

*keepin' it R.E.A.L.:* A DRUG RESISTANCE CURRICULUM  
TAILORED TO THE STRENGTHS AND NEEDS OF  
PRE-ADOLESCENTS OF THE SOUTHWEST

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ABSTRACT

Research has shown that students respond more favorably to drug prevention programs when they see their culture and themselves represented in the prevention message. Additionally, studies highlight **important** ethnic differences in drug behaviors and attitudes, indicating that students' ethnic culture should be considered in the creation of prevention programs. Because there are few effective, culturally grounded programs, new approaches are needed, particularly among Mexican American youth. This need inspired the Drug Resistance Strategies Project (DRS) to develop and test the *keepin' it R.E.A.L.* curriculum serving ethnically diverse seventh grade students residing in a large southwestern city. This article describes development of the *keepin' it R.E.A.L.* curriculum, focusing on the methods used to ensure cultural grounding. The article also reviews literature on cultural approaches in prevention, presents a theoretical framework, summarizes key outcomes of the curriculum evaluation, and concludes with recommendations for the development of prevention programs for ethnically diverse youth.

## INTRODUCTION

Drug prevention research suggests that the most successful prevention models for youth are those which incorporate norms, resistance, and other social skills, and reflect the culture and learning styles of the target audience in the substance and format of the intervention [1]. When youth are able to recognize themselves in the scenarios presented, they are more likely to relate to and support the prevention messages. Minority youth in particular have been found to respond more favorably to programs in which the teachers or characters presented are members of their own group [2, 3].

Many drug prevention programs, however, have neglected to consider the importance of ethnicity and culture, assuming that a standardized curriculum will be effective for students of all backgrounds. Standardized prevention messages often enforce dominant cultural values that do not validate or utilize minority children's cultural experiences. Some programs have made positive attempts to ground the curriculum in the culture of the children and communities they serve. In some cases, those efforts have fallen short by relying on simplistic and stereotypical representations of culture, and by using "ethnic glosses" or targeting umbrella or broad aggregates of groups as if they were actual ethnic groups [4, 5].

Culturally grounded programs are few, and further testing of their effectiveness is needed. This need for more research on culturally-grounded approaches inspired the current research by the Drug Resistance Strategies Project (DRS), a partnership between Arizona State University and Pennsylvania State University funded by a National Institute on Drug Abuse (NIDA) grant. DRS researchers developed a curriculum specific to pre-adolescents of the Southwest called *keepin' it R.E.A.L.* R.E.A.L. is an acronym for the four resistance strategies emphasized in the curriculum: Refuse, Explain, Avoid, and Leave. As in many areas in the U.S. Southwest, Phoenix has a high percentage of Mexican/Mexican American students, with Latinos constituting the numerical majority in many of the schools [6]. Therefore, students' ethnicity was central in the creation of the prevention curriculum.

To reflect the ethnic culture of the students receiving the prevention messages, the *keepin' it R.E.A.L. curriculum* relies on the children's cultural strengths and communication styles. There are three versions of the curriculum: one targeting Latino students (based on Mexican and Mexican American cultural values), another targeting Non-Latino students (primarily European American and African American), and a multicultural version (combining the Latino and Non-Latino versions). The curriculum focuses on equipping students with the skills necessary to resist drugs. Cultural values predominant (though not necessarily universal) in each targeted cultural group are accentuated in the lessons. The curriculum further reflects the students' ethnic culture through videos, illustrating the application of resistance skills in real life situations. The videos were scripted and filmed by

Phoenix high school students, therefore providing a visual manifestation of the voice of Phoenix students.

The present article describes the *keepin' it R.E.A.L. curriculum* and how it strives to set norms and teach resistance and other social skills through a culturally-grounded approach geared specifically toward a sample of ethnically diverse seventh graders residing in the southwestern United States. Curriculum development and content will be presented. In addition, curriculum evaluation results will document the positive outcomes attained.

## LITERATURE REVIEW

### **Skills-Based Prevention: Social, Resistance, and Refusal Skills**

Numerous school-based prevention strategies have been developed, with most programs incorporating three components: information dissemination, affective education, and social skill behavioral training [7-9]. "Information only" programs have been found to be ineffective, as many teenagers choose to become substance abusers each year despite their knowledge of drugs' detrimental health, social, and legal consequences [1]. As a result, over the past decade emphasis has shifted to behavioral skills and normative training [9, 10]. While recent research has raised questions about the uniform success of these programs [11, 12], the combination of resistance and other social skills with normative influences provides the most promising model of prevention [9, 10, 13; 14].

Botvin describes two social skills models fundamental to effective prevention [1]. The first, called the Social Influence Model, "is designed to increase adolescent's ability to resist social influences to smoke, drink or use drugs" [1, p. 369]. The second, the Personal and Social Skills Model, teaches "relatively general skills for coping with life that will have a broad application rather than a situation specific or problem specific application" [1, p. 371]. These models aim not only to teach adolescents to effectively resist drugs in specific situations but also to enable adolescents to more effectively cope in their environment which in turn will reduce their risk for drug use. Botvin's Life Skills Training Program (LST), a school-based approach designed to prevent alcohol, tobacco, and other drug use (ATOD) among youth, is an example of an effective skills-based program. It teaches skills for resisting social pressures to use drugs, helps students develop social and self-management skills, and attempts to influence their knowledge and attitudes about ATOD. Nearly two decades of extensive research on LST's effectiveness has shown the program to be successful in reducing drug use, even among minority populations [15].

While Botvin's LST program has been shown to be effective, Hermann and McWhirther have found mixed results among other programs specifically using refusal and resistance skills (RRS) [16]. In a selected review of the literature

assessing the relative efficacy of RRS on adolescent and child ATOD use and sexual activity, Hermann and McWhirter found that generalization across different RRS training programs is problematic because RRS strategies vary in their content and application [16]. RRS programs appear to be successful in reducing or delaying use of some substances or behaviors but not all. In addition, they may increase student's knowledge of RRS skills but not affect behavior [17]. Hermann and McWhirter suggest that while more research is needed to assess the long-term effects of RRS on behavior, prevention curricula are likely to benefit from including RRS training [16]. Researchers suggest, though, that efforts should not be limited to training in refusal and resistance skills alone. Instead, they should include a rationale for refusal since research indicates that "Just say no" approaches are not effective [18]. Furthermore, RRS skill training should be embedded in a comprehensive prevention curriculum [19] teaching RRS and social skills and providing information about the actual behavior of a normative group [16].

### **Drug Intervention during Early Adolescence**

Because early adolescence is a vulnerable developmental period and early drug use is associated with poorer outcomes, early drug intervention is important. Early adolescence is also a period of emotional, physical, and social changes including a shift in influence from parents to peers. Adolescents find themselves with increasing amounts of unsupervised time and exposure to peers, factors that have been related to higher levels of drug use and delinquent behavior [20, 21]. Early adolescents who report drug use continue to use drugs in late adolescence [22]. Furthermore, since adolescent drug use often progresses from experimentation with gateway drugs like tobacco or alcohol to serious abuse of hard drugs [23], early adolescents experimenting with gateway drugs are likely to use other and more serious drugs later. Therefore, intervention during early adolescence could improve drug prevention and minimize negative health outcomes in later years [24, 25].

### **Ethnic Differences in Youth Drug Use**

Ethnic differences have been found for risk in using drugs [21, 26-30], the degree of health risk associated with drug use [31], and the type of drugs most commonly used [32]. Research also shows that early adolescents' drug-related attitudes and behaviors vary by ethnicity [33-35]. For example, white adolescents report the least perceived amount of drug use risk and the least amount of friends' disapproval of drug use [36, 37]. They also tend to be higher sensation seekers [38], be at greatest risk when they have lower levels of family pride and involvement [39, 40], and have peer models for hard liquor use [29]. African Americans report the highest levels of perceived risk and friends' disapproval of drug use [37] but also tend to have peer models for beer and wine use [29]. Latino/a adolescents

fall between whites and African Americans in the degree of perceived risk of drug use and friends' disapproval of use [37] but also have more peer models for using pills like "uppers" than other ethnic groups [29].

The size of ethnic differences in adolescent drug use varies by substance and type of measure. The Youth Risk Behavior Survey found large differences in alcohol use, with 54 percent of white school age youth, 73 percent of black youth, and 83 percent of Hispanic youth using alcohol in the past 30 days [41]. Current use of marijuana was about the same for all ethnic groups, but differences appear for current cocaine, "crack," or "freebase" use: 3 percent of whites, less than 1 percent of African Americans, and 6 percent of Hispanics. These ethnic differences in drug use, attitudes, and risk factors give evidence for the need to consider ethnicity in the development of drug prevention models.

## **Culture and Prevention**

A key factor in school-based interventions is their relevance to youth and their lives. This has been clear from the start when resistance skills training relied heavily on social learning theory [42], which stresses the realisms of modeling. The multicultural nature of many of our schools, particularly in large urban and suburban areas, provides a challenge to this concept. If prevention materials are derived from middle class, white culture, they may not be relevant to the experience of minority youth.

Although culturally-oriented prevention messages have appeared successful in limited testing [e.g., 14, 25, 43], few substance use prevention programs in the United States take a culturally-grounded approach [44]. Instead, established prevention programs originally created for and tested with non-Hispanic white populations are modified for use with ethnic minority populations [14]. Yet, these modified or adapted programs may not be effective as they leave intact the dominant cultural values and norms. This approach may invalidate the day-to-day experiences of the African-American and Latino adolescents they are intended to serve [45-48]. Yet, the degree of true cultural specificity necessary for a successful prevention program is difficult to ascertain, especially if the program is delivered to a culturally diverse audience [43, 47]. Further research may deepen our understanding of cultural specificity's impact on prevention effectiveness.

Likewise, additional research on the efficacy of a multicultural intervention is needed. Multiculturalism is predicated on inclusion [48], in this case the inclusion of cultural values from all of the groups participating in the prevention program. It assumes that participants prefer or accept inclusion rather than separation in a targeted curriculum. Since many substance use prevention programs make little effort to accurately and thoroughly represent the cultural practices of either one or multiple ethnic/racial groups, further testing of the

effectiveness of both targeted (culturally-specific) and multicultural interventions is needed.

In summary, ethnic differences in drug use, attitudes, and risk factors, early adolescent vulnerability, and the need for resistance and other social skills and norms development suggest the need for a culturally grounded prevention program targeting earlier adolescents and teaching anti-drug norms and resistance and life skills.

### Theoretical Framework Guiding *keepin' it R.E.A.L*

*keepin' it R.E.A.L.* was developed by incorporating several theoretical perspectives. Communication Competence Theory [49, 50] defines competence as a relational phenomenon and identifies four necessary components: knowledge, motivation, skills, and outcomes. Relational competence is the idea that any conversation has outcomes for both parties and that communication optimizes these mutual outcomes is maximally effective. When cast into a drug resistance framework, this means that if Jack offers marijuana to Jim and Jim's reply both resists the offer and does not offend Jack, continued pressure is less likely, resistance is successful, and the relationship is maintained. The components of relational communication competence mirror elements of successful drug prevention. *Knowledge* typically includes understanding the effects of drugs, the context, and the topic. *Motivation* entails perceptions of peer norms, attitudes, and consequences, and a desire to engage in resistance. *Skills* are the ability to refuse drugs, manage stress, and interact effectively. *Outcomes* are the consequences for self, others, and relationships. To competently resist offers of drugs, teens need adequate knowledge, appropriate motivation, and skills to produce desirable outcomes.

Research has demonstrated that there is a cultural basis of competence. Members of various ethnic groups differ in their general communication competencies and norms [51-55]; and styles [56, 57]. For example, Mexican American communication is more concerned with relational solidarity, African American communication more focused on power relationships and assertiveness, and European American communication more future oriented and focused on external rewards [53]. Mexican American norms are more focused on family and the immediate circle of friends [51]. Therefore, cultural appropriateness is essential to general effective communication effectiveness [58] and interventions [59].

Several other theories enabled us to specify each of the curriculum prevention elements. Knowledge was guided by Narrative theory, which suggests that information is best communicated through stories [13, 60, 61]. Motivation was guided by the Focus Theory of Norms which distinguishes descriptive norms (what people do in same or similar situations), injunctive norms (what ought to be done), and personal norms (how an individual believes that s/he should act) [62].

Norms are viewed as an adolescent's perception about drug use prevalence and consciousness, and have been identified as a key factor in drug use and prevention [63]. Skills was guided by Botvin's models described above [1]. In addition, the Ecological Risk and Resiliency approach [64-66] served as the theoretical basis for recognizing culture as a strength promoting resiliency. This approach emphasizes multiple levels of influence on child development [67] and the complexity of the child's interaction with the environment [68-70]. Because of the importance of environment, especially family and culture of origin, norms, and values from family and culture that discourage drug use may increase the effectiveness of prevention programs [62, 71].

Six core, interrelated conceptual elements were incorporated into the intervention:

1. *Ethnic variations in the nature of communication competence* [49, 51, 72].
2. *Narrative-based knowledge to enhance identification with the prevention message* [13, 60, 61].
3. An *examination of the role of injunctive, personal, and descriptive norms as motivators in substance use* [62, 63].
4. *Social learning of social skills and their key role in risk assessment and decision making* [42, 73, 74].
5. *Drug resistance strategies most commonly and effectively employed by adolescents* [72, 75-77].
6. *Grounding the prevention program in local social contextual risk and resiliency factors in substance use* [64-66].

Figure 1 illustrates the conceptual framework and theoretical foundations driving the research. The figure illustrates the environmental factors that influence a child to either make pro-drug or anti-drug choices and how the DRS program intervenes to promote anti-drug choices. Box A represents the overarching theoretical framework *and the child's environment*. Box B then presents the theoretical components *and structure of the intervention*. Box B-1 and B-2, components of the child's environment, contain specific pro-drug (Box B-1) and anti-drug (Box B-2) factors that may influence a child's drug behaviors. Finally, Box C includes curriculum outcomes: behaviors, attitudes, and norms. The level of influence of environmental factors will dictate whether or not a child will engage in drug use. The *keepin' it R.E.A.L* intervention represented by Box B is designed to intervene and disrupt the factors that would lead to the drug use outcomes in Box C. The bold double-headed arrows from Box B and Boxes B-1 and B-2 demonstrate that the intervention relies on and reinforces the anti-drug use (resiliency) factors already a part of the student's environment while combating pro-drug use risk factors (risk). At the same time, the arrow is double headed because the effectiveness of the intervention is influenced by these risk and resiliency factors.

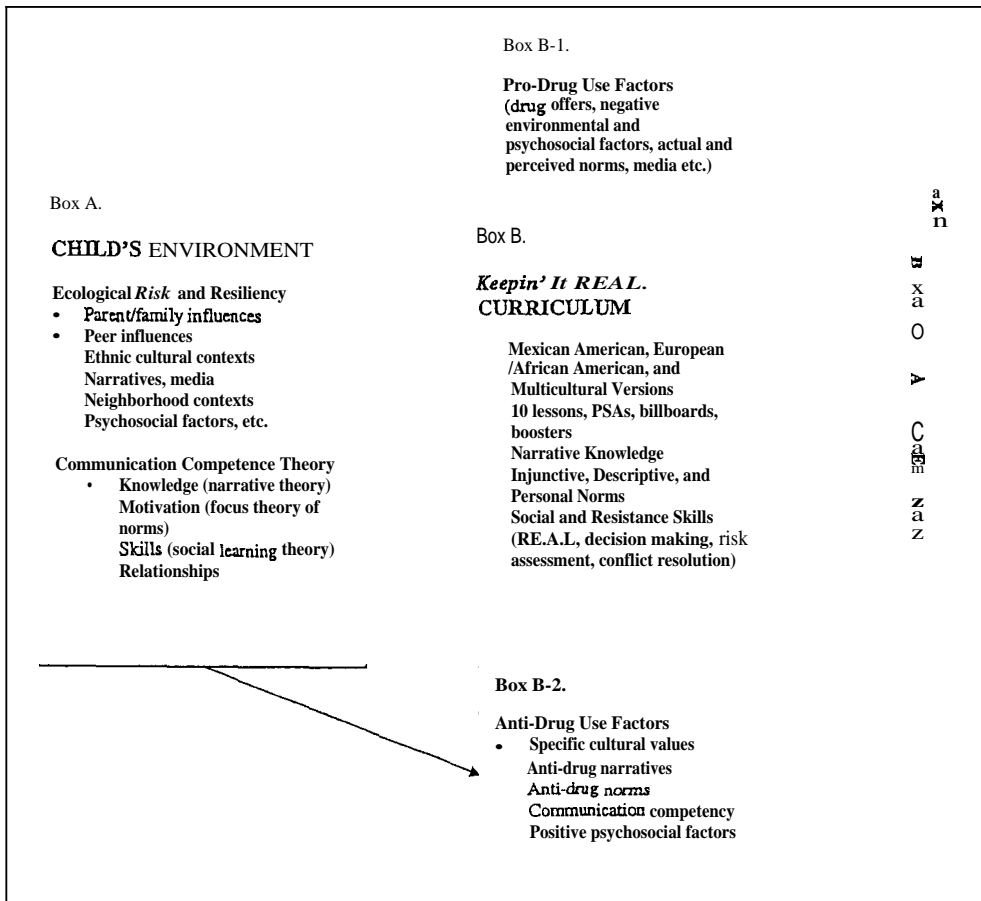


Figure 1. Conceptual framework for the culturally-grounded *keepin' it R.E.A.L.* curriculum.

### Curriculum Development

Curriculum development proceeded from the theoretical model above with the central principle of “from youth through youth to youth.” We started with information from the adolescents themselves (i.e., their narratives) and involved them in developing the intervention materials. The students' stories were the main vehicle for imparting new narrative knowledge. By feeding the adolescents' own stories back to them, they learned a new story of drugs, drug use, and drug users. The new story, presented in narrative form (e.g., role plays and videos), provided more accurate and conservative information about the number of peers using drugs (descriptive norms) and peer attitudes (peer injunctive norms) and modeled resistance and other social skills. By incorporating students' voices and perspectives into the curriculum, we grounded the prevention message in the local social, geographic, and cultural context of the participants.

Ten classroom-based lessons were developed (see appendix for a list of lesson titles). Five of these lessons included a video. The first video introduces the curriculum while each of the other four models a specific resistance skill. Lesson one provides an overview of the program, primarily through the introductory video which shows the high school students producing the four core videos, students discussing the video, and are given a homework assignment to observe media advertisement. The remaining lessons follow a similar basic format. The teachers and students cover a new topic. Students watch a video, conduct a role play, or participate on some other activity (e.g., creation of a prevention rap song or Public Service Announcement [PSA]). They discuss the video/activity, and are assigned homework. Introductions and conclusions preview or summarize the presented information (i.e., "What you are about to learn/or have learned . . ."). Curriculum content was reinforced by a PSA on television, a billboard campaign in local neighborhoods, and school-based booster activities, which repeated elements of the 10 lessons.

The curriculum represents a comprehensive model of drug prevention [63], covering the Communication Competence Theory components of knowledge (drug information and narrative knowledge), motivation (descriptive, injunctive, and personal norms), and skills (resistance and social skills) and utilizing a performative style based on Narrative Theory. Lessons are designed to be interactive, incorporating active involvement, exchange of ideas, and sufficient practice time necessary for effective learning [73]. Furthermore, content is intended to be delivered in a participatory style to encourage interaction among peers, a particularly important pedagogical element for Latino and African American youth [78].

### **Cultural Grounded Approach**

To make the curriculum culturally-grounded, we utilized the youth's own narratives, which reflect the implicit assumptions of their local, youth, and ethnic cultures. Our pilot research had identified ethnic differences in these narratives [34, 35, 79], and, as a result, their use insured ethnic variation was incorporated into the curriculum. For example, our work demonstrated that drugs typically are offered to Mexican Americans, African Americans, and European Americans in different contexts. The curriculum includes these contexts in the role-plays and videos. Furthermore, the curriculum incorporates the cultural values of the targeted group. The next section describes this incorporation in detail.

### **Ethnic Cultural Values Centered Approach**

Although each ethnic group produces unique cultural artifacts, reliance on stereotypes ignores the complexity of ethnicity and ethnic identity. For instance, the notion that all Latinos are Catholic, for example, offers a narrow view of Latinos and may fail to capture other cultural characteristics that influence norms

and behaviors. Researchers have suggested a more effective approach for infusing culture into curricula is a values-centered approach [52]. Researchers have identified cultural, relational, and communication norms and values that are predominant, though not necessarily universal, within particular ethnic groups. Affirming these values, influencing relational and communication norms [52], can help students resist drugs in a manner to which they are already accustomed.

The *keepin' it R.E.A.L. curriculum* emphasizes those family and cultural norms which discourage behaviors such as drug use. It relies not on stereotypes but on the predominant values in its target populations: Latinos, European Americans, and African Americans (see Table 1). For example, pilot data [52] revealed that unlike European Americans, Latinos are less likely to simply refuse a drug offer (the refuse strategy), they view it as disrespectful to the offerer. Instead they are more likely to give a reason or explain why a drug offer cannot be accepted (the Explain strategy). The preference for "explain" is consistent with Latino cultural values emphasizing the importance of respectful, non-confrontational interaction manner [52], and as such was incorporated into the Mexican American version of the curriculum.

The following are two expanded examples of the inclusion of cultural values and norms into the curriculum.

*Values Centered Approach Example #1:  
Lesson Objectives*

The learning objectives for each curriculum lesson were worded to reflect the specific cultural values supporting the presented skill. By embedding the cultural values into the lesson framework, teachers could effectively teach the curriculum even if they were unfamiliar with a particular ethnic group's values. The incorporation of culture-specific values into the objectives oriented the whole lesson toward the targeted cultural group(s). For example, in the first lesson of the Latino curriculum, the objectives are for the student to:

- Recognize that what he or she does affects his or her community, group, and family; and
- Differentiate between simple preference and "wise choice"-a choice that is honorable and can be respected.

In contrast, the objectives in the first lesson of the non-Latino version are for the student to:

- \* Recognize that what he or she does may have favorable or unfavorable consequences on his or her own future goals; and
- Differentiate between simple preference and "wise choice"—a choice that helps the student to achieve his or her personal goals.

Table 1. Ethnic Values Identified as Predominant in Non-Latino (Euro American), Latino, and African-American Culture

Non-Latino values	Latino values	African-American values
Individualism: stress what people are able to do for themselves as honorable, honor individual strengths, goals, victories	Family Orientation (familismo): value in trusting entire network; family/extended family valued as center of social support, solidarity; family not limited to blood relatives	Communalism: interdependence; strong family orientation; role flexibility, sacrificing or adapting one's own wishes/agenda for the good of the group or family; inclusiveness
<i>Planning and Goals:</i> having a purpose in life to get ahead and setting priorities accordingly	Action Orientation: emphasis on evidence of one's intentions through their actions	Purpose: doing things for a reason; value in hard work in achieving a goal
<i>Respect.</i> valuing people's boundaries	Respect (respeto): giving deference to persons of status or acknowledging their position, avoiding humiliation of others or direct public confrontation	Respect: respecting the accomplishments of others; honoring the family and elders; taking into account the feelings of others, affective orientation
Directness <i>in Communication:</i> being assertive and sure of one's self in communication, direct eye contact	Personal <i>Treatment</i> (personalismo): preference for being treated on a personal basis rather than according to categories, rules, policy	Endurance: value in endurance and persistence in the face of adversity
Fair Game: preference not to be singled out, playing by the rules, objectivity valued	<i>Niceness</i> (simpatia): creating pleasure in others by actions, kindness, and grace in personal treatment, regardless of persons	Creativity. expressing oneself through music, dance, or other forms of expressive presentation; importance of the oral tradition
(Adapted from J. H. Katz, The sociopolitical nature of counseling, <i>The Counseling Psychologist</i> 13, pp. 615-624, 1985; and G. F. Cavanagh, American Business Values, Prentice-Hall, Englewood Cliffs, New Jersey, 1990.)	(Adapted from R. S. Mayers, B. L. Kail, and T. D. Watts, <i>Hispanic Substance Abuse</i> , Springfield, Illinois: C. C. Thomas, 1993.)	(Adapted from R. W. Denby, Resiliency and the African American Family. A Model of Family Preservation, <i>The Black Family</i> , S. L Logan (ed.), Westview Press, Boulder, Colorado, pp. 144-163, 1996.)

In the Latino version, the student is instructed to consider his or her actions in the light of how persons who are important to the student, such as family members, would respond. This reflects the Latino value of *familismo* or family orientation. The Non-Latino version places more emphasis on individualism, where the consideration in making a choice is the student's own goals. This affirms the European American value of goal orientation. Thus, while both versions teach the same skill of recognizing the consequences of choices and differentiating between simple preference and "wise choice," they present and justify the skill through different cultural value frameworks.

Some values are present in multiple cultures. For example, concern for family is a value for European American and African American cultures as well as Mexican Americans, and, conversely, goal orientation is part of Mexican culture. The difference is in the degree to which the curriculum version emphasizes these values. The emphasis in the curriculum version matches the emphasis within the targeted group's culture. Therefore, a given curriculum version may appeal to non-targeted groups.

#### *Values Centered Approach Example #2: Videos*

The curriculum's videos were produced by youth and for youth. They offer situational portrayals relevant to the targeted ethnic groups. The four resistance skills videos, each focusing on a [R.E.A.L. resistance](#) strategy (Refuse, Explain, Avoid, Leave), were written, acted, and produced by local high school students [80]. The videos are based on middle school students' stories of their drug offers and responses. The videos feature youth that are similar to the curriculum participants in age and ethnicity, and were filmed locally. Consequently, participants are able to recognize the places where the fictional scenarios take place and view the videos as relevant and realistic to them.

#### **Social Skills Based Prevention**

The curriculum's social skills component incorporates an interactive skill development process, shown to be effective in other programs [81]. The process, known as praxis [82], involves describing the skill to be learned, modeling the skill, providing an opportunity to practice the skill, giving corrective feedback, and requiring an application of the skill to natural settings through homework.

The Social Skills component also incorporates Social Influence and the Social Skills Models [1], to provide students with skills to respond to their environment. For example, each curriculum version highlights relationships between peers, parents, and others and motivates participants to resist drugs using social skills grounded in their ethnicity (e.g., respect, assertiveness, etc.). The curriculum raises awareness about the social influences that promote substance use and equips students with the skills to utilize their social support systems to effectively resist drug offers. For example, each curriculum version contains an exercise in

which students examine their support network and identify who within that network they can turn to when they have problems.

Communication competency is developed throughout the curriculum [83]. Participants explore the exchange of messages (offers and refusals), the relationship between offerer and resister, and the knowledge, motivation, and skills of the resister that are needed to achieve desirable outcomes. Through an exercise entitled "R.E.A.L. in Real Life," students learn to tailor their resistance to a drug offer based on the person offering the drugs: family member, peer, or stranger.

### **Refusal and Resistance Skills: R.E.A.L. Strategies**

Earlier ethnographic and other studies on students' drug behaviors, resistance strategies, and drug contexts revealed [49, 76] four resistance strategies that are most used by students: Refuse, Explain, Avoid, and Leave (R.E.A.L.). Therefore *keepin' it R.E.A.L. teaches* these strategies. Refuse strategies are straightforward, verbal, or nonverbal refusals without explanation. Explain strategies include verbal and non-verbal refusals accompanied by a reason or an excuse for not accepting a drug offer. Avoid strategies include efforts to physically distance oneself from situations where drugs may be offered or to avoid an offer once a conversation has begun (e.g., by changing the topic). Leave strategies entail physically removing oneself from a drug-related situation.

### **Influencing Normative Behavior and Motivation**

To cultivate anti-drug injunctive, descriptive, and personal norms the curriculum encourages students to explore how drug use would negatively affect their values and goals and whether members of their peer group or family would negatively respond to drug use. It also works at dispelling the idea that drug use is normative among the students' peers. Anti-drug norms are presented in consonance with specific cultural values and reinforced through the videos. Previous studies suggest that video-based modeling of resistance strategies also influences norms [58], perhaps through depicting peers who decide not to use drugs when they are available.

In summary, *keepin' it R.E.A.L.* is a comprehensive drug prevention curriculum. It offers skill building in drug resistance and social competence, development of anti-drug norms, culturally grounded content and pedagogical materials, and a youth centered approach. The curriculum builds on previous research indicating the importance of culturally specific approaches to prevention and the ineffectiveness of superficial modifications of standard curricula for ethnic minorities. In addition, it permits the testing of culturally specific and multicultural drug abuse interventions for adolescents. The next section presents a summary of the results of field-testing and evaluation of the curriculum.

## RESULTS

### Field-Testing: Pre-implementation Feedback

The curriculum was field-tested as it was developed. Field-testing helped to ensure the cultural grounding and practical feasibility of the curriculum. Phoenix teachers served as experts on classroom dynamics, and students served as experts on the target population. Both provided feedback on individual lessons and the curriculum as a whole. Greater detail on this method of participatory action research is presented in Gosin, Dustman, Harthun, and Drapeau [84].

#### *Teacher Feedback*

Eight seventh grade teachers of various ethnic backgrounds and teaching tenures and with Phoenix middle school experience, evaluated the curriculum and gave suggestions for improvement. In addition to providing written feedback, they also participated in focus groups where they discussed in-depth their reactions to the curriculum. The teachers' feedback offered valuable insight into how seventh grade students would respond to the lessons and to the types of instruction and materials that would be needed to help teachers effectively present the lessons. For example, teachers expressed a need for bilingual materials to effectively include their many monolingual Spanish students. Consequently, the in-class worksheets, homework sheets, and overhead materials accompanying the lesson were translated into Spanish and included in the curriculum.

#### *Student Feedback*

The curriculum was pilot tested in three seventh grade classrooms. One DRS curriculum team member presented two lessons from the curriculum to each class while another member observed student reactions. These classroom sessions gave the DRS team a sense of the draft curriculum's strengths and weaknesses, and a realistic perspective on the logistical challenges involved in teaching a lesson, such as working within the allotted time, maintaining students' interest and focus, and adapting lessons to students' comprehension levels. For instance, some lessons were initially too long to be conducted in the 40-45 minutes allotted to the session. Consequently, lessons were shortened or activities were eliminated.

### Outcome Evaluation Studies

An experimental design was used to evaluate the curriculum post implementation. Schools were randomly assigned to the experimental group (with three subgroups by curriculum version) and the control group (school not receiving the curriculum). Classroom teachers taught the curriculum during regularly scheduled seventh grade classes. PSAs, billboards, and boosters were presented during the eighth grade. More information about the implementation

is presented in Harthun, Drapeau, Dustman, and Marsiglia [85]. All students completed a pre-test survey (before curriculum implementation) and three post-tests (once after the completion of the 10 lessons and twice during the booster campaign). The results are encouraging. Students participating in any of the three versions of the curriculum showed desired outcomes for drug use and anti-drug norms. Table 2 summarizes program effects on key outcome variables for each of the three curriculum versions and the control group.

As Table 2 shows, the major impact of the three versions of the intervention were registered at the final post-test (wave 4) for recent (30 days) use of alcohol, marijuana, and tobacco. The greatest difference was observed for alcohol, the substance of choice of this sample, among students receiving any of the three versions of the curriculum versus those in the control group, immediately after the experimental group participation in the classroom based component (wave 2) and in the booster campaign (wave 4). The Mexican American curriculum showed the strongest desired results of any of the three versions of the intervention in terms of the students' self-reported use of the R.E.A.L. strategies, their perceived self-efficacy to resist drugs, and their personal, injunctive, and descriptive anti-drug norms. Clearly, culturally grounding through the infusion of cultural elements and values appears to result in effective drug prevention. In an integrated school system where Mexican American make up the numerical majority of students, the evaluation found that a curriculum tailored to Mexican American culture (Mexican American version) or reflective of Mexican American culture (Multicultural version) reduced use and beneficially impacted a number of other substance use related psychosocial variables. We conclude, therefore, that *keepin' it R.E.A.L.*, a culturally-grounded, school-based intervention has substantial significant effects on personal and descriptive norms, expectations of substance and alcohol use, and some additional significant effects on self-efficacy and injunctive norms.

## CONCLUSION

The *keepin' it R.E.A.L.* curriculum is modeled on successful substance abuse prevention programs. Its cultural grounding and use of Communication Competence Theory set it apart, however, from some existing programs because it is designed to reflect the ethnicity of the students it targets without resorting to use of stereotypic representations of ethnic culture, and uses narratives, a broader conceptualization of norms, and empirically-derived resistance strategies. By involving the target population, students in the Southwest, in the creation of the curriculum, DRS researchers capitalized on the students' knowledge and experiences to create a product that reflects their voice and their culture. Our data demonstrate that the curriculum effectively teaches culturally relevant social skills and drug resistance strategies while impacting drug norms and expectancies to enable students to effectively refuse drugs in real life.

Table 2. Mean Differences and Standard Errors for Behavioral Outcomes and Psychosocial Variables:  
Comparisons of Each Intervention Condition with Controls after Accounting for Baseline (Wave 1) Levels  
(Estimate of Mean Difference, Standard Error in parentheses)

	<u>Mexican American versus Control</u>			<u>Black/White versus Control</u>			<u>Multicultural versus Control</u>		
	<u>Wave 2</u>	<u>Wave 3</u>	<u>Wave 4</u>	Wave 2	Wave 3	Wave 4	Wave 2	Wave 3	Wave 4
Substance Use:	-.091 *	-.127*	-.168*	-.053	-.060	-.149*	-.051	-.096	-.159**
	(.041)	(.048)	(.064)	(.053)	(.050)	(.063)	(.039)	(.061)	(.052)
Alcohol	-.168**	-.173	-.222*	-.157*	-.083	-.232*	-.125*	-.118	-.241 ***
	(.062)	(.087)	(.095)	(.071)	(.073)	(.090)	(.064)	(.093)	(.068)
Cigarettes	-.027	-.113*	-.092	-.016	-.039	-.057	-.060	-.121	-.060
	(.056)	(.046)	(.086)	(.060)	(.062)	(.069)	(.044)	(.070)	(.054)
Marijuana	-.077	-.094	<b>-.191**</b>	.014	-.058	-.156	.032	-.049	-.175*
	(.055)	(.060)	(.070)	(.056)	(.061)	(.082)	(.048)	(.071)	(.076)
Resistance Strategies:									
Alcohol	.158	.122	.085	.141	.011	.043	.097	.034	.153
	(.103)	(.082)	(.076)	(.072)	(.072)	(.072)	(.062)	(.091)	(.097)
Cigarettes	.115	.165	.157	.303**	.150*	.035	.186*	-.042	.094
	(.073)	(.084)	(.097)	(.083)	(.070)	(.080)	(.072)	(.080)	(.083)
Marijuana	.095	.038	.142	.173	-.066	.039	.144	-.023	.103
	(.084)	(.080)	(.101)	(.088)	(.084)	(.095)	(.083)	(.089)	(.089)

Self-Efficacy	.214*	.103	.067	-.016	-.005	.083	.039	.110	.122
	(.089)	(.103)	(.106)	(.097)	(.076)	(.084)	(.077)	(.106)	(.075)
Intentions to Accept	-.080*	-.043	-.037	.012	.021	-.054	-.029	-.070	-.051
	(.037)	(.043)	(.048)	(.037)	(.037)	(.039)	(.031)	(.046)	(.034)
Positive Expectancies	-.039	-.030	-.034	-.020	-.026	-.126	-.088	-.148*	-.135**
	(.048)	(.060)	(.063)	(.056)	(.049)	(.064)	(.049)	(.066)	(.049)
Norms:									
Personal anti-drug	.132**	.125*	.100	.047	.011	.049	.096**	.133*	.062
	(.046)	(.056)	(.055)	(.042)	(.041)	(.045)	(.033)	(.066)	(.041)
Parents' injunctive	.086	.008	.045	-.013	.063	.013	.038	.077	.016
	(.047)	(.049)	(.045)	(.060)	(.039)	(.038)	(.046)	(.048)	(.046)
Friends' injunctive	.097*	.070	.089	-.046	.004	.052	.058	.170***	.089
	(.047)	(.065)	(.063)	(.072)	(.074)	(.073)	(.045)	(.050)	(.046)
Descriptive	-.221 ***	-.229**	-.140*	-.039	-.053	-.053	-.088	-.087	-.038
	(.048)	(.066)	(.052)	(.056)	(.054)	(.048)	(.050)	(.045)	(.041)

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

APPENDIX  
**Lesson Titles in Order by Version of *keepin' it R.E.A.L.* Curriculum**

Lesson Number	Latino	Non-Latino	Mixed	0
1	Options and Choices (with <i>Introduction</i> Video)	Options and Choices (with <i>Introduction</i> Video)	Options and Choices (with <i>Introduction</i> Video)	D
2	Risks	Risks	Risks	D
3	Communication and Conflict	Communication and Conflict	Communication and Conflict	D
4	Refuse (video: <i>Breakin' Bad Habits</i> )	Refuse (video: <i>Schoolyard Menace</i> )	Refuse (video: <i>Breakin' Bad Habits</i> )	D
5	Explain (video: <i>¿Porque No?</i> )	Explain (video: <i>Why Not?</i> )	Explain (video: <i>Why Not?</i> )	D
6	Avoid (video: <i>Fiesta</i> )	Avoid (video: <i>Dream Theme</i> )	<b>Avoid</b> (video: <i>Dream Theme</i> )	D
7	Leave (video: <i>Ain't No Game</i> )	Leave (video: <i>The Ride</i> )	Leave (video: <i>Ain't No Game</i> )	D
8	Values	Values	Values	D
9	Feelings	Feelings	Feelings	D
10	Support Networks	Support Networks	Support Networks	D

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USING FOCUS GROUP INTERVIEWS TO UNDERSTAND  
STAFF PERCEPTIONS FROM TRAINING IN THE  
THERAPEUTIC COMMUNITY MODEL

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ABSTRACT

**The current article is concerned with the use of focus group interviews in understanding staff perceptions of training to work with drug users during the different stages of change from addiction to rehabilitation in the Therapeutic Community model. The article discusses the use of the focus group interview as the most appropriate method for the scope of this study, based on the assumption that trainees are aware of their own needs and demands from training. Methodological issues relevant to the use of focus groups and the individual responses to the training program are discussed. The content and structure of the training program are also discussed. The article concludes that gaining information on people's own perceptions and experiences from the training process can contribute significantly to program improvement.**

INTRODUCTION

**From the beginning of Greek Therapeutic Communities back in 1983 and until the mid-90s, the only mode of training staff was experiential. This required staff to live in a residential therapeutic community for between 6 to 12 weeks and experience the different phases of the treatment program from the viewpoint of the drug user. This was more or less an assimilation task aimed at assisting staff to better understand drug users' difficulties in the process of recovery, familiarize with the treatment environment, and become more aware of their own**