



PALM SPRINGS UNIFIED SCHOOL DISTRICT

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BOARD OF EDUCATION: JAMES WILLIAMSON, *President* – RICHARD CLAPP, *Clerk*
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April 20, 2018

Mr. Charles Maynard, City Manager
City of Desert Hot Springs
65950 Pierson Boulevard
Desert Hot Springs, CA 92240

Dear Mr. Maynard:

We are so grateful to have your participation as we create a community-wide effort to ensure that the young people in our cities and schools receive high-quality drug education programming. With cannabis becoming more available and in new forms, and with a concerning number of students coming to school under the influence and/or in possession of cannabis, alcohol and other drugs, we know we need to implement an updated education program and improve our intervention program once we have students receiving disciplinary action as a result of their drug/alcohol use.

We are asking for \$100,000 from each of our local City Councils to begin this effort, with the goal being an area-wide association of representatives from our cities and our district who will create an ongoing approach to drug/alcohol education and intervention. We look forward to our first meeting as a collaborative group on May 23 at 1:00 p.m. here at our District Office as we plan for our initial implementation in 2018-19 and begin working on subsequent years.

Again, thank you for your support; we are excited to partner with you as we implement new and improved ways to educate our students about drugs and alcohol while also providing a light for other communities who are facing the same drug and alcohol-related issues with their youth.

All my best,

Sandra Lyon, Ed.D.
Superintendent of Schools

xc: PSUSD Board of Education

PALM SPRINGS UNIFIED SCHOOL DISTRICT

MULTI-CITY COLLABORATIVE WITH PSUSD TO PROVIDE DRUG EDUCATION

May 27, 2018

**Staff Summary and Proposal
Substance Abuse Suspension/Expulsion Data
Sample Lessons
Curriculum Evaluations**

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Staff Summary and Proposal



PALM SPRINGS UNIFIED SCHOOL DISTRICT

150 DISTRICT CENTER DRIVE
PALM SPRINGS, CALIFORNIA 92264
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DR. SANDRA LYON, Superintendent of Schools

BOARD OF EDUCATION: JAMES WILLIAMSON, *President* – RICHARD CLAPP, *Clerk*
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DATE: May 27, 2018

SUBJECT: MULTI-CITY COLLABORATIVE WITH PSUSD TO PROVIDE SUBSTANCE EDUCATION AND
TREATMENT FOR STUDENTS AS WELL AS PARENT EDUCATION

FROM: Sandra Lyon, Ed.D., PSUSD Superintendent

SUMMARY

Staff in the Palm Springs Unified School District are concerned about the impact legal marijuana will have on an already concerning level of use that results in suspensions and expulsions of students across the district. Staff is noticing that easier availability coupled with more prevalent forms of packaged edibles are making it easier for students to access Cannabis, in particular. PSUSD has been exploring how to begin to address this issue for students and parents in PSUSD. To begin, PSUSD staff looked to other states who have also legalized Cannabis to help develop a plan to better educate students and families while also examining treatment for students with multiple drug and/or alcohol offenses.

Although in 2017 teen drug use was down in Colorado, when recreational marijuana use was initially legalized, a study funded by the White House suggested that marijuana use for teens 12-17, increased significantly, 24 percent in 2010 and 8 percent in 2013. Students aged 12-17 were seeing more expulsions and suspensions out of school and there was increased usage on campuses. It was reported that drug related expulsions and suspensions increased by 40 percent since the laws were loosened in the state.

Palm Springs administrators and security have reported experiencing students in possession of edibles and oils in vaping pens since January 2, 2018. The attached chart shows an increase in suspensions for possession of drugs or alcohol for all grades, 6 through 11 from 14/15 through 16/17. There was a decrease in expulsions during those years, indicating that the interventions prior to expulsions place did impact those actions.

In an effort to curb increased substance abuse in adolescents, Palm Springs Unified School District proposes a three-pronged approach:

1. Change Board policy regarding expulsion of students. Provide interventions when a student is first caught using on campus. (This action has been completed.) Students are referred for Insight for first offense. They are referred for Bridges with a Mental Health Therapists for a second offense, and not brought to expulsion until the third offense.

2. Provide a substance abuse prevention curriculum for all students in grades 4, 6, and 9, or one grade level at elementary, middle and high school. In addition, provide parent workshops.
3. Provide two full time substance abuse counselors to improve the current intervention groups, Insight and Bridges, as well as provide voluntary substance abuse counseling at all middle and high schools.

The curriculum PSUSD proposes to use is the Courage to Speak Foundation curriculum. Attached are evaluations by the Consultation Center at Yale School of Medicine and duBay Horton Associate, an external evaluation team, of the curriculum and its impact.

The elementary curriculum is designed around a book, called Sunny's Story. Narrated through the eyes, ears and mind of the Sunny, the family beagle, this story tells of the ups and downs of his life with his young master, from the moment they meet at an animal shelter, as the dog watches his master's decline due to drug use. Students process the book through writing, art, group discussion and scientific demonstration. They learn refusal skills.

In middle school, the students learn about substance abuse and learn to:

- Develop a clear decision-making strategy on drug avoidance
- Have a clear plan to refuse the inevitable offer of alcohol and other drugs.
- Identify 3-5 trusted adults who will support them when needed.
- Open a dialogue with parents and other trusted adults about the dangers of drugs in teenagers and other risky behaviors.

High school students learn about prescription drug misuse, marijuana, binge drinking and other drugs, in addition to deepening the lesson taught in middle school. The parent component teaches parents about the drug culture, setting boundaries, communicating the dangers of substance abuse and prevention, detection, intervention and support.

PROPOSAL

PSUSD proposes entering into a multi-city agreement that will help fund this initiative. Although Proposition 64 dollars are meant to help offset the costs school districts could experience as a result of legalization, as yet those dollars are not flowing to districts nor is there a clear picture as to what districts will be required to do with those dollars. PSUSD seeks to partner with its cities and other community agencies in order to be proactive in education for students and families and provide a more robust treatment option, given the scarce resources in the valley for student substance abuse treatment.

PSUSD is asking each city to contribute \$100,000 annually toward funding this project. This-multi-city collaborative would meet to evaluate the use of the funds and the effectiveness' and to be able to leverage school district staff and approaches to best reach the community with this this education and support effort.

PROPOSED COSTS

- The initial cost of the curriculum is \$116,920.00 (This includes the parent program and training for parent trainers). For each additional year the approximate cost is \$ 4,950.00, plus replacement of any copies of Sunny's Story novels.)
- Substance abuse counselor: Top salary currently is \$125,088 plus benefits. (Preferably there would be two).
- Clerical support: \$50,000 (If we get two substance abuse counselors, we would like to have night hours at the clinic. This means we'd need at least part time support at night. This is at the top end.)

IN KIND CONTRIBUTIONS FROM PSUSD

- Family Engagement trainers for parent program as well as facilities and custodial for those trainings.
- Reproduction of lessons (the cost is for teacher guides. We will still need to make copies).
- Mental Health facilities will be provided (including custodial).
- Mental Health coordinator and clerical support during the day.
- Facilities at school sites for counseling sessions.
- Communication and outreach regarding services available to students and families.

PALM SPRINGS UNIFIED SCHOOL DISTRICT

**Substance Abuse Violation
Suspension/Expulsion Data for
2014/2015, 2015/2016 and 2016/2017**

48900(c) Violations - Suspensions

Grade	14/15	15/16	16/17	Grand Total
3rd			3	3
4th		2		2
6th	1	4	17	22
7th	20	23	30	73
8th	34	43	47	124
9th	36	54	57	147
10th	47	53	57	157
11th	38	43	51	132
12th	40	50	36	126
Grand Total	216	272	298	786

48900(c) Violations - Expulsions

Grade	14/15	15/16	16/17	Grand Total
3rd	1			1
4th	2			2
6th	4		1	5
7th	14	2	2	18
8th	24	8	4	36
9th	39	15	9	63
10th	26	12	12	50
11th	13	7	14	34
12th	17	18	4	39
Grand Total	140	62	46	248

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Courage to Speak Curriculum Sample Lessons

- **Elementary Curriculum Sample Activity #4**
- **Middle School Curriculum Sample Activity #10**
- **High School Curriculum Sample Activity #10**
- **Courageous Parenting 101 Sample Session**

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Elementary Curriculum Sample Activity #4

Activity 4	<p><i>Friends and Friendship</i></p>
Teacher's Goals	<p>To help the students recognize the people who were Ian's friends and the people who were not Ian's friends in <i>Sunny's Story</i>.</p> <p>To explore the definition of friendship. To help students understand what makes a friend.</p> <p>To help students understand how they can be friends to others.</p> <p>To help the students recognize friends who are worthy of their trust, and help make healthy decisions about friendship.</p>
Educational Objectives	<p>Describe the harmful effects of alcohol, tobacco, and other drugs (ATOD). (Discussion of how Ian's life and health were being affected by his use of ATOD.)</p> <p>Self Management Compare behaviors that are safe to those that are risky or harmful. (Discussion of how Rick exposed Ian to risky behaviors related to use and abuse of ATOD.)</p> <p>Analyzing Internal and External Influences Explain how family, school and peers influence personal health. (Identify the impact that alcoholism or drug addiction has on the individual, friends, family, and community.)</p> <p>Communication Skills Demonstrate active listening skills to build and maintain health relationships with peers and family members.</p> <p>Students will write about what makes a good friend. In a class discussion, students identify two people from <i>Sunny's Story</i> who were Ian's friends and who were not Ian's friends.</p>

Materials (Supplemental Activities Section 4)	<i>Sunny's Story</i> Student Worksheet: Being A Friend Activity 4: Post-Activity Teacher's Evaluation
Activity <u><i>Sunny's Story</i></u> <i>Family Communication</i>	<ul style="list-style-type: none"> • If it is possible to do so, arrange the seating in a circle, or in a circle of small tables or groups of desks to make discussion easier. • Ask the students to tell briefly what happened in <i>Sunny's Story</i>. • Again ask the students about discussing <i>Sunny's Story</i> at home with their families, guardians, grandparents, godparents or others. <p>"Did you talk about <i>Sunny's Story</i> at home? If you would like to, tell us about what you discussed."</p> <p>"How did you feel after you talked about <i>Sunny's Story</i> with your family? How about with anyone else?"</p> <ul style="list-style-type: none"> • Continue this discussion as long as the students seem to want to share their feelings about talking to their families. • Ask the students to reflect on Ian's friends, as described in <i>Sunny's Story</i>.
<i>Ian's Friends</i>	<p>"What did Sunny tell us about what Ian's house was like when Sunny first went to live there?" (There were often friends playing in the back yard. Refer to the parts of the story that mention how much Ian enjoyed playing with his friends.)</p>
Suggested questions and comments:	<p>For example, see the passage in which Ian's house and yard were full of friends (pg 9).</p> <p>When Ian came home from school, I would be waiting for him at the door. The house and yard were always filled with Ian's friends. Whether you were a dog or a person, Ian had a way of making you feel</p>

(Sunny was alarmed and protective of Ian.)

"What decisions did Ian make about Rick?"

(He decided to go along with Rick, even though he knew it was wrong.)

"Have you ever had to make a decision about a friend? Have you ever had to stop going to someone's house? Or stop playing with someone? Tell me about that time."

"Tell me what Ian could have done about Rick when Ian first met Rick."

(Ian could have talked things over with his parents. He could have discussed the things he liked about Rick and the things that bothered him. He could have shared with his parents other things that were bothering him. His parents might have been able to help Rick or get help for him. They could have helped Ian understand that he needed true friends and that Rick could not be a good friend unless Rick changed.)

"Tell me what Ian could have done after he knew more about Rick."

(As above, he could have turned to his parents and shared his misgivings with them. Ian could have talked to his doctor, a teacher, the principal, a counselor or social worker, or a police officer he knew. He could have shared the fact that he faced a problem that seemed to big for him. He could have trusted some of the trustworthy grown-ups to help him find a solution.)

(By talking to trustworthy grown-ups, Ian could have begun to solve some of the problems that seemed to make him want to use drugs in the first place. Ian could have started spending time with Jeff and other friends who did not use drugs. He could have invested in his friendship with them. He could have tried to show Rick that there is a healthy way of enjoying friends and free time that doesn't depend upon drugs.)

"Was Rick a true friend to Ian – a trustworthy friend?"

Jeff

(Rick liked Ian and confided in him. But Rick also wanted to use Ian to sell drugs and make money, so he was not a friend to Ian.)

- Read or paraphrase the section in *Sunny's Story* when Ian yells at his old friend Jeff for smoking marijuana, calls him a "narc," and Ian and the other kids laugh as Jeff leaves (pg 23).

One day after school when he was out in our yard with a group of kids, I heard Ian yell at his old friend Jeff, who didn't want to smoke marijuana. "Why don't you just take off?" Ian snarled. "No one wants you spying on us anyway, you narc!" Jeff looked sadly at Ian, then turned and left.

Suggested questions and comments:

Discuss the students's reactions.

"How about Jeff? What do you think Jeff was like?"

"Do you think Jeff was a friend to Ian?"

(Jeff did not want to go along with what Ian was doing, so he was a friend to Ian. He could have been a better friend to Ian by telling Ian's parents what Ian was doing and that Ian needed help.)

"How do you think Jeff felt when Ian told him to leave?"

(Jeff probably felt betrayed by Ian. He probably felt sad and alone.)

"How did Sunny feel?"

(Sunny also felt betrayed and sad. Sunny also felt confused. He could not understand why Ian was acting the way he was acting.)

"How do you think Ian felt after Jeff left?"

(Ian probably regretted telling Jeff to leave and being disloyal to Jeff. He probably felt sad. The good feeling

<p><i>Sunny</i></p> <p>Suggested questions and comments:</p> <p><i>Friendship</i></p>	<p>of saying something that made others laugh probably faded away, and he was left with a feeling of dissatisfaction with his behavior.)</p> <p>"Whose decision was it to tell Jeff to leave?"</p> <p>(It was Ian's decision. He could have made a different decision.)</p> <p>"Did Ian have other friends?"</p> <p>(Yes. Ian was active in sports and could have spent more time with his teammates.</p> <p>Ian had other friends from school, too, and he could have focused upon them.)</p> <ul style="list-style-type: none"> • Read or paraphrase the passage in which Ian tells Sunny the two will be 'best friends.'" In this section, Sunny reflects that even though he loves the rest of his family, he was the closest with Ian, and slept in his room at night. From that moment on, he and Ian were best friends (pg 7-8). <p>From that very first night, I slept in his room. ... When I snuggled onto his chest, Ian covered us both and hugged me. "I love you, Sunny," he whispered. "We're going to be best friends." I licked his cheek. On that night and every night after that, I watched over him until he fell asleep.</p> <ul style="list-style-type: none"> • Discuss the ways in which Sunny was a friend to Ian. <p>"Who was Ian's best friend?" (Ian often said Sunny was his best friend.)</p> <p>"What was there about Sunny that made him Ian's best friend?"</p> <p>(He was completely loyal and wanted to protect Ian. He loved being with Ian. He was there to share good times and bad with Ian.)</p>
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"Did Ian always treat Sunny like a best friend? Tell me about that."

(Ian sometimes turned on Sunny. He called Sunny a "narc." He let Rick say mean things about Sunny.)

Read or recall relevant passages, for example, when Rick threatens to have his big, bad dog meet Sunny (pg 16).

"What's wrong, pip-squeak?" he asked. "You afraid of big, bad Rick? Well, you should be; I got a dog that could eat you up in one bite!" I could smell this dog on Rick, and it was the smell of a big, bad dog. Rick scared me. I believed that he could make his dog kill me if he wanted to!

OR

Refer to the passage when Rick threatens Sunny for a second time by saying he will have his dog Spike "shut him up" if Ian cannot get him to stop barking. In this section, Ian does not defend Sunny, and he and Rick leave Sunny wondering where Sunny's brave and kind friend has gone (pg 20).

Rick snarled, "You'd better get that dopey mutt of yours under control, or I'll get Spike to shut him up."

I wanted Ian to stick up for me, or tell Rick to leave. But he didn't.

- Discuss the qualities of a friend, especially loyalty and generosity. Begin by defining "friend".

"What is a friend?"

(Merriam-Webster: "one attached to another by affection or esteem...a favored companion.")

"What qualities do you think are important in a true

*Definition and
derivation of
"loyalty"*

friend?"

- Discuss the qualities that the students suggest.
- Discuss **loyalty** as a quality that makes someone a friend.

Definition: (Merriam-Webster, from Latin *legalis* (legal): "faithful to a private person to whom fidelity is due.")

"What does it mean to be 'loyal'?"

"Was Sunny loyal to Ian?"

"Was Ian always loyal to Sunny?"

"Was Rick loyal to Ian?"

"Tell us about a time when someone was loyal to you."

"How about your being loyal to a friend? Tell us about a time when you were loyal to a friend."

"What does 'a person to whom fidelity is due' mean?"
(Possible response: someone who deserves our loyalty and trust.)

"What about when being loyal to someone might make us disloyal to our families or to things we believe? How would you feel if you found yourself in that kind of situation?"

"Tell us about how a friend brings out the best in you."

"What if someone brings out the worst in you or wants you to change for the worse? Is that person your true friend?"

"How about when a friend asks you to do something that makes you uncomfortable? How do you feel when that happens?"

"Tell us about a time when a friend wanted you to do

something that made you uncomfortable."

"How does being kind and courageous make someone a friend?"

(A person who is kind and courageous is willing to make sacrifices for a friend because he or she knows there is more to friendship than just having fun together. Friends need to help each other.)

"Tell us about a time when a friend was kind to you."

"Could Ian have been a better friend to Rick? How?"

(He could have refused to go along with Rick's interest in drugs. He could have been kind to Rick by trying to understand why Rick used drugs and trying to listen to Rick and help him.)

"How about being courageous? Tell us about a time when a friend showed courage."

"How could Ian have showed courage with his friends?"

(He could have defended Jeff and valued Jeff as a friend. Ian could have encouraged his other friends who used drugs to be more like Jeff.

He could have tried to help Rick by refusing to go along with his use of drugs.)

"Courage is something we're going to talk more about in a few days (several days, a week, etc.)."

"How about you? Tell us about a time when you showed kindness to your friend."

"Tell us about a time when you showed courage to help your friend."

- Discuss the importance of listening to a friend.

"How about listening? Is it important that you can listen to what a friend is telling you? And that your friend can listen to what you're saying?"

"How do you know someone is really listening to you?"

Active Listening

- Introduce the idea of **active listening**.

"When a person reflects back what we have said, we can tell that person has really been listening to us and trying to understand what we're saying."

"Let's practice doing that."

- Place the students in pairs, and ask them to tell each other something about their reaction to Ian's story. Then each child should try to tell the other what each said.

(After placing the students in pairs):

"I want one of you to tell the other person something about *Sunny's Story*, and about how that part of the story made you feel."

"Then I want the other person to tell the first person what he or she said. You can see how closely you were listening."

"Now switch. The other person can tell something about the story and how that part of the story made him or her feel."

"Then the other person can say what he heard."

"That's how it feels when you know someone is really listening to you."

"Let's form different pairs and do this again."

(After exercise:)

"Is it easy to really listen to someone?"

"Is it always easy to be a friend?"

- Ask the students to fill out the **Student Worksheet: Being A Friend**.

**Student
Worksheet:**

<i>Being a Friend</i>	<p>"Do you have any questions about what you are going to write?"</p> <p>"If you have any other questions as you are writing, you may come up and ask me quietly."</p> <ul style="list-style-type: none">• Collect the completed worksheets• Preview the next activity: <i>What Smoking Does To the Human Body</i>. <p>In the next lesson, we are going to talk about one of the most commonly used drugs: Tobacco!</p> <p>Based on observations during the Activity, fill out the Post-Activity Teacher's Evaluation Worksheet for Activity 4.</p>
Preview the next Activity	
Teacher's Evaluation	

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Middle School Curriculum Sample Activity #10

Activity # 10:	<p style="text-align: right;"><i>The Courage to Make Healthy Choices: Find Your Passion</i></p>
Objective:	<p>A. Brainstorming</p> <ul style="list-style-type: none"> Students will think creatively and proactively about identifying healthy activities to enrich their lives.
National Health Education Standards:	<p>Standard 1 – Students will comprehend concepts related to health promotion and disease prevention to enhance health.</p> <p><u>Performance Indicators</u></p> <p>1.8.1. analyze the relationship between healthy behaviors and personal health.</p> <p>1.8.2. describe the interrelationship of emotional, intellectual, physical, and social health in adolescence.</p> <p>1.8.7. describe the benefits of and barriers to practicing healthy behaviors.</p> <p>Standard 5 – Students will demonstrate the ability to use decision-making skills to enhance health.</p> <p><u>Performance Indicators</u></p> <p>5.8.4. distinguish between healthy and unhealthy alternatives to health-related issues or problems.</p>
Materials:	<p>Part A: Black board for recording responses Student Worksheet: Find Your Passion (Section 10, pg. 14)</p> <p>Part B: Colored markers or crayons and poster size paper</p> <p>Homework: Home-School Connection: "Talking About Drugs" (Section 10, pg. 15)</p>
Activity:	<ul style="list-style-type: none"> Point out that people may take drugs to cover up uncomfortable feelings, but covering up feelings doesn't make them go away. Healthy activities help us acknowledge and work through difficult feelings, and make healthy choices for ourselves. Remind students that Mrs. Katz encouraged them to "find their passion," e.g., getting involved in school, sports, the arts (dance, music, singing, drama, writing, etc.), community activities, volunteerism, religious organizations, and family. Ask students divide into groups of 3 or 4. Ask them to designate a Reporter, a Recorder, a Leader and a Time keeper. For groups smaller than 4, Leader and Time Keeper roles can be combined. On the board, draw two columns labeled "Reasons" and "Healthy Passions." Tell students to copy these on a blank sheet of paper. Ask students as a large group to brainstorm all the reasons people use drugs. List them in the "Reasons" column on the blackboard. (To facilitate responses see examples on next page.) Make sure each student contributes a reason. If they need more time, come back to them at the end

The Courage in Relationships

Activity # 11:	<ul style="list-style-type: none"> • Ask students to work in their small groups to generate a list of healthy passions. When they have finished, have the Reporter from each group read their group's list and write their response in the appropriate column on the board. • Have a class discussion about their "Healthy Passion" List and the concept of "healthy alternatives." Emphasize that healthy passions are part of taking care of ourselves physically and emotionally. • For more information on healthy alternatives, teachers may want to refer to www.whatsyourantidrug.com
To Facilitate Discussion:	<p>Examples of Reasons for Using Drugs or Alcohol</p> <ul style="list-style-type: none"> • Want to fit in with group • Curiosity • Want to relax • Afraid to say "no" • Stress relief • Fun or excitement • Like the feeling of being high • Want to escape painful situation or feelings • Bored or lonely • Want to feel mature • Want to feel more at ease in social situations • Exhilaration of illegal behavior
	<p>Examples of Healthy Passions</p> <ul style="list-style-type: none"> • Getting involved in school organizations - drama club, chorus, band • Playing basketball, dancing, swimming • Making new friends with similar positive interests • Learning how to handle stress • Learning effective responses (refusal skills) to negative peer pressure • Learn to boost self-confidence/self-image
Assessment:	<p><u>Constructed Response Question</u> List two (2) healthy alternatives to using/abusing drugs or alcohol that you personally would enjoy. Explain how these alternatives/activities can enhance or improve your health and why they are better than using drugs/alcohol to feel good. Student Worksheet: Find Your Passion (Section 10, pg 12)</p>

PALM SPRINGS UNIFIED SCHOOL DISTRICT

High School Curriculum Sample Activity #10

Activity # 10:	
	<i>The Courage to Look at Outcomes/Consequences</i>
Time Required:	15-20 minutes
Activity Objectives:	<p>Students will:</p> <ul style="list-style-type: none"> • Discover how high-risk activities can reduce longevity • Discuss high-risk activities that have the potential to end or alter life • Practice communication, decision-making, goal-setting, and advocacy skills
National Health Education Standards:	<p>Students will demonstrate the ability to:</p> <ul style="list-style-type: none"> • Use goal-setting skills to enhance health • Use decision-making skills to enhance health • Advocate for personal, family, and community health
Materials & Preparation:	<ul style="list-style-type: none"> • Magic Markers (enough for group to share) • 15-20 strips of construction paper, about 6 inches long and 1 inch wide • Masking tape • Picture of Heroin <p>1. Holding each strip lengthwise, draw a horizontal line that separates the bottom 2 inches of the strip. On the bottom of each strip (below the line) write a number between 1 and 80. These numbers will represent ages in the life of an imaginary person named "Bob." Numbers should be spread throughout "Bob's" life, i.e. 2 years old, 10, years old, etc. Do NOT write the number 17.</p> <p>2. On a separate strip of paper, you will have a picture of heroin in its powder form. Write the number 17 below the line. Do not give this strip out to any of the students.</p> <p>3. Place a long piece of masking tape (10 feet or more) along the board or wall. Also tear off enough small pieces of tape for each of the strips of paper. These should be available to the students later in the activity.</p>

Procedures:

1. Hand out the strips of paper and magic markers randomly to students. Explain that the number on the bottom of the strip represents the age of an imaginary person named Bob. Students are to think of something that someone that age might be interested in or look forward to. Occasionally they will try to be humorous or stereotype certain age groups. This should be encouraged for this particular activity. They should write the life event on the upper portion of their strip of paper. (They should not KILL Bob!)
2. Once students have completed this, explain that the line of tape on the wall represents time. Using the left side of the tape as the beginning of Bob's life, students should come up, take a small piece of tape, and tape their 'life event' to the timeline. Ask them to approximate on the line as to when these life events are most likely to occur. Continue the process until all students with a strip have contributed to the timeline. (Before beginning the next part of the lesson, make sure that all events are in chronological order.)
3. Starting at the beginning of the line, create a story of this fictional character named Bob. Go through the timeline and the events that would be experienced by this character. Try to develop this character as though you know him very well. Describe the good things in great detail and speak frankly and realistically about those events that are life learning experiences. Maybe this character was married at 18 and again at 30. Maybe he became rich and famous at 21. Maybe he retired to his condo in Florida when he was 70. Most important to the success of this activity is your ability to create a realistic character.
4. When you get to the end of the timeline, get very quiet. You will now add one extra event to the timeline. At this point, place the strip that you did not give out (picture of heroin in powder form) on the line where the age of 17 would be. Explain that when Bob was 14, he started drinking. Then he started smoking pot. Then he tried other drugs like cocaine and ecstasy. Finally, he tried heroin. The first time, he took the drug with a friend, but after a while he was taking it daily. By the time he was 17 Bob was a heroin addict. One night, while taking it with some friends, he got an extra strong dosage of heroin that was tainted with other substances, and overdosed and died.
5. Starting at age 80, begin removing the strips one at a time. Explain that Bob never got to experience getting married, having children, becoming rich, retiring to Florida, etc. Stop removing the tags when you arrive at the picture of heroin. The students should then visually see that Bob's life was very short, all because of his decision to get involved in drugs and fall deeper into addiction, both of which dramatically truncated his life.
6. Two other teens were affected that night. Bob's best friend, James, almost overdosed, but paramedics arrived in time to save his life. James' girlfriend, Sarah, suffered brain damage, and will have trouble with her speech, walking, and may have to use a wheelchair the rest of her life. Bob's girlfriend, Jessica, refused to get involved with drugs and pleaded with him to get help. But Bob's craving for the drug was more

	important than his relationship with his girlfriend. Jessica was called the next morning and was told that Bob had died of an overdose.
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Processing

-How do you feel right now? What thoughts, feelings, words, or phrases are going through your head after hearing this story?

-This was an imaginary story, but was based on a real-life event. Do you think something like this could happen in your town? Do you think this happens often?

-Although alcohol-related car accidents are the number one cause of death for teens, teen heroin abuse has increased in recent years and in some communities is a major problem.

-How do you feel about Jessica, his girlfriend who refused to become involved with drugs? Do you think you would have made the same decision? Why or why not? Were there any other alternatives to the choice that Bob made? What are some of these possible alternatives?

Follow-Up Activities

1. Communication Skills

Break up into groups of four (if possible: 2 males, 2 females, or change the sex of the main characters. Finish the story, but give it a different ending, based on Bob's decision NOT to do heroin that night and try to get help for his addiction. Pick it up from when Bob says to Jessica, "I'm sick of being messed up on drugs and I'm afraid I'm losing you, my parents, and all my real friends." (minimum of 75 words)

2. Advocacy

Write an article for the school or local newspaper about teens and drug abuse. If possible, interview someone anonymously who has been in rehab and is now clean and can describe what their personal story was like.

3. Hand out the Decision-Making Guide. Have students complete the model and end up with a health-enhancing decision that avoids or reduces risk to health when it comes to getting involved with drugs.

4. Goal setting

List 5 short-term (within the next year) and 5 long-term (lifetime) goals. What impact would being heavily involved with drugs have on those goals?

5. Parent Involvement

Students can discuss the activity in class with parents. Parents write a reaction statement. Included in the statement should be rules and possible consequences about alcohol use, parties where drugs are being used, how to say no (refusal skills), being available to talk with them if they ever have a problem, pick their child up if they do not feel safe, etc.

PALM SPRINGS UNIFIED SCHOOL DISTRICT

**Courageous Parenting 101
Sample Session**

Session 2	<p><i>" We All Have Pain": Emotional Management Principles for Prevention</i></p> <p><i>" We Have to Be Firm": Setting Appropriate Boundaries</i></p>
	<p>Courageous parents teach their child how to manage emotions and build emotional strength.</p> <p>Courageous parents set limits, rules and consequences for their child.</p>
Objectives	<p>The objectives of this session are to help participants:</p> <ul style="list-style-type: none"> • Understand the developmental differences between the adult and adolescent brain • Become aware of the connection between drug use and emotional pain • Become aware of reasons why teens use drugs • Understand ways to help their teen manage stress and other emotions • Become aware of how certain parenting styles lead to enabling

Courage to Speak- Courageous Parenting 101®
Drug Prevention Program for Parents

	<ul style="list-style-type: none"> • Understand the importance of setting and enforcing appropriate expectations and boundaries as key elements to drug prevention • Discuss concepts presented in discussion groups
Materials	<p>Session 2 PowerPoint</p> <p>Projector, screen, power cords</p> <p>Extra pens for note taking</p> <p><u>Parent Resource Handouts:</u></p> <ul style="list-style-type: none"> • Session 2 Group Discussion • Session 2 "We All Have Pain" ~ Emotional Management Principles for Prevention; "We Have to Be Firm" ~ Setting Appropriate Boundaries, Suggested Activities • Recognizing and Responding to Stress • Stress Scale for Youth <p>Extra copies of Session 1 Parent Resource Handouts</p> <p>Business Cards</p> <p>Refreshments (OPTIONAL)</p>
PowerPoint	<p>Let the <i>PowerPoint slides</i> guide you. Each slide of the PowerPoint presentation is to be reviewed with the group.</p> <p>(For training purposes, certain slides have been selected below to provide facilitators with more detailed information, clarification or instruction. Please review these comments before facilitating the session. Not all slides in the PowerPoint Presentation are mentioned in this manual, but all are to be reviewed during the presentation.)</p>

*The Adolescent
Brain* **slide**

Understanding the developmental distinctions between the adolescent brain and adult brain is helpful. While no longer children, teenagers are not yet adults. Parents who are aware of the developmental processes occurring in their teen's brain are better equipped to understand and communicate effectively with their teen. Research shows that yelling instruction at a teenager is less effective than speaking instruction calmly, clearly and firmly. When parents yell at small children, most of them react by crying. They respond in this way because the brain region that processes emotion is what is most developed at the time. Similarly, adolescents rely heavily on the part of the brain that processes emotional response while frontal lobes develop.

Remind parents they are "adults" and responsible for modeling appropriate behavior. Because teen brains are still developing, firm and controlled communication is more productive. After learning about the adolescent brain, parents may commit to better managing their emotions and learning to communicate in a way that works best from them and their teen. For more information on the adolescent brain and its development, review the book, The Mindful Brain, Reflection and Attunement in the Cultivation of Well-Being by Dr. Daniel J Seigel.

*Teens and
Emotional Strain* **slide**

As a result of normal physiological development, all teenagers experience a degree of emotional strain during adolescence. Some teenagers may look to drugs to escape from strong emotions or the difficulties associated with "growing up." Teenagers who have elevated stress and/or minimal emotional management skills are at a higher risk of substance use. From birth, children look to their parents for guidance and as a model for behavior. Parents can teach and model healthy emotional management. But some parents, despite their best intentions, overprotect by dismissing signs of emotional pain in their children's lives, instead of addressing them.

Parents who ignore or dismiss their child's emotional pain and life struggles can hinder their child's development in the long term. Childhood and adolescence are the best times to practice problem-solving, emotional management, and building emotional strength. Parents who help identify and draw out their child's thoughts and feeling through effective communication are in a good position to help their child manage emotions in healthy ways – without using substances.

We All Have Pain
slide

A primary goal of The Courage to Speak® Foundation is to encourage teens to tell a trusted adult about their emotional pain today, so the pain does not manifest into risky behaviors tomorrow. Ginger encourages teens to “find at least three adults in their lives they can say anything to.” Teens should be encouraged to share their emotional pain with a trusted adult. Kids need healthy relationships with other adults besides their parents. Parents can help their teen foster relationships with other trusted adults such as aunts, uncles, coaches, babysitters, youth mentors and youth ministers.

Send the Right
Message **slide**

Introduce this scene as a typical exchange between parent and child. Despite good intentions on the part of the parent, they send an unhealthy message.

Child: I hate school!

Parent: Oh honey, I hate to see you upset. I’m sure things will be better tomorrow – I know just the thing to cheer you up – How about I make your favorite chocolate chip cookies and a thick milkshake?

Say to the group: Can you identify what mistakes this well-intention parent has made?

Tell the group that in this example, the parent sent a message to the child to dismiss their feelings and turn to food and drink to “feel” better, for relief, and “forget their troubles.”

The next scene provides another example:

- **Teen Girl: I can’t figure out these math problems no matter how hard I study! I am so stupid!**
- **Parent: Don’t be ridiculous – you’re not stupid! There is no reason why you shouldn’t do well. Just focus and study harder.**

Say to the group: In this example, the teen learned that her feelings of inferiority and anxiety “are ridiculous” according to her parent, and should be dismissed. Parents have a unique ability to take away stress, or pile it on. In this example, the parent clearly

*Drugs as
Indicators and
Why Kids Use
Drugs slides*

did the latter and piled on stress. Did the conversation between the parent and child result in relief, hope, or further understanding of the situation by the child? No.

Some helpful responses the parent could have made in this example: The parent could have validated the teen's sense of struggle, so at least the teen knew her parent was listening and understood. An additional approach would have been to engage the teen in conversation and ask questions to get more information (was something else going on in another area of the teen's life that was affecting her competence in the class? Is she able to pay attention in class? Can she see the blackboard? Can she understand the teacher? Are students around her distracting her? Is this particular chapter more advanced? etc.)

Once more information is gathered, parents can then model problem-solving techniques and offer ways to help handle the situation (talking with the teacher about it, helping her child with the math problems or getting a private tutor, dropping the course if she is overwhelmed with other hard classes, etc.) If parents truly want open lines of communication with their child, they must take advantage of opportunities when they arise.

If a parent disregards frustration and just continues to push the teen, this could lead to less and less communication between parent and teen, and problems with stress and lower self esteem down the road. Kids need parents to help them problem solve and look for answers to improve situations for today and for the future.

Because some teens have few social and emotional skills to handle problems on their own, they resort to drug use as a way to "manage" their pain, anger, anxiety, etc. Kids, who are depressed or have other clinical disorders, may also look to drugs to alleviate their struggles. Teens generally have a strong need to belong, to be accepted and to be around other teens. Teenagers looking for a social circle to belong to will be accepted by a drug crowd with only one condition – that they use drugs.

Note: Kids who rebel against parents with unhealthy parenting styles may also turn to drug use. Parenting styles will be discussed in the second half of this session.

Courage to Speak- Courageous Parenting 101®
Drug Prevention Program for Parents

<i>Stress, Coping with Stress, & Stress Management slides</i>	<p>Stress is a common trigger for drug use and a common source of relapse for addicts in recovery. Parents can help their teen cope with stress in a variety of ways, including teaching and modeling stress management techniques and healthy problem-solving skills.</p>
<i>Resilient Teens slide</i>	<p>Resilient teens are least likely to use substances. Resilience is the ability of some teens to succeed and even thrive, despite life challenges and obstacles. Characteristics of a resilient teen not only include the ability to cope effectively with stress and everyday challenges, but also to bounce back from adversity and trauma. Resilient teens can solve problems, develop realistic goals, and relate comfortably with others.</p> <p>Modeling and practicing effective communication, emotional management and problem-solving strategies is one component of building resilience in teens. The presence of appropriate limits, boundaries and consequences is another.</p>
<i>Enabling slides</i>	<p>Enabling works against teens building resilience. Enabling parents allow their teen to continue unhealthy behaviors without consequence. Kids who use drugs steal, deal or <u>are enabled</u> to continue their use. Signs of enabling can be found in a variety of parenting styles.</p>
<i>Parenting Styles slides</i>	<p>Before reviewing these slides, ask the parents to listen as you describe each parenting style and see which style, or which aspects of each, they most closely relate to.</p> <p>Note: The Authoritative parenting style is the one style that US researchers have identified to be effective for the majority of teens in reducing substance use and building resilience.</p>
<i>Parents NOT Pals slide</i>	<p>The need for parents to be parents, and not pals, is a central message of this session. Research identifies “parent power” as the most underutilized prevention tool. Courageous parenting requires consistent and active involvement in a teen’s life.</p>

*Healthy
Expectations and
Expectations Work
slides*

Parents, who act as parents and not pals, can greatly reduce their child's risk of smoking, drinking, and using drugs. Parents, not pals, can also counter media influences that portray drug use in a positive light. For more information and research on the effectiveness of "Hands on" parenting, see the 2001 CASA National Survey of American Attitudes on Substance Abuse VI: Teens <http://www.casacolumbia.org/>

According to research, parents who set clear expectations for no use are less likely to have teens that use drugs. Teens report "upsetting their parents" is the number one risk of using drugs. Parents who do not use their power and influence to set clear expectations for their teens are not utilizing all the protective tools at their disposal.

*Recommended
Boundaries slides*

These are the basic boundaries recommended for drug free families:

Curfews vary appropriately by age and region. If parents inquire about acceptable curfew times, while there are exceptions, 12 midnight is generally a good boundary for 12th grade students. Curfews should be early enough that parents are able to stay awake and be awake when the child returns home. It is critical that parents greet their teen when they return home from social events. If parents are not awake, they cannot monitor their teen's behavior. Parents should be encouraged to greet their child, give them a hug and a kiss, and have a conversation. This allows parents to get a close enough look at their eyes (bloodshot?) and smell their breath, clothes and hair for possible scents of alcohol and smoke.

Some parents' initial reaction to this suggestion is that this is "overdoing it." But in reality, this protective measure is where the rubber meets the road for courageous parents working for prevention. If the rule is no alcohol or other drug use, but parents don't follow up with their teen after a night out, the boundaries, limits, and consequences established become meaningless. Some teens attempt to deceive their parents by changing clothes, using mouthwash and eye drops to cover up signs of their drug use. But eventually, teens will forget to use one of these cover up products

*When Teens Break
the Rules* **slide**

and parents who are consistent and persistent in follow-up will be able to pick up on warning signs of use.

Parents should be encouraged to maintain alcohol free events for teenagers in their home and properly monitor these events. Unfortunately, a number of teen parties occur in a secluded section of the house where the parents are not present (i.e. the party is in the basement, while the parents are on the second floor.) Parents are responsible for the safety of all teenagers in their home and should properly prepare for and monitor parties hosted in their home. Liquor and prescription drugs should be made inaccessible (removed from party areas and locked in tamperproof cabinets) and parents should frequently walk into the location where teenagers are located.

At the very least, every 15 – 20 minutes, parents can refill baskets of pretzels or potato chips, refill containers of soda, refill ice buckets and place trash into trash bags to monitor the party. The more teenagers at a party, the more chaperones will be needed.

Teen drug use is at the top of the danger scale for risky behaviors. Therefore, consequences for drug use should be far greater than consequences for when the child forgets to take out the trash or breaks curfew. It is helpful for teens to know (generally) what the consequences will be if they break the rules. Teens that are able to conceptualize and understand possible consequences of their decisions in advance make better decisions. Encourage parents to think about what consequences would result if their child breaks the no substance use rule and/or attends a party where alcohol is being served.

If the consequence or discipline is too lax, it will not deter a teen from making poor choices. Teens sent "to their room" where TV, video games, and the Internet await is hardly punishment. Discipline is effective if it involves an area your child values and is consistent, but doesn't break the child's spirit. Effective consequences also involve a form of punishment that allows teens to reflect on their poor decision(s) and behavior(s) and decide not to do them again. A child in their room playing video games is not thinking about poor decisions.

<p>For most teenagers, reflection won't happen on its own – active communication and dialogue with parents or other adults is always needed during the discipline process.</p> <p>How do teens respond to discipline? What works and what doesn't work? All children are unique and have different temperaments. As a result, they will respond differently to discipline approaches. Children in the same household may require different discipline strategies. For more information on discipline and discipline strategies review:</p> <p><u>Setting Limits with Your Strong Willed Child: Eliminating Conflict by Establishing Clear, Firm and Respectful Boundaries</u> by Robert J. MacKenzie Ed. D</p> <p><u>The New Strong-Willed Child</u>, but Dr J. Dobson.</p> <p>Read the <i>Suggested Activities</i> slides to the participants and direct them to the "Session 2: We All Have Pain" ~ Emotional Management Principles for Prevention, "We Have to Be Firm" ~ Setting Appropriate Boundaries, Suggested Activities handout in their parent resources. This handout contains a list of suggested activities to help parents become more involved in prevention at home through setting expectations, boundaries & appropriate consequences. Challenge parents to complete these activities.</p> <p>Briefly list the other resource handouts distributed for this session (Recognizing and Responding to Stress and Stress Scale for Youth)</p> <p>Recognizing and Responding to Stress handout: Briefly explain this resource is a tip sheet for parents that lists healthy ways they can manage stress and model and assist their teen in doing the same.</p>	<p><i>Suggested Activities</i> slide</p> <p>Recognizing and Responding to Stress</p>
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	<p>Stress Scale for Youth handout: This scale is a tool that parents can offer their teen. It helps teens recognize potential causes of stress and opens the door for discussion about the benefits of utilizing stress management techniques. Teens that rank as "overstressed" on the scale may benefit from an appointment with a school social worker or private counselor.</p>
Break	<p>Announce the group will take a short break and then regroup for the Discussion group portion of the session. Ask participants to form groups of 6-8 people according to their child's grade level. For example, parents with 8th grade children should form a group(s); parents with 9th grade children should form a group(s), etc.</p>
Discussion Groups	<p>State that for the remainder of the session, we will be working in discussion groups. Ask participants to turn their attention to the "Session 2, Group Discussion" handout. Note that groups will be working together to discuss the questions listed. While there are 9 questions to discuss, it is not necessary to finish all questions within the time allotted. Any questions left unaddressed can be considered individually outside of the group.</p>
Discussion Groups Time Check	<p>Give the group a five minute warning before the discussion group time has elapsed –Ask groups to begin to wrap up their discussions.</p>
Close Session	<p>Announce that time is up and you would like the group's attention. Comment positively about the group discussion time.</p> <p>Remind participants to complete the suggested activities in their resource handouts.</p> <p>Thank participants for coming, and state you look forward to seeing them next time at (time/location) for Session 3, when we'll discuss communication strategies and how to effectively communicate the dangers of drugs to teens.</p> <p>Remind participants they can contact you via email or phone with questions.</p>

**After the
Session**

Be available to address participant comments, questions and/or concerns.

Ensure the venue is in the same condition as when you arrived, equipment is properly stored, doors are locked, etc.

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Curriculum Evaluations

duBay Horton Associates

The Consultation Center at Yale School of Medicine



Courage to Speak Foundation
Saving Lives by Empowering Youth to be Drug Free

The Courage to Speak® Drug Prevention Curriculum for Grades 4-7
Based on the Book Sunny's Story written by Ginger Katz

The Courage to Speak® Foundation, Inc. contracted The Consultation Center at Yale School of Medicine to evaluate the *Courage to Speak® Drug Prevention Curriculum for Grades 4-7* implemented in eight Bridgeport, CT public schools, taught by regular classroom teachers to all 6th grade students as part of the core curriculum during reading, writing, science, or art. The evaluation used a quasi-experimental research design in which program participants were assessed at 3 time-points over the course of the school year.

Key Findings

- The findings suggest that the Curriculum was effective at increasing knowledge and perceptions of harm regarding alcohol, tobacco, and other drugs.
- The Curriculum appeared to have a significant effect on parental communication about alcohol and tobacco and showed additional improvements in parental communication about all substances.
- The Curriculum appeared to have a potentially positive effect on perception of support from non-parental adults and peer influence.
- The findings suggest that the curriculum had potentially beneficial effects on increasing intent to avoid alcohol, tobacco, or other drugs.
- The Curriculum showed a positive effect on refusal skills (i.e., ability to say no to friends, family if offered alcohol or cigarettes).

Among the recommendations, The Courage to Speak® Foundation is encouraged to build on its very successful history of implementing *Courageous Parenting 101®* in Bridgeport by providing the parent program to the parents/caregivers of the 6th grade youth who receive the Curriculum, because effective prevention programs typically are comprised of multiple program components, such as youth and family, peer, school, community interventions.

The findings highlight the potential for the program to impact critical youth and family factors that can be protective at reducing rates of substance use over time. In particular, it appears to improve parent-child communication about alcohol and other substances, and youth involved in the program generally showed improvements in knowledge and perception of risks for substance use. Other key domains such as refusal skills, intent to avoid substances, and perception of positive adult and peer influences were suggestive of positive effects that the program can choose to build upon by emphasizing these protective factors that are related to the desired outcomes.



THE COURAGE TO SPEAK® FOUNDATION

Saving Lives by Empowering Youth to be Drug Free

Ginger Katz, CEO and Founder

Evaluation: The Courage to Speak Foundation, Inc. Courageous Parenting 101® Curriculum

The Courage to Speak Foundation, Inc. contracted with staff at The Consultation Center at Yale School of Medicine to evaluate the Courageous Parenting 101® Curriculum. The Courageous Parenting 101 Curriculum is a five-session substance abuse education and prevention course for parents of youth in upper elementary, middle, and high school. The course covers teen drug use trends and party culture; drug and alcohol abuse, addiction and its physiological consequences; protective, psychological and developmental guidance to help reduce the risk of substance use; dangers of enabling and hands-off parenting; the adolescent brain, why kids use, communication and listening strategies; warning signs; the power of denial; practical steps if use or abuse is suspected; sources of help, and how to access treatment.

For purposes of this evaluation, the Courageous Parenting 101 curriculum was delivered by 10 trained facilitators in nine sites/locations in Connecticut and in New York from January 5, 2010 to October 12, 2010. The evaluation used a pre-posttest evaluation design in which program participants were assessed immediately before receiving the intervention and then at the end of session 4 of the 5-session intervention. A member of the university-based evaluation team administered surveys at pre- and posttest with the assistance of the Courage to Speak Foundation, Inc. staff.

A total of 118 parents from nine different locations in Connecticut and New York completed baseline evaluation surveys. Curriculum participants were on average 46 years of age, predominately women (82.1%) and Caucasian (87.2%), and on average had 2 children. After matching surveys at pretest and posttest based on a unique identifier created by parents, 66 were identified and used in all analyses. Of the 66 parents, most were women (80%), Caucasian (91%), and well-educated. Parents had a mean age of 45 years and about 2.5 children.

Key Findings

- Parents reported a statistically significant increase from pretest to posttest in general communication with their children (i.e., satisfaction with how they talk with their children, how often their children would talk to them about problems in school if problems existed, their ability to generate solutions with their child when they do discuss problems, how often they really listen to their children).
- Parents reported a statistically significant increase in the number of times they communicated in the last month with their children about other drugs (e.g., marijuana) from pretest to posttest, but not about alcohol and tobacco.
- There was a statistically significant pretest to posttest increase in parents who reported talking with their partner about rules for youth smoking cigarettes, but not for partner communication about drinking alcohol or other drugs.
- Parents reported a statistically significant increase in their knowledge about their children's lives from pretest to posttest.
- Parents reported increases in boundaries related to alcohol, tobacco, and other drugs for their children, from pretest to posttest, but the increase was not statistically significant.
- Parents' confidence that they could intervene with respect to alcohol, tobacco, and other drugs (e.g., prevent their children from trying alcohol, tobacco, and other drugs) significantly increased over time.
- Parents were knowledgeable about risks (e.g., using drugs at a young age is risky because the brain is still developing) associated with adolescent alcohol, tobacco, and other drugs and this knowledge increased over time; although none of these changes reached statistical significance.
- On average, parents reported that they were fairly confident in their knowledge of alcohol, tobacco, and other drugs, and they showed a statistically significant increase in their knowledge and ability to recognize warning signs from pretest to posttest.
- Parents felt that youth had roughly two adults other than them that youth could speak to if they had a problem. Parents also generally felt that they had relationships with the parents of their children's friends and that they would tell those parents if their child was using alcohol, tobacco, and other drugs.



Sunny's Story Curriculum Evaluation Outcomes

The Courage to Speak Foundation hired an external evaluation team (duBay Horton Associates, dHA) to evaluate three of their multi-session curricula in the Summer of 2008. Each of the three evaluation efforts included pre/post surveys of participants developed by dHA staff in collaboration with CTS staff and with technical assistance from Shai Fuxman¹. The team reviewed numerous theories of behavior change and determined that the Courage to Speak programs were best captured in the Protection Motivation Theory² description of behavior change. Each of the three programs evaluated seek to reduce adolescent use of alcohol, tobacco, and other drugs by increasing knowledge and understanding of risks of use, getting participants to personalize the risks of use, and to believe that they have the skills to take core steps required to reduce use. Survey tools were designed to capture progress on these factors. There were 250 students whose questionnaires could be matched pre to post.

The findings of this evaluation strongly suggest that the use of the *Sunny's Story* curriculum in 4th – 8th grade classrooms results in increased student understanding of the risk of use of ATOD, increased ability to personalize that risk, and increased coping strategies and assets to avoid use of ATOD. There were statistically significant findings in each of these areas. Given the cost-effectiveness and ease of implementation for schools, this evaluation both demonstrates the program's effectiveness and the need for more rigorous evaluation efforts to follow. What is clear from this modest effort is that the program is effective at changing attitudes for 4th – 8th graders.

¹ Shai Fuxman is the technical assistance provider aiding Courage to Speak Foundation as part of their Service to Science designation. This designation is awarded to promising programs by the Substance Abuse and Mental Health Services Administration (SAMHSA) after nomination by their state department of mental health and addiction services or other local leaders.

² Maddux, JE & Rogers, RW (1983) Protection Motivation Theory and self-efficacy: a revised theory of fear appeals and attitude change. *Journal of Experimental Social Psychology*, 19, 469-479.

Key findings include:

1. Participants are better able to assess the dangers of substance use

Four questions assessed change in the students' perceptions of the dangers of substance use. Of the four two showed statistical significance, the third was close and each moved in the right direction.

2. Participants are better able to personalize the dangers of substance use

Three questions addressed whether students had personalized the dangers of substance use and each of these demonstrated statistically significant changes. Four questions touched on the dangers of substance abuse and the potential roles of unhelpful friends. Each of these changes was statistically significant ($p < .01$ ³).

3. Participants are better able to understand and personalize coping strategies

Four questions asked about understanding and personalizing coping strategies. Movement along this factor showed the least progress between pre and post – with three of the four not showing statistical significant change in the right direction. This result calls for further investigation and review of the curriculum's handling of this area, given the strong positive effects of the other areas. Those questions that related to friends and friend choice showed statistically significant change in the right direction. The three questions on communication with adults also had strong positive change with statistical significance.

These strong positive findings indicate the effectiveness of this intervention. Future evaluation efforts should include a control group for comparison and to strengthen the analysis.

³ Note: any changes $< .05$ are considered statistically significant – a p value $< .01$ is an enormously positive finding – meaning that the chances of the change demonstrated having occurred by chance (rather than because of the intervention given) is very, very small.



Courage to Speak - Courageous Parenting 101[®] Program Evaluation Findings

The Courage to Speak Foundation hired an external evaluation team (duBay Horton Associates, dHA LLC) to evaluate three of their multi-session curricula in the Summer of 2008. Each of the three evaluation efforts included pre/post surveys of participants developed by dHA staff in collaboration with the Courage to Speak Foundation staff and with technical assistance from the US Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)¹. The team reviewed numerous theories of behavior change and determined that the Courage to Speak programs were best captured in the Protection Motivation Theory² description of behavior change. Each of the three programs evaluated seek to reduce adolescent use of alcohol, tobacco, and other drugs by increasing knowledge and understanding of risks of use, getting participants to personalize the risks of use, and to believe that they have the skills to take core steps required to reduce use. Pre/Post survey tools were designed to capture progress on these factors. The *Courageous Parenting 101[®]* curriculum generated enormously positive findings among those participants who completed both the pre and post intervention surveys. There were 198 pre tests for the parents in *Courage to Speak - Courageous Parenting 101[®]*. Of the 198, we have post tests for 120. Overall, that's a follow-up rate of 61%. Though those lost to follow up were more likely to have children that they reported drank, smoke, or had tried marijuana among those who could be matched at post those with these issues had greater change (see below).

There were significant changes in parents regularly talking with their own children about use of alcohol, tobacco and other drugs. There were questions on how often parents had spoken with their child about alcohol, tobacco, and other drugs (ATOD). In all three cases the frequency of conversations increased with statistical significance. ($p < .01$)³

¹ CSAP is the technical assistance provider aiding the Courage to Speak Foundation as part of their Service to Science designation. This designation is awarded to promising programs by the SAMHSA after nomination by the State Department of Mental Health and Addiction Services.

² Maddux, JE & Rogers, RW (1983) Protection Motivation Theory and self-efficacy: a revised theory of fear appeals and attitude change. *Journal of Experimental Social Psychology*, 19, 469-479.

³ Note: any changes $< .05$ are considered statistically significant – a p value $< .01$ is an enormously positive finding – meaning that the chances of the change demonstrated having occurred by chance (rather than because of the intervention given) is very, very small.

Parents not only reported increased frequency of conversations but also having set clear rules and expectations with their children related to use of alcohol, tobacco and other drugs (ATOD). This has been demonstrated to be an effective way to reduce drug and alcohol use among children. In local evaluation efforts it has been the single greatest predictor of drug and alcohol use among teens.⁴ *Courageous Parenting 101*® demonstrated statistically significant improvement in two of the four specific measures. (In the last 30 days have you talked with your child about specific things to do to stay away from ATOD, substance use in the media – both $p<.01$) The other two came close to achieving statistically significant change as well. (In the last 30 days have you talked with your child about family rules of expectations related to ATOD, people you know who have gotten into trouble with ATOD – both $p=.06$)

There was an increased willingness to talk to other parents about their children's suspected ATOD use. While these changes did not reach statistical significance there was positive change noted. Parents also showed a change in willingness to talk to *other* parents if they suspected another family's child was using substances. The number of parents who answered "probably not"—while admittedly small to begin with—disappeared to virtually nothing for alcohol and drugs. At the same time the number of parents who answered "definitely" went up a lot, especially for the use of other drugs. By the time the parents took the post test, three-quarters said they would definitely tell another parent that his or her child was using (other) drugs.

All participants demonstrated increased confidence in knowing how to deal with alcohol, tobacco and other drug use among their children. On a 6-point scale on their confidence in recognizing and address substance use in their children parents grew from pre to post with significance. ($p<.01$) Parents also showed significant increases in how confident they felt on a variety of measures having to do with recognizing and managing substance use issues with their families and in their community. These two scales combined showed pre/post change significant to .01. These scores increased dramatically pre to post and show significance in each of them and when measured as scales. This is an enormously positive outcome and demonstrates the effectiveness of the program at giving parents the skills to address substance use with their children.

⁴ Trumbull Partnership Against Underage Drinking, 2006 Assessment of Underage Drinking In Trumbull CT, and 2007 RYASAP Administration of Search Institute Survey (SIS) results of both available at dHAssoc.net – past projects page.

The evaluation results also demonstrate positive, though not statistically significant change in parents willingness to talk with other parents about their suspected use by the other parents children of alcohol tobacco or other drugs. This is a complex issue but is a core of the Courage to Speak Foundation community change model. By encouraging parents, teachers, police and others to speak out, rather than to cover, ignore or enable, use of alcohol and other drugs the program seeks to change the community norms. While the changes demonstrated are enormously positive they do not show statistically significant change pre to post.

The flexibility of the curricula and both the difficulty in keeping parents who suspected drug use in their children in it but its enormously positive effect on less engaged parents calls for its expansion into settings that facilitate “less engaged” parents full participation. If indeed it has these enormously positive effects on those parents and their children it would prove a cost-effective alternative for children at-risk. Longitudinal evaluation efforts – which include analysis of outcomes in children (e.g. long-term drug use or avoidance) would also prove enormously helpful in the future.