Youth As Leaders
Participant Handouts

Participant Materials – 2003

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Introduction

Youth As Leaders in Prevention

Center for the Application of Prevention Technologies

1

Center for the Application of Prevention Technologies

763-427-5310
1-800-782-1878

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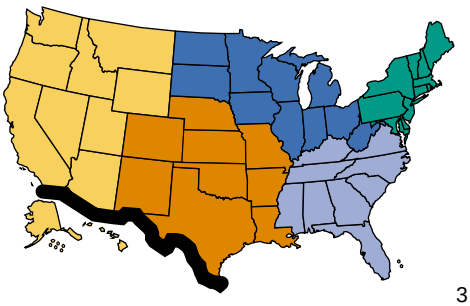
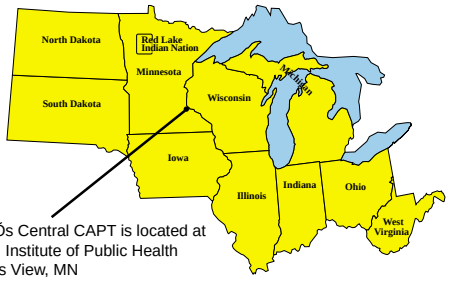
Regional Map



3

Central CAPT Region



CSAPÕs Central CAPT is located at the MN Institute of Public Health Mounds View, MN

4

CAPT Mission Statement

To bring research to practice by assisting states/jurisdictions and community-based organizations in the application of the latest research-based knowledge to their substance abuse prevention programs, practices, and policies.

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CAPT Core Prevention Services

- ¥ Repackage, transfer, and replicate science-based prevention program models.
- ¥ Customize, repackage, and transfer scientifically defensible prevention best practices.
- ¥ Customize, repackage, and transfer scientifically defensible prevention promising approaches.

6

CAPT Key Terms

- **Model Programs:** Prevention programs that have been rigorously evaluated and have repeatedly demonstrated positive outcomes.

7

CAPT Key Terms

- **Best Practices:** Strategies, activities, or approaches which have been shown through research and evaluation to be effective in the prevention and/or delay of substance use/abuse.

8

CAPT Key Terms

- **Promising Approaches:** Programs, strategies, or activities which the level of certainty from available evidence is too low to support generalized conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions.

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Goals

- ¥ Understand & use the major categories of youth-led prevention strategies.
- ¥ Determine & implement effective youth-led strategies to meet goals
- ¥ Understand standards for start-up, implementation, & maintenance
- ¥ Access resources to identify & implement effective youth-led prevention strategies or activities.

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Module Topics

- ¥ MODULE 1: Rationale for Peer-led Prevention
- ¥ MODULE 2: Four Categories of Youth-led Prevention
- ¥ MODULE 3: Program Standards
- ¥ MODULE 4: Roundtable Discussion
- ¥ MODULE 5: Summary - Critical Ingredients

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Gives to Get

What do we want to get?

Our goal for this workshop is to develop and implement effective youth-led prevention efforts to increase the effectiveness of overall prevention programs (see goals and objectives).

What else do you want to get from this workshop?

What will facilitators give? What is the facilitator willing to do ("give") to achieve the goals ("get")?	What will participants give? What are the participants willing to do ("give") to achieve the goals ("get")?

Module 1

What Do You Think?

This activity will give you an opportunity to think about the role and effectiveness of youth as leaders in prevention. Take a few minutes to think about each statement below and circle the letters that reflect your belief about the statement.

SA = Strongly Agree
A = Agree
U = Uncertain or DonÕt Know
D = Disagree
SD = Strongly Disagree

1. Youth-led efforts are some of the most effective prevention strategies.	SA	A	U	D	SD
2. Peer educators are generally more effective than classroom teachers in delivering classroom prevention curriculum.	SA	A	U	D	SD
3. Almost all youth- or student-led prevention strategies are equally effective in reducing tobacco, alcohol, and other drug use among young people.	SA	A	U	D	SD
4. The recipients of a peer or cross-age education program are often impacted more than those who deliver the program.	SA	A	U	D	SD
5. Young people are more likely to listen or talk to a teacher or mental health professional than someone their own age.	SA	A	U	D	SD
6. The use of youth as leaders is well grounded in prevention theory.	SA	A	U	D	SD
7. There are strict standards that need to be followed in order for youth-led prevention programs to be effective.	SA	A	U	D	SD
8. In our prevention program, youth leaders play a significant role and are effective at reducing problems.	SA	A	U	D	SD

Rationale for the Effectiveness of Peers

- ¥ Role model appropriate behavior
- ¥ Credibility regarding social information
- ¥ Model appropriate behavior outside classroom setting
- ¥ Credibility in providing normative information

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10 Frequently Used Justifications for Peer Education

1. Cost-effective
2. Credible source of information
3. Empowering for those involved
4. Already established means of sharing information
5. Successful

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10 Frequently Used Justifications for Peer Education (continued)

6. Positive role models
7. Beneficial to those involved
8. Acceptable when other education is not
9. Reach hard to reach
10. Reinforce learning

From Turner, G. and Shepard, J. (1999)

14

Theories Used to Support Peer Education

- Social learning
- Social inoculation
- Role
- Differential association
- Subculture
- Communications of innovations

From Turner, G. and Shepard, J. (1999)

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Module 2

Categories of Youth-led Prevention Activities

- ¥ Team/group leadership and influence
- ¥ Peer or cross-age education
- ¥ Peer intervention
- ¥ Special action groups

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Team/Group Leadership & Influence

- ¥ Select youth who lead or influence, i.e. team captains
- ¥ Train to identify strengths and improve skills
- ¥ Exert positive peer influence

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Peer or Cross-Age Education

- ¥ Select youth leaders to conduct structured educational programs
- ¥ Youth with strong commitments to healthy lifestyle behaviors
- ¥ Train youth to develop & conduct activities
- ¥ Public speaking, teen drama or improvisation, & peer tutoring

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Peer Intervention

- ¥ Peer helping, peer counseling, peer mediation
- ¥ Select youth leaders who can assist youth with problems
- ¥ Good listeners with viable helping resources
- ¥ Train to develop listening, communication, & helping skills

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Special Action Groups

- ¥ Advocacy groups, non-user groups, support groups, SADD
- ¥ Select youth with interest in the problem
- ¥ Train in specific skills for the problem

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Advocacy

- ¥ Policy reform
- ¥ Enforcement; compliance checks to reduce youth access
- ¥ Media
- ¥ School climate

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Drug-free Activities & Places

- Prom and graduation events
- Other events
- Drug-free Teen Centers

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ACTION PLAN

1. What youth-led prevention activities do you currently focus on?

_____
_____
_____

2. What specific prevention related needs exist for young adults in your community or school?

_____
_____
_____

3. What youth group exists within your school or community?

_____
_____
_____

4. What other youth-led prevention activities can you add to your current program? Briefly describe an activity in each category.

Team Leadership and Influence

_____
_____
_____

Peer or Cross-Age Education

_____
_____
_____

Peer Intervention

_____
_____
_____

Special Action Groups

_____
_____
_____

ACTION PLAN (continued)

5. a) Select and mark one of the youth-led activities in #4 that fits best with:
    1. your overall prevention program objectives and theoretical approach
    2. your objectives for youth-led prevention efforts
    3. your community resources and needs
    4. other youth and youth-led programming

   b) What objectives or outcomes do you want from these youth-led activities?

6. As you think about the youth-led activity you selected, briefly describe steps you would take to address each of the program standards of the National Peer Helpers Association.

Program Start-Up:

_____
_____
_____
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_____
_____

Program Implementation:

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Program Maintenance:

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Categories of Youth-Led Activities

Young people influence their peers in many ways. It is often popular or easy to focus on the negative influences, however, positive influences need to be recognized and encouraged. Many youth influence their peers and other young people not to use tobacco, alcohol and other drugs. In many cases, young people lead prevention activities and become very visible in their schools and communities. The visibility of youth leaders making decisions such as not using tobacco, alcohol, and other drugs often challenges the belief that many or most young people are using these substances.

Four categories of prevention strategies that put young people in positions where they can positively influence their peers and/or other youth are presented here. These categories and strategies may help prevention specialists and advocates think about the different ways that young people can play a pivotal role in prevention. They can also help people determine which strategies may be most effective and fit best with other prevention activities taking place in their school and community. The research isnÕt conclusive about using youth in prevention activities. You will note that some categories may show more promise or have been better evaluated than others.

1. **Team or Group Leadership**
   The focus of this category is to ask youth leaders to work through their existing teams, of which they are current members, to prevent problems and promote healthy lifestyles. Students selected may be ÒtitledÓ leaders or they may be viewed as having high leadership potential within their sport, activity, club or group.

   The training they receive helps them identify their leadership strengths, improve their leadership skills, and openly discuss issues around tobacco, alcohol and other drugs they may face as team leaders.

   These student leaders may use the training they receive to role model appropriate behavior and talk to individuals or groups. This strategy primarily emphasizes the impact of positive peer influence.

   Little research has examined the effectiveness of this approach. However, prevention theory on normative education and anecdotal evidence suggest it can have a significant impact on tobacco, alcohol, and other drug use.

2. **Peer or Cross-Age Education**
   In this category, youth leaders work with same-age or younger students to provide structured educational programs to prevent problems and promote healthy lifestyles. They may assist a teacher or conduct the sessions with other peer educators. Public speaking, teen drama or improv, and peer tutoring are examples of activities included in this category.

   The training these youth leaders receive often provides information about and strategies for instructing young learners, necessary skills training to conduct sessions, outlines for educational sessions, practice and feedback sessions, and encouragement for participating in this special effort.

   Students selected to be peer or cross-age educators make a strong commitment to the lifestyle behaviors they are advocating. The impact of these efforts may be enhanced by selecting recognizable and visible student leaders. These peer educators become credible messengers about the standards and values we hope other young people will adopt, like not using tobacco, alcohol and other drugs.

Based on the research, we believe that this approach has merit and should be considered a promising approach. Some research suggests that peer or cross-age educators may be more effective than classroom teachers and in some cases other adults. However, some studies suggest that the teaching style and credibility of the educator or presenter may be more significant than the actual presenter.

3. **Peer Intervention**
This category involves a range of peer-led activities including peer helping (listening or bridging), peer counseling, and peer mediation, to name a few. In these activities, youth leaders assist other students who are having difficulties.

➤ In peer helping, youth leaders provide a bridge between troubled young people and youth assistance services within the school and community. Peer helpers are viewed as good listeners and viable sources of help to other students and adults within the school. A broad mix of students is chosen to represent different school factions. Students may be surveyed about other students they would go to if they had a problem to help select peer helpers. The training they receive helps them learn good communication and helping skills and become familiar with the helping resources within the school and community.

➤ In peer counseling, youth leaders directly help other youth discuss and resolve issues. Peer counselors often have similar experiences to the youth they are counseling. The training they receive helps them facilitate small groups of students who are attempting to overcome difficulties they are facing.

Research results on peer counseling generally show no significant effect or a negative effect. In some cases, the peers in the counseling group demonstrate more negative behavior then those in groups that did not have peer counseling.

Questions about the appropriateness of youth counseling other youth, as well as the lack of effectiveness, have resulted in many programs being eliminated or transformed to peer helping programs.

Peer mediators also directly help other youth discuss and resolve conflicts.

➤ Peer mediators are identified by staff as students who have contact and credibility with multiple groups in a school or other organization. The training they receive helps them to work with other students to resolve conflicts.

Peer mediation is a newer strategy and there is limited research available to show its effectiveness. The available research shows mixed results.

Because peer intervention activities are aimed at helping students who are having problems, they may have a limited impact on preventing such problems. These activities can have a secondary preventive value by keeping problems from escalating.

4. **Special Action Groups**
This category involves youth-led groups whose sole focus is to solve a particular problem. Students Against Destructive Decisions also known as Students Against Driving Drunk (SADD) may be the best known of these groups. However, many youth-serving organizations have now developed other groups that focus on not using tobacco, alcohol, and other drugs. The membership of these groups is usually determined by the interest of the students themselves; there is usually no formal selection process.

National organizations may offer training that teach students advocacy, communication and other specific skills to accomplish necessary tasks. Schools or other

organizations may select training programs or design their own. In many instances, students are not trained, but are guided by adult advisors.

Youth in these groups may undertake activities like instituting policy reforms, media advocacy, reducing youth access to alcohol and tobacco, or establishing drug-free environments such as teen centers. These groups may organize specific activities like drug-free events (e.g. dances, after-prom and after-graduation events). In many of these cases, youth may not be working directly with other youth, but instead may be working with adults to develop or change policies and other actions that will affect youth. In some cases, these groups may choose the more direct contact of mentoring other youth, who are usually younger. However, in some of these programs the relationship between the youth mentor and mentee may not meet the frequency and duration of contact standards identified by research for effective mentoring programs.

There is limited research on the effectiveness of most of these activities by themselves. Research on mentoring programs has shown positive results and some of this research includes young people mentoring other younger youth. A critical ingredient of effective mentoring programs appears to be consistent, long-term contact between mentor and mentee.

Conclusion

These categories serve to examine the activities and expected outcomes when youth act as prevention leaders. They may not be totally independent of each other and may in fact cross over into other categories. For instance, a group of student leaders doing special action, like organizing drug-free events, may also do cross-age education. Also, a group of students who are doing mentoring activities with younger students could also be trained as leaders of prevention activities in co-curricular activities.

The range of these strategies provides many opportunities for youth of different backgrounds, interests and abilities to lead prevention activities. In addition to previously mentioned research findings that benefit the youth recipients of these efforts, research also indicates that the behavior of youth leaders is often impacted even more positively than the recipients. Therefore, having many youth-led prevention activities may be one of the most effective strategies we can employ with older teens.

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To view the research that supports this document, go to our Youth as Leaders in Prevention: Suggested Additional Readings for an annotated list.

Module 3

Programmatic Standards

National Peer Helpers Association

¥ Program start-up
- Planning
- Commitment
- Staffing
- Organizational structure

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Programmatic Standards

National Peer Helpers Association

¥ Program implementation
- Screening and selection
- Training
- Service delivery
- Supervision

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Programmatic Standards

National Peer Helpers Association

¥ Maintenance
- Evaluation
- Public relations
- Long-range planning

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PROGRAMMATIC STANDARDS
NATIONAL PEER HELPERS ASSOCIATION
CHECKLIST FOR A PEER HELPING PROGRAM

I. PROGRAM START-UP

A. Planning
- ❒ Rationale based on needs assessment
- ❒ Purpose
- ❒ Goals and Objectives
- ❒ Procedures
- ❒ Compliance

B. Commitment
- ❒ Administrative and Community Support
- ❒ Program Advisory Committee
- ❒ Resources

C. Staffing
- ❒ Positive rapport with peer helpers
- ❒ Continuing education and experience relevant program goals
- ❒ Commitment to the fundamental principles of peer helping
- ❒ Familiarity with the program setting
- ❒ Clear understanding of the program needs and goals
- ❒ Ability to articulate goals to peer helpers, staff, sponsors and community
- ❒ Skills necessary for training and supervision
- ❒ Time to train, plan, evaluate, and supervise

D. Organizational Structure
- ❒ Clear lines of authority, responsibility, and communication
- ❒ Reflects the nature and purpose of the program

II. PROGRAM IMPLEMENTATION

A. Screening and Selection
- ❒ Establish criteria for peer helpers
- ❒ Conduct a formal or informal survey to identify potential helpers
- ❒ Establish application procedures

- ❒ Employ selection guidelines such as:
  - ¥ Demonstration of appropriate helping characteristics and skills
  - ¥ Demonstration of emotional security/stability
  - ¥ Understanding of services to be provided
  - ¥ Commitment to providing services
  - ¥ Sensitivity to population being served
  - ¥ Demonstration of the ability to follow through over time
  - ¥ Manageability of group size for training and supervision

B. Training

Training Characteristics:

- ¥ Reflects nature and goals of program
- ¥ Takes into account age, needs and characteristics
- ¥ Utilizes appropriate curricular resources and training strategies
- ¥ Is consistent with guidelines regarding standards and ethics
- ¥ Includes demonstration, skill development, practice and critique
- ¥ Remains on-going

Training characteristics:

- ¥ Role of the Peer Helper
- ¥ Confidentiality/Liability Issue
- ¥ Communication Skills
- ¥ Problem-Solving/Decision-Making Strategies
- ¥ Additional Issues and Topics Relevant to Particular Program

C. Service Delivery

- ❒ Appropriate variety of meaningful, productive helping roles within the program

D. Supervision

- ❒ Regular and on-going supervision

III. MAINTENANCE

A. Evaluation

- ❒ Process Evaluation
- ❒ Impact Evaluation
- ❒ Outcomes
- ❒ Cost Benefit

B. Public Relations

- ❒ Well-informed external and internal supporters and potential program recipients
- ❒ Program brochure or newsletter
- ❒ Media contacts

C. Long-range planning

- ❒ Staffing
- ❒ Peer ownership
- ❒ Funding

PROGRAMMATIC STANDARDS
NATIONAL PEER HELPERS ASSOCIATION

The National Peer Helpers Association believes the following standards are essential for any quality peer program:

I. PROGRAM START-UP

A. PLANNING

Prior to program implementation, the following issues must be addressed through careful planning:

1. **Rationale:** There is a clear and compelling rationale for the development of the program; frequently, this is accomplished through conducting a formal or informal needs assessment in the setting in which the program is to be implemented.
2. **Purpose:** Based on the rationale, the purpose of the program must be conveyed through a formal mission statement.
3. **Goals and Objectives:** Programmatic goals and objectives (a) reflect the rationale and purpose of the program; and (b) are clear, measurable and achievable.
4. **Procedures:** Programmatic goals are accomplished through procedures and activities that are laid out in a clear and systematic fashion.
5. **Compliance:** The program is planned and implemented in a manner consistent with local, state, and national guidelines for programmatic standards and ethics (see NPHA Code of Ethics for Peer Helpers and Peer Helping Professionals).

B. COMMITMENT

The program will expect the active commitment and involvement of those who are directly involved. Commitment is reflected in the following areas:

1. Evidence of a high level of administrative, staff, and community support; in many cases, this includes the formation of a program advisory committee.
2. Advisory committee members may or may not be directly involved in program implementation. They provide a valuable link to the community and give input to program staff in order to maximize a sense of program ownership. They also sustain the program to enable it to survive changes in administration and program staff.

3. Sufficient financial and logistical support for effective program implementation is optimal; such support includes the provision of necessary curricular and training resources. (Please note that programs can be implemented without a high level of administrative/staff/community support and with a minimum of financial support. However, that support would ideally come later.)

C. STAFFING

Program staff should possess the appropriate background, training, and characteristics to enable them to carry out their responsibilities in an effective and ethical manner. The following skills are essential for professional staff who work directly with peer helpers:

1. A positive rapport with the population from which the peer helpers are selected.
2. Continuing educational and practical experience that is relevant to the goals of the program.
3. Understanding of, and commitment to, the fundamental principles of peer helping, with emphasis on maintaining peer helpersÕ ownership and involvement in the program.
4. Familiarity with the setting in which the program is to be implemented, such as in a school, community, or faith-based organization.
5. Clear understanding of the programÕs needs and goals and an ability to effectively articulate the nature and purpose of the program to peer helpers, other staff, the sponsoring agency, and the broader community.

D. ORGANIZATIONAL STRUCTURE

The program should be organized and structured in a logical and consistent manner that provides clear lines of authority, responsibility, and communication. The structure also should reflect the nature and purpose of the program.

II. PROGRAM IMPLEMENTATION

A. SCREENING AND SELECTION

The program should employ a clear, systematic, and careful procedure for the screening and selection of peer helpers. Typically, this procedure includes the following:

1. Establishing appropriate criteria as to the characteristics being sought among prospective peer helpers. Among those characteristics are helpfulness, trustworthiness, concern for others, ability to listen, and potential to serve as a positive role model.
2. Conducting a formal or informal survey in the program setting, in order to determine which individuals are felt to possess the desired characteristics.
3. Making application to the program, soliciting recommendations from others in the program setting, and structuring an interview with program staff. The interview should include samples of the type of skills required of the peer helper, e.g. public presentations, phone skills, and meeting new people.

Programs may differ as to whether final selection of peer helpers should occur prior to or after peer-helper training. In either case, the selection process should be guided by the following criteria:

1. Demonstration of appropriate helping characteristics and skills.
2. Evidence of emotional security/stability.
3. Understanding of the type(s) of services to be provided.
4. Commitment to and availability for the provision of those services.
5. Ability to be reflective of and sensitive to the characteristics of the population to be served.
6. Demonstration of the ability to follow through over time.

B. TRAINING

Once peer helpers have been selected, they should be provided with quality training in the knowledge and skills they will need to be effective as peer helpers. The training program that is implemented should do the following: (a) be reflective of the nature and goals of the program, (b) take into account the age, needs and characteristics of the population to be served, (c) utilize appropriate curricular resources and training strategies, and (d) be consistent with local, state and national guidelines on ethics and standards. All training should include demonstration, skill development, practice, and critique. Additional training is necessary to provide specific services as described in #5 below. Trainees should commit to participate in all aspects of training and to maximize opportunities for both skill development and personal growth. Finally, training should be viewed as an ongoing process, one that is never completed.

1. Role of the Peer Helper
   Training in the peer-helping role includes, but is not be limited to, the following:
   a. Program orientation.
   b. Characteristics of the helper (caring, acceptance, genuineness, understanding, trustworthiness).
   c. Self-awareness.
   d. Positive role-modeling; e.g., maintaining a healthy lifestyle.
   e. Avoidance of temptation to offer advice, propose solutions, or impose values.
   f. Positive listening skills.
   g. Recognition of limitations.
   h. Developing of individual and group trust.
   i. Creation of a support system of peer helpers for each other, as well as for helpees.
   j. Development of a code of ethics and standards of behavior.

2. Confidentiality/Liability Issues
   While communication between peer helpers and helpees are typically confidential, there are 3 important exceptions to this general rule:
   a. Stated or implied threats to the personal safety or well being of the peer helper, helpee, or others.
   b. Child abuse, sexual abuse, family dysfunction, psychotic behavior, harm to self and others, and drug and alcohol abuse.
   c. Situations or problems beyond the personal expertise of the peer helper. An essential component of any peer-helping training program is that peer helpers know how to recognize such situations, are aware of their limitations and responsibilities, and have ready access to professional staff and appropriate referral resources.

3. Communication Skills
   Effective peer helping requires the use of the following:
   a. Basic principles of verbal and nonverbal communication.
   b. Active listening skills (attending, empathizing, etc.).
   c. Facilitative responding (questioning, clarifying, summarizing, etc.).
   d. Skills for communicating in a diverse situation (meeting new students, conversing with students from different countries and cultures, etc.).

4. Problem-Solving/Decision-Making Strategies
   Effective peer helping often involves the use of steps in formal problem solving (identifying the problem; brainstorming alternatives; predicting consequences; carrying out action plan; evaluating results).

5. Additional Issues and Topics
   Depending upon the nature and goals of particular programs, additional specialized training may be provided in areas such as the following:
   a. Basic concepts of human behavior. Peer helpers should have some degree of familiarity with concepts such as the following:
      1. The role of motivational and reinforcement factors in behavior.
      2. Sociocultural influences and differences.
      3. Individual and group dynamics
   b. Group facilitation techniques.
   c. Learning styles and teaching strategies.
   d. Peer tutoring strategies.
   e. Crisis management.
   f. Conflict resolution, mediation, and anger management.
   g. Special needs populations.
   h. Telephone ÒhotlineÓ management.
   i. Specific problem areas (substance abuse, dropouts, depression, suicide, teen pregnancy, child abuse, sexually transmitted diseases, gangs and cults, family relations, etc.).
   j. Knowledge of referral resources, services, and programs.

C. SERVICE DELIVERY

Subsequent to training, peer helpers should be provided with structured opportunities to engage in a variety of meaningful, productive helping roles within the program setting. The peer-helping services provided should:

1. Be consistent with and reflective of program goals.
2. Enable peer helpers to apply the knowledge and skills they have acquired during training.
3. Enhance the personal growth and positive development of peer helpers and helpees alike.
4. Recognize and accommodate the need for ongoing opportunities for continued learning and training.

D. SUPERVISION

Once peer helpers have begun to provide services, it is imperative that they receive regular, ongoing supervision from program staff. In addition to regularly scheduled sessions, staff should be available to provide supplemental supervision and support as needed. Major goals of supervision include the following:

1. Enable program staff to monitor program-related activities and services.
2. Enhance the effectiveness and personal growth of peer helpers.
3. Encourage peer helpers to share with, learn from, and support each other in the performance of their helping roles.
4. Establish safeguards to protect peer helpers from too many program responsibilities, role confusion, or inappropriate assignments.

III. PROGRAM MAINTENANCE

Once the program has been established, program staff should take steps to ensure its continued sustainment, improvement, success, and expansion or infusion into a system. These steps include the following:

A. EVALUATION

Evaluation is conducted to document program-related activities and services. It is done to assess the process, impact, outcome, and cost benefits of the program with reference to its mission, goals, and objectives. The program should develop and implement a formal evaluation plan. Evaluation data should be utilized to examine program effectiveness and to determine whether and how the program needs to be revised. The evaluation plan may include four components:

1. **Process Evaluation**

   Process evaluation provides a picture of what happened in connection with the program and its consistency with NPHA Programmatic Standards. Process evaluation determines the degree to which the program has been successful in achieving its goals and objectives aligned with the mission. Process data includes information in such areas as number of peer helpers and helpees involved; program staffing and organization; selection procedures; nature and extent of training; amount and types of services provided; and other program-related activities.

2. I**mpact Evaluation**
   Impact evaluation typically assesses the effect of program upon both peer helpers and those who have received program services within a set period of time. Such assessment can be qualitative (open-ended questionnaires, opinion surveys, etc.) and/or can employ quantitative indices of program impact. In a school-based program, for example, impact evaluation might assess effectiveness in such areas as student knowledge, attitudes, beliefs, and skills or behaviors (e.g., grade point average, absenteeism and dropout rates, or incidence of disciplinary referrals).
3. **Outcomes**
   Outcome evaluation assesses long-term changes to the peer helper, those they serve, and the community. Examples of societal benefits are fewer alcohol-related crashes and deaths, employment, improved leadership skills, and lower health risk parameters.
4. **Cost Benefit**
   Costs benefits are the monetary savings related to the effectiveness of the program (e.g., the cost of the program in providing services to at-risk students, thus reducing dropout rates which will increase A.D.A. funds to the school.)

B. PUBLIC RELATIONS

Program staff should make a concerted, ongoing effort to keep external and internal supporters and potential program recipients informed about the benefits and accomplishments of the program. Informative techniques might include brochures, presentations, newsletters, and media communication.

C. LONG-RANGE PLANNING

Program staff should engage in long-range planning to ensure that the program is sustained and infused. Key factors to consider in long-range planning include the following:

1. **Staffing:** The success of the program is dependent on a broad-based ownership. This can be accomplished by having a planning team, advisory committee, and multiple staff participation. At least one individual within the program setting should be prepared in coordination responsibilities in the event of staffing changes.
2. **Peer Ownership:** The program should maximize the level of ownership and involvement of peer helpers. When peer helpers feel directly responsible for the success and sustainment of the program, the program is more likely to be infused.
3. **Funding:** The program should have a secure and consistent funding base. There need to be contingency plans to provide for continued operation in the event of reduced or nonexistent funding.

Module 4

Examples of Peer Leader Outcomes

- Talked to a friend about alcohol, tobacco or other drug use or your role as a peer leader.
- Held an informal discussion about alcohol, tobacco or other drug use or your role as a peer leader.
- Shared information/educational material with teammates or friends.
- Encouraged someone to seek help.
- Sought help for someone.
- Confronted a teammate or friend about alcohol, tobacco or other drug use.
- Chose not to drink in a situation where others were drinking.
- Encouraged a friend or teammate to follow the team's alcohol, tobacco or other drug policy.
- Looked out for the safety of a friend or teammate.
- Helped take safety measures with a group.
- Took someone's keys.
- Intervened in a potentially violent situation.
- Called 911 about an emergency.
- Provided care for an intoxicated person.

Roundtable Discussion

- ¥ Team/Group Leadership
- ¥ Peer or Cross-Age Education
- ¥ Peer Intervention
- ¥ Special Action Groups

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Roundtable Discussion Questions

	Team Leadership and Influence	Peer or Cross-Age Influence	Peer Intervention	Special Action Groups
1. How can you identify or select youth leaders?				
2. What activities are youth leaders expected to conduct?				
3. Who is the target group that the youth leaders will serve?				

Roundtable Discussion Questions

	Team Leadership and Influence	Peer or Cross-Age Influence	Peer Intervention	Special Action Groups
4. How should these youth leaders be trained?				
5. What training and experience should the adult leaders who oversee the program have?				
6. What would be some indicators of program effectiveness (evaluation)?				

Module 5

Critical Ingredients

- ¥ Variety of opportunities to involve youth
- ¥ Selection of appropriate youth
  - Behavior
  - Reflection of others to be served
- ¥ Opportunity to contribute
- ¥ Ownership & involvement
- ¥ Standards & accountability

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Critical Ingredients

(continued)

- ¥ Skills training
- ¥ Interactive approach (face to face interaction)
- ¥ Supportive adults
- ¥ Reflection & processing
- ¥ Sufficient frequency & duration

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Suggested Additional Readings

These articles, guides, government documents, and Web sites have proven useful in our Òyouth as leadersÓ collection of materials. The research isnÕt conclusive about the effectiveness of using youth in prevention efforts, but we do know that these efforts are at the very least a promising strategy. Many outstanding programs have not been well evaluated and therefore do not show up in the research literature. Therefore, this list is not comprehensive, but a helpful starting point in search of research-based information about youth-led prevention efforts. To find out more about receiving these materials, call your local public library or your Regional Alcohol and Drug Awareness Resource (RADAR) Network center site. To determine which RADAR site serves you, search **www.health.org/radar/pbsearch.htm** by city, state or member type.

PRINT SOURCES

1. **The Effects of School-Based Substance Abuse EducationÑA Meta-Analysis, Robert L. Bangert-Drowns. The Journal of Drug Education 1988 18 (3): 243-264.**
   An advanced statistical method, called a meta-analysis, was used to summarize and integrate the findings of 33 evaluations of school-based alcohol and drug education programs. The goal was to identify the positive effects of substance-abuse education and describe the characteristics of programs that appear to change the knowledge, attitudes, or drug-using behavior of students. School-based substance abuse education appears to be most effective at increasing studentsÕ drug-related knowledge. Attitudes about drug use are more resistant to change and drug using behavior is least likely to be changed by drug education programs. There are several study features that were consistently related to positive program effects. The use of peers as the primary source of instruction was associated with the largest attitudinal effects. Attitude change was not as drastic when adults delivered the program, and this was especially true when the program was primarily delivered via lectures, as opposed to a more interactive mode of delivery such as group discussion. Peers may be viewed as more reliable sources of normative information on drug use. Furthermore, decreases in drug use were observed for students who volunteered to participate in a program but were not observed for students who were required to participate. Students who choose to participate in a drug education program may feel more personally involved and intrinsically motivated to complete the program. *(Abstract furnished by the Tanglewood Research Prevention Knowledge Base.)*

2. **The Case for Peers, Bonnie Benard. Portland, OR: Northwest Regional Educational Laboratory. 1990. ED 327 755.** The strength of this article is its rationale for using peers as leaders. Benard believes that the concept of youth service must be infused throughout the school experience, starting with pre-school. This paperÕs definition of peer resources include: youth service, cooperative learning, peer tutoring, cross-age tutoring, peer helping, peer mediation, peer leadership, and youth involvement.

3. **Peer Helping/Involvement: An Efficacious Way to Meet the Challenge of Reducing Alcohol, Tobacco and Other Drug Use Among Youth? David R. Black, Nancy S. Tobler, and John P.Sciacca. Journal of School Health. 1998 68 (3): 87-93.** The findings in this article are based on a 1997 meta-analysis by Tobler and Stratton whose Òfindings are in agreement with those presented in other review articles.Ó School students are statistically superior to non-interactive didactic, lecture programs led by teachers or researchers.Ó A detailed review of

interactive versus non-interactive programs, leaders and delivery methods are discussed. This and a review of two effective peer-helping model programs, that follow the National Peer Helper Association programmatic standards, make this a useful, informative read.

4. **Adolescent Substance Abuse Prevention: An Overview of the Literature, Barbara N. Logan. Family and Community Health. 1991 13 (4): 25-36.** This article discusses three serious problems of ATOD prevention research and the resulting negative consequences of those problems. Logan also outlines several different models or intervention strategies, discusses school-based programs and their outcomes and the effects of peer-led programs. Family-focused and community-based programs are also addressed with a concluding discussion of Òwhat worksÓ and implications for health professionals.

5. **Meta-Analysis of 143 Adolescent Drug Prevention Programs: Quantitative Outcome Results of Program Participants Compared to a Control or Comparison Group, Nancy S. Tobler. Journal of Drug Issues. 1986 16 (4): 537-567.** This is a ÒcornerstoneÓ type of article that others frequently cite. This meta-analysis of the outcome results of identified programs is intended to help identify the most effective program modalities for reducing teenage drug use. In addition to looking at types of programs, five major modalities are identified and their effect sizes computed for five distinctly different outcomes: knowledge, attitudes, use, skills, and behavior changes. Peer programs included: positive peer influence; peer teaching; peer counseling, helping and facilitating; or peer participation in addition to refusal skills and, in some cases, social and life skills. Overall, peer programs are the only types of program showing change toward reducing drug-use (abusing) behaviors and alternative programs are equally successful for special population groups.

6. **Effectiveness of School-Based Drug Prevention Programs: A Meta-Analysis of the Research, Nancy S. Tobler and Howard H. Stratton. The Journal of Primary Prevention 1997 18 (1): 71-128.** This study measured the effectiveness of 120 school-based drug prevention programs. Two major types of programs were identified: interactive and non-interactive. The interactive programs proved superior both clinically and statistically. Additionally, ÒÉno statistically significant differences were observed for any of the leaders. Importantly, the interactive programs were not dependent on peer leaders for success. Most often, the peer leader was a co-partner with an adult leader. This does not negate the importance of using peer-leaders to set the stage, initiating dialogue and act in supportive roles.Ó

7. **A Method in Search of a Theory: Peer Education and Health Promotion, G. Turner and J. Shepherd. Health Education Research: Theory and Practice. 1999 14 (2): 235-247.** This article shows how peer education in health promotion is tied to theory. The authors review a set of commonly cited theories and review to what extent they have value or relevance to peer education in health promotion. The conclusion states that, ÒÉwhile most theories have something to offer towards an explanation of why peer education might be effective, most theories are limited in scope and there is little empirical evidence in health promotion practice to support them. Peer education would seem to be a method in search of a theory rather than the application of theory to practice.Ó

8. **Positive Youth Activities: Substance Abuse Resource Guide, Center for Substance Abuse Prevention, 1998.** This guide was created to help readers incorporate positive activities into their drug abuse prevention strategies. The guide

also highlights prevention materials, identifies national organization that focus on youth activities, and provides additional resources for more information. Copies may be obtained from the ERIC database at **http://ercae.net/ericdc/ED424524.htm**

9. **A Review of Alternative Activities and Alternative Programs in Youth-Oriented Prevention, CSAP Technical Report 13, Center for Substance Abuse Prevention, 1996.** This document serves as a basis from which the alternative prevention strategy might be better understood and implemented. It draws attention to research examining the long-held belief that alternatives programs can provide youth with the skills and the desire to refrain from alcohol and drug use. Available online at **www.drugs.indiana.edu/prevention/alternatives.html.**

10. **Preventing Crime: What Works, What DoesnÕt, and WhatÕs Promising . 1997 Office of Justice Programs Research Report, by University of Maryland, Department of Criminology and Criminal Justice. To order a free copy call 800.851.3420, or e-mail askncjrs@ncjrs.org or access it online in a PDF format at http://www.ncjrs.org/pdffiles/171676.pdf.** Consult this source for more information on what works in crime prevention. Research conclusions excerpted from page 3Ð21 and 3Ð24 are: ÒCareful examination of community-based mentoring evaluations supports a conclusion that they are a promising approach to preventing crime risk factors, notably drug use.Ó In an evaluation of the Big Brothers/Big Sisters program, Òthe treatment group children [those in mentoring relationships] had a 45 percent less reported onset of drug abuse than the control group children, who had been put on the waiting list. They also had a 27 percent less onset of alcohol use, and 32 percent less frequency of hitting someone. The program also reduced truancy: treatment group children skipped 52 percent fewer days of school and 37 percent fewer classes on days they were in school.Ó Pages 5Ð46 through 5Ð48 conclude: ÒPeer mediation programs are not promising although they have not been sufficiently evaluated. These programs are likely to be ineffective interventions when implemented as stand-alone programs rather than as part of broader attempts to improve disciplinary practices. Peer counseling interventions for high-risk youth are contradicted, and studies using peer leaders to lead substance abuse prevention programs have produced mixed results.Ó In addition Òschool-based mentoring programs appear promising for reducing nonattendance but have not been studied with sufficient rigor to justify confident conclusions about their effectiveness for reducing delinquency or substance use.Ó

11. **Common Reasons Why Peer Education Fails. Walker SA, Aves M. J Adolesc 1999 Aug;22(4):573-7** Peer education can fail. The reasons are numerous and can usually be avoided with clear planning. The most common reasons cited for failure relate to project design and implementation difficulties. The aim of this review is to identify the primary reasons for the failure of peer education programs in order to help project managers avoid making similar mistakes in the future.

Youth Development/Leadership Web Resources

The following Web sites are a starting point for looking at information to support youth development and leadership. For a more detailed set of links on related topics go to **http://ccapt.org/links.html**

¥ **Four Directions Electronic Mentoring Project**
http://www.tapr.org/4d
Funded by the U.S. Department of Education, this project is specifically designed to link volunteer online mentors with Native American students and their teachers located in remote, rural areas.

¥ **The National Mentoring Partnership**
http://www.mentoring.org
The National Mentoring Partnership is an advocate for the expansion of mentoring and a resource for mentors and mentoring initiatives nationwide. Includes a very useful resources section which includes information about experts, effective practices, and research.

¥ **National Youth Development Information Center**
http://www.nydic.org
Information-rich site includes an easy-to-search database with numerous documents on peer programming, youth participation, and youth development, along with instructions on how to order them. Detailed set of links specific to youth development professionals and thoughtful research and evaluation sections make this a Òmust seeÓ site.

¥ **National Clearinghouse for Alcohol and Drug Information**
http://www.health.org
This site will keep you well informed about new, ongoing and past campaigns or initiatives involving caring adults and youth working together in prevention.

¥ **Project Northland**
http://www.ccapt.org/northland.html
Project Northland seeks to delay or reduce alcohol use among adolescents in north eastern Minnesota using a community-wide, multiple component intervention program. Youth action teams are a significant feature of Project Northland. This paper summarizes the community components of the project including the activities of the youth action teams.

¥ **Quest International**
http://www.quest.edu
The Quest mission is to empower and support adults throughout the world to nurture responsibility and caring in young people where they live, learn, work and play. A strength of this site is its extensive links section which is nicely organized by category.

¥ **Youth As Resources (YAR)**
http://www.yar.org
YAR is a community-based program that provides small grants to young people to design and carry out service projects that address social problems and contribute to significant community change.

¥ **The Center for Youth Development and Policy Research**
http://cyd.aed.org
The CenterÕs mission for the next ten years is to be both opportunistic and strategic on a national and local level in shifting the public debate and commitment from youth problems to youth development. Their goals are to make Òwhat worksÓ available in order for youth to be productive and involved citizens to increase the number of people, places, and possibilities available to young people by the year 2005; to strengthen and support local systems in order to build a comprehensive youth development infrastructure; and to increase public will to support positive development for all youth.

Do you have other suggestions for this list of Web sites? Send any feedback or suggestions to Nicole Reinarz Stover, Associate Prevention Specialist, at Central CAPT, nreinarzstover@miph.org.

Growing

Absolutely Fantastic Youth

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Ordering Information

Up to 5 copies of Growing Absolutely Fantastic Youth can be ordered for free by contacting sharon.bonniwell@state.mn.us Permission is granted to photocopy this publication. After July 1, 2000, Growing Absolutely Fantastic Youth will be available as a PDF file on the Konopka Institute web-site <http://www.konopka.umn.edu>

YOUTH AS ASSETS

Ten Tips for Communities:

➥ Always start with the gifts, talents, knowledge, and skills of young people. Find out what they like to do and what they are good at doing.

➥ Always look for the positive in a unique individual.

➥ Every community is filled with useful work and service opportunities for young people. The corollary of this is that there is no community, institution or organization that cannot find a useful role for a young person.

➥ Always distinguish between real work and games or simulations, because young people can.

➥ Fight age segregation. Youth today are the most age-isolated generation in our history, to everyoneÕs detriment.

➥ Avoid aggregating people, especially young people, by what they donÕt have. Too often, we group people by their deficiencies instead of letting those who can help those who canÕt.

➥ Move as quickly as possible beyond Òyouth advisory boardsÓ or committees with only one youth on them.

➥ Constantly cultivate opportunities for young people to teach and lead.

➥ Constantly reward and celebrate creativity, energy and effort - loudly and with spirit. Whenever possible, let young people take the lead on the form the celebration will take.

➥ Amplify continuously Òwe need you.Ó Young people are not a problem, they are our solution.

Developed by:

The Youth as Assets tip sheet is the work of Co-Director Dr. John Kretzman of the Asset-Based Community Development (ABCD) Institute at Northwestern University.

More information about the

Asset-Based Community Development Institute and the Institute for Policy research at Northwestern University can be found at <http://www.nwu.edu/IPR/abcd.html>.

It is people, not programs, that matter.