ADMINISTERING EFFECTIVE EVIDENCE-BASED SUBSTANCE ABUSE PREVENTION PROGRAMS IN K-12 SCHOOLS

by

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# ADMINISTERING EVIDENCE-BASED PROGRAMS

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Abstract

In this study I analyze the effectiveness of current efforts to mandate and administer evidence-based alcohol and drug prevention curricula within public school systems, and seek to increase understanding of how to administer prevention curriculums resulting in successful prevention interventions. This is done through a critical review of the literature regarding school-based evidence-based alcohol and drug prevention curricula. Findings indicate that current evidence-based prevention practices delay, but do not prevent problem behaviors. Whereas the onsets of maladaptive behaviors for the “low-risk” majority of students are delayed, the “high-risk” minorities have no lasting benefit from mandated programs within rural and urban American schools. By contrast, employing evidence-based prevention programs that utilize long-term mentors after school or outside of school promotes resilience among the “high-risk” population.
Chapter I: Introduction

Substance abuse and dependence is pervasive among students and their families in rural and inner-city schools across the United States. According to the diagnostic guide of mental health professionals, the DSM-IV, substance abuse and dependence is any “pathological use of a medication or other drug that results in social consequences, physical dependence, legal problems, family problems, and failures in other areas of life” (DSM IV, 1994, p. 181). Juvenile delinquency, illegal behavior related to the use of alcohol and other drugs, student retention and academic success rates, and sexual promiscuity are all maladaptive behaviors associated with illicit substance abuse (ibid). Each of these behaviors can potentially compromise a student’s ability to engage fully in the school learning experience. Given these considerations, the need to find effective prevention programs and to implement known strategies of intervention are essential.

Despite the call for evidence based school policies, there seem to be a few evaluative studies on substance abuse in the schools. According to the national education policy, No Child Left Behind (NCLB), schools are mandated to utilize evidence-based prevention programs (United States Department of Education, 2002). Additionally, recent U.S. national education policy changes mandated by President Obama put into operation a competition for grant money as part of the Education Recovery Act called Race to the Top (RTT). Once again, mandating the use of data to improve instruction, RTT requires the use of evidence-based curriculum (United States Department of Education, 2009). However, only a low percentage of schools have done so. Sloboda et al. (2008) found that, “So pervasive is substance abuse prevention that it is becoming more and more difficult to find pure control situations for evaluation studies…” (p. 277).
Other research suggests that the implementation of mandated curricula from NCLB and RTT has been a hindrance to the educational process by adding pressure on teachers and administrators to tailor the programs of study and teaching to test taking abilities (Kaniuka, 2009). These critiques imply that the actual needed academic knowledge and life skills that are tested are ignored for fear of loss of funding or in light of competition for funding and teacher compensation (merit pay) based on standardized test results, and the potential restructuring of the school or increased governmental restrictions on educators as imposed by NCLB and RTT in the face of low performances.

Effective evidence-based prevention programs share several criteria. Researchers have identified several reviews of evidence-based prevention programs. The content of such programs must be theory driven, implemented with sufficient frequency, be engaging, developmentally and socio-culturally relevant, and presented by well-qualified trained instructors (Small, Cooney, & O’Connor, 2009). Other research in prevention has found that in order for prevention programs to be effective they need to be “comprehensive, include varied teaching methods, provide sufficient dosage, be theory driven, provide opportunities for positive relationships” (Nation et al., 2003, p. 450). The criteria for effective prevention defined for this review includes: the use of multi-component interventions, effective teaching methods, sufficient dosage, being theoretically driven, providing positive role models and peer relationships who are trustworthy, having sociocultural relevance and well-trained staff.

Utilizing evidence-based prevention programs seems to be an obvious solution, but such a solution is not always supported by school districts. For example, prevention curricula are usually run by researchers and funded by federal agencies. Prevention
curriculums that are research-driven are usually expensive and not used within schools due to the high costs of implementation (Wandersman & Florin, 2003). Consequently, the implementation of universal evidence-based curriculum was shown to be minimal at best (Ringwalt et al. 2008). Given this outcome, qualitative and quantitative analyses within the existing literature of the reasons why such programs do not materialize is required.

**Background of Problem**

Typically, evidenced-based prevention programs are not implemented under the best set of circumstances. In some cases, they are implemented when problem behaviors have already arisen or have already been established among a student population. When prevention programs are utilized in schools with established problems, evidence-based curriculums are rendered less effective. Small, Cooney, and O’Connor (2009) found that some prevention programs struggle with being developmentally appropriate. Furthermore, other programs are intervening too late or too early and therefore have great obstacles in reaching target goals for prevention (p. 6).

Evidence-based prevention programs also produce disappointing results if the teachers are poorly selected, trained, or supervised. Given accounts of schools being overwhelmed with meeting standards set for traditional academic areas and having few resources, educators report that it is difficult to implement prevention programs in addition to their daily curriculum. Nation et al. (2003) noted that previously ignored issues in evidence-based curriculums relate to inadequate staff training and no measures of program outcomes in American schools (Nation et al., 2003). Yet another problem has been the common practice of cutting corners financially, with the result that prevention programs have been inadequately funded and implemented.
Purpose of Study

This study aims to review why evidence-based curriculums are not widely used within rural and inner-city schools and to identify factors that may block program success. Developing an acceptable approach for utilizing prevention programs that addresses administrators and teachers’ needs is one step towards this goal. Educators within the Midwest and across the United States struggle to meet the ever-increasing demands of laws regulating teacher performance and tenure off of student standardized tests scores. Born from high stakes accountability within No Child Left Behind policies (NCLB) and RTT, teachers and administrators report the experience of being increasingly stressed and over-worked as a result of these governmental mandates. Nevertheless, according to the Michigan-based website, Public School Spending.com (2011), the “focus is now on teacher performance instead of union preference” (p. 1). Michigan’s new law has been made to comply with NCLB and more recently RTT policies. Policies that prohibit or enable teachers to achieve tenure as a byproduct of how students perform on standardized tests may be thwarting other programs, including evidence-based prevention from being implemented within their schools. The idea of adding more responsibilities to public educators may seem daunting, and under such circumstances, the need for prevention intervention policies that have a sound theoretical and methodological basis is stronger than ever. Finding plausible solutions to overcome such barriers is necessary, as maladaptive behaviors associated with substance abuse remain a pressing issue within American schools and communities.
Theoretical Framework

This research will utilize two primary theoretical frameworks: The first is advanced by John Dewey *The Theory of Inquiry* (1938) and latter by Jack W. Brehm’s *Theory of Psychological Reactance* (1966).

Dewey’s *Theory of Inquiry* suggests that students learn best through an individual experience that forms thinking based on their own interests. *Theory of Inquiry* encourages exploring activities students choose and have the freedom to explore. For example, a teacher might ask what interests a student and follow through with providing the necessary material to encourage intellectual growth based upon a particular choice.

Brehm’s *Theory of Psychological Reactance* (1966) suggests having the freedom to choose is inherently beneficial for a positive attitude. For example, if a person enjoys choosing from three different activities (golf, television, or biking) in a day and has found satisfaction therein, then he or she will have maximized her or his freedom to fill their own needs. However, if s/he has two out of three choices taken away, then s/he would feel deprivation and/or pain.

Examining high stakes accountability (as mandated by the No Child Left Behind Policy and Race to the Top’s grant competition) and the strain added onto schools already taxed with low budgets and limited resources, is relevant when studying attempts to add new universal evidence-based prevention curriculum in schools. I have selected Brehm’s *Theory of Psychological Reactance* (1966) to clarify the resistance schools may have in implementing prevention programs. As schools are challenged to go beyond their comfort zone and have choices eliminated, educators might simply be doing all that can be done
in a day to make the most of the traditional curriculum already required by NCLB and further promoted by RTT.

Next, I utilize Dewey’s *Theory of Inquiry*, as a possible solution to implementing prevention programs might be found in allowing schools to inquire what best suits the interests of the school, district, and community. By encouraging less resistance from schools, Dewey’s *Theory of Inquiry* could in turn promote the application of prevention curriculum.
Research Questions

With Brehm’s Theory of Psychological Reactance (1966) and Dewey’s Theory of Inquiry (1938) in mind, this research analyzes governmental mandates and possible barriers to successful implementation of evidence-based prevention curricula within schools across America. In order to find plausible solutions to the current dilemma of maladaptive behaviors related to substance abuse and dependence within rural and urban student populations, commonsensical questions need evidence-based answers:

- Do all students benefit when school districts are mandated to provide universal evidence-based substance abuse prevention programs in rural and inner-city schools?
- What are the barriers within rural and inner city schools when charged with implementing universal evidence-based prevention programs in schools?
- Are universal evidence-based prevention programs effective in preventing maladaptive behaviors when mandated in schools?
- What are school administrative roles for implementing universal evidence-based prevention curricula?

Definition of Terms

1. Evidence-based curriculum- prevention programs based on empirical studies of what works for prevention intervention. “Programs were comprehensive, included varied teaching methods, provided sufficient dosage, were theory driven, provided opportunities for positive relationships, were appropriately timed, had
sociocultural relevance, included outcome evaluation, and involved well-trained staff” (Nation et al., 2003, p. 450).

2. **No Child Left Behind**- United States Act of Congress for accountability in education. “No Child Left Behind requires schools to administer prevention programs that have demonstrated evidence of effectiveness (United States Department of Education 2002” (Ringwalt et al., 2008, p. 480).

3. **Race to the Top**- United States Department of Education competitive grant program designed to encourage and reward states creating conditions for reform; achieving significant improvement in student achievement (United States Department of Education Race to the Top Program Executive Summary, 2009, p. 2).

4. **Merit Pay**- performance related pay based on student achievement on standardized tests (United States Department of Education Race to the Top Program Executive Summary, 2009, p. 9).

5. **Administrative Roles**- influence principals and other school administrators have in successfully implementing or obstructing evidence-based prevention curriculum.

6. **High stakes accountability**- measures designed to strengthen incentives for school improvement by issuing rewards for high achieving schools or stiff sanctions on low achieving schools. “high stakes accountability initiatives seek to instill dramatic improvements in school performance” (Malen & Rice, 2004, p. 2).
Summary

Substance abuse and dependence are prevalent within schools, districts, and communities across the United States. Current evidence-based prevention programs have either not been implemented, or have not been utilized on a large-scale, in spite of NCLB mandates with high stakes accountability and President Obama’s grant competition RTT. Finding out why prevention intervention has not been put into practice in schools and districts is important because of the high rate of maladaptive behaviors associated with substance abuse and dependence. Utilizing theoretical frameworks based on Dewey (1938) and Brehm (1966) will aid in discovering an effective methodology conducive to schools’ cultures and pressing needs. I focus on potential administrative roles in implementing such programs because administrations struggle to allocate limited resources on an ongoing basis. In process, I seek to find a logical and sensible approach for the implementation of evidence-based prevention curriculums within both rural and urban school settings.
Chapter II: Literature Review

Instituting evidence-based prevention curricula appear to be a pressing need within our schools. Multiple accounts of prevention curriculum effectiveness, however, tell another story. The following chapter is an account of what is actually occurring within our schools.

Do all students benefit when school districts are mandated to provide universal evidence-based substance abuse prevention programs in rural and inner-city schools?

When I began to research the effects of mandating universal evidence-based prevention curriculum within schools, the notion of its necessity seems well founded. In a review of research on the effectiveness of prevention programs, Nation et al. (2003) concluded that American youth and families are at risk for potential maladaptive behaviors such as abusing substances, teen pregnancy, domestic violence and dropping out of school. Similarly, D’Amico and Edelen (2007) asserted that adolescent students in middle school are very likely to begin using substances such as marijuana and alcohol (p. 592). Further findings by Ringwalt et al. (2008) argued that a large portion of youth begin substance use around or after middle school (p. 479). Accordingly, my notion in favor of universal evidence-based substance abuse prevention within a school setting seemed to be undoubtedly pressing. However, oddly enough, the result of mandating universal evidence-based prevention curriculum within rural and urban U.S. schools appears to be mixed.

Rhodes and Jason (1990) reported the effects of prevention curriculum have the greatest positive influence on low-risk students where their family accepts a strong role in
the students’ lives. For that reason, the students who have adequate parental support, 
guidance, and resources benefit the most from prevention curriculum. Not to 
differentiate, they found the youth prevention curriculums indicated the high-risk 
students are not achieving prevention. High-risk youth are less engaged and more 
disruptive than students from more affluent or low-risk family environments (Tsarouk et 
al., 2006). High-risk students are those who are struggling academically, lack parental 
support, display maladaptive behaviors and attitudes and miss school frequently.

Researchers in Russia conducted a culturally specific investigation on evidence-
based prevention programming (called Reconnecting Youth for grades 9-12) on the 
maladaptive behaviors related to illicit substance abuse of Russian youth who immigrated 
to the United States and a number of youth living in Moscow, Russia (Tsarouk et al., 
2006). They found evidence-based prevention curricula are not necessarily effective for 
all students, and need to be culturally, environmentally and gender specific. Their 
research included a systematic collaboration with participants to seek ethnocentric 
components within prevention curriculum from Reconnecting Youth (RY), find common 
culture and language within the program, and assess how appropriate an intervention 
Reconnecting Youth is cross-culturally.

The volunteer participants included 23 American youth who spoke Russian and 
English from Seattle, Washington, 44 Russian youth in Moscow that represented the 
“average” population, and ten youth in Moscow that fit a high-risk population, because 
they already displayed poor academic achievement and high rates of absenteeism. 
Tsarouk et al. (2006) employed a qualitative research approach centered on a Focus 
Group of eight to twelve Russian Immigrant youth. Information was gathered from
prevention classes and reviewed with youth concerning prevention intervention. Their research focused on clarifying the cultural relevance of questions within the Reconnecting Youth prevention curriculum. The method of data collection followed through with ten consecutive classes. Each class of American and Russian youth was structured to include introductions, the setting of program rules, changing negative self-talk, teaching steps to planned decision making, identifying personal anger triggers and reactions, changing anger reactions, saying “no” with style, taking steps to improve drug-use control, and celebrating success (Tsarouk et al., 2007). The Focus group and researchers reviewed the results from student reactions to each class. They considered: students’ attitudes toward intervention programming, comprehension, relevance, difficulties, cultural and linguistic differences, sensed need of prevention intervention, and suitability to students from “high-risk” situations.

Findings from Tsarouk et al. (2007) showed a notable difference between the American-Russian youth immigrants and the youth in Moscow suggesting that the American youth were more prone to role playing and verbalizing their opinions than the youth in Moscow. Additionally, students from both groups found the terminology to be confusing initially and needed clarification but once understood, they became “interesting” (p. 1577). The youth Focus Groups also identified gaps within the program content. For example, the lessons lacked information regarding appropriate and intimate relationships with the opposite sex, financial situations, sibling rivalry, family discourse, and divorce. Conversely, they reported communicating problems as addressed in Reconnecting Youth prevention curriculum were very “useful” (p. 1575). Furthermore, the culturally specific differences such as translation issues from English to Russian
created a significant challenge for presenters and students alike when attempting to engage student interest and comprehension. The authors noted, “Because more time and focusing attention was required, alternative approaches to group management and discipline required careful consideration” (p. 1577).

When focusing on the “high-risk” youth, Tsarouk et al. found the first few sessions were significantly disrupted by mostly boys. In order to follow through and salvage the lessons for the female participants, boys and girls required separation to learn. The girls consequently displayed more receptivity than the boys did initially; however, once separated, the boys began to be receptive to the prevention curriculum. Overall, Tsarouk et. al. (2007) concluded that prevention curriculum needs to consider appropriate language, population, culture, gender, and continual review of content for healthy adaptation.

Significantly, prevention programs do not prevent substance abuse and maladaptive behaviors for low-risk participants. Evidence-based curriculums are aimed at delaying the onset of maladaptive behaviors associated with substance abuse rather than preventing them entirely (Spaeth, Weichold, Silbereisen, & Wiesner, 2010). By contrast, reliable and compassionate parents and mentors lead to more resilient and well-adapted youth (Rhodes & Jason, 1990). Although students identified as low-risk benefited from prevention curriculums, the high-risk students with low GPAs, maladaptive behaviors, and a reported lack of parental support are not being reached. Given these results, mandating universal evidence-based prevention curriculum to already strained schools might lessen the educational experience of all students by potentially decreasing teacher
and student contact and adding work for teachers outside of the scope of duties currently
driven by policies measured by student performance on standardized tests.

Mandating new curriculum in schools with high stakes accountability appears to
have created reactionary and fear-based environments that ultimately undermine the
quality of education provided within American schools. High stakes accountability is
changing the roles of administrators from ensuring the practice of effective teaching to
directing political impressionism for school survival. Niesz (2010) conducted an
ethnographic qualitative analysis over two years of one middle school in Philadelphia and
found that resources were allocated more for directing public and political opinions of the
school for survival than for educational purposes. Paradoxically, devoting energy to
school impression management, administrators have added strain to produce political
results for sustaining their school rather than the actual school improvement mandated in
NCLB and further promoted by President Obama’s RTT.

The reasons for implementing evidence-based curriculum seem apparent when the
majority of youth perceive adolescence as a time in which maladaptive behaviors
associated with illicit use of substances are tolerated and sometimes even encouraged by
the larger society. Notwithstanding, the majority of students who engage in using illicit
substances experience some of the associated maladaptive behaviors. Behaviors related to
violence, accidents, and unprotected sex are among the potential outcomes. By contrast a
minority of youth initiate illicit substance use earlier in their educational career, and may
display maladaptive behaviors as early as grade school. These students display certain
risk-taking behaviors and impulse control issues. Problems associated with risk-taking
and impulsivity over time result in teen pregnancy, substance dependence, and future
social penalties. Given these circumstances, the need to implement prevention programming before adolescence seems pressing. However, barriers to implement evidence-based prevention programs are daunting. Furthermore, evidence-based prevention curriculum might not be a sufficient intervention for high-risk youth displaying problematic behaviors and low-impulse control issues (Spaeth et al., 2010).

Accordingly, Spaeth et al. (2010) conducted a longitudinal quasi-experimental research project in which they collected data through administering questionnaires to 1,693 fifth grade students in Germany. A two-part growth mixture model captured continuous and contrary behaviors related to maladaptive and adaptive students in regard to illicit substance use. Forty-nine percent of the students were boys and fifty-one percent were girls with a mean age of 10.45 years old. Sixty-one percent of the participants attended what Germans defined as a college-bound track and the others attended a lower track. Students coming from the lower track were identified as having one significant difference from the others when they reported they were from more rural and economically deprived areas as opposed to more affluent urban environments. The prevention intervention was a universal school-based life skills course that was designed to delay illicit use of alcohol, tobacco, and other drugs. The content addressed appreciation of self, emotional coping skills, healthy assertiveness and verbalizing feelings appropriately. The research was completed from the fall of 2003 through the spring of 2006 and followed the maturation of the participants while measuring levels of alcohol, tobacco and other substance consumption.

Spaeth et al. (2010) indicated that in early adolescence all students had a favorable reduction with making healthy choices in regard to alcohol and other substance
use. However, in later adolescence the students on the college bound track (low-risk) from affluent backgrounds decreased their substance use where those on a lower track (high-risk) displayed no sign of reducing substance use.

In another study aimed at identifying what conditions create resiliency among high-risk or foster youth, Greeson, Usher, and Grinstein-Weiss (2010) found that having one trustworthy adult mentor over the duration of the formative years within adolescence and beyond created resiliency. Gresson et al. used restricted-use information from the National Longitudinal Study of Adolescent Health by the US government that began in 1994 and continued through 2010. The participants were from 80 different high schools and 52 middle schools within the United States and were followed through their developing years into adulthood. Participants were given yearly assessments that probed into their mentoring experiences, successes and struggles. The individual participants constituted 8,151 students out of 14,823 who reported being children with adult mentors. Children having never been in foster care but had an adult mentor numbered at 7,977, whereas 165 reported they had been in foster care. All foster care respondents who had an adult mentor reported that the mentor provided needed financial guidance, emotional support, and guidance in setting goals that helped them make healthy choices and experience success.

Gresson et al. (2010) used chi-square and t-tests to assess the differences between the children inside and outside of foster care on their relationships with each respective mentor. Among the foster youth, the adult mentor was found to create opportunities for financial success and to aid respondents in focusing on positive expectations for the future. Respondents not in foster care also shared the benefit of financial and emotional
guidance thus increasing the probability of significantly reducing maladaptive behaviors typically associated with high-risk youth once in their adult years. This study illustrates that while all students benefit from natural mentors, high-risk youth were especially aided by this approach. Current governmental mandates to implement universal evidence-based prevention programming in rural and inner-city schools should take this finding into account in designing future policies and programs, instead of utilizing the current tactic of nationwide mandates with high stakes accountability.

**What are the barriers within rural and inner city schools when charged with implementing universal evidence-based prevention programs in schools?**

Fueling further fires, NCLB and RTT with high stakes accountability threaten schools with both formal and informal economic sanctions if they do not demonstrate adequate yearly progress within traditional academic areas on achievement tests. High stakes accountability has forced some school administrators to set up special time for standardized testing preparation, threatening teachers with non-compliance if their students fail to achieve higher test scores (Niesz, 2010). Given these circumstances, governmental mandates are possibly hindering evidence-based programs from being implemented.

Within the climate generated by high-stakes accountability, administrators and instructors must choose what programs to implement, how best to serve their populations, and how to protect themselves in the process. In regards to substance abuse and dependency, universal evidence-based curriculum helps the majority of a student population but does not necessarily help those with the greatest need for an effective prevention intervention. In spite of this, current implementation practices of placing non-
evidence-based prevention within current traditional academic areas such as health class have been deemed an acceptable approach for program implementation within rural and urban U.S. schools because they address the needs of the majority (Ringwalt et al., 2008).

**Are universal evidence-based prevention programs effective in preventing maladaptive behaviors within rural and inner city schools?**

When given the opportunity to implement universal programs correctly, low-risk students and teachers reported a favorable attitude toward evidence-based prevention curriculum (Tsarouk et al., 2007). By adequately training instructors, and by providing students and teachers with sufficient time and funding, teachers were able to follow the basic guidelines recommending how to be effective for most students. The curriculum was comprehensive and directly addressed the problem behaviors associated with the lack of assertive communication styles and low self-esteem. Teaching methods such as role-playing and student-centered expression were utilized. Sufficient dosage of the curriculum was administered consistently over a specified time. The program was theory-driven, based on evidence gathered from socio-culturally relevant subjects such as the students and teachers themselves. Positive and trustworthy relationships were allowed to form through regular meetings in and outside of the class. However, students who met the high-risk criteria still reported a negative experience and were much slower to respond favorably (Tsarouk et al., 2007).

When teachers and administrators across the United States were asked to implement new evidence-based curriculum, universal prevention curriculum was consistently considered culturally inappropriate for a high-risk school and target population (Tsarouk et al., 2007). Additionally, due to time and monetary constraints
among schools endeavoring to meet other academic goals implementation of data for evidence based prevention programs is reported to be “scant” by researchers (Ringwalt et al., 2008).

Ringwalt et al. (2008) analyzed how many evidence-based and school-based substance abuse prevention programs are being actively utilized in high schools across the U.S.. Information was gathered in early 2005 using surveys based upon a random sample of middle schools and high schools. Ringwalt et al. gathered sequential data from the respective school’s drug prevention coordinators. Findings indicated that 56.5 percent of U.S. high schools implemented a form of substance abuse prevention in current health curriculum, yet only 10.3 percent used evidence-based curriculum. Additionally, 76% of districts with a high African-American population were found to be more likely to implement a substance abuse prevention program than predominantly white communities. The researchers noted that communities with a large African American population receive a “disproportionate” amount of federal funding for evidence-based prevention to be implemented, as compared to predominantly white communities (Ringwalt et al., 2008). Once again, implying universal evidence-based programs need to be culturally specific and relevant to each respective community. By and large, Ringwalt et al. found the reason for the lack of evidence-based prevention programs within U.S. high schools in spite of high stakes accountability mandates may simply be so schools can focus on succeeding in traditional academic areas. Therefore, finding conditions for successful implementation of effective prevention curricula becomes even more pressing.

Gance-Cleveland and Mays (2008) analyzed conditions for prevention success utilizing a randomized pretest and post-test in a controlled study of 109 high school
students. The purpose was to find conditions that create resiliency in children living in a house with substance abusing parents since not all children coming from dysfunctional homes are affected adversely. Yet, mood and physical health are continually-negatively affected when living with at least one substance-abusing parent.

The intervention administered was a school-based support group designed to foster prevention in students deemed to be at high risk for maladaptive behaviors and illicit substance use. The measurements identifying students coming from a house with substance abusing parents were adopted from Children of Alcoholics Screening Test (CAST).

Findings indicated that most universal evidence-based programs do not account for the level of threat or necessity of intervention in participants. Moreover, universal evidence-based programs focus on substance abuse prevention rather than teaching coping and social skills, peer support, identifying and verbalizing feelings and making healthy choices. It was found that when programs focus on building the stated life-skills rather than substance abuse prevention and are gender specific, resiliency increased and illicit-maladaptive behaviors decreased. Such findings suggest that governmental mandates to utilize universal evidence-based prevention curriculum are possibly hindering what is actually required to prevent maladaptive behaviors.

**Administrative roles in implementing effective evidence-based prevention programs**

The task of implementing evidence-based prevention curriculum at the administrative level is daunting at best. With the noted pressures related to high stakes accountability as mandated in the NCLB policy and President Obama’s RTT grant competition, administrators have been placed in a precarious position. Fittingly, when
surveyed how administrators have moved to implement prevention curriculum, a high percentage of curriculum was simply added to health education curriculum and not as a separate program with mentors (Sloboda et al., 2008). Therefore, as current mandates remain in effect from NCLB and RTT, evidence-based curriculum implementation presents to be ineffective. Administrators’ roles appear to be as limited as the academic and financial resources provided to schools. When evidence-based curriculum is mandated within schools, administrators either become like a NCLB bully (Niesz, 2010), Paavlov’s dog behaving well to get a financial treat from RTT, or creative innovators meeting the mandate as best as feasibly possible by instilling prevention curriculum in a traditional health class.
Chapter III Results and Analysis Relative to the Problem

While conducting this literature review I found that researchers utilized multiple research methodologies to evaluate the presence and effectiveness of evidence-based prevention programs in school settings. These included qualitative, quantitative, and mixed-method designs. The results of this analysis indicated that governmental mandates for all U.S. rural and urban school districts to implement universal evidence-based prevention curriculum is hindering their effectiveness within schools. As traditional academic areas need to meet Adequate Yearly Progress in accordance with NCLB and RTT’s financial competition, educators are pressured to do whatever they can to make their students pass standardized tests and prevention programming becomes a secondary issue.

Sir Ken Robinson (2010), a revolutionary motivational speaker who encourages educators’ focus on individual students and creativity, sets forth the claim that scholars need to refocus the educational system towards an agriculture model or individual assessment, and away from a factory model or standardized testing. Accordingly, Small, Cooney and O’Connor, (2009) reported effective evidence-based curriculum included individualized assessments that brought forth the issues of the student population and required interventions to be socio-culturally relevant. Therefore, by accelerating the students’ thoughts and needs through individualized assessments educators could decide what their respective school or district requires for the betterment of the students. In other words, Sir Ken and Small, Cooney and O’Connor reassure educators to provide the space for the children to learn and grow the way they would naturally, instead of turning them into factory models that spew information and do not think for themselves.
Notwithstanding, Sir Ken and Small, Cooney and O’Connor support Dewey’s *Theory of Inquiry* by focusing on how students can learn best through an individual experience that forms thinking based on their own interests. Personally, I feel a deep sense of gratitude towards Robinson, Small, Cooney and O’Connor and their message as it supports the notion that in order for a prevention methodology to be effective, educators need to be free to focus on individual student needs; which is consistent with behaviors to foster trustworthy mentoring relationships with students for prevention. For that reason, the area of education I would like to “disenthrall” for the sake of effective prevention methods is our nation’s focus on standardized test scores and the punitive measures taken against teachers and schools for not achieving Adequate Yearly Progress as stipulated by No Child Left Behind (NCLB) (Bush, 2001) and President Obama’s RTT’s grant competition.

According to the “Adequate Yearly Progress” clause, if a school has demonstrated “unsuccessful progress” after five years, it will be shut down, and after the sixth year, a “restructuring” plan will be implemented. Under such conditions, a school district could in theory contract with private agencies and reopen as a charter school, thus replacing the entire staff required to run the establishment. President Obama’s RTT (2009) encourages states to open more charter schools and to move away from public schools. Carrying forward what President Bush set forth in NCLB, President Obama offers school districts money to succeed on standardized tests and potentially close public schools that do not do well on standardized tests. To make matters worse, RTT encourages teacher financial compensation (merit pay) to be based on standardized test scores. Such a policy will potentially have a more disastrous effect on quality education than NCLB. Quality
teachers encourage individualized assessment and critical thought whereas standardized testing with high stakes accountability discourages individualized-quality assessments and, therefore, quality teachers are rendered ineffective. Due to the fact that governmental mandates are based on universal-evidenced based data to create these assessments, being culturally specific to the specific needs of rural and inner-city school districts becomes non-existent. Additionally, because evidence-based prevention is mandated, administrators are pressed to train and fund instructors with a meager budget and might be forced into “threat tactics” to administrate these mandates within their schools. Therefore, preventing prevention curriculum from being effective and creating the largest reason to resist implementing these curriculum. With that said, Brehm’s Theory of Psychological Reactance (1966) suggests having the freedom to choose is inherently beneficial for a positive attitude and the NCLB and RTT laws “missed the boat” to encourage a positive educational experience.

If there were no such sweeping governmental mandates with high stakes accountability and schools had an opportunity to be locally and adequately funded to assess their respective needs, they could focus on the locally driven weaknesses, strengths, and interests along with national standards and benchmarks. Through this local focus, the government could free itself from making all states and school districts do what they “say” for a financial treat or be punished. In so doing the local funding option could allow educators the creativity to assess individual student and district needs for evidence-based prevention to be successful. Local funding would also allow the economically secure communities to fund their own school and seek grant money to subsidize their assessed needs beyond their budget. As a result, governmental focus could
shift to funding financially impoverished communities and could aid those districts
deemed an extremely high risk for failure. Therefore, promoting a holistic approach at
preventing maladaptive behaviors at the community level as noted by Small, Cooney and
O’Connor (2009), Nation et al. (2003), Tsarouk et al. (2007) with schools being one part
of the reform and not the only.

An example of positive holistic growth embracing the agricultural model for
learning through trusting healthy individualized assessments is Finland. The Smithsonian
magazine published an article in September 2011 and focused on why Finland has
become one the most successful countries in academics according to the international test
PISA. The article highlighted that becoming a teacher in Finland is respected as much as
a physician is in the United States with the attitude that, “If you only measure the
statistics, you miss the human aspect” (p. 1). Therefore, the current governmental
mandates in the U.S. would have no place in Finland’s educational system (Smithsonian, 2011).

Nonetheless, in spite of the evidence against utilizing standardized tests as the
only way to measure success and improve education, the U.S continues the degradation
of authentic assessment and trust as promoted within evidence-based prevention
curricula with NCLB and RTT. NCLB was an Act initiated by former President George
W. Bush and put into law by the 107th United States Congress. RTT is a grant
competition born from President Obama and the United States Department of education
in 2009 and is encouraging school districts to meet similar NCLB criteria to achieve
financial rewards. These laws drastically changed education and have created much stress
amongst teachers, administrators and districts. I firmly believe the laws themselves are
flawed in design by requiring such unrelenting standards for passing tests. Among their failings is that they require much funding the government will never provide to all of the schools within the United States. For that reason, the roles of teachers have progressively changed from a caring mentor to not having much time for addressing individual student needs. According to Valli and Buese (2007) who conducted a qualitative analysis of teacher roles within a large U.S. metropolitan area and an extensive literature analysis:

> Through detailed analysis of changes in teacher tasks over a 4-year period, the authors determined that role expectations increased, intensified and expanded in four areas: instructional, institutional, collaborative, and learning. These changes had unanticipated, and often negative, consequences for teachers’ relationships with students, pedagogy and sense of professional well-being. (p. 519)

Concurrently, additional negative consequences of lessoning teacher student relations, as mandated by NCLB and RTT, is further portrayed in research completed by Moore (2012). Moore (2012) found that relations with students improve or degrade by the coaching habits of the teacher. Therefore, promoting the war to overcome the “No Child Left Behind and RTT” culture would be worthwhile.

Perhaps the greatest obstacle to changing the NCLB and RTT culture to best implement healthy evidence-based prevention would be fighting against the “lobbying machine” of Washington D.C. Mandevilla (2007) found they are powerful and well-funded by George W. Bush’s former education advisor, Sandy Kress, Harold McGraw III, textbook publisher, Bill Bennett, former Reagan education secretary, and Neil Bush the former President’s younger brother, who are all lobbyists cashing in on NCLB.
NCLB lobbyists have the ability to buy advertising, to sway politicians, corporations, and the common voter to support governmental policies including the enforcement of “Adequate Yearly Progress.” Mandervilla (2007) cited NCLB’s commanded scheme of state benchmarks, standardized tests, and school penalties has collectively altered our public school system into a profit building frenzy.

At the same time as the profit building frenzy, current high stakes accountability is advocating for taking away resources for “restructuring” schools as enforced by No Child Left Behind and Race to the Top. However, it should be noted that effective assessment of our students is needed. Assessing our students in traditional academic areas as well as for possible substance abuse and maladaptive behaviors is vital to their advancement in education and the self-discovery of each of their personal strength and weakness. NCLB and RTT takes the need to test to a level never before witnessed by requiring all students to pass standardized tests in a certain amount of time or their school will face the stated sanctions. Moore noted (2012) that, “So much importance is attached to marks in connection with promotion, graduation, and college admission that it is natural for pupils to be concerned” (p. 99). Consequently, with the extreme pressure from high stakes accountability, effective universal evidence-based prevention and mentoring is rendered nearly impossible to implement effectively for fear of losing out on coaching of traditional academic criteria as set by NCLB and RTT. As a result, the high-risk minority of students are left behind and do not have a chance to race to the top.
Chapter IV Recommendations, Methodology and Suggestions for Further Research

A possible solution to best intervene within the “high-risk minority” might be to assign a stable mentor as early in adolescence as possible to follow and guide those that meet high-risk population criteria within and out of school. ¹ Among factors that influence the establishment of resilience among youth is having a stable adult who practices unconditional acceptance during the youth’s formative years. Although continuing the current practice of putting evidence-base prevention within a traditional health class is still useful, administrators would aid their current dilemma to meet traditional academic needs by advocating for prevention curricula to be mandated elsewhere.

Administrators should utilize weekly newsletters distributed to parents and the public as a way to educate the public about NCLB and RTT policies concerning evidence-based prevention. First, they should communicate the positive and negative facts of standardized testing on implementing evidence-based prevention according to NCLB and RTT. Utilizing the Internet and other local media, the weaknesses of the current system also could be exemplified with research findings emerging from notable universities. In addition to the weekly communication, community and school meetings could be conducted concerning the state of the school, standardized test scores and prevention curriculum. The discussion could include the financial consequences of not achieving Adequate Yearly Progress and what the school is doing to be proactive to prevent such punitive measures. Supportive and two-way communication is a must in assuring a healthy local public image for public schools. Focusing on healthy human interaction and communicating with parent volunteers (Moore, 2012) also would need to

¹ Resilience being defined as positive adaptation in response to adverse conditions despite coming from a maladaptive background. (Gance-Cleveland & Mays, 2008, p. 298).
be emphasized as a district wide value. Healthy life-skills identified in this research could be taught to educators through training sessions paid for by grants or district funding and cultivated among all staff daily.

As a result of the stated proactive measures, the community might become more unified behind their schools, and support the eradication of punitive measures for low achieving schools as set by NCLB and RTT; and instead promote the true needs of the community in regards to teaching life skills that prevent maladaptive behaviors such as substance abuse and teenage pregnancy. Thus, promoting positive reinforcement for their children to be educated in a healthy environment where all feel like what they are doing is important while creating healthy critical thinkers, localized funding, creative local assessments based on state and national standards and benchmarks could flourish.

Additionally, if a concerned politician wanted to advocate for school funding to go back to local community control, a lot of fundamental problems illustrated in this literature review concerning the implementation of evidence-based prevention and standardized curriculum could potentially be solved. While keeping state and federal standards and benchmarks, the wealthy communities could pay for their schools to succeed. Additionally, after assessing their independent needs with their own original assessment to meet federal and state academic standards and benchmarks, educators from wealthy communities could apply for available grant money to fund their assessed needs. State and federal education agencies could then focus mandatory funding and restructuring initiatives on the financially distraught and impoverished communities within the rural and urban areas of the United States. However, the focus could be on the entire community’s needs rather than just on the schools. The intervention could focus on
family ties and mentoring, job training for out of work parents, building trustworthy and healthy relations between the government, community and school. Therefore, the intervention could be holistic meeting the criteria of effective evidence-based prevention programs: multi-component interventions, effective teaching methods, sufficient dosage, being theoretically driven, having positive role models and peer relationships who are trustworthy, having sociocultural relevance and well-trained staff. Researchers could then focus on the gains and setbacks therein and work toward more effective methodology to assess each individual community within the U.S. needing added assistance for preventing maladaptive behaviors associated with substance abuse.

Utilizing a mixed method design appears to be the most logical approach for further research to examine the relevance of administering evidence-based prevention within schools. A quantitative component would provide needed data regarding a number of factors preventing evidence-based curriculum from being successfully implemented. First, the research could examine the student base to learn more about the populations requiring assistance. It would need to represent the percent of ethnic minorities within the district and have sociocultural relevance within districts implementing (or not) evidence-based curriculum. Other factors needing to be positively identified and quantified include gender, age of acting out, economics of vulnerable populations, race, ethnicity, divorced parents, etc.

In the school context, researchers should gather data on funding, teachers’ workloads, and openness to adding this to the curriculum. A few examples of quantitative data should include demographic areas and availability of funding to implement prevention curriculum. Numbers of schools already implementing prevention curriculum
in school and those who do not would best find data related to feasibility for implementation.

A qualitative component focusing on attitudes of administrators, teachers and students within schools implementing evidence-based curriculum would help identify the positive or negative effects of the implementation of a prevention curriculum. A scheduled structured interview along with surveys previously mailed will capture attitudes prevalent amongst administrator, teacher and student populations. As well, the same type of analysis would be suited for a school that does not implement prevention to portray any positive or negative effect.

Within the studies previously analyzed in this literature review, one of the weaknesses appears to be in portraying how long prevention curriculums delay the onset of maladaptive behaviors within student populations. On this account, no conclusive information was found. Within qualitative study, another potential weakness is the researcher’s preconceived notions of a particular subject. Additionally, qualitative results can be inconclusive at larger scales, as the data does not report the conditions of a large population but rather one particular group. Therefore, the qualitative component could limit the overall clarity of the data gathered.

Further research could utilize mixed methodologies to portray the positive or negative results of evidence-based curriculum in schools. Finding whether current prevention practices have positive or negative effects will provide useful data to eradicate prevention curriculum from schools, promote current practices, or improve current approaches. Additionally, researchers could focus on how to integrate mentors who will follow and guide a student through the years, to promote student resilience from
maladaptive behaviors and positive school performance. By focusing on what actually works and is occurring within prevention practices that include mentors, a researcher might be able to influence the No Child Left Behind and RTT policies to be changed or abolished; thus aiding strained schools and promoting a more positive atmosphere to learn in and truly prevent maladaptive behaviors.

**Summary**

Universal evidence-based prevention curriculum at first seems like a logical approach to address the current pressing issues of maladaptive behaviors amongst our nation’s student populations. However, effective evidence-based prevention intervention curriculums have been shown to delay the onset of problem behaviors, and not to actually prevent troubles from occurring. With the current financial strain and political pressure from NCLB and RTT and high stakes accountability, administering prevention curriculum has been rendered ineffective for those high-risk students who really need support and guidance. With the current NCLB and RTT culture, school administrators and teachers are forced to find the solution to intervene into these maladaptive behaviors to improve student performance and reintroduce to our nation a healthy student population.
References


