

National Center Brief

Key Strategies for Violence and Substance Abuse Prevention I: Working with Children and Families

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Children are influenced by their families, their schools, their neighborhoods, and popular culture – especially the media. Efforts to prevent substance abuse and violence are more effective when they incorporate strategies targeting all these influences.

This publication highlights key prevention strategies that target children and their families. Two other publications in this series discuss key strategies that complement and reinforce those described below. The roles of classroom and school environments in prevention are the focus of [*Key Strategies for Violence and Substance Abuse Prevention II: Working with the Classroom and the School Environment*](#). [*Key Strategies for Violence and Substance Abuse Prevention III: Working in the Community*](#) explores ways in which community-based strategies can contribute to the prevention of school violence and substance abuse.

Key Strategy 1: Social and Thinking Skills Education

There is little evidence to indicate that curricula alone can significantly decrease violence substance abuse among young people. However, evidence indicates that students' attitudes, beliefs, and skills that counter or resist substance abuse and other kinds of delinquent or violent behavior can be enhanced by instructional approaches combining social and thinking skills with resistance skills (Botvin, Baker, Dusenbury, et al. 1995; Greenberg, Kusche, Cook, and Quamma, 1995; Caplan, Weissberg, Grober, et al. 1992; and Bry, 1982).

The specific sets of critical social and thinking skills that show promise in preventing and reducing behaviors that lead to substance abuse and violence are described below (These skills are adapted from Drug Strategies, 1996 and Drug Strategies, 1998. Also see Dusenbury, Falco, and Lake, 1997 and Dusenbury and Falco, 1995).

- Empathy and perspective-taking, which demonstrates that people can have different views of the same situation.
- Social problem-solving, which allows students to solve social problems with a series of steps that involve setting pro-social goals, generating alternative solutions. Anticipating the consequences of actions, choosing the best course of action, and successfully executing the solution.
- Anger management or impulse control, which helps students understand how anger escalates and teaches personal techniques for controlling it.

- Communication skills, which involve students' active listening, understanding of nonverbal communication, and ways to express their thoughts and feelings in a non-inflammatory manner.
- Stress management or coping skills, which provide adaptive strategies for dealing with or relieving stress or anxiety.
- Media literacy skills that help students recognize and resist media influences that glorify violence or substance abuse.
- Assertiveness skills that provide students with methods of working toward their goals without provoking others.
- Character/belief development that helps students understand how the content of their beliefs affects the decisions they make. Teaching these skills is sometimes referred to as character education or normative education.
- Resistance skill training that helps students rebuff peer pressure toward substance abuse and violence.

Social and thinking skills education can be integrated into the daily curriculum in the elementary grades and into existing courses, such as biology, literature, or social studies, at middle school and high school levels. These approaches can be offered as discrete health or life skills courses to students of all ages.

Programs that are successful in teaching social and thinking skills to students do the following:

- Include at least 10 to 15 sessions per year and 10 to 15 booster sessions offered one to three years after the original intervention. Longer, more comprehensive skills-based programs produce broader and more enduring changes in substance abuse and violent behavior. Booster sessions help students maintain skills over a longer period (Botvin, Baker, Dusenbury, et al., 1995; Lochman, Dunn, and Klines-Dougan, 1993; Lochman, 1992; Bry, 1982; and Shure and Spivack, 1979).
- Reach children from kindergarten through high school. Substance abuse and violence prevention instruction strategies are more likely to be effective when they start early and continue to help children meet the new challenges they face as they move through the developmental stages of childhood, early adolescence, and adolescence (Kellam, Rebok, Ialongo, and Meyer, 1994). Ideally, social and cognitive skill-building should begin in the preschool years (Shure and Spivak, 1979).
- Use a well-evaluated, standardized intervention with detailed lesson plans and student materials. There are many curricula available that focus on building skills to prevent violence and substance abuse.
- Use age-appropriate, interactive teaching methods that engage students in learning effectively than didactic approaches (Perry, Williams, Veblen-Mortenson, Toomey, et al., 1996; Botvin, Schinke, Epstein, and Diaz, 1994; Shope, Kloska, Dielman, and Maharg, 1994; Johnson, Pentz, Weber, Dwyer, et al., 1990; Walter, Vaughn, and Wynder, 1989; Connell, Turner, and Mason, 1985). Interactive approaches include modeling, role playing, discussion, group feedback, reinforcement, extended practice, cooperative learning, and student-centered learning techniques.
- Include components led by other students. Approaches that use peer-led components are more effective than programs that do not include such components (Tobler, 1992; Errecart, Walberg, Ross, Gold, et. al., 1991; Tobler, 1986). Peer educators usually require extensive instruction to

prepare them for presenting before or engaging their peers. These programs may offer one-to-one or large-group instruction.

- Include parents by providing them with information and activities that can be carried out in the home to reinforce what children learn in school. School-based approaches involving parents or complementing student-focused curricula with parent-focused curricula show promise in preventing adolescent substance abuse (Committee on Comprehensive School Health Programs, 1996; Dishion, Andrews, Kavanaugh, and Soberman, 1996; Kumpfer, Molgard, and Soth, 1996; Hawkins, Catalano, and Associates, 1992; Walter, Vaughn, and Wynder, 1989).
- Are culturally appropriate. Evidence suggests that programs tailored for specific ethnic, cultural, or racial groups have a greater impact on those groups (Forgey, Schinke, and Cole, 1997).
- Offer professional development or training opportunities for school faculty and staff. These activities should be relevant to the staff's identified and perceived needs and should be presented in a professional context. Professional development should involve two-way communication, as well as ongoing mentoring or coaching. Staff should be able to provide feedback the development and implementation of the program (Darling-Hammond, 1999).

Key Strategy 2: Early Identification, Referral, and Intervention with Students and Parents at Risk

Teachers, guidance counselors, school nurses, and others in schools are key to identifying young people at risk for substance abuse and violence, including those with suspected or diagnosed emotional and behavioral problems. These individuals also play a crucial role in connecting such students to, or in some cases directly offering, therapeutic or educational interventions, medical care, or social services.

Counseling interventions for high-risk students, including those offered through student assistance programs, are the most commonly implemented approaches to early intervention but require more rigorous evaluation before they can be considered key strategies for school-based prevention (Gottfredson, 1997). Strategies designed to identify students and parents at risk and refer them to appropriate educational or therapeutic programs are effective at enhancing protective factors and reducing substance abuse. Schools can offer such services as part of a comprehensive prevention program or through links to social service agencies in their communities.

Parents can learn to help their children reduce the risks for violence and substance abuse (Kumpfer and Baxley, 1997; National Institute on Drug Abuse, 1997; and Demarsh and Kumpfer, 1986). Educational programs for parents should teach them to do the following:

- Offer positive reinforcement.
- Listen and communicate.
- Solve interpersonal problems.
- Provide positive and consistent discipline and rule-making.
- Monitor and supervise the activities of children and adolescents.

Interventions that involve family therapy or family counseling to improve communication and foster attachment in families of delinquent youth improve parenting skills, reduce parents' substance abuse, improve child behavior, and reduce children's substance abuse (Aktan, Kumpfer, and Turner, 1996). Such family-centered programs tend to be more successful when they do the following:

- Include components for both parents and children. Children can be trained in social and thinking skills or participate in therapy apart from and/or together with parents. One such program found that time spent working together as a family made the major difference in helping families make real and sustained changes in the way they interacted with one another (Aktan, Kumpfer, and Turner, 1996).
- Encourage participation. Recruiting parents for prevention programs is often difficult.
- Methods of encouraging participation include providing transportation to and from training sessions and child care or activities for other children who must accompany parents to the training (Wood and Baker, 1999; Cohen and Linton, 1995; Resnick and Wojcicki, 1991). Sessions should be scheduled at times that are most convenient for parents.
- Provide booster sessions for participating families. As with any skill-building course, family skills training or family therapy sessions are more likely to be successful if they include follow-up sessions to reinforce earlier lessons (Buka and Earls, 1993).
- Are culturally sensitive and consider the needs of the intended participants. For example, interventions that acknowledge or address issues involved in family acculturation have produced positive effects (Kumpfer, Williams, and Baxley, 1997; Kumpfer and Alvarado, 1995). These issues include the presence and importance of the extended family, the influence of immigration or circular migration, different language abilities within families, the influence of religion and folk healers, the influence of voluntary and social organizations, and families' experience as a result of poverty or racism.

The following three family-centered approaches have shown great potential for success (Glover, 1998).

- Parent and family skills training teaches parents how to enhance protective factors and reduce risk factors tied to substance abuse (Aktan, Kumpfer, and Turner, 1996).
- Family in-home support and home visiting provide crisis intervention, such as food, clothing, and shelter, and training to help solve the problems that caused the crisis (Olds, Eckenrode, Henderson, et al., 1997; Olds, Henderson, and Kitzman, 1994; and Olds, Henderson, Chamberlin, and Tatelbaum, 1986).
- Family therapy helps family members improve the way they relate and talk to one another, manage family life, and solve problems (Santisteban, Coatsworth, Perez-Vidal, et al., 1997; Santisteban, Szapocznik, Perez-Vidal, Kurtines, et al., 1996; and Szapocznik, Kurtines, Santisteban, and Rio, 1990).

Key Strategy 3: Safe and Supervised Alternative Activities for Students at Risk

Recreational, enrichment, and leisure activities provide alternatives to dangerous activities such as substance abuse and violence. These activities may include mentoring programs, community service, school-to-work assignments, internships, cultural activities, and/or tutoring.

The following two alternative activities have shown potential for success in meeting the needs of young people at risk:

- Community service is associated with an increased sense of well-being and more positive attitudes toward people, the future, and the community (Tierney, Grossman, and Resch, 1995; Fo and O'Donnell, 1975; Fo and O'Donnell, 1974).
- Mentoring programs provide young people with structured time with adults, and are related to reduction in substance abuse and increases in positive attitudes toward others, the future, and school (Tierney, Grossman, and Resch, 1995).

Recreational and cultural activities may decrease substance abuse and delinquency by providing alternatives and opportunities to monitor and supervise young people. However, this strategy needs more rigorous evaluation before it can be considered promising.

Alternative activities are more likely to be effective if they do the following:

- Are part of a comprehensive prevention plan that includes other effective strategies (Parker 1990; Schaps, DiBartolo, Moskowitz, et al., 1981). Effective pairings could include alternative activities with policies that reduce the availability of alcohol, tobacco, other drugs, and weapons or with skills-based educational programs for all students.
- Target young people at risk who may not have adequate adult supervision or access to a variety of activities. Alternative activities are more likely to be effective with high-risk youth who have few opportunities to develop the kinds of personal skills needed to avoid behavioral problems (Tobler, 1992; Errecart, Walberg, Ross, et al., 1991; Tobler, 1986).
- Address the needs and assets of the individual. If the activities are not appealing to young people, they will not participate. One way to ensure that activities will meet the needs of young people is to involve them, as appropriate, in creating these activities (Armstrong, 1992) or in selecting service opportunities.
- Provide intensive approaches that include many hours of involvement, with access to related services. The Across Ages program, which uses senior citizens as mentors to sixth graders at risk, found that the more highly involved the mentor, the greater the positive results (LoSciuto, Rajala, Townsend, and Taylor, 1996).

Conclusion

Strategies that directly target children and families are more likely to be effective when combined with strategies targeted at the school and community environments. More information on these strategies can

be found in these National Center for Mental Health Promotion and Youth Violence Prevention publications:

- [Key Strategies for Violence and Substance Abuse Prevention II: Working with the Classroom and the School Environment](#)
- [Key Strategies for Violence and Substance Abuse Prevention III: Working with the Community.](#)

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