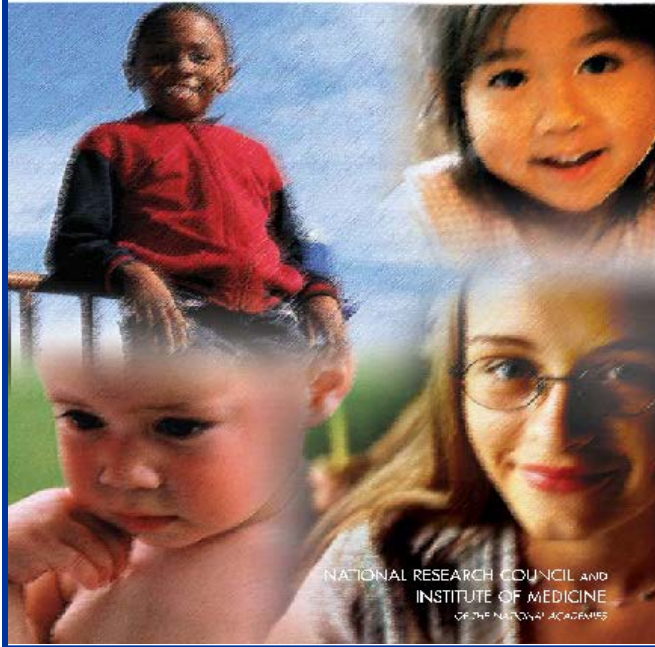

Building an Effective Prevention System in Oregon

Anthony Biglan, Senior Scientist
Oregon Research Institute
Eugene, Oregon



Preventing Mental, Emotional,
and Behavioral Disorders
Among Young People

Progress and Possibilities

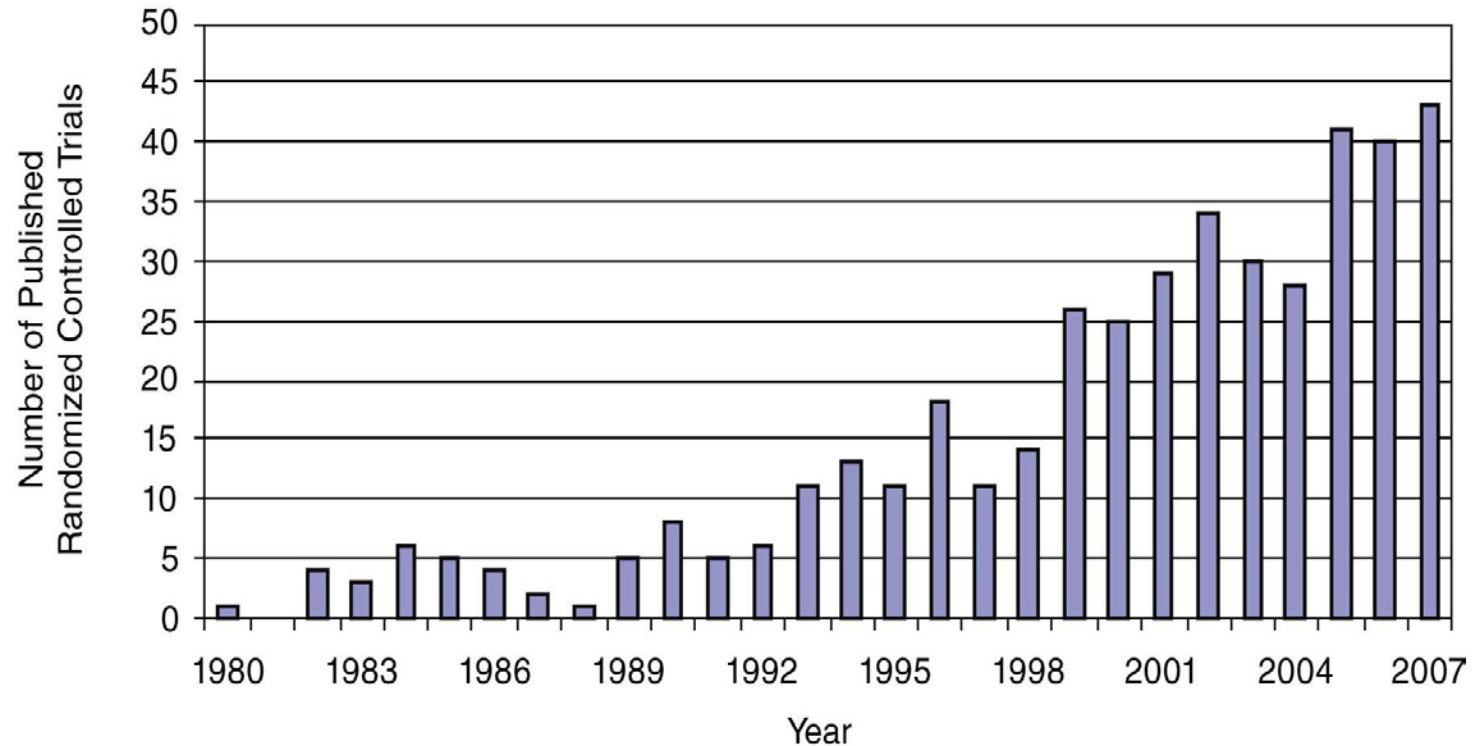


“The scientific foundation has been created for the nation to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others.”



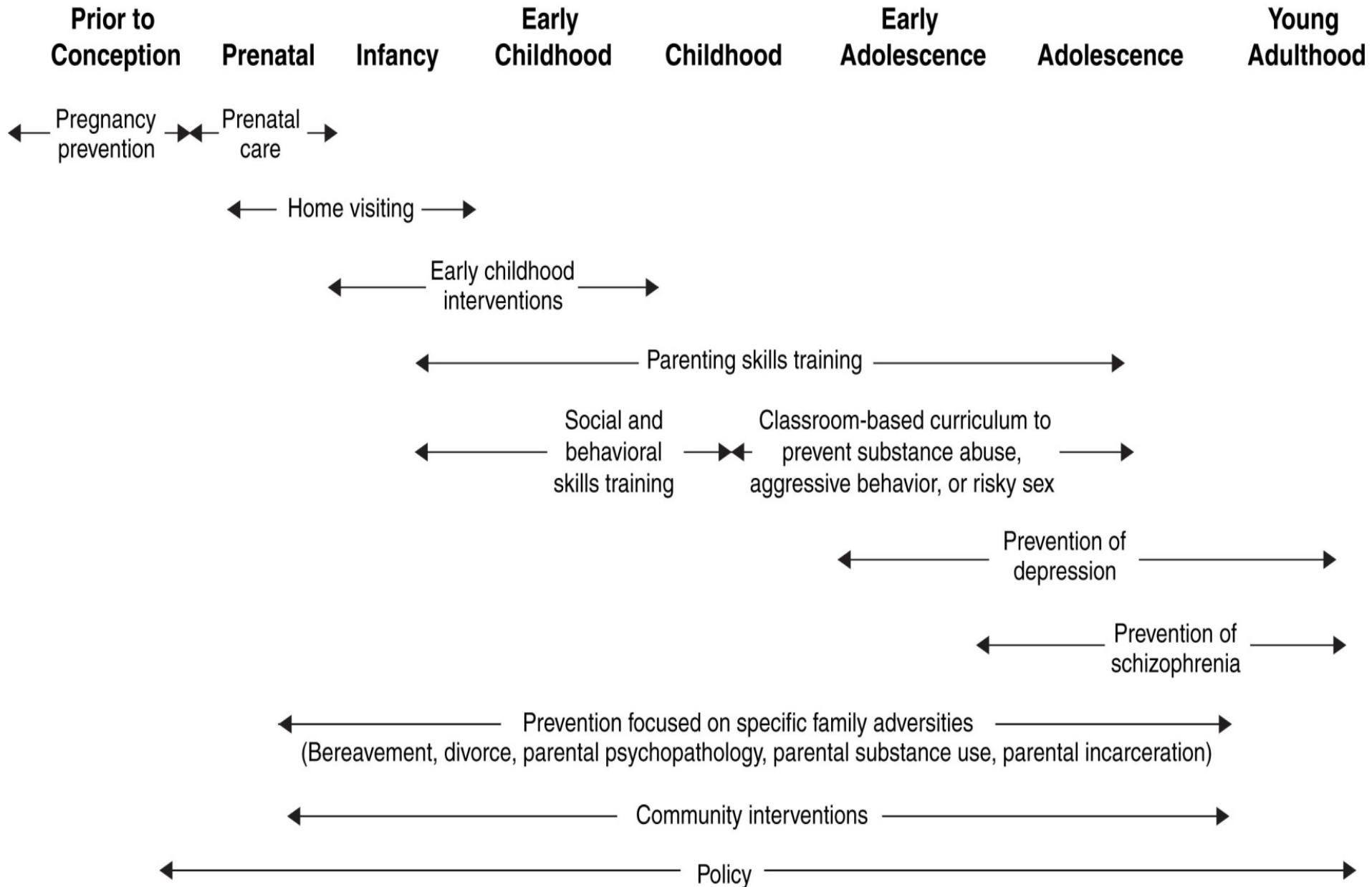
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Explosion of randomized trials





Interventions by Developmental Phase



Evidence-based family interventions through the lifespan

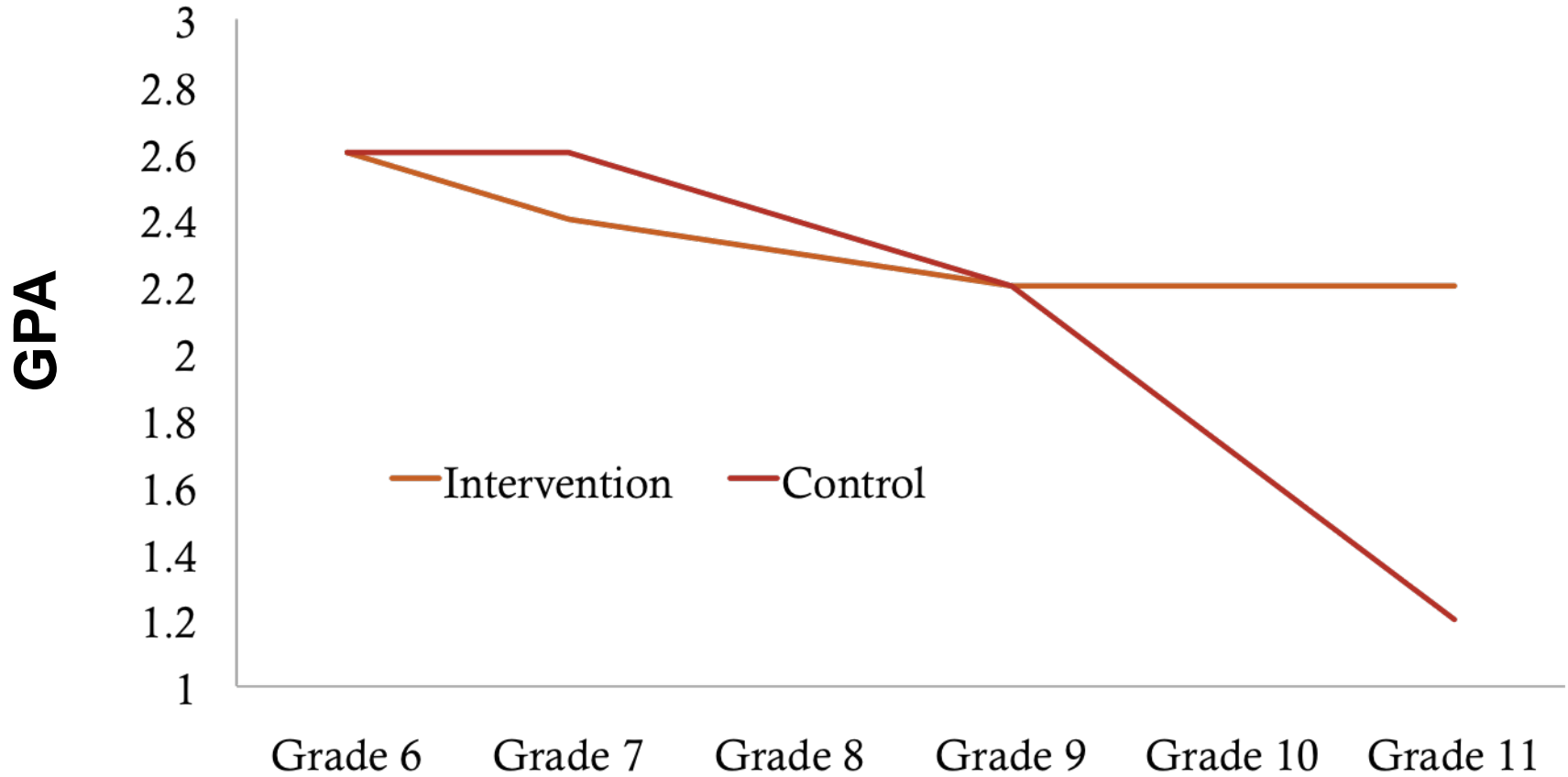
Program	Developmental Phase
Nurse Family Partnership¹	Prenatal through infancy
Healthy Start²	Prenatal through infancy
Family Check-Up³⁻⁸	Early childhood through early adolescence
Parent Management Training Oregon⁹	Childhood
Incredible Years¹⁰⁻¹¹	Early childhood through childhood
Multisystemic Therapy¹²	Adolescence
Multidimensional Foster Family Care¹³	Early childhood and adolescence

The Family Check-Up

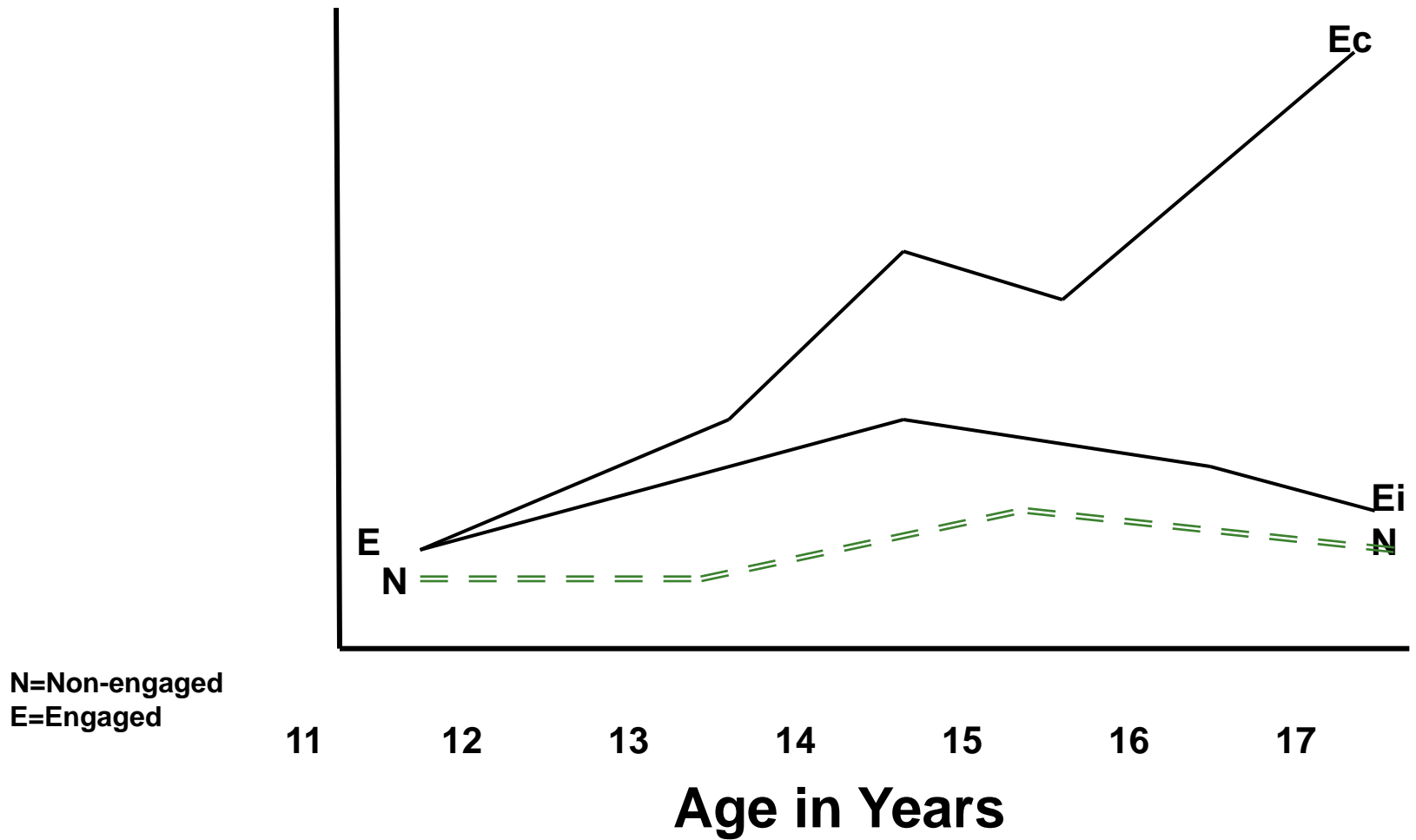
- Provides parenting support to families of young children (age 2 and 3) and early adolescents
- Format
 - A strengths-based focus
 - Three sessions: Initial Interview, Assessment, Feedback
 - Additional assistance if needed
 - Annual check-ups are available
- Benefits for young children
 - Significant lower levels of aggressive and oppositional behavior at age 8 ½
 - Significantly better academic achievement at age 7 ½



Effects on GPA for Adolescents



Probability of Arrest (Connell, Dishion et al, 2008).



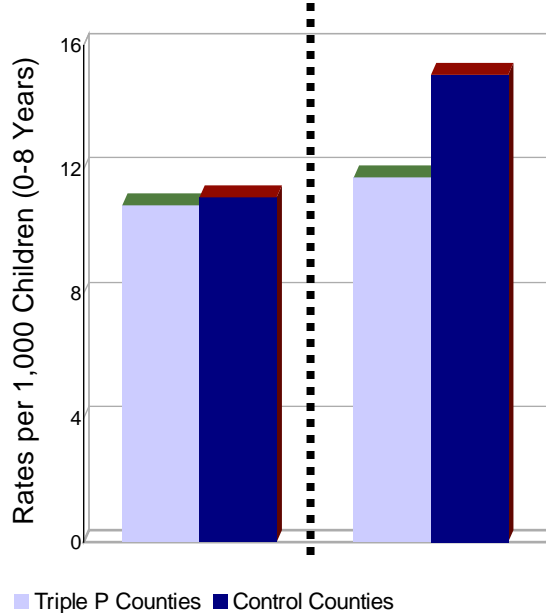
Positive Parenting Program —Triple P*

- A community-wide system of parenting supports that includes
 - Brief media communications
 - Brief advice for specific problems
 - More extensive interventions when needed
- Multiple randomized trials showing benefit
- Including an RCT in 18 counties in South Carolina¹⁴



Substantiated child maltreatment

Before Triple P After Triple P



Effect size = 1.09, $p < .03$. Triple P stopped a rising trend of substantiated child-maltreatment in counties using Triple P, compared to counties not receiving Triple P.



Evidence-based school interventions affecting social, behavioral, and academic outcomes

- e-Circle Professional Development for Preschool Providers¹⁵
- Providing Alternative Thinking Strategies/PATHS¹⁶
- Positive Behavior Intervention and Support¹⁷⁻¹⁸
- Positive Action¹⁹
- Seattle Social Development Program²⁰



The Good Behavior Game²¹

- Classroom teams in elementary school earn small rewards for being on-task and cooperative



Timeline of benefits

First Month

More time for teaching and learning

Less stress for staff and students

First Year

Better attendance

Fewer referrals

Fewer service needs

Less illness

Happier families

Less vandalism

Better academics

Two-three years

ADHD averted

Oppositional Defiance averted

Special education averted

5-15 years

No tobacco

Less alcohol

Fewer conduct disorders

Less depression

Less crime, violence, suicide











High school graduation & university





First graders exposed to GBG for one year had these benefits at age 21.



OUTCOMES	STUDENT GROUPS	GBG CLASSROOM	STANDARD CLASSROOM
Drug abuse and dependence disorders	All males	19 percent 	38 percent
	Highly aggressive males	29 percent 	83 percent
Regular smoking	All males	6 percent 	19 percent
	Highly aggressive males	0 percent 	40 percent
Alcohol abuse and dependence disorders	All males and females	13 percent 	20 percent
Antisocial personality disorder (ASPD)	Highly aggressive males	40 percent 	100 percent
Violent and criminal behavior (and ASPD)	Highly aggressive males	34 percent 	50 percent
Service use for problems with behavior, emotions, drugs, or alcohol	All males	25 percent 	42 percent
Suicidal thoughts	All females	9 percent 	19 percent
	All males	11 percent 	24 percent



Read this and other GBG studies at www.pubmed.gov

The Cost and Benefit of Prevention



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Table 2: Estimated costs to society of behavior problems that occurred in 1998

	National	Oregon
Antisocial behavior	165.8 billion	2 billion
Binge drinking	42 billion	516 million
Cocaine/heroin abuse	21.7 billion	267 million
High-risk sexual behavior	48.1 billion	591 million
Smoking	419 million	5.1 million
High school dropout	141.6 billion	1.7 billion
Suicide attempts	15.7 billion	193 million
Totals	\$ 435.3 billion	\$ 5.3 billion

Source: Miller, 2004. Reprinted with permission from publisher.



Table 3: Summary of Benefits and Costs of Adolescent Programs

Program	Benefits per Youth	Costs per Youth	Benefits Less Costs	Benefits per \$ of Cost
Youth Development Programs				
Raising Healthy Children (formerly Seattle Social Development Project)	\$14,426	\$4,590	\$9,837	\$3.14
Guiding Good Choices (formerly Preparing for the Drug-Free Years)	\$7,605	\$687	\$6,918	\$11.07
Strengthening Families Program for Parents and Youth 10-14	\$6,656	\$851	\$5,805	\$7.82
Good Behavior Game	\$204	\$8	\$196	\$25.92
CASASTART (Striving Together to Achieve Rewarding Tomorrows)	\$4,949	\$5,559	-\$610	\$0.89

Analysis provided by the Washington State
Institute for Public Policy



Program	Benefits per Youth	Costs per Youth	Benefits Less Costs	Benefits per \$ of Cost
Youth Substance Abuse Prevention Programs				
Adolescent Transitions Program	\$2,420	\$482	\$1,938	\$5.02
Family Matters	\$1,247	\$156	\$1,092	\$8.02
Life Skills Training	\$746	\$29	\$717	\$25.61
Project STAR (Students Taught Awareness and Resistance)	\$856	\$162	\$694	\$5.29
Project Towards No Tobacco Use (TNT)	\$279	\$5	\$274	\$55.84
D.A.R.E.	\$0	\$99	-\$99	\$0.00

Analysis provided by the Washington State
Institute for Public Policy



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Program	Benefits per Youth	Costs per Youth	Benefits Less Costs	Benefits per \$ of Cost
Dialectical Behavior Therapy	\$32,087	\$843	\$31,243	\$38.05
Multidimensional Treatment Foster Care (vs. regular group care)	\$26,748	\$2,459	\$24,290	\$10.88
Adolescent Diversion Project	\$24,067	\$1,777	\$22,290	\$13.54
Functional Family Therapy	\$28,356	\$2,140	\$26,216	\$13.25
Multisystemic Therapy	\$14,996	\$5,681	\$9,316	\$2.64
Aggression Replacement Training	\$15,606	\$759	\$14,846	\$20.56
Juvenile Offender Interagency Coordination (Wraparound) Programs	\$8,659	\$559	\$8,100	\$15.48
Juvenile Intensive Probation Supervision Programs	\$0	\$1,482	-\$1,482	\$0.00
Juvenile Intensive Parole Supervision	\$0	\$5,992	-\$5,992	\$0.00
Regular Parole (vs. not having parole)	-\$10,379	\$2,098	-\$12,478	-\$4.95
Scared Straight	-\$11,002	\$54	-\$11,056	-\$203.51

Analysis provided by the Washington State Institute for Public Policy



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Cost Savings



How much might GBG save for America's future?²²

GBG will cost about \$150 per child.

GBG pays back \$4,637 to individuals, taxpayers, and others per student exposed in first grade over 15 years.

Assuming 4,000,000 first graders each year in the US, that saves **\$18 billion** every first grade cohort by age 21, after an investment of \$600 million (less after first five years).



A Strategic Plan for Oregon



A System of Effective Family Supports

- **Successful development depends on young people living in nurturing families.**
- **Oregon needs to build a system of prevention that makes evidence-based family programs available to every family that wants and would benefit from these programs.**



Positive Behavior Support in Every School, Preschool, and Childcare Setting

- Expand the availability and evaluate the impact of evidence-based programs and practices to minimize harassment and bullying and maximize the support of positive behavior in preschools, childcare settings, and schools.



Policies that Support Development and Prevent Problems

- Public policy is vital to creating an environment that nurtures successful development and prevents common and costly psychological and behavioral problems.
 - Preventing tobacco use through tested and effective policies.
 - Preventing alcohol abuse and alcohol-related problems through tested and effective policies.
 - Preventing obesity and diabetes and enhancing cognitive and social development through policies.



A System for Monitoring Successful Development

- Monitor critical aspects of development at key endpoints: (a) birth; (b) second birthday; (c) kindergarten entry; (d) fifth grade; (e) 8th grade; (f) high school graduation.
- Assess: (a) cognitive, verbal, and academic development; (b) physical health, (c) social competence; and (d) the absence of psychological and behavioral problems.



Ongoing Public Education

- Policymakers, civic leaders, teachers, and parents are often not aware of what is possible.
- An ongoing public education campaign would generate support for evidence-based interventions and would encourage people to be more nurturing in their relations with others.



Summary

- Build an effective system of family supports.
- Ensure that every school is providing positive behavioral supports.
- Implement tested and effective prevention policies.
- Build a monitoring system.
- Provide ongoing public education about prevention.



Key Questions

- How should this effort be organized?
- Can a ten year strategic plan guide efforts from one biennia to the next?
- How might the efforts be coordinated among:
 - State agencies
 - Health Authority
 - Education, including the Early Learning Council
 - Addiction and Mental Health Services
 - Other?
 - Foundations?
 - Business?
 - Oregon's Research Infrastructure?
 - Center for Health Research at Kaiser Permanente
 - Oregon Research Institute
 - Oregon Social Learning Center
 - Universities

