CONTINUING EDUCATION (CE) COURSE MATERIAL
Course No. CE1201P4 – Prevention and Education: Effective Youth Programs

COURSE OBJECTIVE

An examination of effective youth prevention programs, with the focus on the primary (distinct from the secondary) prevention of alcohol and other drug use among youth.

COURSE MATERIAL

pre·vent (pri-'vent) : to keep from happening, to prohibit or hamper.[1]

"Prevent" is what a successful youth prevention program will do to keep alcohol or other drug use from happening, or hamper or delay the onset of such use. While there is no single definition of prevention there is general agreement among prevention practitioners on the overall goal of prevention.[2] It is to foster a climate in which:

- Alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal;
- Prescription and over-the-counter drugs are used only for the purpose for which they were intended;
- Other abusable substances (e.g., gasoline or aerosols) are used only for their intended purposes;
- Illegal drugs and tobacco are not used at all.

Prevention is an interrelated continuum of services that includes intervention and treatment, often referred to as secondary and tertiary prevention.

The focus will be on the primary prevention of alcohol and other drug use among youth will be addressed. For the purpose of this paper primary prevention method is defined as the effort to prevent the use of or the delay of initial onset of alcohol and other drug use. In contrast, secondary prevention is concerned with the early detection and reduction of alcohol, tobacco, and other drug problems once they have begun, and tertiary prevention is concerned with preventing further deterioration and reducing problems associated with the specific disorder or disease.[3]

Experimentation with a wide variety of substances for many adolescents appears to have become an integral part of the coming of age in America.[4] Unfortunately, early experimentation, often leads to regular use for many individuals. To prevent or delay the onset of initial use we need to look at what are some of the factors that increase the risk of becoming involved with alcohol and drugs.

Studies over the past two decades have tried to determine the origins and pathways of drug abuse-how the problems starts and how it progresses.[5] Several factors have been identified that differentiate those who use drugs from those who do not.

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[1] Definition, Webster Pocket Dictionary 2002.
[2] Prevention Primer, DHHS publication NOSMA 94-2060.
[3] A Promising Future: Alcohol and Other Drug Problem Prevention Services, CSAP.
[4] www.drugabuse.gov/pdf/monographs/47.pdf, Botwin, Gilbert J. PHD.
[5] National Institute On Drug Abuse Publication No. 97-4212.

Throughout history there have been many prevention programs, and it has been proven over the years that many of them have not been successful. Prevention material and programs had been designed around the use or abuse of alcohol and drug. The ATOD was the focal point and the program focused on the substance and not the individual who was involved in alcohol and drug. This could be one of the reasons that most prevention has not been successful.

In order to effect and make change in prevention, we need to take a different approach and focus on the individual and design programs that fit their needs. However two hopeful trends have been occurring. Over the last decade there has been a substantial amount of research and demonstrative projects and evaluations that have lead to the development of theories "best practices" and "promising approaches to prevention.

Prevention approaches have been categorized in three different areas

- **Universal programs** reach the general population-such as all students in a school.[6]
- **Selective programs** target groups at risk or subsets of the general population-such as children of drug users or poor school achievers.
- **Indicated programs** are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors.

Through research, the following are three programs that have been deemed "Promising Practice" or "Best practice".

The Development Assets Approach, which at this time is only being, viewed as a "promising approach" and not a "best practice" by the Center for the Application of Substance Abuse technologies.

Search Institute first introduced the developmental asset framework and terminology in 1990 through report titled "*The Troubled Journey: A Portrait of 6th-12th Grade Youth"*, at that time, the survey identified and measured 30 developmental assets.

Over the next several years they continued to review the research as conduct studies. In an effort to learn about the development assets, risk taken and they way youth thrive, they conducted surveys with over 350,000 6th-12th graders in more than 600 communities between 1990 and 1995. To learn about the developmental assets they experienced, the risks they took, the deficits they had to overcome, and the ways they thrived.

They also conducted numerous informal discussions and focus groups, in particular to better understand the developmental realities of youth of color and youth in distressed communities. Through all the focus groups and studies in 1996 the Search Institute revised the developmental assets framework into its current form, a model of 40 developmental assets. The 40 development assets are divided into external and internal assets. The external assets are defined as the relationships and opportunities that are provided to young people, such as; family support, caring neighborhood, caring school climate, services to others, high expectations creative activities and religious community are a few of the external assets that can lead to the prevention of alcohol and other drugs.

[6] http://www.drugs.indiana.edu/prevention/assets/home.html

The internal assets are skills and values that youth develop to guide them such as; school engagement, achievement motivation, integrity, interpersonal competence, resistance skills and sense of purpose.

The Developmental Asset prevention model focuses on an individuals strengths and assets and does not focus on the individual weakness. This approach is preventive at its core, by building on strengths and by increasing the assets that have been found to be associated with healthy, caring, and responsible people. [7]It is believed that this approach is a promising preventive approach because, although data indicates an association between the presence of assets and the absence of substance abuse, research has not yet conclusively show that increasing assets reduces or delays substance abuse.

Another promising approach is considered *The Resiliency Approach,*[8] which stems from research into young people from troubled backgrounds who later learned to bounce back when the odds were stacked against. In 1955 Emmy Werner began research by studying children born on Kauai, Hawaii. She identified several environment factors that fostered resilience in kids. She identified the following areas:

- The age of the parent of the opposite sex (younger mothers for resilient boys, older fathers for resilient girls)
- The number of children in the family (four or fewer)
- Spacing between children (two years or more was best)
- The number and type of people available to help the mother rear the children (such as grandparents, aunts, uncles)
- Steady employment for the mother, especially if she was a single mother
- The availability of a sibling as a caretaker in childhood
- The presence of multigenerational network of friends, teachers, and relative during adolescence.
- Church attendance

The resiliency approach is not considered a best practice for designing and implementing an effective prevention program. This framework is promising but inconclusive. This study needs to be further researched across cultures.

Research over the last 20 years has helped to identify many factors that put young people at risk for becoming involved with alcohol and drugs, or that protected them from becoming involved.

Factors associated with greater potential for drug use are called “risk” factors, and those associated with reduced potential for such user are called “protective” factors.

[7] Western Region Center for the Application of Prevention Technologies
[8] Western Region Center for the Application of Prevention Technologies

The research conducted by the National Institute on Drug Abuse has revealed that there are numerous factors that put a person at risk for drug use. (For this paper when we speak of drug use, we are including alcohol). Each risk factor effects the psychological and social development of our youth.

The Risk and Protective Factors is a scientific based prevention focus, which is based on the work of J. David Hawkins, Ph.D., and Richard F. Catalano, PhD along with a research team at the University of Washington in Seattle. These researchers began a 30-year study of youth who were involved with alcohol and other drugs and who were involved with the juvenile justice system. During this research they identified factors that increased the youths chances of being involved with drugs and the juvenile delinquency. The following factors are:

Community Risk Factors [9]

Availability of Drugs: The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk.

Community Laws and Norms Favorable toward Drug Use; Community norms-the attitudes and policies a community holds about drug use and crime – are communicated in a variety of ways; through laws and written policies, thorough informal social practices through the expectations parents and other members of the community have of young people.

Transitions and Mobility: Even normal school transition predicts increases in problems behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior and delinquency result. When communities are characterized by frequent nonscheduled transition rate, there is an increase in problem behaviors. Communities with high rates of mobility appear to be linked to an increase risk of drug and crime problems.

Low Neighborhood Attachment and Community Disorganization; Higher rates of drug problems, juvenile delinquency and violence occur in communities or neighborhoods where people have little attachment. The less homogeneous a community is in terms of race, class and religion, the less connected its residents may feel to the overall community and the more difficult it is to establish clear community goals and identity.

Extreme Economic Deprivation; Children who live in deteriorating and crime ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout an violence. Children who live in these areas and have behavior and adjustment problems early in life – are also more likely to have problems with drugs later on.

Family Risk Factors

Family History of the Problem Behavior: If children are raised in a family with history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases.

Family Management Problems: This risk factor has been shown to increase the risk of drug use, delinquency, teen pregnancy, school dropout and violence. Poor family management

[9] Western Region Center for Application of Prevention Technologies

practices include lack of clear expectations for behavior, failure of parents to monitor their children and excessively severe or inconsistent punishment.

Family Conflict: Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between families members appear to be more important that family structure. Domestic violence in families increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

Parental attitudes and Involvement in Drug Use, Crime and Violence: Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behaviors of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young persons using marijuana. Furthermore, in families where parents involve children in their own drug or alcohol behavior there is an increased likelihood those children will become drug abusers in adolescence.

School Risk Factors

Early and Persistent Antisocial Behavior; Boys who are aggressive in grades K-3 are at high risk of substance abuse and juvenile delinquency. This risk factor includes persistent antisocial behavior, skipping school and getting in fights with other children, these students are at higher risk for substance abuse.

Academic Failure Beginning in Elementary School: Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, and pregnancy and school dropout. It appears that the experience of failure – not necessarily ability increases the risk of substance abuse.

Lack of commitment to school: Low commitment to school means the young person has ceased to see the role of student as a viable one. Many young people who have lost this commitment to school are at higher risk for substance abuse.

Individual/Peer Risk Factors

Alienation/Rebelliousness: Young people, who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk for drug abuse.

Friends who Engage in the Problem Behavior: Young people who associate with peers who engage in problems behavior are more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

Favorable Attitudes Toward the Problem Behavior: During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Earlier Initiation of Problems Behavior: The earlier young people begin using drugs, committing crimes, engaging in violent behavior, the greater the likelihood that they will have problems with these behaviors later on.

Constitutional Factors: Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation seeking, low harm-avoidance and lack of impulse control. These factors appear to increase the risk of young people abusing drugs.

The primary focus of substance abuse prevention is to reduce substance use. One single risk factor does not necessarily condemn a youth to a life of abuse and addiction, however multiple risk factors greatly increases the chances of involvement with alcohol and other drugs.

In an effort to provide primary prevention tools to prevent or delay the initial onset of alcohol and other drug use among use, you must work with youth at the level where they are. You must access the youth's risk factors. In addition to accessing the risk factors you must also access the protective factors. The following risk factors are also a component of the research based on the work of J. David Hawkins and his research team.

Individual Characteristics [10]

Research has identified four individual characteristics as protective factors. Children are born with the following characteristics and these characteristics are difficult to change; gender, a resilient temperament, a positive social orientation and intelligence. Intelligence, however, does not protect against substance abuse.

Bonding

Children may have many risk factors, but bonding makes up for many other disadvantages caused by such risk factors. Children who form a bond and an attachment to their families, schools, friends and community and have set goals and are committed to achieving goals, which are valued by his support group, are less likely to develop problems in adolescence.

Healthy Beliefs and Clear Standards

Adolescents thrive when they have set boundaries, beliefs, and clear standards. When youth know what the standards are and the consistent consequences for breaking the standards they are more likely to follow the standards.

National Institute on Drug Abuse (NIDA) has identified important principals for an effective prevention program.[11] The principals are programs in the family, school, and community. NIDA-supported researchers have tested these principles in long-term drug abuse prevention programs and have found them to be effective.

The most effective and the Best Practice program found by NIDA is the Risk and Protective Factors.

In an effort to provide effective prevention program and to increase the skills of an effective prevention counselor we interviewed a few young people who are currently involved with alcohol

[10] Western Region Center for the Application of Prevention Technologies
[11] www.drugabuse.gov

and drugs, youth who have used in the past and youth who have never been involved with alcohol and other drugs.

I spoke with three youth who had never been involved with alcohol and drugs, or who may have had their first drink of alcohol at the age of 18, and at the age of 21-22 only may drink on rare occasions.

These youth appear to fit in the resiliency approach.

- 2 of the male youth came from homes where their mother was a young mother
- All three mothers had steady employment
- All three youth attended Church on a regular basis
- 2 of the youth had an older sibling who helped with childcare
- 2 of the youth had grandparents, aunts or uncles to assist the mother
- The number of children in all families were three or more

These youth appeared to fit in the resiliency approach more, but after further review of the approach, these youth did not fit into this model because this model focuses on youth who come from troubled background. These three youth did not come from troubled backgrounds therefore they did not have to learn to bounce back when the odds were stacked against them.

These youth could have easily also fit into the *Developmental Assets Approach*. These youth had the external and internal assets as follows:

- Parent involvement in schooling
- Family support
- With there church affiliation, they provided services to others
- Clear family boundaries
- Positive peer influence
- Religious community
- Bonding to school, each of these three youth were involved in extracurricular activities at school
- Each appeared to be very caring with high integrity
- Great resistance skills
- Positive view of personal future, even though each of these youth were told by their school counselor that they would not be able to achieve the goals they had set for themselves.

These youth had high protective factors and low risk factors; they

- There were drugs in the community but it was not as readily available as in other high-risk communities. There were drugs at their respective schools, but they were not as exposed to them.
- They were attached to their neighborhood due to their affiliation with the community church.
- Limited Family Management Problems
- They were not economically depraved, they did not live in crime ridden neighborhoods or extreme poverty
- Their parents had a strong no use attitude regarding alcohol, drugs and tobacco
- 2 of the three youth were honor roll students
- They did not affiliate with youth who were involved with problems behavior

These youth had healthy beliefs and clear standards, along with positive bonding. They appeared to have the four individual characteristics research identified as protective factors. These are factors that children are born with and are hard to change:

- Gender
- A resilient temperament
- Positive social orientation
- Intelligence

According to research, these youth had the characteristics to fit within the Risk and Protective factors for reduction of drugs.

The following 2 youth are youth who had been involved with drugs, they actually abused drugs, but did not progress to addiction

One youth came from a family who had a history of mental illness, but not drug abuse, while the other youth came from a home where drug abuse was prevalent.

According to the *Resiliency Approach* these youth met the following criteria:

- One mother was young single mother; the other youth came from a two-parent family.
- Both youth came from a family with less than four children
- One of the youth's sibling was less than 2 years apart
- Both youth had extended family for support
- Neither mother had steady employment
- There was no sibling as a caretaker
- There was extensive church attendance for one youth, the father was a preacher, while the other youth had not church attendance

These youth appear to meet this promising approach, because both you come very adverse backgrounds with use of drugs and mental illness. Both of these youth tried drugs, abused drugs, but bounced back when the odds were stacked against them.

After review of assessments and observation of the following 6 youth, I found similarity as follows;

- Chaotic home environments; parents were involved themselves with alcohol and other drugs, of suffering from a mental illness, or so involved in work that they did not have time for parenting.
- Lack of and ineffective parenting skills; these children lacked respect for their parents,
- No parental involvement in youth treatment or recovery program
- Suspended or expelled from mainstream school
- Failure in school performance
- Low to no community attachment, the youth were not attached to their neighborhood or community or did not feel safe in that environment.
- One area these students did not all have in common was economics. 2 of the youth come from families with 2 working parents with government jobs, 1 youth from low income and the other middle class family.

- Friends, who engage in problem behavior, these youth's friends typically were other youth who were involved with alcohol and other drugs, expelled from school, on probation or had other behavioral issues.
- These youth first began using drugs or alcohol prior to age 13

With the following similarities with the above youth, they appear to fit into the best practice model of *Risk and Protective Factors Approach.* According to the Risk and Protective approach these youth further lacked the protective factors need to resist alcohol and other drugs. The Protective factors that these 6 youth lacked are:

- Individual Characteristics, these youth did not a resilient temperaments or positive social orientation, however the majority of these youth were very intelligent.
- They all lack positive bonding; these youth were not attached to positive families, school or community, however they were attached to some friends, who were also involved with alcohol and or drugs.
- They did not exhibit healthy belief or standards. These youth did not have positive, clear standards for behavior.

According to the Center For Substance Abuse Prevention[12] there are six prevention Strategies, these are primary prevention strategies:

1. Dissemination of information, For this strategy to be effective it is important to provide information about the nature and extent of drug use, abuse and addiction. The Information further explains the effects on individuals, families and the communities. This information can be disseminated in a variety of ways which includes;
    - Media campaigns
    - Brochures
    - Health fairs
    - Radio and television public service announcements

2. Prevention Education, prevention education is an interactive method for prevention, it involves two-way communication between students and the educator. Some methods include;
    - Classroom and group settings
    - Peer to peer lead groups
    - Interactive role plays

3. Alternative Activities, this strategy is used to have participants participate in healthy activities that do not involve alcohol or drugs. The belief is that if youth participate in fun healthy activities this offsets the need usually filled by drugs. These activities include;
    - Community drop in centers
    - Mentoring programs
    - Drug-free dances,
    - Other drug free recreational activities, skating, bowling, etc

4. Community –Based Processes, this strategy involves the community to become more effective in proactive in providing prevention and treatment services to the people who are involved with alcohol and other drugs. The community should assist in enhancing

[12] Center for Substance Abuse Prevention, 1993, Prevention Primer

the efficiency and effectiveness of the programs that are offered in the community. Some of these include;

- Systematic planning
- Multi-agency coordination and collaboration
- Community team building

5. Environmental Approaches, seeks to change and establish community standards, norms codes and attitudes. The change influences the incidence and prevalence of alcohol and drug abuse in the general population. Some of the methods used include;
   - Review and modification of advertising practices
   - Review and modification of school drug policies
   - Product pricing strategies (i.e. tobacco sales)

6. Problem Identification and Referral, seeks to identify those who are involved with alcohol and other drugs, assess their behavior to see if it can be reversed through education. Methods used which preclude identification if treatment is needed are referrals such as;
   - Driving under the influence educational programs
   - Employee assistance program
   - Student assistance programs

To prevent alcohol and other drug use among youth, prevention programs should be designed to enhance the youth protective factors while decreasing the risk factors.

For effective intervention all six strategies are key components. At times you are only able to effective one component "The Family". If you can effect the family chances are that you may have a better chance at prevention substance use and abuse. Youth, generally model the behaviors they see in the family. Families that constructively with conflict and have a high degree of bonding appear to model more healthy behaviors, therefore their children are less likely to suffer from the effects of alcohol, tobacco and other drugs.

When youth come from families where parents and siblings are involved with alcohol, tobacco and other drugs this increases the risks that the younger siblings will also become involved. However, not all youth who get involved with alcohol and other drugs come from families that are involved in alcohol and drug, permissive attitudes about drugs can also increase the youths risk of becoming involved.

Children of Alcoholics (COAs) may face special problems as a result of living in a home with a parent who is an alcoholic. [13] However, most COAs do not develop serious problems coping with life as a result. Although there is a genetic component to vulnerability for alcohol dependence, COA issues are not related primarily to alcohol use and problems, but instead they are related to social and psychological dysfunction that may result from growing up in an alcoholic home.

Not all youth who come from environments where there are many risk factors for drug or alcohol use get involved with drugs or alcohol. These youth seem to possess personal resilience that helps them to resist getting involved with alcohol, tobacco or other drugs.

[13] National Institute on Alcohol Abuse and Alcoholism No. 9 PH 288 July 1990

To increase protective factors an intervention should be tailored to reduce the dysfunction and strengthen the aspects of the family life that are nurturing. In prevention one size does not fit all. Each youth and family has different needs, and an approach that does not deal with cultural variations, working families; discipline, communication and other aspects of families can be ineffective and destructive.

Cultural Competency plays a crucial complex role in prevention. [14]Culture is the shared values, norms, traditions, customs, arts, history, folklore, music and institutions of a group of people. Culture competence means understanding and appreciating the cultural differences and similarities within, among and between groups.

Prevention programs that combine information about the harms of substance along with fostering skills such as communication, problems solving or refusal skills have shown to be more effective then one shot just say no programs.

Conclusion

To be an effective prevention program, programs should be long term and interactive. Prevention should include family members in an effort to increase knowledge about drugs and their harmful effects. Family focus prevention programs are an effective method because it does not isolate the youth or the parent. Everyone is getting the same information at the same time. This method will help to reinforce the information learned. It is important and challenging to identify the protective factors and determine how they can be taught and instilled in youth who reside in high-risk environments.

Understanding what determines vulnerability to substance abuse is crucial to the development of effective prevention programming.[15] At this point, there is no evidence that a single, unique factor determines which individuals will abuse drugs; rather, drug abuse appears to develop as the result of a variety of genetic, biological, emotional, cognitive, and social risk factors that interact with features of the social context. Thus, both individual-level factors and social context-level factors appear to make an individual more or less at risk for drug abuse and influence the progression from drug use to drug abuse to drug addiction.

To be an effective primary prevention specialist it is imperative to look at the whole individual factors that put youth at risk for alcohol and other drugs. To focus only on the risk is not as effective as also focusing on and building on the protective factors. An effective prevention specialist will incorporate and address each aspects of the individuals life, such as; family, community, school, and peers. Furthermore, prevention must include skills to resist drugs, increase bonding and social competency. Additionally youth should be offered alternative activities such as peer groups, outing and activities. Family members are an important and crucial part of prevention.

[14] Cultural Competence Fore Evaluators, 1992
[15] http://www.whitehousedrugpolicy.gov/prevent/research.html

BIBLIOGRAPHY AND SUGGESTED ADDITIONAL RESOURCES

- *Webster Pocket Dictionary 2002.* Definition of Prevention
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- www.drugabuse.gov. Important principals for effective prevention programs
- *Center for Substance Abuse Prevention, 1993, Prevention Primer*, Six Prevention Strategies
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ACKNOWLEDGEMENTS

This course material was prepared by V. Vannessa Lindsey, MA. Ms. Lindsey, earned her Master of Arts in Addictive Disorders degree, and is currently a candidate for the Doctor of Addictive Disorders (Dr.AD) Degree, from Breining Institute. Ms. Lindsey serves as the Chief Executive Officer of Another Choice, Another Chance (ACAC), a non-profit agency that provides substance abuse and dual diagnosis treatment, specializing in comprehensive individual, group and family services, with a target population of youth between the ages of 12 and 23. Breining Institute has edited the original material for the purpose of presentation in this course.

CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS

Course No. CE1201P4 – Prevention and Education: Effective Youth Programs

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

1. While there is no single definition of prevention, there is general agreement among prevention practitioners on the overall goal of prevention. It is to foster a climate in which:
   a. Alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal.
   b. Prescription and over-the-counter drugs are used only for the purpose for which they were intended.
   c. Other abusable substances (e.g., gasoline or aerosols) are used only for their intended purposes.
   d. All of the above.

2. Prevention is an interrelated continuum of services that includes which of the following:
   a. Intervention and treatment.
   b. Secondary and tertiary prevention.
   c. Both of the above.
   a. Neither of the above.

3. Prevention approaches have been categorized in three different areas, which includes all of the following except:
   a. Universal programs.
   b. Exclusive programs.
   c. Selective programs.
   d. Indicated programs.

4. Search Institute first introduced the developmental asset framework and terminology in 1990 through report titled "*The Troubled Journey: A Portrait of 6th-12th Grade Youth"*, at that time, the survey identified and measured how many developmental assets?
   a. 10
   b. 20
   c. 30
   d. 40

5. Through all the focus groups and studies, in 1996 the Search Institute revised the developmental assets framework into its current form, a model of how many developmental assets?
   a. 10
   b. 20
   c. 30
   d. 40

6. The "external assets" identified by the Search Institute as helpful to prevent the use of alcohol and other drugs include which of the following:
   a. Family support.
   b. Services to others.
   c. High expectations.
   d. All of the above.

7. Community Risk Factors identified include all of the following except:
   a. Availability of drugs.
   b. Low neighborhood attachment.
   c. High profile crime activity.
   d. Extreme economic deprivation.

8. Family Risk Factors identified include all of the following except:
   a. Economic disparity.
   b. Family management problems.
   c. Family conflict.
   d. Parental attitudes and involvement in drug use, crime and violence.

9. School Risk Factors identified include all of the following except:
   a. Early and persistent antisocial behavior.
   b. Economically disadvantaged school district.
   c. Academic failure beginning in elementary school.
   d. Lack of commitment to school.

10. When they have set boundaries, beliefs and clear standards, adolescents:
    a. Stagnate.
    b. Thrive.
    c. Both of the above.
    d. Neither of the above.

11. According to the Center For Substance Abuse Prevention there are six primary prevention strategies, which include all of the following except:
    a. Dissemination of information.
    b. Prevention education.
    c. Problem identification and referral.
    d. Political advocacy.

This is an eleven-question examination. Answer Questions 1 through 11 for full CE credit in this course. Questions 12 through 21 have been omitted.

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3.	A	B	C	D	10.	A	B	C	D	17.	A	B	C	D
4.	A	B	C	D	11.	A	B	C	D	18.	A	B	C	D
5.	A	B	C	D	12.	A	B	C	D	19.	A	B	C	D
6.	A	B	C	D	13.	A	B	C	D	20.	A	B	C	D
7.	A	B	C	D	14.	A	B	C	D	21.	A	B	C	D

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