Coordination of Prevention Programs for Children and Youth

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THE PROGRAMS THAT SEEK to prevent alcohol, drug abuse, and mental health problems in children and youth are our concern in this session. This session, indeed this conference, in which representatives of all three of these prevention areas are participating, would have been highly improbable, if not impossible, 10 years ago.

Common Ground

During the past decade, however, a number of events have made such tripartite discussion not only possible, but necessary. For one thing, in all three areas, primary prevention has emerged as a high priority, at least in principle. Also, in all three areas, various commissions and task forces have defined prevention in terms such as the promotion of physical, mental, or social health through development of a sense of personal worth, of a belief in one's ability to achieve goals meaningful both to oneself and to society, and of the skills needed for functioning effectively in a changing society. Parallel to the emergence of this emphasis on prevention has been a growing recognition that society and its many institutions help determine whether a person will develop these attributes.

A 1975 White Paper on Drug Abuse, prepared by the Domestic Council Drug Abuse Task Force, stated (*1*):

> One conclusion well supported by experience is that drug abuse does not occur in isolation, so programs which address the broad developmental needs of children and youth are the most effective in preventing and reducing drug abuse and other forms of self-destructive behavior, such as truancy, alcoholism, and juvenile delinquency. The most successful drug abuse education and prevention programs are those that take into account all the problems affecting young people and do not focus exclusively on drug abuse.

In 1978, the President's Commission on Mental Health concluded (*2*):

> We are firmly convinced, however, that mental health services cannot adequately respond to the needs of citizens of this country unless those involved in the planning, organization, and delivery of those services fully recognize the harmful effect that a variety of social, environmental, physical, psychological, and biological factors can have on the ability of individuals to function in society, develop a sense of their own worth, and maintain a strong and purposeful image.

The Strategy Council on Drug Abuse defined prevention in positive terms as promoting healthy physical and social development (*3*):

> Drug abuse, like juvenile delinquency, does not occur in a vacuum; it occurs within a general behavioral context. When we talk about prevention we must do this in terms of promoting healthy alternatives to replace a wide variety of undesirable behaviors—which may include drug abuse.

A major theme of the National Institute of Mental Health in 1979

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was promoting mental health and preventing psychiatric disorders and severe personal distress by improving children's cognitive, interpersonal, and emotional competence.

Our Differences

All this commitment, at least on paper, to the prevention of physically, socially, and psychologically destructive behaviors through the promotion of positive growth and development, self-esteem, interpersonal skills, and self-realization should make it obvious that our mutual concerns far outweigh our differences. This issue of differences arises, at least in part, because one sees one's own mission from the point of view of one's agency or profession, and that point of view differs from agency to agency and profession to profession.

The relatively few, but significant, differences arise partly because each of the three agencies concerned with prevention often finds its mission determined by legislatively defined categories that focus on specific problem behaviors or disorders, specific substances, or traditional societal responses to problems.

If the formulation of laws is an agency's mission, then prevention will consist of writing legislation that prohibits specified, carefully defined behaviors and of turning the new law over to the appropriate enforcement agencies. That is what legislators and law enforcement agencies do. Traditionally, an educator will design a curriculum addressed to a specified topic, such as alcohol or drug abuse, which can then be used in the classroom. That is what teachers are prepared to do. Traditionally, a physician will inform others about the effects of a given "disease" and its causes (to the extent that they are known) and prescribe measures to prevent or control it. That is what physicians are prepared to do. Traditionally, sociologists, epidemiologists, and anthropologists will do research on the social and demographic characteristics of people exhibiting specific conditions or behavior and, on the basis of correlates of those conditions or behaviors, recommend social and economic changes that should be considered in attempting to modify those characteristics. That is what social scientists are prepared to do. But overall there has been little progress toward the prevention of personally and socially destructive behaviors.

A major reason for the persistence of differences in the three areas that concern us is that in addressing the antecedents or correlates common to all three areas rather than the specific behavior that gives the agency identity, the agency moves toward some loss of that identity and of those constituencies that support it.

Such category-based constraints are particularly influential in prevention programming for children and youth. In an attempt to make

primary prevention efforts patently categorical, especially for persons too young to be faced with actual decisions regarding a particular behavior, for example, to take a drink or refuse it, programs rely heavily on increasing information about and attempting to change attitudes toward and statements of intent concerning the specific behavior. Although all of these goals may be accomplished, the relationship of such changes to involvement in the specified behavior at a future time has yet to be demonstrated. Evaluation involves large and unavailable amounts of time, funds, and numbers of young persons. This is not meant to imply that generic approaches to the prevention of multiple problem behaviors do not have evaluation problems, but they are different. This is not the occasion to elaborate the differences.

Enhancing Human Development

Some interesting things have happened on the road to prevention and to this conference. First, people in the field, and then belatedly the bureaucracy, have discovered that what we seek to prevent is human behavior, and that as such it is motivated, complex, variable, influenced by many forces, and is not necessarily rational as judged by prevailing societal beliefs and standards. Logically, people who know better should not engage in personally and socially destructive behavior.

Social and behavioral science researchers, whether examining drug abuse, alcoholism, juvenile delinquency, suicide, depression, or other physically and socially destructive behaviors, have repeatedly reported a variety of correlates, none of which, however, is either necessary or sufficient to be labeled a cause of the behavior. However, the persistent presence of these correlates in social and behavioral science reports has demanded attention. Regardless of the behavior studied, some combination of the same correlates has emerged: low self-esteem, a sense of powerlessness, poor interpersonal and social skills, poor academic or vocational performance, negative peer pressure, and poor family relationships.

The influence that social institutions have exerted on all these correlates at one time or another and to some extent has been well documented by social and behavioral science and is attested to by common sense. The family, school, peer group, church, community, and business and industry are the arenas where self-esteem, a sense of power, interpersonal and social skills, and academic or vocational achievement develop. To make institutions, in all their diversity, support positive growth and development may seem idealistic and unreal. At the Federal, State, and local level, each is the concern of separate bureaucracies, presumably with similar sets of goals but often working in isolation. However, if these institutions were to explore, consciously and cooperatively, ways in which each might contribute to their common goal of enhancing positive growth and development, this ideal might be approached. Great sums of money might not be required. In many instances, the institution would need only to do differently things that it is already doing.

Our Institution's Contribution

I would like to describe briefly the Alcohol and Drug Abuse Education Program in the Department of Education as an example of what can happen when efforts are focused on one of the institutions that play a significant role in facilitating or inhibiting positive psychological, social, and emotional development of young people over a long period of their development—the school.

For 8 years, this program has had a unique role in supporting local school districts and their communities by providing training and technical assistance as they have searched for effective alcohol and drug abuse prevention programs that would provide skills, experiences, and opportunities for healthy learning and growth. Our training and technical assistance program has encouraged school principals, teachers, and other educational personnel to examine every aspect of their interaction with students and parents, from classroom management to school policies and administrative style, in terms of whether that interaction does or does not promote self-respect and respect for others, self-esteem, a sense of accomplishment, personal and social skills, responsibility, and a sense of personal identity and purpose. The basic premise in the training and technical assistance program has been that a student's daily experience in the school's social environment is itself a learning experience of great significance. It can be positive and support growth, or it can be negative and contribute to the development of factors that correlate with personally and socially destructive behaviors. In the 8 years of the program, small groups from more than 3,000 communities and 1,200 schools have participated.

For the training and technical assistance program, a training-on-site assistance model was constructed, in which teams of five people from a school or a cluster of four schools in the same school district receive 10 days of intensive residential training. The teams are comprised of principals, teachers, counselors, psychologists, social workers, nurses and, where possible, school board members. Most of the trainees are professionals, but not in alcohol and drug abuse prevention.

The training they receive provides a basic understanding of alcohol and drugs and what they do, but more important, an understanding of young people and how they learn and develop. The trainees learn to assess the needs and expectations of the specific youth population that they serve, to formulate realistic means for meeting those needs, and to identify the human and financial resources in their school and community that might support programs and practices for enhancing positive student growth and development.

The trainees also acquire many of the skills necessary to work effectively with colleagues, parents, and students (skills such as listening, problem solving, negotiating, and program planning). The trainees enter the program as individuals, but in the course of the training, they actually become a team dedicated to making their particular school in all its aspects a positive force in the lives of students. When they leave the program, they have their own action plan and strategies for making this happen. When they come to the program, they are concerned about alcohol and drug abuse. When they leave the program, they are concerned about young people.

The training activities are varied; each activity is selected because it contributes to a carefully designed local action plan. Each local action plan includes several strategies, such as positive classroom discipline, alternatives to suspension, alternate schools, parent education, professional and peer counseling, rap room, student participation in school government, work-study programs, curriculum development, family programs, outdoor and other recreational programs, programs in the arts, music, and drama, and school beautification projects, to mention only a few. Many of the local action plans demonstrate a degree of creativity and sensitivity that is all too often absent in responses to young people and their needs.

Because each team designs and implements an action program to meet the problems in its own school, that program is tailored to meet the ethnic and demographic needs of the team's own community. For example, teams from a cluster of schools in Chicago, whose students were 95 percent black and lived in the largest housing development in the country (Robert Taylor Homes), worked closely with parents and human services agencies in that housing development. The activities of the teams were thus designed to meet the needs of predominantly black students living in a densely populated area and were articulated with the people and agencies that influenced these students.

Although the Alcohol and Drug Abuse Education Program has lacked the resources to do an adequate research evaluation of its training program, the staffs of school after school have reported an improved climate after the training program was implemented; happier and less alienated students, teachers, and parents; and decreases in truancy, dropouts, disruptive behavior, and vandalism, as well as in alcohol and drug abuse. In many instances, the schools have documented increases in academic achievement as well.

The Department of Education program has also included training to prevent school crime and disruptive behavior. Under a 3-year interagency agreement with the Office of Juvenile Justice and Delinquency Prevention in the Department of Justice, 220 teams have been trained and provided with technical assistance to achieve this goal. One hundred and forty of these teams represented clusters of 4 schools from 35 large urban school districts. The Office of Juvenile Justice and Delinquency Prevention has funded a grant for evaluating all 220 teams. Preliminary results indicate that teams trained in the Department of Education's method of preventing crime and violence also reduce alcohol and drug abuse.

If current assumptions are correct, and they must be constantly reexamined on the basis of accumulating evidence, each agency whose constituency includes young people and the institutions and programs that consciously or unconsciously influence their growth and development has a basic responsibility to examine carefully its programs and procedures to determine how these can be made part of a large team or cooperative effort. Each agency needs always to do what it does in a way that will provide young people with opportunities to enhance their self-esteem, to increase their achievements, to develop a sense of purpose, to accumulate experiences that promote self-respect, individual dignity, and respect for others, and to acquire the personal and social skills necessary for functioning effectively in society. Idealistic, yes; difficult, yes; possible, yes—but only if each agency contributes its experience and resources to the common cause.

References

1. The Domestic Council Drug Abuse Task Force: White paper on drug abuse: a report to the President. U.S. Government Printing Office, Washington, D.C., 1975.
2. The President's Commission on Mental Health: Report to the President from the President's Commission on Mental Health. U.S. Government Printing Office, Washington, D.C., 1978, vol. 1, p. 9.
3. The Strategy Council on Drug Abuse: Federal strategy for drug abuse and drug traffic prevention 1979. U.S. Government Printing Office, Washington, D.C., 1978.