

---

## Executive Summary

**A**lmost half of America's youth aged 10 to 17 are estimated to abuse alcohol and other substances, fail in school, commit crimes, or engage in early unprotected intercourse. Yet some youth who face many risks are remarkably resilient. They do well despite the odds. Karen Bogenschneider of the University of Wisconsin-Madison and Extension describes two promising models for preventing problems and promoting resiliency in youth.

The risk model suggests that human development is influenced by a myriad of risk factors that occur within individuals, families, peer groups, schools, and communities. We know that risk factors such as problems at home and negative peer pressure at school put a child in jeopardy. The more risk factors, the greater the danger. The protective model focuses on factors that help kids overcome even glaring disadvantages such as mental illness, parental neglect or abuse, poverty, or war. Positive influences such as good social skills or a close relationship can protect these youth from risk. To prevent youth problems and promote resiliency, Bogenschneider proposes a risk/protective model that focuses on both reducing risk factors and enhancing protective factors. Almost 30 scientifically substantiated risk and protective factors are summarized in the paper.

In recent years, we have learned that certain types of programs don't work: providing "information only"; relying on scare tactics; building self-esteem; teaching values clarification or decision making skills to children too young; and bringing together high-risk kids, which actually worsens behavior. Based on the risk/protective model, several implications are drawn for policymakers: focus on proven risk and protective processes, develop comprehensive approaches, involve parents for long-term success, invest in programs with evidence of effectiveness, intervene early and continuously, and build on supports that already exist within communities. Below is a description of three effective prevention programs that have incorporated concepts of a risk/protective model.

Tena St. Pierre of The Pennsylvania State University describes an evaluation of three similar community-based programs that operate through local Boys & Girls Clubs. The programs were targeted at high-risk, racially mixed youth, mostly aged 10 to 12, in neighborhoods with high crime rates and drug use. Many of the parents of these youth experienced high levels of stress in their lives; were socially isolated; had few friends; and had no phone, transportation, or job.

The first program, Prevention Only, offers a developmentally appropriate curriculum aimed at teaching youth social and personal competence skills, drug resistance strategies, and techniques for serving as positive role models. A second program, called Prevention Plus, incorporated the same curriculum and also

added monthly youth activities, such as holiday parties, cooking classes, and group outings. The third program, called FAN Club, similar to Prevention Plus, involved parents in such activities as regularly scheduled social activities, educational enrichment, support with daily life or crises, and leadership opportunities.

For the evaluation, youth who participated in each of these groups were compared with a control group that participated in regular Boys & Girls Club activities, but did not receive any additional treatment. Drug knowledge was significantly greater in all program groups than in the control group. Youth who participated in the FAN Club, which included parent involvement, reported an increased ability to refuse alcohol and marijuana, compared with the control group, which received no treatment. Thus, targeting only youth in drug prevention programs has a positive impact, but involving parents together with youth is even more effective. The parent involvement FAN Club is one of six drug prevention programs recommended by the Center for Substance Abuse Prevention.

The findings suggest that local community organizations such as Boys & Girls Clubs, 4-H, Scouts, YMCAs, and YWCAs hold promise for helping youth resist the pressures to use drugs. Their positive reputations, enticing youth activities, flexibility, and unthreatening atmosphere are thought to make these organizations ideal for programming with high-risk youth and families. For example, youth who were experiencing discipline problems at school were often well behaved and cooperative with staff in club activities. Parents did not feel threatened by these clubs as they did by such other community organizations as the housing authority; the welfare or juvenile-justice systems; or the schools, where interactions frequently were related to complaints about their children.

David Andrews of The Ohio State University describes the Adolescent Transitions Program (ATP), which has been featured by the National Institute of Drug Abuse as an effective program for preventing juvenile crime among high-risk youth and families. Sixth graders were taught how to self-regulate behavior, develop prosocial peers, set limits, and solve problems. Once a week for 12 weeks, parents practiced problem solving, communication, limit setting, supervision, and discipline. Researchers evaluated the effectiveness of the program for just parents, just teens, a combination of parents and teens, and a control group.

The parent-only training was effective in improving parent-child relationships, reducing aggressive behavior, and reducing teen smoking and marijuana use. Providing training for parents and teens showed no effects. Surprisingly, the teen-only group actually reported more smoking and worse school behavior than the control group. Apparently, bringing high-risk youth together reinforced problem behaviors. The parent focus was the best intervention strategy for producing positive outcomes.

Martha Farrell Erickson describes Project STEEP, recognized by both the Child Welfare League of America and the Centers for Disease Control for promoting healthy parent-infant relationships. Based on studies of resiliency, the single most

important factor accounting for good outcomes in children who face risks is a secure relationship with one caring supportive adult. During the participants' second trimester of pregnancy, the STEEP program begins both home visits and group sessions, which continue until the baby is a year old. Mothers are taught about infant development, basic child care, and how to be more sensitive to the baby's needs. Compared with nonparticipants, mothers who participated fully in STEEP had more appropriate play materials in their homes, were more responsive, and scored higher on the quality of the home environment. STEEP mothers also reported more social support and less depression than nonparticipants. Such findings demonstrate the effectiveness of prevention programs that begin early to improve parent-child relationships and provide social support for new parents.