Module Two
Prevention Research

Time

The anticipated time for the module is 4 hours.

Learning Objectives

Participants will be able to

- Define evidence-based prevention
- Describe the risk factors/protective factors theory of substance abuse prevention, the resiliency approach, and the Developmental Assets framework
- Apply the risk factors/protective factors approach to a case study

INFORMATION SHEET: Risk Factors

Domains	Risk Factors	Adolescent Problem Behaviors					
	Risk factors are characteristics of individuals, their families, schools, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors increase the likelihood that children and young people may develop such problem behaviors.	Substance Abuse	Depression and Anxiety	Delinquency	Teen Pregnancy	School Dropout	Violence
Community	Availability of alcohol/other drugs	✔					✔
	Availability of firearms			✔			✔
	Community laws and norms favorable to drug use, firearms, and crime	✔		✔			✔
	Transitions and mobility	✔	✔	✔		✔	
	Low neighborhood attachment and community disorganization	✔		✔			✔
	Media portrayals of violence						✔
	Extreme economic deprivation	✔		✔	✔	✔	✔
Family	Family history of the problem behavior	✔	✔	✔	✔	✔	✔
	Family management problems	✔	✔	✔	✔	✔	✔
	Family conflict	✔	✔	✔	✔	✔	✔
	Favorable parental attitudes and involvement in problem behaviors	✔		✔			✔
School	Academic failure beginning in late elementary school	✔		✔	✔	✔	✔
	Lack of commitment to school	✔		✔	✔	✔	✔
Individual / Peer	Early and persistent antisocial behavior	✔	✔	✔	✔	✔	✔
	Rebelliousness	✔		✔		✔	
	Friends who engage in the problem behavior	✔		✔	✔	✔	✔
	Favorable attitudes toward the problem behavior (including low perceived-risk of harm)	✔		✔	✔	✔	
	Early initiation of the problem behavior	✔		✔	✔	✔	✔
	Gang involvement	✔		✔			✔
	Constitutional factors	✔	✔	✔			✔

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The Risk Factors/Protective Factors Theory

Prevention according to the risk factors/protective factors theory is based on a simple premise: To prevent a problem, we need to identify the factors that increase the risk that the problem will develop and then find ways to reduce the risk. At the same time, we must identify those protective factors that buffer individuals from the risk factors in their environments and then find ways to increase the protection.

Risk- and protective-factor-focused prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington in Seattle. In the early 1980s, they conducted a review of 30 years of youth substance abuse and delinquency research and identified risk factors for adolescent drug abuse and delinquency. They have continually updated this review. Other researchers—including Joy Dryfoos, Robert Slavin, and Richard Jessor—have reviewed the literature on behavior problems, such as school dropout, teen pregnancy, and violence, and the identified risk factors of these problems. Recently, risk factors have been identified for a sixth adolescent problem behavior, depression and anxiety.

Young people who are at risk of either juvenile delinquency, substance abuse, school dropout, teenage pregnancy, violence, or depression and anxiety are more likely to be at risk in other ways as well. Furthermore, all of these teen problems share many common risk factors.

Before looking at the risk factors and the problems they predict, it is important to establish a working definition of the terms “delinquency” and “violence.” For our purposes, delinquency is defined as “crimes committed by juveniles younger than 18.” Violence is defined as “acts against a person that involve physical harm or the threat of physical harm.”

The primary focus of substance abuse prevention programs is reducing substance abuse; however, since problem behaviors—including substance abuse, violence, delinquency, teenage pregnancy, school dropout, and depression and anxiety—share many common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

The following is a summary of the research-based risk factors and the problem behaviors they predict.

Community Risk Factors

Availability of Drugs

(Substance Abuse and Violence)

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. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime

(Substance Abuse, Delinquency, and Violence)

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, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of how community law can affect drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use at a social activity within the community. The “Beer Gardens,” popular at street fairs and community festivals frequented by young people, are in contrast to the “Just Say No” messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime, and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. Some studies suggest that the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms that include lack of proactive monitoring or enforcement of the laws.

Community Risk Factors – continued

Transitions and Mobility

(Substance Abuse, Delinquency, School Dropout, and Depression and Anxiety)

Even normal school transitions predict increases in problem 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 transitions, problem behaviors increase.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

Low Neighborhood Attachment and Community Disorganization

(Substance Abuse, Delinquency, and Violence)

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods.

Communities of diversity must pay special attention to creating a shared community identity and common goals, as well as creating attachment and organization within subgroups.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players in the neighborhood—such as merchants, teachers, police, and human and social services personnel—live outside the neighborhood, residents' sense of commitment may not be strong. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

Community Risk Factors – continued

Extreme Economic Deprivation

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

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, and 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

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk that the children themselves will have alcohol and other drug problems increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves.

Family Management Problems

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all of the problem behaviors. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver appears to matter less than whether children experience much conflict in their families. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

Family Risk Factors – continued

Parental Attitudes and Involvement in Drug Use, Crime, and Violence

(Substance Abuse, Delinquency, and Violence)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk that the young person will use marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior, children are at greater risk of becoming violent.

Further, in families where parents involve children in their own drug or alcohol behavior—for example, by asking them to light their cigarettes or bring them beer from the refrigerator—children are more likely to become drug abusers in adolescence.

School Risk Factors

Academic Failure Beginning in Elementary School

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Beginning in the late elementary grades (grades 4-6), academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons, social as well as academic. The experience of failure—not necessarily lack of ability—appears to increase the risk of problem behaviors.

This is particularly troubling because in many school districts African-American, Native-American, and Hispanic students have disproportionately higher rates of academic failure compared with white students. Consequently, school and instructional improvement and reducing academic failure for all students are particularly important prevention strategies for ethnic minorities and can involve culture-specific strategies.

Lack of Commitment to School

(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Low commitment to school means the young person has ceased to see the role of student as a valuable one. Those who do not have commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

School Risk Factors – continued

In many communities of color, education is seen as a "way out," just as it was among the early immigrants. Other subgroups in the same community may view education and school as a form of negative acculturation; young people who adopt this view are likely to be at higher risk for health problems and problem behaviors.

Individual/ Peer Risk Factors

Early and Persistent Antisocial Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression & Anxiety)

Boys who are aggressive in grades K through 3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior before Kindergarten in very early childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, the risk of problems in adolescence is even greater. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk of drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

Alienation/Rebelliousness

(Substance Abuse, Delinquency, and School Dropout)

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 of drug abuse, delinquency, and school dropout.

Individual/ Peer Risk Factors – continued

Alienation and rebelliousness may be an especially significant risk for young minorities. Children who consistently experience discrimination may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many minority communities are experiencing significant cultural change because of integration. The conflicting emotions that children in these communities feel when family and friends work, socialize, or marry outside of their culture may well interfere with their development of a clear and positive racial and cultural identity.

Friends Who Engage in the Problem Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Young people who associate with peers who engage in problem behavior— delinquency, substance abuse, violent activity, sexual activity, or school dropout—are much 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.

Gang Involvement

(Substance Abuse, Delinquency, and Violence)

Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency, and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior.

Favorable Attitudes Toward the Problem Behavior

(Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

During the elementary school years, children usually express antidrug, anticrime, and prosocial attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in

Individual/ Peer Risk Factors – continued

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.

Early Initiation of the Problem Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

Constitutional Factors

(Substance Abuse, Delinquency, Violence, and Depression & Anxiety)

Constitutional factors may have a biological or physiological basis. These factors are often seen in young people who engage in sensation-seeking and low harm-avoidance behavior and those who demonstrate a lack of impulse control. Fetal alcohol and drug exposure, environmental poisoning, and brain injuries are some other examples of constitutional factors. These factors appear to increase the risk that young people will abuse drugs, engage in delinquent behavior, and commit violence.

Generalizations About Risks

- **Risks exist in multiple domains.**
  Risk factors exist in all areas of life—community, family, school, and individual/peer relations. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks in all areas.

- **The more risk factors are present, the greater is the risk.**
  While exposure to one risk does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate all the risk factors, reducing or eliminating even a few risk factors may significantly decrease problem behaviors of young people in that community.

- **Common risk factors predict diverse problem behaviors.**
  Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to reduce a number of different

problems in the community.

Generalizations About Risks – continued

- **Risk factors appear to consistently affect different races and cultures.**
  While levels of risk may vary in different racial or cultural groups, the way these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.

- **Protective factors may buffer exposure to risk.**
  Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood that problem behaviors will arise.

Protective Factors and the Social Development Strategy

Some young people who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts, or teen parents. Balancing the risk factors are factors that protect young people from exposure to risk, either by reducing the impact of risk factors or by changing the way young people respond to risks. The importance of protective factors cannot be overstated because they promote positive behavior, health, well-being, and personal success. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

- **Individual Characteristics**
  Research has identified three individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: a resilient temperament, a positive social orientation, and intelligence. Intelligence, however, does not protect against substance abuse.

- **Bonding**
  Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.

  To build bonding, three conditions are necessary: opportunities, skills, and recognition. Children must be provided with opportunities to contribute to their communities, families, peers, and schools. The challenge is to provide children with opportunities that they consider meaningful that help them feel responsible and significant.

  Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.

Protective Factors and the Social Development Strategy – continued

- **Healthy Beliefs and Clear Standards**
  The people with whom young people have bonds need to have healthy beliefs about substance use and other problem behaviors, as well as clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers, and communities set clear standards for children's behavior, when these standards are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

  The Social Development Strategy shows how protective factors work together to help young people engage in healthy behaviors. Families, schools, and communities encourage young people's healthy behaviors by communicating healthy beliefs and clear standards, or expectations, for their behavior in relation to substance use and other issues.

Young people are more likely to follow these standards if they have strong bonds with their families, schools, and communities. These bonds can be kept strong by offering young people opportunities for meaningful involvement in their families, schools, and communities; by teaching them the skills they need to be successful in their involvement; and by recognizing them for their efforts and accomplishments. And finally, certain individual characteristics, such as a positive social orientation and a resilient temperament, support young people in taking advantage of the opportunities they are offered and may even help define the types of opportunities that will be meaningful to them.

For more information on the risk and protective factor theory, consult Hawkins, J. D., Catalano, R. R., & Miller, J. Y. (1992) and Hawkins, J. D. (2002).

Actively Creating Healthy Communities

Research supports the importance of a community focus.

- Risk and protective factors are found in all aspects of the community: schools, families, individuals, and the community. Community efforts can affect the entire local environment, including community norms, values, and policies.
- Because substance abuse is a phenomenon influenced by multiple risk factors, its prevention may be most effectively accomplished with a combination of interventions.

Actively Creating Healthy Communities – continued

- A community-wide approach promotes the development of strong bonds to family, community, and school.

Because community approaches are likely to involve a wide spectrum of individuals, groups, and organizations, they create a base of support for behavior change. The firm support of community leaders and their involvement in a prevention effort are likely to lead to long-term behavior change. This reallocation of resources to reduce risk factors and enhance protective factors becomes feasible with support from community leaders.

Programs and strategies gradually become integrated into the regular services and activities of local organizations and institutions. The community-wide focus creates a synergy; the whole is more powerful than the sum of its parts.

Because many attempts to change families, schools, and other institutions have operated in isolation, they have had limited success. For meaningful change to occur, multiple interconnected forces within the community must begin to share a vision and agenda. Six strategies for creating a comprehensive community approach to prevention will be discussed later in this section.

Portions of the Risk Factors/Protective Factors Approach were reprinted with permission from Developmental Research and Programs, Seattle, WA, developers of *Communities That Care*,© an operating system for risk- and protective-factor-focused prevention.

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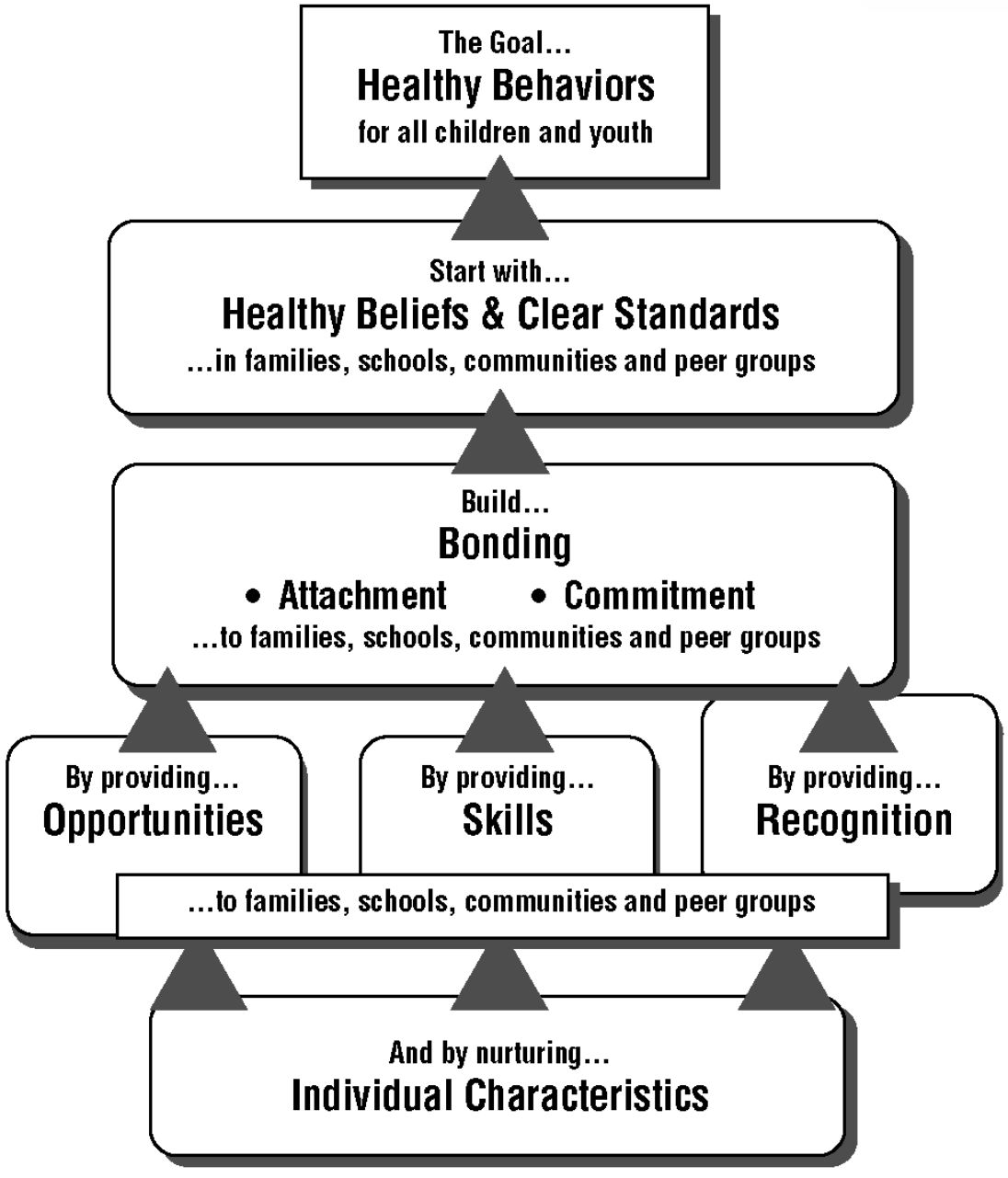
Additional resource: Schinke, S.., Brownstein, P., & Gardner, S. *Science-Based Prevention Programs and Principles, 2002*. DHHS Publication No. (MSA) 03-3764. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2002.

Building Protection: Social Development Strategy



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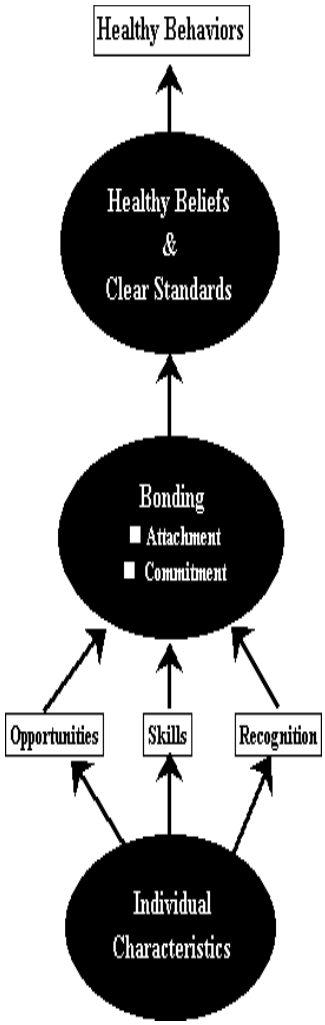
Risk and Protective Factor Framework

The following graph supports a public health model using a theoretical framework of risk reduction and protection enhancement. Developments in prevention and intervention science have shown that characteristics of individuals, their families, and their environment (i.e., community neighborhoods, schools) affect the likelihood that individuals will engage in substance abuse, delinquency, violence, and school dropout. Other characteristics serve to protect or provide a buffer to moderate the influence of the negative characteristics. These characteristics are identified as risk factors and protective factors (Arthur, Hawkins, et al., 1994; Hawkins, Catalano, Miller, 1992).

Domains	Risk Factors	Adolescent Problem Behaviors						Protective Factors	Social Development Strategy (SDS)
	Risk factors are characteristics of individuals, their families, schools, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors increase the likelihood that children and young people may develop such problem behaviors.	Substance abuse	Depression/anxiety	Delinquency	Teen pregnancy	School dropout	Violence	*Factors associated with reduced potential for drug use are called protective factors. They encompass family, social, psychological, and behavioral characteristics that can provide a buffer for young people. These factors mitigate the effects of risk factors.*	*SDS is a synthesis of three existing theories of criminology (control, social learning, and differential association). It incorporates the results of research on risk and protective factors for problem behaviors and a developmental perspective of age, specific problem, and prosocial behavior. It is based on the assumption that children learn behaviors.*
Community	Availability of alcohol/other drugs	✔					✔	Opportunities for prosocial involvement in community Recognition for prosocial involvement	
	Availability of firearms			✔			✔		
	Community laws and norms favorable to drug use, firearms, and crime	✔		✔			✔		
	Transitions and mobility	✔	✔	✔		✔			
	Low neighborhood attachment and community disorganization	✔		✔			✔		
	Media portrayals of violence						✔		
	Extreme economic deprivation	✔		✔	✔	✔	✔		
Family	Family history of the problem behavior	✔	✔	✔	✔	✔	✔	Bonding to family with healthy beliefs and clear standards Attachment to family with healthy beliefs and clear standards Opportunities for prosocial involvement Recognition for prosocial involvement	
	Family management problems	✔	✔	✔	✔	✔	✔		
	Family conflict	✔	✔	✔	✔	✔	✔		
	Favorable parental attitudes and involvement in problem behaviors	✔		✔			✔		
School	Academic failure beginning in late elementary school	✔		✔	✔	✔	✔	Bonding and attachment to school Opportunities for prosocial involvement Recognition for prosocial involvement	
	Lack of commitment to school	✔		✔	✔	✔	✔		
Individual / Peer	Early and persistent antisocial behavior	✔	✔	✔	✔	✔	✔	Bonding to peers with healthy beliefs and clear standards Attachment to peers with healthy beliefs and clear standards Opportunities for prosocial involvement Increase in social skills	
	Rebelliousness	✔		✔		✔			
	Friends who engage in the problem behavior	✔		✔	✔	✔	✔		
	Favorable attitudes toward the problem behavior	✔		✔	✔	✔			
	Early initiation of the problem behavior	✔		✔	✔	✔	✔		
	Gang involvement	✔		✔			✔		
	Constitutional factors	✔	✔	✔			✔		



The Resiliency Approach

The resiliency approach stems from research of young people from troubled backgrounds who have bounced back when the odds were stacked against them. Researcher Emmy Werner (1986) identified the following environmental factors that foster resilience in kids:

- 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 for best results)
- the number and type of people available to help the mother rear the children (such as grandparents, aunts, or 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 a multigenerational network of friends, teachers, and relatives during adolescence
- church attendance

Werner conducted a 35-year longitudinal study of 505 children born on Kauai, Hawaii. Her research explored how children remained resilient despite the risk factors in their lives. Although Werner's study did not provide a simple, single list of risk or protective factors, several themes did emerge. The risk factors included poverty, parental psycho-pathology, care-giving deficits, delinquencies, and teenage parenthood. Werner identified three clusters of protective or resiliency factors. First, average intelligence and positive disposition attributes, such as robustness, vigor, and an active and social temperament, provided resiliency for children. Second, affectionate ties with parental substitutes, such as teachers and other mentors, helped develop trust, autonomy, and initiative in children. Finally, external support systems, such as churches, youth groups, and schools, rewarded competence and provided coherence for youth.

Werner and others have concluded that kids who overcome adversity better than others tend not to seek formal professional or institutional help. Instead, they turn to people they've grown to trust, such as teachers, school counselors, ministers, grandparents, and friends.

Steven and Sybil Wolin, directors of Project Resilience, a Washington-based training and consulting project, see the following characteristics of resilient children:

- The children conclude that their parents' problems have nothing to do with them. They see through lies and mistreatment and they develop a cherished belief in truth and honesty.
- They spend extra time at school, in libraries, or in neighbors' homes, developing more meaningful relationships than they'll ever develop with their parents or guardians.

Werner has several suggestions for schools to foster resilient children:

- Establish better relations with local companies and community groups to encourage college students and grownups to work as mentors.

- Avoid cutting art, music, or athletic programs.

- Establish school schedules that allow students to have the same teachers for at least two years.

- Decrease class sizes.

Note:
The resiliency approach is considered a "promising" approach because most research has not yet conclusively shown that increasing resiliency leads to a reduction in the prevention of substance abuse (Bushweller, 1995).

The list of risk and protective factors developed in the resiliency approach differs from those identified by Hawkins and Catalano. Although these factors may overlap in some areas, the conclusions made regarding the factors are in some cases unique. For more information about this approach, consult Werner, E. E. (1986).

The Developmental Assets Framework

Since 1989, Search Institute has been conducting research—grounded in the vast literature on resilience, prevention, and adolescent development—that has illuminated the positive relationships, opportunities, competencies, values, and self-perceptions that young people need to succeed. The institute's framework of "Developmental Assets" grows out of that research, which has involved more than 1 million adolescents in grades 6 through 12 in communities across the country. Developmental Assets are the building blocks that all young people need to be healthy, caring, principled, and productive (Scales & Leffert, 1999).

The Developmental Assets framework points to a variety of strategies to build assets for young people. Some of these strategies call for establishing caring relationships between adults and young people. Other strategies call for providing an environment in schools, homes, and communities that is conducive to building assets. And still other strategies call for formal structures like programs and practices that help build assets for young people. All the strategies rely on an awareness of the framework, on an assessment of the assets of each person, on an inventory of the resources available to build the assets, and finally on an implementation and continuation of the strategies.

Following is a list of the 40 Developmental Assets. They are divided into "external" assets and "internal" assets.

External assets are support, empowerment, boundaries and expectations, and constructive use of time. The "support" category refers to ways children are loved, affirmed, and accepted. The "empowerment" category focuses on community perceptions of children and the opportunities available to them to contribute to society in a meaningful way. "Boundaries and expectations" refer to the provision of clear rules, consequences, and high expectations, coupled with positive role models. And "constructive use of time" refers to the value of having children engage in constructive, positive activities.

Internal assets are the commitment to school, positive values, social competencies, and positive self-identity that young people develop to guide themselves. "Commitment to school" refers to commitment to the learning and educational process, as well as to achievement motivation and school bonding. "Positive values" include honesty, responsibility, and integrity. "Social competencies" refer to skills in conflict resolution and interpersonal interactions. And "positive self-identity" refers to self-esteem, sense of purpose, and other self-actualized behaviors.

Note:
The Developmental Assets framework is viewed only as a "promising" approach, not a "best" approach, because although data indicate an association between the presence of assets and the absence of substance abuse, research has not yet conclusively shown that increasing assets reduces or delays substance abuse. For more information about this approach, consult Scales, P., & Lejfert, N. (1999).

40 Developmental Assets

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	
Support	1. **Family support**—Family life provides much love and support. 2. **Positive family communication**—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). 3. **Other adult relationships**—Young person receives support from three or more nonparent adults. 4. **Caring neighborhood**—Young person experiences caring neighbors. 5. **Caring school climate**—School provides a caring, encouraging environment. 6. **Parent involvement in schooling**—Parent(s) are actively involved in helping young person succeed in school.
Empowerment	7. **Community values young people**—Young person perceives that adults in the community value the young. 8. **Youth as resources**—Young people are given useful roles in the community. 9. **Service to others**—Young person serves in the community one hour or more per week. 10. **Safety**—Young person feels safe at home, at school, and in the neighborhood.

CATEGORY	ASSET NAME AND DEFINITION
Boundaries and Expectations	11. **Family boundaries**—Family has clear rules and consequences, and monitors the young person's whereabouts. 12. **School boundaries**—School provides clear rules and consequences. 13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring young people's behavior. 14. **Adult role models**—Parent(s) and other adults model positive, responsible behavior.
EXTERNAL ASSETS **Boundaries and Expectations** – continued	15. **Positive peer influence**—Young person's best friends model responsible behavior. 16. **High expectations**—Both parent(s) and teachers encourage the young person to do well.
Constructive Use of Time	17. **Creative activities**—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. **Youth programs**—Young person spends three or more hours per week in sports, clubs, or organizations at school or in the community.
	19. **Religious community**—Young person spends one or more hours per week in activities in a religious institution. 20. **Time at home**—Young person is out with friends "with nothing special to do" two or fewer nights per week.

CATEGORY	ASSET NAME AND DEFINITION
INTERNAL ASSETS	
Commitment to Learning	21. **Achievement motivation**—Young person is motivated to do well in school. 22. **School engagement**—Young person is actively engaged in learning. 23. **Homework**—Young person reports doing at least one hour of homework every school day. 24. **Bonding to school**—Young person cares about her or his school. 25. **Reading for pleasure**—Young person reads for pleasure three or more hours per week.
Positive Values	26. **Caring**—Young person places high value on helping other people. 27. **Equality and social justice**—Young person places high value on promoting equality and reducing hunger and poverty. 28. **Integrity**—Young person acts on convictions and stands up for her or his beliefs.
INTERNAL ASSETS	
Positive Values – continued	29. **Honesty**—Young person "tells the truth even when it is not easy." 30. **Responsibility**—Young person accepts and takes personal responsibility. 31. **Restraint**—Young person believes it is important not to be sexually active or to use alcohol or other drugs.

CATEGORY	ASSET NAME AND DEFINITION
Social Competencies	32. **Planning and decision making**—Young person knows how to plan ahead and make choices. 33. **Interpersonal competence**—Young person has empathy, sensitivity, and friendship skills. 34. **Cultural competence**—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. **Resistance skills**—Young person can resist negative peer pressure and dangerous situations. 36. **Peaceful conflict resolution**—Young person seeks to resolve conflict nonviolently.
Positive Identity	37. **Personal power**—Young person feels he or she has control over "things that happen to me." 38. **Self-esteem**—Young person reports having high self-esteem. 39. **Sense of purpose**—Young person reports that "my life has a purpose." 40. **Positive view of personal future**—Young person is optimistic about her or his personal future.

Three Case Studies in Prevention

Spring Valley Case Study

Spring Valley, an ethnically and culturally diverse community, is located in a large northwestern metropolitan area. Each year, approximately 25 percent of the community relocates. Approximately 25 percent of Spring Valley adults have less than a sixth-grade education; 45 percent have finished the twelfth grade; 30 percent have college degrees. Spring Valley parents and caregivers work long hours. Most adults have full- or part-time jobs, with average annual incomes ranging from $15,000 to $60,000.

Many Spring Valley parents, of whom many are single, meet weekly at the community center for salad and dessert. On the weekends, Spring Valley adults participate in soccer games and attend other recreational and social events at the community center, which has a liberal alcohol-use policy.

Three spiritual communities—St. Mark's, the Faith Assembly of Christ, and the Calvary-Casa del Pueblo United Methodist Church—serve Spring Valley and the surrounding area. Each conducts several bilingual services, and two congregations offer English as a Second Language (ESL) programs.

Local businesses actively support the community. C&S Enterprises, a local computer firm, is working with the Spring Valley Chamber of Commerce to gain support for First Night, a family-oriented alcohol-free New Year's celebration. Parents and local businesses have worked together to provide access to the Internet for local schools, to renovate the community's day care facility, and to post bilingual signs in many local businesses.

Spring Valley also enjoys support from individual community residents. A local pharmacist recently realized that many of his customers, particularly retirees and immigrant families with young children, were not always following directions on prescription medications. He is working with several of the public schools and the area's retirement home to develop a bilingual education program that will be offered throughout the year as part of various community functions. Still, there are several vacancies on the boards of the three spiritual communities, and several seats on the community center board remain unfilled.

Silver City Case Study

Silver City is a western community of approximately 50,000 residents surrounded by farms and ranches. Two major interstate highways intersect in Silver City and connect to an international border and a sea port of entry. Downtown Silver City was redeveloped about 10 years ago and continues to remain clean, with little graffiti. Although Old Town and the rest of the downtown are mainly commercial, there are few large businesses and no major community funders other than United Way. Two industries that hire locally are a call-in catalog center and an airline mileage-plus program. For the past two years, mini-buses have run between downtown and nearby residential areas. The limited number of residential units in the downtown area consists of apartment buildings, many of which are owned and operated by the U.S. Department of Housing and Urban Development (HUD).

Because of Silver City's proximity to several national parks, tourism is a seasonal source of business. To encourage visitors, Silver City sponsors a yearly rodeo, the Tri-County Fair, a summer stock show, and a motorcycle rally, all of which attract up to 500,000 people. Dingbat Brewing Company cosponsors these events, displaying event banners sporting the company logo, and setting up beer tents separated from the family event area by portable fencing and controlled access.

One large mall, accessible by car, has 70 stores, including two anchor stores: Sears and J.C. Penney. Part-time, seasonal employment is competitive among adults and young people alike. Silver City is large enough to support an airport, a bus depot, and a train station, all of which employ community residents and sponsor community events. There are two community colleges and one university, Mid-Western Technical University. Faculty and students participate in mentoring programs within Silver City's public school system. Silver City Memorial Hospital serves the western half of the state and operates a major trauma center.

Based on a recent student survey, the Silver City public school system is reporting a small increase in drug use in grades 6 and 8. The survey also showed that students in grades 8, 10, and 12 had decreased perceptions of the harm of alcohol, tobacco, and marijuana use. It also revealed an increase in student truancy rates. In response, a small group of concerned parents is meeting to address these issues. The schools have an active program in which individual classes "adopt" a local business for one academic year.

Most community members are Caucasians whose families have lived in the area for generations. The small Native-American population remains isolated from community resources, maintaining links to its heritage by returning to the reservations at various times throughout the

Silver City Case Study – continued

year. Most of the small number of African Americans live at the nearby Air Force base. The Jewish community sponsors a homeless shelter, three soup kitchens, and a safe house for women and children who are victims of domestic violence. A second safe house recently opened and operates at capacity.

In a recent radio interview, the director of Silver City's Head Start program described the local gang population as "wannabes." She remarked that gang members primarily walk around the downtown area in groups. Local police are concerned about increasing petty crime and drug arrests, and local businesses have reported a decrease in business over the last two years.

Silver City's substance abuse problems have been primarily related to marijuana, alcohol, and speed. Crack cocaine and other substances found in large urban areas have not become common in Silver City.

Loganville Case Study

Loganville is a rural frontier community of 15,000 residents. Until recently, Loganville's population was mostly lower-middle class, but there has been an influx of upper-middle-class professionals, drawn to the area because of its proximity to scenic Lake Thoa.

Typically, both parents work outside the home, resulting in less parental supervision of the community's school-aged children. Most professionals commute to jobs in the metropolitan area, some distance away. Parents tend to be active in local politics and schools, especially with regard to budgets. The community's 21 churches represent a diversity of faith traditions and are well attended.

Most residents subscribe to *The Herald* and *The Review*, daily newspapers from nearby cities. Television and radio programs are also "feeds" from regional metropolitan stations.

Approximately 50 small businesses compose Loganville's business district, which includes bars and stores where beer, wine, liquor, and tobacco products can be easily purchased, even by those younger than 21. The local weekly newspaper, "The Independence," frequently carries articles on ATOD abuse, and these issues are often discussed at board of education and town council meetings. Long-time residents of Loganville and newer residents do not necessarily agree about these issues.

Approximately 3,000 students attend the township's public schools; another 1,000 students are enrolled in the local parochial school. Another 600 students attend the county vocational-technical school. Students are dismissed much earlier than most parents return home from work. Many of the community's teenagers have access to cars or pickup trucks and commonly report that "there is nothing to do in Loganville."

Loganville Public High School has an enrollment of 700 students, 70 percent of whom are white. African-American, Asian-American, and a small number of Hispanic-American students compose the remainder. Approximately 60 percent of graduates go on to four-year or community colleges. High school sporting events are well supported by the community.

Alcohol use is accepted as normal, even for teenagers. The children of lower-middle-class residents often smoke cigarettes, as do their parents. The children of upper-middle-class professionals tend not to smoke, although some local officials have noted a slight increase in smoking in this group. These parents attribute this change to the influence of the "poor" kids. The prevalence of other drug use is moderate.