

Evaluations, Reviews and Outcomes of Evidence-based Programs on the Menu for the PROSPER Delivery System

Introduction and Overview

The PROSPER Network is designed to support a delivery system for a menu of programs. Each of these programs has been reviewed by one or more groups critically evaluating the evidence for positive outcomes, using commonly accepted evidentiary standards, and has met review criteria sufficiently well to be classified as “evidence based”.

Collectively, the original program evaluations and reviews have been conducted by wide-ranging, diverse groups of researchers and stakeholders in prevention programming.

Multiple studies funded by the National Institutes of Health, the Centers for Disease Control and Prevention, and the Annie E. Casey Foundation, totaling to an investment of tens of millions of dollars, have demonstrated the PROSPER Model *itself* is an effective and efficient system for producing a range of long-term positive outcomes, with sustained evidence-based program implementation quality (results of these studies are reported separately). The original PROSPER randomized control trial study entailed implementation in 28 sites across two states.

Preliminary evaluation of the functioning of the PROSPER *Network* is being conducted through ongoing, web-based data collection and benchmarking processes. Further evaluation is planned, although such is not replicable, since the PROSPER Network has a national-level design and is grounded in a national-level Extension outreach system.*

The following is a list of programs on the PROSPER menu of evidence-based programs. Summary information on the evaluations and reviews can be located at the web addresses provided. In addition, program goals, positive outcomes cited by review groups, and selected citations also are delineated. We have adopted this summary approach because, given the number of evidence-based programs on the PROSPER menu, there are numerous manuscripts reporting the methods and results. Some of the programs have been evaluated via multiple longitudinal studies, addressing multiple outcomes, at multiple time points. Any reports or manuscripts that are not readily available on the web sites can be provided on request.

Finally, it is worth noting that the PROSPER Delivery System is designed for expansion of the evidence-based programs on its menu, including those addressing lifestyle change.

**Each state has a Cooperative Extension Service, housed at the state’s land-grant university, to help people use research-based knowledge to improve their lives.*

Evidence-based School Programs on the PROSPER Menu

1. LifeSkills Training

Detailed information on evaluations, reviews and outcomes of the LifeSkills Training program can be found at:

<http://www.lifeskillstraining.com/evaluation.php>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=109>

http://www.colorado.edu/cspv/blueprints/lst_grant/

The primary goal is to prevent youth from engaging in behaviors that will put their health and well-being at risk. The program strives to improve personal management skills, interpersonal skills, and social resistance skills. These skills increase the protective factors that result in delayed initiation of illegal substances, decreased use of substances, and decreased aggressive behaviors. The program:

- Reduces violence
- Cuts tobacco use by 87%
- Cuts alcohol use by 75%
- Decreases use of inhalants, narcotics, and hallucinogens
- Reduces pack-a-day smoking by 25%
- Cuts methamphetamine use by 68%
- Cuts marijuana use by 75%
- Cuts poly-drug use by 66%

Selected Citations:

Botvin, G. J., Griffin, K. W., Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science, 7*, 403-408.

Griffin, K. W., Botvin, G. J., Nichols, T. R., & Doyle, M. M. (2003). Effectiveness of a universal drug abuse prevention approach for youth at high risk for substance use initiation. *Preventive Medicine, 36*, 1-7.

2. All Stars

Detailed information on evaluations, reviews and outcomes of the All Stars program can be found at:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28>

<http://www.allstarsprevention.com>

The primary goal is to prevent youth from engaging in behaviors that will put their health and well-being at risk. All Stars is also designed to deter the onset of commonly used substances and reduce risky behaviors including:

- Bullying and using violence to solve interpersonal problems
- Alcohol use and misuse, including drunkenness
- Tobacco use, including smoking and smokeless tobacco use
- Marijuana use
- Inhalant use

Selected Citations:

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 and Behavior, 28*(5), 533-546.

McNeal, R. B., Jr., Hansen, W. B., Harrington, N. G., & Giles, S. M. (2004). How All Stars works: An examination of program effects on mediating variables. *Health Education and Behavior, 31*(2), 165-178.

3. *Lions Quest*

Detailed *information on evaluations, reviews and outcomes of the Lions Quest program can be found at:*

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=24>

<http://www.lions-quest.org/evalreports.php>

The goal of the Lions Quest program is to engage families, schools, and community members in working together to increase the protective factors that promote healthy development and reduce those factors that put youth at risk for problem behaviors. This involves:

- Supportive and nurturing school and classroom environment
- Empowerment: service-learning opportunities throughout the course
- Boundaries/expectations: high expectations for and clear standards against harmful behaviors, including drug use
- Constructive use of time: engagement in positive activities
- Commitment to learning: high motivation, meaningful involvement
- Social competencies:
 - self-discipline, self-awareness, self-confidence
 - interpersonal communication
 - decision making
 - anger and conflict management
 - problem solving and critical thinking
 - resisting drug use
 - stress management
 - healthy family relationships
 - goal setting
 - positive identity: optimism about potential and the future

Selected Citations:

Eisen, M., Zellman, G. L., & Murray, D. M. (2003). Evaluating the Lions-Quest "Skills for Adolescence" drug education program: Second-year behavior outcomes. *Addictive Behaviors*, 28, 883-897.

Addictive Behaviors 28 (2003): Dr. Marvin Eisen's Evaluation of the Lions-Quest Skills for Adolescence Program: Second Year behavior outcomes, 2003.

Lions-Quest Skills for Action: Teens, Alcohol, and Other Drugs (TAOD), from 2006 annual report, U.S. Department of Education, Office of Safe & Drug Free Schools

4. *PATHS*

Detailed *information on evaluations, reviews and outcomes of the PATHS (Promoting Alternative THinking Strategies) can be found at:*

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=20>

<http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>

The goal of the PATHS program is to improve student behavior, reduce classroom disruptions and increase academic engagement and achievement. The PATHS Curriculum has been shown to improve protective factors and reduce behavioral risk factors. Evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf) compared to control youth in the following areas:

- Improved self-control,
- Improved understanding and recognition of emotions,
- Increased ability to tolerate frustration,

- Use of more effective conflict-resolution strategies,
- Improved thinking and planning skills,
- Decreased anxiety/depressive symptoms (teacher report of special needs students),
- Decreased conduct problems (teacher report of special needs students),
- Decreased symptoms of sadness and depression (child report – special needs), and
- Decreased report of conduct problems, including aggression (child report).

Selected Citations:

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*(1), 91-102.

Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the Preschool "PATHS" curriculum. *Journal of Primary Prevention, 28*, 67-91.

5. **Family Matters**

Detailed information on evaluations, reviews and outcomes of the Family Matters program can be found at:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=7>

<http://familymatters.sph.unc.edu/introduction.htm>

The goal of the Family Matters program is to prevent adolescent tobacco and alcohol use by intervening with their families. Findings from the evaluation suggest that Family Matters:

- Reduced the prevalence of adolescent cigarette smoking
- Reduced the prevalence of adolescent and alcohol use
- Delayed onset of adolescent cigarette use

Selected Citations:

Bauman, K. E., Foshee, V. A., Ennett, S. T., Pemberton, M., Hicks, K. A., King, T. S., et al. (2001). The influence of a family program on adolescent tobacco and alcohol use. *American Journal of Public Health, 91*(4), 604-610.

Bauman, K. E., Ennett, S. T., Foshee, V. A., Pemberton, M., King, T. S., & Koch, G. G. (2002). Influence of a family program on adolescent smoking and drinking prevalence. *Prevention Science, 3*(1), 35-42.

6. **Guiding Good Choices**

Detailed information on evaluations, reviews and outcomes of the Guiding Good Choices program can be found at:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=111>

<http://www.channing-bete.com/prevention-programs/guiding-good-choices/research-development.html>

The goal of the Guiding Good Choices program is to prevent substance abuse among teens by teaching parents effective family management and communication skills before their children enter adolescence. The program has been found to:

- Reduce the rate at which adolescents develop depression
- Reduce current alcohol use by 40.6%
- Reduce the rates of initiation for marijuana use and drunkenness
- Reduce the likelihood that experimental users will advance to heavier use by 54%
- Increase the likelihood that non-users will remain drug-free by 26%
- Reduce the likelihood that young people will commit delinquent acts

- Reduced health-risking sexual behavior
- Significantly slow the typical rate at which multiple substance use (alcohol, tobacco, and other drugs)

Selected Citations:

- Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R., & Redmond, C. (2001). Preparing for the Drug Free Years: Session-specific effects of a universal parent-training intervention with rural families. *Journal of Drug Education, 31*(1), 47-68.
- 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.

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

Detailed information on evaluations, reviews and outcomes of the Strengthening Families Program: For Parents and Youth 10-14 can be found at:

- <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=63>
- <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP18.html>
- <http://www.extension.iastate.edu/sfp/>

The goal of SFP: 10-14 is to prevent teen substance abuse and other behavior problems, strengthen parenting skills, build family relationships, and improve youth competencies. SFP: 10-14 has been proven effective in:

- Delaying the onset of adolescent substance use
- Lowering levels of aggression
- Increasing the resistance to peer pressure in youth
- Reducing health-risking sexual behavior
- Increasing the ability of parents/caregivers to set appropriate limits and show affection to and support of their children
- Reducing meth/prescription drug use
- Creating positive outcomes with school-related behavior problems/improved school engagement and grades
- Helping parents/caregivers learn nurturing skills that support their children
- Giving youth a healthy future orientation and an increased appreciation of their parents/caregivers
- Teaching youth skills for dealing with stress and peer pressure
- 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk

Selected Citations:

- Molgaard, V. M., Spoth, R., & Redmond, C. (2000). Competency training: The Strengthening Families Program for Parents and Youth 10-14. OJJDP Juvenile Justice Bulletin (NCJ 182208). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Spoth, R., Randall, G. K., Trudeau, L., Shin, C., & Redmond, C. (July 2008). Substance use outcomes 5.5 years past baseline for partnership-based, family-school preventive interventions. *Drug and Alcohol Dependence, 96*, 57-68.
- Trudeau, L., Spoth, R., Randall, G. K., & Azevedo, K. (2007). Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. *Journal of Youth and Adolescence, 36*(6), 740-745.

Spoth, Richard L [PPSI]

From: Spoth, Richard L [PPSI]
Sent: Monday, September 24, 2012 4:29 PM
To: 'Monica Ward'
Cc: Robin Willner
Subject: Follow up on original study outcomes
Attachments: PF 162 Preventing Sub Misuse 4.5 Years Final.pdf; PF 215 PROSPER Substance Outcomes 6.5 9-11-12.pdf; PF 218 PROSPER 4 5 Conduct Prob Outcomes 9-11-12.pdf; PF 217 3-Trial Prescrip Drug Misuse.pdf; PF 129 Long-Term Protective Factor Outcomes.pdf; PF 127 Substance Use Outcomes 18 months past baseline.pdf; PF 182 PROSPER Effects on Prevention and Adolescent Friendship Networks.pdf; PF 113 Toward Dissemination of Ev-Based Family Interventions.pdf; PF 169 Six year Sustainability.pdf; PF 181 Sustainability 5 Yr Findings 8-30-12.pdf; PF 135 Commun & Team Factors PROSPER.pdf; PF 103 PROSPER C-U Partnership Model.pdf; PF 171 Impact Challenges.pdf; PROSPER Overview of Evidence Base April 2012.pdf

Hi—To follow up on my email a bit earlier, attached please find 13 “core” articles and manuscripts on findings from the original PROSPER study.

Each of the attached articles/manuscripts has a “PF” number that corresponds to the list of citations below. The articles and manuscripts can be split into three groupings.

The first set consists of primary outcome papers.

The two additional sets of citations below highlight attached papers on additional outcomes and background of interest to the reviewers. These papers include ones about additional implementation outcomes (recruitment into community interventions, sustainability of quality of implementation, financial sustainability, community team functioning) and PROSPER theoretical and other background.

I also have added the overview of research summary mentioned in my earlier email.

Here is the citation list.

Primary Outcome Papers for PROSPER

1. Spoth, R., Redmond, C., Clair, S., Shin, C., Greenberg, M. & Feinberg, M. (2011). Preventing substance misuse through community-university partnerships: Randomized controlled trial outcomes 4½ years past baseline. *American Journal of Preventive Medicine*, 40(4), 440-447. (PF 162)
2. Spoth, R., Redmond, C., Shin, C., Greenberg, M., Feinberg, M., Schainker, L. (Under Review). PROSPER community-university partnership delivery system substance misuse outcomes through 6½ years past baseline. (PF 215)
3. Spoth, R., Trudeau, L., Redmond, C., Shin, C., Greenberg, M., Feinberg, M. (Under Review). PROSPER partnership delivery system effects on conduct problem behavior outcomes through 4.5 years past baseline. (PF 218)
4. Spoth, R., Trudeau, L., Shin, C., Ralston, E., Redmond, C. (Under Review). Longitudinal effects of universal preventive intervention on prescription drug misuse: Three RCTs with late adolescents and young adults. (PF 217)
5. Redmond, C., Spoth, R. L., Shin, C., Schainker, L., Greenberg, M., & Feinberg, M. (2009). Long-term protective factor outcomes of evidence-based interventions implemented by community teams through a community-university partnership. *Journal of Primary Prevention*, 30, 513-530. (PF 129)
6. Osgood, D. W., Feinberg, M. E., Gest, S. D., Moody, J., Ragan, D. T., Spoth, R., Greenberg, M. & Redmond, C. (Under Review). Prevention and adolescent friendship networks: Effects of PROSPER on the influence potential of prosocial versus antisocial youth. (PF 182)

7. Spoth, R., Redmond, C., Shin, C., Greenberg, M., Clair, S., & Feinberg, M. (2007). Substance use outcomes at 18 months past baseline: The PROSPER community-university partnership trial. *American Journal of Preventive Medicine*, 32(5), 395-402. (PF 127)

Implementation Outcome Papers

1. Spoth, R., Clair, S., Greenberg, M., Redmond, C., & Shin, C. (2007). Toward dissemination of evidence-based family interventions: Maintenance of community-based partnership recruitment results and associated factors. *Journal of Family Psychology*, 21(2), 137-146. (PF 113)
2. Spoth, R., Guyll, M., Redmond, C., Greenberg, M., & Feinberg, M. (2011). Six-year sustainability of evidence-based intervention implementation quality by community-university partnerships: The PROSPER study. *American Journal of Community Psychology*, 48(3-4), 412-425. (PF 169)
3. Greenberg, M. T., Feinberg, M. E., Johnson, L. E., Perkins, D. F., & Spoth, R. L. (Under Review). Factors that predict financial sustainability of community coalitions: Five years of findings from the PROSPER partnership project. (PF 181)
4. Feinberg, M. E., Chilenski, S. M., Greenberg, M. T., Spoth, R. L., & Redmond, C. (2007). Community and team member factors that influence the operations phase of local prevention teams: The PROSPER project. *Prevention Science*, 8, 214-226. (PF 135)

Background/Theory/Conceptual Framework

1. Spoth, R., Greenberg, M., Bierman, K., & Redmond, C. (2004). PROSPER community-university partnership model for public education systems: Capacity-building for evidence-based, competence-building prevention. *Prevention Science* [Invited article for Special issue], 5(1), 31-39. (PF 103)
2. Spoth, R., & Greenberg, M. (2011). Impact challenges in community science-with-practice: Lessons from PROSPER on transformative practitioner-scientist partnerships and prevention infrastructure development. *American Journal of Community Psychology*, 48(1-2), 106-119. (PF 171)

Please feel free to let me know whether any additional information would be helpful. Just to let you know, I will be traveling again starting Wednesday, with limited opportunity for online access.

Best,

Richard Spoth, Ph.D.
F. Wendell Miller Senior Prevention Scientist
Director, Partnerships in Prevention Science Institute
Iowa State University
2625 North Loop Drive, Suite 2400
Ames, IA 50010
Phone: 515 294-5383
Fax: 515 294-2870

PROSPER community-university partnership delivery system: Substance misuse outcomes through 6½ years past baseline from a cluster randomized controlled intervention trial

Richard Spoth^{a*}, Cleve Redmond^a, Chungyeol Shin^a, Mark Greenberg^b, Mark Feinberg^b, Lisa Schainker^a

^aPartnerships in Prevention Science Institute, Iowa State University, 2625 N Loop Drive, Suite 2400, Ames, IA 50010, USA

^bPrevention Research Center, The Pennsylvania State University, Henderson Blvd S, Room 109, University Park, Pennsylvania, 16802, USA

*Corresponding author. ^aPartnerships in Prevention Science Institute, Iowa State University, 2625 N Loop Drive, Suite 2400, Ames, IA 50010, USA. email address: rlspoth@iastate.edu. Telephone 515-294-5383. Fax 515-294-2870

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PROSPER community-university partnership delivery system: Substance misuse outcomes through 6½ years past baseline from a cluster randomized controlled intervention trial

ABSTRACT

Objective. To examine effects of a delivery system for evidence-based preventive interventions through 12th grade, 6.5 years past baseline.

Method. A cohort sequential design included 28 public school districts randomly assigned to the partnership delivery system or usual-programming conditions. At baseline, 11,960 students participated. Partnerships supported community teams that implemented a universal, family-focused intervention in 6th grade and a school-based intervention in 7th grade. Outcome measures included lifetime, current misuse, and frequencies of misuse, for a range of substances. Intent-to-treat, multilevel analyses of covariance of point-in-time misuse and analyses of growth in misuse were conducted.

Results. Results showed significantly lower substance misuse in the intervention group at one or both time points for most outcomes, with relative reduction rates of up to 31.4%. There was significantly slower growth in misuse in the intervention group for all but two outcomes. In addition, risk moderation results indicated there were significantly greater intervention benefits for higher- versus lower-risk youth, for misuse of most substances at 11th grade, several substances at 12th grade, and growth in misuse of several substances.

Conclusion. Partnership-based delivery systems for brief universal interventions have potential for public health impact by reducing substance misuse among youth, particularly higher-risk youth.

Key words: Evidence-based; universal preventive intervention; community-university partnership model; delivery system