health Education, Grade 6.</li> </ul>	o (b) (12) (l)	o (b) (7) (C)
o (b) (c)	o (b) (13) (F)	o (b) (11) (A)
o (b) (1) (H)	Health Education, Grades	o (b) (12) (B)
o (b) (11) (B)	7-8.	o (b) (12) (G)
o (b) (12) (E)	o (b) (H)	
o (b) (12) (H)	o (b) (1) (C)	

#### Project ALERT

Ages 12-14; Grades 7-8 During-School; After-School

Health Education, Grades	o (b) (4) (B)	o (b) (6) (J)
7-8.	o (b) (4) (C)	o (b) (6) (K)
o (b) (1) (A)	o (b) (4) (D)	o (b) (6) (L)
o (b) (1) (B)	o (b) (4) (E)	o (b) (6) (M)
o (b) (1) (C)	o (b) (4) (F)	o (b) (7) (A)
o (b) (1) (D)	o (b) (4) (G)	o (b) (7) (B)
o (b) (1) (E)	o (b) (4) (H)	o (b) (7) (C)
o (b) (1) (F)	o (b) (5) (A)	o (b) (8) (A)
o (b) (2) (A)	o (b) (5) (B)	o (b) (8) (B)
o (b) (2) (B)	o (b) (5) (C)	o (b) (9) (A)
o (b) (2) (C)	o (b) (6) (A)	o (b) (9) (B)
o (b) (2) (D)	o (b) (6) (B)	o (b) (12) (A)
o (b) (2) (E)	o (b) (6) (C)	o (b) (12) (B)
o (b) (2) (F)	o (b) (6) (D)	o (b) (12) (C)
o (b) (3) (A)	o (b) (6) (E)	o (b) (12) (D)
o (b) (3) (B)	o (b) (6) (F)	o (b) (12) (E)
o (b) (3) (C)	o (b) (6) (G)	o (b) (12) (F)
o (b) (3) (D)	o (b) (6) (H)	o (b) (12) (G)
o (b) (4) (A)	o (b) (6) (l)	

#### **Project EX**

Ages 14-19; Grades 9-12 During-School

Health 1, Grades 9-10 (One-	Advanced Health, Grades	o (b) (13) (B)
Half Credit).	11-12.	o (b) (19)
o (b) (2) (H)	o (b) (4) (C)	o (b) (23) (A)
o (b) (4) (C)	o (b) (7) (D)	o (b) (24) (A)
o (b) (7) (B)	English Language Arts and	o (b) (24) (B)
o (b) (7) (C)	Reading, English I (High	o (b) (24) (C)
o (b) (7) (D)	School).	o (b) (25)
o (b) (7) (E)	o (b) (6)	o (b) (26)
o (b) (7) (G)	o (b) (10) (A)	

#### **Project Northland**

Ages 11-14; Grades 6-8 During-School

Health Education, Grade 6.	o (b) (11) (C)	o (b) (5) (K)
o (b) (5) (B)	o (b) (11) (D)	o (b) (10) (A)
o (b) (5) (C)	Health Education, Grades	o (b) (12) (C)
o (b) (7) (D)	7-8.	o (b) (12) (D)
o (b) (11) (A)	o (b) (5) (H)	
o (b) (11) (B)	o (b) (5) (J)	

#### **Project Towards No Drug Abuse**

Ages 14-19; Grades 9-12 During-School

<ul> <li>Health 1, Grades 9-10 (One-</li> </ul>	Advanced Health, Grades	o (b) (10) (A)
Half Credit).	11-12.	o (b) (13) (B)
o (b) (2) (H)	o (c) (3) (C)	o (b) (19)
o (b) (4) (C)	o (c) (4) (C)	o (b) (23) (A)
o (b) (7) (B)	o (c) (7) (D)	o (b) (24) (A)
o (b) (7) (C)	o (c) (7) (E)	o (b) (24) (B)
o (b) (7) (D)	o (c) (7) (F)	o (b) (24) (C)
o (b) (7) (E)	<ul> <li>English Language Arts and</li> </ul>	o (b) (25)
o (b) (7) (G)	Reading, English I (High	o (b) (26)
	School).	
	o (b) (6)	

### Project Towards No Tobacco Use

Ages 10-14; Grades 5-9 During-School

<ul> <li>Health Education, Grade 5.</li> </ul>	Health Education, Grades	Health 1, Grades 9-10 (One-
o (b) (5) (C)	7-8.	Half Credit).
o (b) (5) (D)	o (b) (5) (H)	o (b) (2) (H)
o (b) (5) (F)	o (b) (5) (J)	o (b) (4) (C)
o (b) (6) (A)	o (b) (5) (K)	o (b) (7) (B)
<ul> <li>Health Education, Grade 6.</li> </ul>	o (b) (10) (A)	o (b) (7) (C)
o (b) (5) (B)	o (b) (12) (C)	o (b) (7) (D)
o (b) (5) (C)	o (b) (12) (D)	o (b) (7) (E)
o (b) (7) (D)	o (b) (12) (E)	o (b) (7) (G)
o (b) (11) (A)		
o (b) (11) (B)		
o (b) (11) (C)		
o (b) (11) (D)		

#### **Project Venture**

Ages 10-14; Grades 5-8 During-School; After-School

Health Education, Grade 5.	o (b) (7) (D)	o (b) (6) (l)
o (b) (5) (B)	o (b) (7) (G)	o (b) (6) (J)
o (b) (5) (C)	Health Education, Grades	o (b) (6) (K)
o (b) (5) (D)	7-8.	o (b) (6) (L)
o (b) (5) (F)	o (b) (1) (E)	o (b) (6) (M)
<ul> <li>Health Education, Grade 6.</li> </ul>	o (b) (2) (F)	o (b) (12) (G)
o (b) (7) (B)	o (b) (4) (H)	
o (b) (7) (C)	o (b) (6) (H)	

#### **Raising Healthy Children**

Ages 5-18; Grades K-12 During-School; After-School Health Education, Grade 1.
 Health Education, Grade 6.

• Health Education, Grade 1.	• Health Education, Grade 6.
o (b) (2) (C)	o (b) (5) (B)
o (b) (3) (A)	o (b) (5) (C)
o (b) (3) (B)	o (b) (7) (D)
Health Education, Grade 2.	o (b) (11) (A)
o (b) (2) (A)	o (b) (11) (B)
o (b) (2) (D)	o (b) (11) (C)
o (b) (2) (F)	o (b) (11) (D)
Health Education, Grade 3.	Health Education, Grades
o (b) (4) (C)	7-8.
o (b) (4) (D)	o (b) (1) (A)
o (b) (7) (A)	o (b) (1) (F)
o (b) (8) (A)	o (b) (2) (E)
Health Education, Grade 4.	o (b) (2) (F)
o (b) (4) (C)	o (b) (4) (C)
o (b) (4) (D)	o (b) (6) (A)
o (b) (7) (A)	o (b) (6) (H)
o (b) (8) (A)	o (b) (7) (C)
Health Education, Grade 5.	o (b) (8) (A)
o (b) (5) (C)	o (b) (8) (B)
o (b) (5) (D)	o (b) (9) (A)
o (b) (5) (F)	o (b) (12) (G)
o (b) (6) (A)	
	1

#### **Reconnecting Youth**

Ages 14-18; Grades 9-12

o (c) (7)(F)

During-School; After-School		
Health 1, Grades 9-10 (One-	English Language Arts and	o (b) (23) (B)
Half Credit).	Reading, English I (High	o (b) (24) (A)
o (b) (2) (H)	School).	o (b) (24) (B)
o (b) (4) (C)	o (b) (6)	o (b) (24) (C)
o (b) (7) (B)	o (b) (10) (A)	o (b) (25)
o (b) (7) (C)	o (b) (10) (B)	o (b) (26)
o (b) (7) (D)	o (b) (13) (A)	Social Studie
o (b) (7) (E)	o (b) (13) (B)	School).
o (b) (7) (G)	o (b) (13) (C)	o (b) (24) (A)
<ul> <li>Advanced Health, Grades</li> </ul>	o (b) (13) (D)	o (b) (24) (B)
11-12 (One-Half Credit).	o (b) (13) (E)	o (b) (24) (D)
o (c) (3) (C)	o (b) (19)	Law Enforce

o (b) (23) (A)

o (b) (7) (C) o (b) (7) (D)

• Health 1, Grades 9-10 (One-

o (b) (7) (E)

Half Credit). o (b) (2) (H) o (b) (4) (C) o (b) (7) (B)

- o (b) (7) (G)
- Advanced Health, Grades 11-12.
  - o (b) (4) (C) o (b) (7) (D)

- A) B) C) udies (High A) B) D)
  - rcement I. o (c) (11) (A) (B) (C)

#### Social Decision Making/Problem Solving Program

Ages 5-14; Grades K- 8 During-School

Health Education,	Health Education, Grades 4.	Health Education, Grades
Kindergarten.	o (b) (4) (B)	7-8.
o (b) (2) (C)	o (b) (4) (C)	o (b) (1) (E)
o (b) (2) (D)	o (b) (4) (D)	o (b) (2) (F)
Health Education, Grade 1.	Health Education, Grade 5.	o (b) (4) (H)
o (b) (2) (C)	o (b) (5) (B)	o (b) (6) (H)
o (b) (2) (D)	o (b) (5) (C)	o (b) (6) (l)
<ul> <li>Health Education, Grade 2.</li> </ul>	o (b) (5) (D)	o (b) (6) (J)
o (b) (2) (A)	o (b) (5) (F)	o (b) (6) (K)
o (b) (2) (D)	Health Education, Grade 6.	o (b) (6) (L)
<ul> <li>Health Education, Grade 3.</li> </ul>	o (b) (7) (B)	o (b) (6) (M)
o (b) (2) (B)	o (b) (7) (C)	o (b) (12) (G)
o (b) (2) (C)	o (b) (7) (D)	
	o (b) (7) (G)	

#### **SPORT Prevention Plus Wellness**

Ages 7-18; Grades 3-12 During-School

- Health Education, Grade 3.
  - o (b) (2) (B)
  - o (b) (2) (C)
- Health Education, Grade 4. o (b) (4) (B)
  - o (b) (4) (C)
  - o (b) (4) (D)
- Health Education, Grade 5.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)
  - o (b) (5) (F)
- Health Education, Grade 6.
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (G)
- Health Education, Grades 7-8.
  - o (b) (1) (E)
  - o (b) (2) (F)
  - o (b) (4) (H)

o (b) (6) (H) o (b) (6) (l) o (b) (6) (J) o (b) (6) (K) o (b) (6) (L) o (b) (6) (M) o (b) (12) (G) • Health 1, Grades 9-10 (One-Half Credit). o (b) (2) (H) o (b) (4) (C) o (b) (7) (B) o (b) (7) (C) o (b) (7) (D) o (b) (7) (E) o (b) (7) (G) Advanced Health, Grades 11-12 (One-Half Credit). o (c) (3) (C) o (c) (7) (F) • English Language Arts and Reading, English I (High School).

- o (b) (6) o (b) (10) (A) o (b) (10) (B) o (b) (13) (A) o (b) (13) (B) o (b) (13) (C) o (b) (13) (D) o (b) (13) (E) o (b) (19) o (b) (23) (A) o (b) (23) (B) o (b) (24) (A) o (b) (24) (B) o (b) (24) (C) o (b) (25) o (b) (26) · Social Studies (High School). o (b) (24) (A) o (b) (24) (B) o (b) (24) (D)
- Law Enforcement I. o (c) (11) (A) (B) (C)

#### Start Taking Alcohol Risks Seriously (STARS) for Families

Ages 11-15; Grades 6-9 During-School; After-School

Health Education, Grade 6.	o (b) (6) (H)	<ul> <li>Health 1, Grades 9-10 (One-</li> </ul>
o (b) (7) (B)	o (b) (6) (l)	Half Credit).
o (b) (7) (C)	o (b) (6) (J)	o (b) (2) (H)
o (b) (7) (D)	o (b) (6) (K)	o (b) (4) (C)
o (b) (7) (G)	o (b) (6) (L)	o (b) (7) (B)
<ul> <li>Health Education, Grades</li> </ul>	o (b) (6) (M)	o (b) (7) (C)
7-8.	o (b) (12) (G)	o (b) (7) (D)
o (b) (1) (E)		o (b) (7) (E)
o (b) (2) (F)		o (b) (7) (G)
o (b) (4) (H)		

#### **Strengthening Families Program**

- Ages 3-18; Grades PreK-12 During-School
- Health Education, Kindergarten. o (b) (2) (C)
- English Language Arts and Reading, Kindergarten.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C) o (b) (4)
- Health Education, Grade 1.
  - o (b) (2) (C)
  - o (b) (2) (D)
  - o (b) (2) (H)
- English Language Arts and Reading, Grade 1.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (4)
- Health Education, Grade 2. o (b) (2) (A)
- English Language Arts and Reading, Grade 2.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (4)
  - o (b) (6) (A)

- Health Education, Grade 3. o (b) (2) (B) • English Language Arts and Reading, Grade 3.
- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (1) (E)
- o (b) (4)
- o (b) (6) (A)
- Health Education, Grade 4.
  - o (b) (4) (A)
  - o (b) (4) (B)
  - o (b) (4) (C)
  - o (b) (4) (D)
- English Language Arts and Reading, Grade 4.
- o (b) (1) (A)
- o (b) (1) (B)
- o (b) (1) (C)
- o (b) (1) (D)
- o (b) (4)
- o (b) (6) (B)
- Health Education, Grade 5.
  - o (b) (5) (A)
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)

- English Language Arts and Reading, Grade 5.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (4)
  - o (b) (6) (B)
- Health Education, Grade 6.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (E)
  - o (b) (9) (B)
- English Language Arts and Reading, Grade 6. o (b) (1)
- Health Education, Grades 7-8.
  - o (b) (5) (J)
- English Language Arts and Reading, Grade 7.
  - o (b) (1)
  - o (b) (4)
  - o (b) (22) (A)
- English Language Arts and Reading, Grade 8.
  - o (b) (1)
  - o (b) (4)

<ul> <li>Health 1, Grades 9-10 (One-</li> </ul>	English Language Arts and	o (b) (23) (B)
Half Credit).	Reading, English I (High	o (b) (24) (A)
o (b) (2) (H)	School).	o (b) (24) (B)
o (b) (4) (C)	o (b) (6)	o (b) (24) (C)
o (b) (7) (B)	o (b) (10) (A)	o (b) (25)
o (b) (7) (C)	o (b) (10) (B)	o (b) (26)
o (b) (7) (D)	o (b) (13) (A)	<ul> <li>Social Studies (High</li> </ul>
o (b) (7) (E)	o (b) (13) (B)	School).
o (b) (7) (G)	o (b) (13) (C)	o (b) (24) (A)
<ul> <li>Advanced Health, Grades</li> </ul>	o (b) (13) (D)	o (b) (24) (B)
11-12 (One-Half Credit).	o (b) (13) (E)	o (b) (24) (D)
o (c) (3) (C)	o (b) (19)	Law Enforcement I.
o (c) (7)(F)	o (b) (23) (A)	o (c) (11) (A) (B) (C)

#### **Strengthening Families Program: For Parents and Youth 10-14**

Ages 10-14; Grades 5-8 During-School; After-School

- Health Education, Grade 5.
  - o (b) (5) (A)
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (D)
- English Language Arts and Reading, Grade 5.
  - o (b) (1) (A)
  - o (b) (1) (B)
  - o (b) (1) (C)
  - o (b) (1) (D)
  - o (b) (4)
  - o (b) (6) (B)

- Health Education, Grade 6.
  - o (b) (5) (B)
  - o (b) (5) (C)
  - o (b) (5) (E)
  - o (b) (9) (B)
- English Language Arts and Reading, Grade 6. o (b) (1)
- Health Education, Grades 7-8.
  - o (b) (5) (J)

- English Language Arts and Reading, Grade 7.
  - o (b) (1)
  - o (b) (4)
  - o (b) (22) (A)
- English Language Arts and Reading, Grade 8.
  - o (b) (1)
  - o (b) (4)

### **Strong African American Families**

#### Ages 10-14; Grades 5-8 During-School; After-School

Burning Contool, Anter Contool		
<ul> <li>Health Education, Grade 5.</li> </ul>	o (b) (7) (E)	o (b) (2) (C)
o (b) (5) (A)	o (b) (7) (F)	o (b) (2) (D)
o (b) (5) (B)	o (b) (7) (G)	o (b) (2) (E)
o (b) (5) (C)	o (b) (7) (H)	o (b) (2) (F)
o (b) (5) (D)	o (b) (7) (l)	o (b) (3) (A)
o (b) (5) (H)	o (b) (8) (A)	o (b) (3) (B)
o (b) (5) (l)	o (b) (8) (B)	o (b) (3) (C)
o (b) (6) (A)	o (b) (8) (C)	o (b) (3) (D)
o (b) (6) (B)	o (b) (9) (A)	o (b) (4) (A)
o (b) (6) (C)	o (b) (9) (B)	o (b) (4) (B)
o (b) (6) (D)	o (b) (9) (C)	o (b) (4) (C)
o (b) (9) (B)	o (b) (9) (D)	o (b) (4) (D)
o (b) (9) (C)	o (b) (9) (E)	o (b) (4) (E)
o (b) (9) (D)	o (b) (9) (F)	o (b) (4) (F)
o (b) (9) (E)	o (b) (10) (A)	o (b) (4) (G)
o (b) (9) (F)	o (b) (10) (A)	o (b) (4) (C)
Health Education, Grade 6.	o (b) (10) (C)	o (b) (5) (A)
o (b) (1) (A)	o (b) (11) (A)	o (b) (5) (A)
o (b) (1) (A)	o (b) (11) (B)	o (b) (5) (C)
o (b) (1) (C)		
	o (b) (12) (A) o (b) (12) (B)	o (b) (6) (A)
o (b) (1) (D)		o (b) (6) (B)
o (b) (1) (E)	o (b) (12) (C)	o (b) (6) (C)
o (b) (1) (F)	o (b) (12) (D)	o (b) (6) (D)
o (b) (1) (G)	o (b) (12) (E)	o (b) (6) (E)
o (b) (1) (H)	o (b) (12) (F)	o (b) (6) (F)
o (b) (2) (A)	o (b) (12) (G)	o (b) (6) (G)
o (b) (2) (B)	o (b) (12) (H)	o (b) (6) (H)
o (b) (2) (C)	o (b) (12) (l)	o (b) (6) (l)
o (b) (2) (D)	o (b) (13) (A)	o (b) (6) (J)
o (b) (3) (A)	o (b) (13) (B)	o (b) (6) (K)
o (b) (3) (B)	o (b) (13) (C)	o (b) (6) (L)
o (b) (3) (C)	o (b) (13) (D)	o (b) (6) (M)
o (b) (4) (A)	o (b) (13) (E)	o (b) (7) (A)
o (b) (4) (B)	o (b) (13) (F)	o (b) (7) (B)
o (b) (5) (A)	o (b) (14) (A)	o (b) (7) (C)
o (b) (5) (B)	o (b) (14) (B)	o (b) (8) (A)
o (b) (5) (C)	o (b) (14) (C)	o (b) (8) (B)
o (b) (5) (D)	o (b) (14) (D)	o (b) (9) (A)
o (b) (5) (E)	<ul> <li>Health Education, Grades</li> </ul>	o (b) (9) (B)
o (b) (5) (F)	7-8.	o (b) (12) (A)
o (b) (5) (G)	o (b) (1) (A)	o (b) (12) (B)
o (b) (6) (A)	o (b) (1) (B)	o (b) (12) (C)
o (b) (6) (B)	o (b) (1) (C)	o (b) (12) (D)
o (b) (6) (C)	o (b) (1) (D)	o (b) (12) (E)
o (b) (7) (A)	o (b) (1) (E)	o (b) (12) (F)
o (b) (7) (B)	o (b) (1) (F)	o (b) (12) (G)
o (b) (7) (C)	o (b) (2) (A)	
o (b) (7) (D)	o (b) (2) (B)	

#### Strong African American Families – Teen Program

Ages 14-16; Grades 9-10 During-School; After-School

• Health 1, Grades 9-10 (One-	o (b) (7) (B)	o (b) (7) (E)
Half Credit).	o (b) (7) (C)	o (b) (7) (G)
o (b) (2) (H)	o (b) (7) (D)	
o (b) (4) (C)		

#### **Teams-Games-Tournaments Alcohol Prevention**

Ages 13-18; Grades 8-12 During-School

<ul> <li>Health Education, Grades</li> </ul>	o (b) (6) (E)	Advanced Health, Grades
7-8.	o (b) (6) (F)	11-12.
o (b) (1) (A)	o (b) (6) (G)	o (b) (4) (A)
o (b) (1) (B)	o (b) (6) (H)	o (b) (4) (B)
o (b) (1) (C)	o (b) (6) (l)	o (b) (4) (C)
o (b) (1) (D)	o (b) (6) (J)	o (b) (7) (E)
o (b) (1) (E)	o (b) (6) (K)	o (b) (7) (F)
o (b) (1) (F)	o (b) (6) (L)	o (b) (7) (G)
o (b) (2) (A)	o (b) (6) (M)	o (b) (14) (A)
o (b) (2) (B)	o (b) (7) (A)	o (b) (14) (B)
o (b) (2) (C)	o (b) (7) (B)	o (b) (15) (A)
o (b) (2) (D)	o (b) (7) (C)	o (b) (16) (A)
o (b) (2) (E)	o (b) (8) (A)	o (b) (16) (B)
o (b) (2) (F)	o (b) (8) (B)	o (b) (16) (C)
o (b) (3) (A)	o (b) (9) (A)	<ul> <li>English Language Arts and</li> </ul>
o (b) (3) (B)	o (b) (9) (B)	Reading, English I (High
o (b) (3) (C)	o (b) (12) (A)	School).
o (b) (3) (D)	o (b) (12) (B)	o (b) (6)
o (b) (4) (A)	o (b) (12) (C)	o (b) (10) (A)
o (b) (4) (B)	o (b) (12) (D)	o (b) (13) (B)
o (b) (4) (C)	o (b) (12) (E)	o (b) (19)
o (b) (4) (D)	o (b) (12) (F)	o (b) (23) (A)
o (b) (4) (E)	o (b) (12) (G)	o (b) (24) (A)
o (b) (4) (F)	Health 1, Grades 9-10 (One-	o (b) (24) (B)
o (b) (4) (G)	Half Credit).	o (b) (24) (C)
o (b) (4) (H)	o (b) (2) (H)	o (b) (25)
o (b) (5) (A)	o (b) (4) (C)	o (b) (26)
o (b) (5) (B)	o (b) (7) (B)	
o (b) (5) (C) o (b) (6) (A)	o (b) (7) (C)	
o (b) (6) (B)	o (b) (7) (D)	
o (b) (6) (C)	o (b) (7) (E)	
o (b) (6) (D)	o (b) (7) (G)	

### **Too Good for Drugs – Elementary School**

Ages 5-11; Grades K-5 During-School; After-School

Health Education,	o (b) (2) (F)	o (b) (11) (G)
Kindergarten.	o (b) (4) (A)	Health Education, Grade 4.
o (b) (1) (A)	o (b) (4) (D)	o (b) (1) (F)
o (b) (1) (B)	o (b) (5) (B)	o (b) (2) (A)
o (b) (1) (C)	o (b) (6) (A)	o (b) (4) (A)
o (b) (2) (B)	o (b) (8) (A)	o (b) (4) (B)
o (b) (2) (C)	o (b) (8) (B)	o (b) (4) (C)
o (b) (2) (D)	o (b) (9) (A)	o (b) (4) (D)
o (b) (2) (E)	o (b) (9) (B)	o (b) (4) (E)
o (b) (2) (F)	o (b) (9) (C)	o (b) (5) (A)
o (b) (3) (A)	o (b) (10) (A)	o (b) (7) (A)
o (b) (3) (B)	o (b) (10) (B)	o (b) (8) (A)
o (b) (4) (A)	o (b) (10) (C)	o (b) (8) (B)
o (b) (4) (B)	o (b) (10) (E)	o (b) (9) (A)
o (b) (5) (A)	o (b) (11) (A)	o (b) (9) (C)
o (b) (8) (A)	o (b) (11) (B)	o (b) (9) (E)
o (b) (8) (B)	o (b) (11) (C)	o (b) (9) (F)
o (b) (8) (C)	o (b) (11) (D)	o (b) (9) (H)
o (b) (9) (A)	Health Education, Grade 3.	o (b) (10) (C)
Health Education, Grade 1.	o (b) (1) (A)	o (b) (11) (A)
o (b) (1) (A)	o (b) (1) (B)	o (b) (11) (B)
	o (b) (1) (E)	o (b) (11) (C)
o (b) (2) (C)	o (b) (1) (F)	o (b) (11) (D)
o (b) (2) (D)	o (b) (2) (A)	o (b) (11) (E)
o (b) (2) (E)		
a(b)(3)(A)	0(0)(2)(B)	
o (b) (3) (A) o (b) (3) (B)	o (b) (2) (B) o (b) (2) (C)	• Health Education, Grade 5.
o (b) (3) (B)	o (b) (2) (C)	o (b) (3) (A)
o (b) (3) (B) o (b) (3) (C)	o (b) (2) (C) o (b) (2) (E)	o (b) (3) (A) o (b) (4) (A)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (7) (C)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (8) (A)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A) o (b) (9) (A)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (8) (A) o (b) (8) (B)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) o (b) (5) (H)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A) o (b) (9) (A) o (b) (9) (B)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (6) (D) o (b) (8) (A) o (b) (8) (B) o (b) (9) (A)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) o (b) (5) (H) o (b) (5) (H) o (b) (6) (A)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A) o (b) (9) (A) o (b) (9) (B) o (b) (9) (C)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (6) (D) o (b) (8) (A) o (b) (8) (B) o (b) (9) (A) o (b) (9) (C)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) o (b) (5) (F) o (b) (5) (H) o (b) (6) (A) o (b) (6) (B)
o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A) o (b) (9) (A) o (b) (9) (C) o (b) (9) (D)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (8) (A) o (b) (8) (A) o (b) (8) (B) o (b) (9) (A) o (b) (9) (C) o (b) (9) (D)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) o (b) (5) (F) o (b) (5) (H) o (b) (6) (A) o (b) (6) (B) o (b) (6) (C)
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o (b) (3) (B) o (b) (3) (C) o (b) (4) (A) o (b) (4) (B) o (b) (5) (A) o (b) (5) (A) o (b) (7) (C) o (b) (8) (A) o (b) (9) (A) o (b) (9) (B) o (b) (9) (C) o (b) (9) (C) o (b) (9) (F) o (b) (10) (A)	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (6) (D) o (b) (8) (A) o (b) (8) (A) o (b) (8) (B) o (b) (9) (A) o (b) (9) (C) o (b) (9) (C) o (b) (9) (E) o (b) (9) (F)	o (b) (3) (A) o (b) (4) (A) o (b) (4) (C) o (b) (5) (A) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) o (b) (5) (H) o (b) (5) (H) o (b) (6) (A) o (b) (6) (B) o (b) (6) (C) o (b) (6) (D) o (b) (6) (F)
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<ul> <li>o (b) (3) (B)</li> <li>o (b) (3) (C)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (B)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (A)</li> <li>o (b) (7) (C)</li> <li>o (b) (7) (C)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (F)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>Health Education, Grade 2.</li> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (2) (A)</li> </ul>	<ul> <li>o (b) (2) (C)</li> <li>o (b) (2) (E)</li> <li>o (b) (3) (C)</li> <li>o (b) (4) (B)</li> <li>o (b) (4) (C)</li> <li>o (b) (6) (D)</li> <li>o (b) (6) (D)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (B)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (E)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (G)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>o (b) (11) (A)</li> <li>o (b) (11) (B)</li> <li>o (b) (11) (C)</li> </ul>	<ul> <li>o (b) (3) (A)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (C)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (F)</li> <li>o (b) (5) (H)</li> <li>o (b) (5) (H)</li> <li>o (b) (6) (A)</li> <li>o (b) (6) (B)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (D)</li> <li>o (b) (6) (F)</li> <li>o (b) (6) (F)</li> <li>o (b) (6) (F)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (B)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (E)</li> <li>o (b) (9) (F)</li> </ul>
<ul> <li>o (b) (3) (B)</li> <li>o (b) (3) (C)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (B)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (A)</li> <li>o (b) (7) (C)</li> <li>o (b) (7) (C)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (F)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>Health Education, Grade 2.</li> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (2) (A)</li> <li>o (b) (2) (B)</li> </ul>	o (b) (2) (C) o (b) (2) (E) o (b) (3) (C) o (b) (4) (B) o (b) (4) (C) o (b) (6) (D) o (b) (6) (D) o (b) (8) (A) o (b) (8) (A) o (b) (9) (A) o (b) (9) (C) o (b) (9) (C) o (b) (9) (C) o (b) (9) (E) o (b) (9) (F) o (b) (9) (F) o (b) (9) (G) o (b) (10) (A) o (b) (10) (B) o (b) (10) (C) o (b) (11) (A) o (b) (11) (B) o (b) (11) (C) o (b) (11) (D)	<ul> <li>o (b) (3) (A)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (C)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (F)</li> <li>o (b) (5) (F)</li> <li>o (b) (5) (H)</li> <li>o (b) (6) (A)</li> <li>o (b) (6) (A)</li> <li>o (b) (6) (B)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (F)</li> <li>o (b) (6) (F)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (B)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (E)</li> </ul>
<ul> <li>o (b) (3) (B)</li> <li>o (b) (3) (C)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (B)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (A)</li> <li>o (b) (7) (C)</li> <li>o (b) (7) (C)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (F)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>Health Education, Grade 2.</li> <li>o (b) (1) (A)</li> <li>o (b) (1) (B)</li> <li>o (b) (1) (C)</li> <li>o (b) (1) (D)</li> <li>o (b) (2) (A)</li> </ul>	<ul> <li>o (b) (2) (C)</li> <li>o (b) (2) (E)</li> <li>o (b) (3) (C)</li> <li>o (b) (4) (B)</li> <li>o (b) (4) (C)</li> <li>o (b) (6) (D)</li> <li>o (b) (6) (D)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (B)</li> <li>o (b) (9) (A)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (E)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (F)</li> <li>o (b) (9) (G)</li> <li>o (b) (10) (A)</li> <li>o (b) (10) (B)</li> <li>o (b) (11) (A)</li> <li>o (b) (11) (B)</li> <li>o (b) (11) (C)</li> </ul>	<ul> <li>o (b) (3) (A)</li> <li>o (b) (4) (A)</li> <li>o (b) (4) (C)</li> <li>o (b) (5) (A)</li> <li>o (b) (5) (C)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (D)</li> <li>o (b) (5) (F)</li> <li>o (b) (5) (H)</li> <li>o (b) (5) (H)</li> <li>o (b) (6) (A)</li> <li>o (b) (6) (B)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (C)</li> <li>o (b) (6) (D)</li> <li>o (b) (6) (F)</li> <li>o (b) (6) (F)</li> <li>o (b) (6) (F)</li> <li>o (b) (8) (A)</li> <li>o (b) (8) (B)</li> <li>o (b) (9) (B)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (C)</li> <li>o (b) (9) (E)</li> <li>o (b) (9) (F)</li> </ul>

### Too Good for Drugs – Middle School

Ages 9-13; Grades 6-8 During-School

Health Education, Grade 6.	Health Education, Grade 7.	Health Education, Grade 8.
o (b) (1) (A)	o (b) (4) (E)	o (b) (4) (E)
o (b) (1) (B)	o (b) (4) (F)	o (b) (4) (F)
o (b) (5) (A)	o (b) (4) (G)	o (b) (4) (G)
o (b) (5) (B)	o (b) (4) (H)	o (b) (4) (H)
o (b) (5) (C)	o (b) (5) (A)	o (b) (5) (A)
o (b) (5) (D)	o (b) (5) (B)	o (b) (5) (B)
o (b) (5) (E)	o (b) (5) (C)	o (b) (5) (C)
o (b) (5) (F)	o (b) (6) (A)	o (b) (6) (H)
o (b) (5) (G)	o (b) (6) (B)	o (b) (6) (l)
o (b) (6) (A)	o (b) (6) (C)	o (b) (6) (K)
o (b) (6) (B)	o (b) (6) (H)	o (b) (6) (L)
o (b) (6) (C)	o (b) (6) (l)	o (b) (6) (M)
o (b) (7) (B)	o (b) (6) (K)	o (b) (7) (C)
o (b) (7) (C)	o (b)( 6) (L)	o (b) (8) (A)
o (b) (7) (D)	o (b) (6) (M)	o (b) (8) (B)
o (b) (7) (E)	o (b) (7) (C)	o (b) (9) (A)
o (b) (7) (G)	o (b) (8) (A)	o (b) (9) (B)
o (b) (7) (l)	o (b) (8) (B)	o (b) (9) (C)
o (b) (12) (A)	o (b) (9) (A)	o (b) (11) (A)
o (b) (12) (B)	o (b) (9) (B)	o (b) (11) (C)
o (b) (12) (C)	o (b) (9) (C)	o (b) (11) (D)
o (b) (12) (D)	o (b) (11) (A)	o (b) (12) (A)
o (b) (12) (E)	o (b) (11) (C)	o (b) (12) (B)
o (b) (12) (F)	o (b) (11) (D)	o (b) (12) (D)
o (b) (13) (A)	o (b) (12) (A)	o (b) (13) (C)
o (b) (13) (B)	o (b) (12) (B)	o (b) (13) (D)
o (b) (13) (C)	o (b) (12) (D)	o (b) (13) (E)
o (b) (13) (D)	o (b) (13) (C)	o (b) (13) (F)
o (b) (13) (E)	o (b) (13) (D)	o (b) (13) (G)
o (b) (13) (F)	o (b) (13) (E)	
	o (b) (13) (F)	
	o (b) (13) (G)	

#### Youth Message Development

Ages 13-15; Grades 8-10 During-School

Health Education, Grades
7-8.
o (b) (5) (J)

• English Language Arts and

#### • Health 1, Grades 9-10.

- o (b) (3) (C) o (b) (7) (A) o (b) (7) (C) o (b) (16) (A) o (b) (16) (B)
- Reading, Grade 8. o (b) (1)
- o (b) (4)

o (b) (16) (D)

### **TxDOT Program TEKS**

#### Alcohol Drug and Safety Training Education Program – AD-A-STEP for Life

Ages 3+; Grades PreK-12 During-School; After-School

- Health Education, Kindergarten.
   o (b) (2) (C)
  - o (b) (2) (D)
- Health Education, Grade 1.
  - o (b) (2) (C)
  - o (b) (2) (D)
- Health Education, Grade 2. o (b) (2) (A)
  - o (b) (2) (D)
- Health Education, Grade 3. o (b) (2) (B)
  - o (b) (2) (C)
- Health Education, Grade 4. o (b) (4) (B)
  - o (b) (4) (C)
  - o (b) (4) (D)

• Health Education, Grade 5. o (b) (5) (B) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) • Health Education, Grade 6. o (b) (7) (B) o (b) (7) (C) o (b) (7) (D) o (b) (7) (G) · Health Education, Grades 7-8. o (b) (1) (E) o (b) (2) (F) o (b) (4) (H) o (b) (6) (H) o (b) (6) (l)

o (b) (6) (J)

- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)
- Health 1, Grades 9-10 (One-Half Credit).
  - o (b) (2) (H)
  - o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (E)
  - o (b) (7) (G)
- Advanced Health, Grades 11-12 (One-Half Credit).
  - o (c) (7) (A)
  - o (c) (7) (G)

#### **Brazos Valley Injury Prevention Coalition**

Ages 5+; Grades K-College During-School; After-School

- Health Education, Kindergarten.
  - o (b) (2) (C)
  - o (b) (2) (D)
- Health Education, Grade 1.
   o (b) (2) (C)
   o (b) (2) (D)
- Health Education, Grade 2. o (b) (2) (A)
  - o (b) (2) (D)
- Health Education, Grade 3. o (b) (2) (B)
  - o (b) (2) (C)
- Health Education, Grade 4.
  - o (b) (4) (B)
  - o (b) (4) (C)
  - o (b) (4) (D)

- Health Education, Grade 5. o (b) (5) (B) o (b) (5) (C) o (b) (5) (D) o (b) (5) (F) • Health Education, Grade 6. o (b) (7) (B) o (b) (7) (C) o (b) (7) (D) o (b) (7) (G) · Health Education, Grades 7-8. o (b) (1) (E) o (b) (2) (F) o (b) (4) (H) o (b) (6) (H) o (b) (6) (l) o (b) (6) (J)
- o (b) (6) (K)
- o (b) (6) (L)
- o (b) (6) (M)
- o (b) (12) (G)
- Health 1, Grades 9-10 (One-Half Credit).
  - o (b) (2) (H)
  - o (b) (4) (C)
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (E)
  - o (b) (7) (G)
- Advanced Health, Grades
   11-12 (One-Half Credit).
  - o (c) (7) (A)
  - o (c) (7) (G)

#### Driving on the Right Side of the Road

Ages 5-18; Grades K-12 During-School; After-School

Health Education,	Health Education, Grade 5.	o (b) (6) (K)
Kindergarten.	o (b) (5) (B)	o (b) (6) (L)
o (b) (2) (C)	o (b) (5) (C)	o (b) (6) (M)
o (b) (2) (D)	o (b) (5) (D)	o (b) (12) (G)
<ul> <li>Health Education, Grade 1.</li> </ul>	o (b) (5) (F)	• Health 1, Grades 9-10 (One-
o (b) (2) (C)	<ul> <li>Health Education, Grade 6.</li> </ul>	Half Credit).
o (b) (2) (D)	o (b) (7) (B)	o (b) (2) (H)
<ul> <li>Health Education, Grade 2.</li> </ul>	o (b) (7) (C)	o (b) (4) (C)
o (b) (2) (A)	o (b) (7) (D)	o (b) (7) (B)
o (b) (2) (D)	o (b) (7) (G)	o (b) (7) (C)
<ul> <li>Health Education, Grade 3.</li> </ul>	<ul> <li>Health Education, Grades</li> </ul>	o (b) (7) (D)
o (b) (2) (B)	7-8.	o (b) (7) (E)
o (b) (2) (C)	o (b) (1) (E)	o (b) (7) (G)
<ul> <li>Health Education, Grade 4.</li> </ul>	o (b) (2) (F)	<ul> <li>Advanced Health, Grades</li> </ul>
o (b) (4) (B)	o (b) (4) (H)	11-12 (One-Half Credit).
o (b) (4) (C)	o (b) (6) (H)	o (c) (7) (A)
o (b) (4) (D)	o (b) (6) (l)	o (c) (7) (G)
	o (b) (6) (J)	

### Live Your DREAMS (Distraction REduction Among Motivated Students)

Ages 13-19; Grades 8-12 During-School; After-School

<ul> <li>Health Education, Grades</li> </ul>	• Health 1, Grades 9-10 (One-	Advanced Health, Grades
7-8.	Half Credit).	11-12 (One-Half Credit).
o (b) (1) (E)	o (b) (2) (H)	o (c) (7) (A)
o (b) (2) (F)	o (b) (4) (C)	o (c) (7) (G)
o (b) (4) (H)	o (b) (7) (B)	
o (b) (6) (H)	o (b) (7) (C)	
o (b) (6) (l)	o (b) (7) (D)	
o (b) (6) (J)	o (b) (7) (E)	
o (b) (6) (K)	o (b) (7) (G)	
o (b) (6) (L)		
o (b) (6) (M)		
o (b) (12) (G)		

#### **Power of Parents**

Ages 12-20; Grades 6-12 After-School

- Health Education, Grade 6.
  - o (b) (7) (B)
  - o (b) (7) (C)
  - o (b) (7) (D)
  - o (b) (7) (G)
- Health Education, Grades 7-8.
  - o (b) (1) (E)
  - o (b) (2) (F)
  - o (b) (4) (H)
  - o (b) (6) (H)
    - \_\_\_\_\_
- **Power of You(th)**

Ages 13-19; Grades 8-12 During-School; After-School

<ul> <li>Health Education, Grades</li> </ul>	Health 1, Grades 9-10 (One-	Advanced Health, Grades
7-8.	Half Credit).	11-12 (One-Half Credit).
o (b) (1) (E)	o (b) (2) (H)	o (c) (7) (A)
o (b) (2) (F)	o (b) (4) (C)	o (c) (7) (G
o (b) (4) (H)	o (b) (7) (B)	
o (b) (6) (H)	o (b) (7) (C)	
o (b) (6) (l)	o (b) (7) (D)	
o (b) (6) (J)	o (b) (7) (E)	
o (b) (6) (K)	o (b) (7) (G)	
o (b) (6) (L)		
o (b) (6) (M)		
o (b) (12) (G)		

o (b) (6) (l)

o (b) (6) (J)

o (b) (6) (K)

o (b) (6) (L)

o (b) (6) (M)

o (b) (12) (G)

Half Credit).

o (b) (2) (H)

o (b) (4) (C)

o (b) (7) (B)

• Health 1, Grades 9-10 (One-

#### **Safe Homes**

Ages 11-21; Grades 6-College After-School; During-School

- Health Education, Grade 6.
  - o (b) (7) (B)
  - o (b) (7)(C)
  - o (b) (7) (D)
  - o (b) (7) (G)
- Health Education, Grades 7-8.
  - o (b) (1) (E)
  - o (b) (2) (F)
  - o (b) (4) (H)
  - o (b) (6) (H)

o (b) (6) (l)
o (b) (6) (J)
o (b) (6) (K)
o (b) (6) (L)
o (b) (6) (M)
o (b) (12) (G)
Health 1, Grades 9-10 (One-Half Credit).
o (b) (2) (H)
o (b) (4) (C)

- o (b) (7) (C) o (b) (7) (D)
- o (b) (7) (E)
- o (b) (7) (G)
- Advanced Health, Grades
   11-12 (One-Half Credit).
  - o (c) (7) (A)
  - o (c) (7) (G)
  - o (c) (7) (A)

o (b) (7) (B)

- o (b) (7) (D) o (b) (7) (E) o (b) (7) (G) • Advanced Health, Grades
  - 11-12 (One-Half Credit).
  - o (c) (7) (A)

o (b) (7) (C)

o (c) (7) (G)

#### **Teens in the Driver Seat**

Ages 12-18; Grades 6-12 During-School; After-School

<ul> <li>Health Education, Grade 6.</li> </ul>	<ul> <li>Health 1, Grades 9-10 (One-</li> </ul>	Advanced Health, Grades
o (b) (7) (B)	Half Credit).	11-12.
o (b) (7) (C)	o (b) (2) (H)	o (b) (4) (A)
o (b) (7) (D)	o (b) (4) (C)	o (b) (4) (B)
o (b) (7) (G)	o (b) (7) (B)	o (b) (4) (C)
<ul> <li>Health Education, Grades</li> </ul>	o (b) (7) (C)	o (b) (7) (E)
7-8.	o (b) (7) (D)	o (b) (7) (F)
o (b) (1) (E)	o (b) (7) (E)	o (b) (7) (G)
o (b) (2) (F)	o (b) (7) (G)	o (b) (14) (A)
o (b) (4) (H)		o (b) (14) (B)
o (b) (6) (H)		o (b) (15) (A)
o (b) (6) (l)		o (b) (16) (A)
o (b) (6) (J)		o (b) (16) (B)
o (b) (6) (K)		o (b) (16) (C)
o (b) (6) (L)		
o (b) (6) (M)		
o (b) (12) (G)		

# Travis County Attorney's Office Comprehensive Underage Drinking Prevention Program

Ages 9-18; Grades 4-12 During-School; After-School

Health Education, Grade 4.	o (b) (6.11) (A)	• Health 1, Grades 9-10 (One-
o (b) (4.4) (C)	o (b) (6.11) (B)	Half Credit).
o (b) (4.4) (D)	o (b) (6.11) (C)	o (b) (2) (H)
o (b) (4.7) (A)	o (b) (6.11) (D)	o (b) (4) (C)
o (b) (4.8) (A)	Health Education, Grades	o (b) (7) (B)
<ul> <li>Health Education, Grade 5.</li> </ul>	7-8.	o (b) (7) (C)
o (b) (5.5) (C)	o (b) (5) (H)	o (b) (7) (D)
o (b) (5.5) (D)	o (b) (5) (J)	o (b) (7) (E)
o (b) (5.5) (F)	o (b) (5) (K)	o (b) (7) (G)
o (b) (5.6) (A)	o (b) (10) (A)	
Health Education, Grade 6.	o (b) (12) (C)	
o (b) (6.5) (B)	o (b) (12) (D)	
o (b) (6.5) (C)	o (b) (12) (E)	
o (b) (6.7) (D)		

#### Watch UR BAC

Ages 13+; Grades 8-College During-School; After-School

Banng Concol, Anton Concol	
Health Education, Grades	o (b) (6) (D)
7-8.	o (b) (6) (E)
o (b) (1) (A)	o (b) (6) (F)
o (b) (1) (B)	o (b) (6) (G)
o (b) (1) (C)	o (b) (6) (H)
o (b) (1) (D)	o (b) (6) (l)
o (b) (1) (E)	o (b) (6) (J)
o (b) (1) (F)	o (b) (6) (K)
o (b) (2) (A)	o (b) (6) (L)
o (b) (2) (B)	o (b) (6) (M)
o (b) (2) (C)	o (b) (7) (A)
o (b) (2) (D)	o (b) (7) (B)
o (b) (2) (E)	o (b) (7) (C)
o (b) (2) (F)	o (b) (8) (A)
o (b) (3) (A)	o (b) (8) (B)
o (b) (3) (B)	o (b) (9) (A)
o (b) (3) (C)	o (b) (9) (B)
o (b) (3) (D)	o (b) (12) (A)
o (b) (4) (A)	o (b) (12) (B)
o (b) (4) (B)	o (b) (12) (C)
o (b) (4) (C)	o (b) (12) (D)
o (b) (4) (D)	o (b) (12) (E)
o (b) (4) (E)	o (b) (12) (F)
o (b) (4) (F)	o (b) (12) (G)
o (b) (4) (G)	Health 1, G
o (b) (4) (H)	Half Credit)
o (b) (5) (A)	o (b) (2) (H)
o (b) (5) (B)	o (b) (4) (C)
o (b) (5) (C)	o (b) (7) (B)
o (b) (6) (A)	o (b) (7) (C)
o (b) (6) (B)	o (b) (7) (D)
o (b) (6) (C)	o (b) (7) (E)
	o (b) (7) (G)

0	(b)	(6) (D)
0	(b)	(6) (E)
0	(b)	(6) (F)
0	(b)	(6) (G)
		(6) (H)
		(6) (I)
		(6) (J)
		(6) (K)
		(6) (L)
		(6) (M)
		(7) (A)
		(7) (B)
		(7) (C)
		(8) (A)
		(8) (B)
		(9) (A)
		(9) (B)
		(12) (A)
		(12) (B)
		(12) (C)
		(12) (D)
		(12) (E)
		(12) (F)
		(12) (G)
		th 1, Grades 9-10 (One-
		Credit).
		(2) (H) (4) (C)
		(4) (C) (7) (B)
		(7) (C)
		(7) (D)
		(7) (E) (7) (E)
0	(0)	

 Advanced Health, Grades 11-12. o (b) (4) (A) o (b) (4) (B) o (b) (4) (C) o (b) (7) (E) o (b) (7) (F) o (b) (7) (G) o (b) (14) (A) o (b) (14) (B) o (b) (15) (A) o (b) (16) (A) o (b) (16) (B) o (b) (16) (C) • English Language Arts and Reading, English I (High School). o (b) (6) o (b) (10) (A) o (b) (13) (B) o (b) (19) o (b) (23) (A) o (b) (24) (A) o (b) (24) (B) o (b) (24) (C) o (b) (25) o (b) (26)

#### **Methodology**

#### I. Methods

#### A. Program Identification

To identify school-based education programs, the TxIDTF first identified appropriate entities which certify programs as evidence-based. The TxIDTF performed a search for evidence-based programs related to reducing and preventing alcohol and drug use and abuse in children and adolescents from the following entities:

- · Blueprints for Healthy Youth Development
- California Evidence-Based Clearinghouse for Child Welfare
- National Institute on Drug Abuse (NIDA)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Texas Education Agency (TEA)-Evidence Based Programs for Alcohol Awareness
- U.S. Department of Education Office of Safe and Drug-Free Schools

Additionally, the TxIDTF identified programs sponsored by the Texas Department of Transportation (TxDOT) that are aimed at reducing and preventing alcohol and drug use and abuse in children and adolescents for inclusion.

#### **B. Inclusion and Exclusion Criteria**

For evidence-based programs to meet the initial inclusion criteria, programs had to be available in the United States and available in English. Next, programs were screened for the following exclusion criteria and were applied:

- Programs must have outcomes associated with reducing and/or preventing alcohol and drug use and abuse
- Programs must be active

The TxIDTF also reviewed the National Registry of Evidence-Based Programs and Practices (NREPP) as well as the Promising Practices Network (PPN). However, both of these programs were dissolved during the development of the first iteration of this reference book. As a result, programs which were only certified by one or both agencies were removed. For TxDOT-sponsored programs to meet the initial inclusion criteria, programs must conduct education and outreach related to reducing and preventing alcohol and drug use and abuse in children and adolescents. Next programs were screened to determine if they were still active.

#### **C. Data Collection and Entry**

The final collection included 34 evidence-based programs for schools and 10 TxDOT-sponsored programs. To capture all relevant information about the programs, the TxIDTF entered the following information for each program into Qualtrics, an online surveying tool which compiled the information:

- · Program objectives, goals, and description
- Target age group
- · Entities that certify programs as evidence-based
- Specific substances the programs are aimed at reducing and/or deterring the use of
- · Program components
- Cost of the program
- · Program evaluation information
- Associated Texas Essential Knowledge and Skills (TEKS)

To increase validity and reliability of the document and information collected, each program was reviewed, and data entered by two reviewers. The information was then synthesized into the program summaries that precede.



