



THE UNIVERSITY OF  
NEW MEXICO.

**Be Above the Influence  
Curriculum and Envision  
Your Future Program  
Review**

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## INTRODUCTION

The Bernalillo County Department of Behavioral Health Services (DBHS) mission is to improve behavioral health outcomes in Bernalillo County through innovative, cohesive and measurable programs, treatment services and supports aimed at preventing the incidence of crisis and substance use disorder. The Department of Behavioral Health Services three divisions are Behavioral Health (BH), Substance Abuse (SA), and Driving While Intoxicated (DWI).

Similar to previous fiscal years going back to FY 2013 the University of New Mexico (UNM) Institute for Social Research (ISR) was contracted by DBHS to provide research and evaluation services for the Substance Abuse and Driving While Intoxicated divisions. The Substance Abuse division provides a variety of programs to reduce the impact of alcoholism, alcohol abuse, drug dependence and drug abuse in the County with the goal of making Bernalillo County a safe place to live and work. Services are available to all County residents, are free or on a sliding scale, and includes the following programs:

- the Public Inebriate Intervention Programs
- the Detoxification from Alcohol and Substance Abuse program
- the Supportive Aftercare Program
- the Addiction Treatment Program
- the Mariposa Residential Program
- Renee's Project

The Driving While Intoxicated division receives funding from the N.M. Department of Finance Administration (DFA) which administers the statewide Local Driving While Intoxicated (LDWI) Grant Fund that serves all 33 New Mexico counties funded entirely by Liquor Excise Tax Collections (LETC). All county programs are required to hire a local evaluator to assess the effectiveness of programs of locally chosen services. The services fall in the following six areas: screening, treatment and detoxification, enforcement, prevention, compliance monitoring tracking, and alternative sentencing.

In FY 2020 the ISR completed a number of tasks. This includes this report that reviews the DBHS DWI division prevention programs Envision Your Future (EYF) and the Be Above the Influence (BATTI) curriculum. These reviews are designed as process evaluations and not outcome evaluations. Neither program has been studied as part of the Institute for Social Research's rolling evaluation plan of DBHS programs. Process evaluation are designed to measure program implementation and the internal dynamics of how a program operates and if the program operates according to its design and if the design is based in a best practice. As noted above the evaluation was not designed as an outcome evaluation. Outcome evaluations are designed to measure the effectiveness of programs.

In addition, the ISR completed a review and cost benefit analysis of the Uber Safe Ride Program. The Uber Safe Ride study focused on a crash avoidance and avoided DWIs analysis that occurred as a result of the program and a cost-benefit analysis. This report was provided separately. At the request of the DBHS ISR staff completed a review of New Mexico's licensing requirements for social workers, psychologists, therapists, and counselors compared to other state's licensing requirements. ISR staff also completed an initial and preliminary review of a small selection of data collected during the Bernalillo County Metropolitan Detention Center (MDC) intake process using the recently implemented (February 2019) Receiving Screen form. ISR staff also completed additional analyses of CARE campus programs (SAC and ATP) using program, jail and

health data. Research associated with the Uber Safe Ride program and CARE campus programs will continue in FY 2021.

As noted above this report completes a review of the EYF program and BATI program. The two programs in the following report exist independently from each other and are not intended to be compared to each other. This review focused on observations of the EYF master classes in Albuquerque Public School classrooms and the delivery of the BATI presentation at Albuquerque Public School assemblies. This report includes this introduction, a short description of each program, a brief review of best practice literature focused on adolescent drug and alcohol prevention programs, and a comparison of our observations and findings with the National Institute of Drug Abuse prevention principles that are discussed later.

## **PROGRAM DESIGN**

### ***Be Above the Influence***

Be Above the Influence is an approximately 90-minute program presented to students in middle schools and high schools typically during a school assembly.

The “Be Above the Influence Underage Drinking Prevention Curriculum” is described by the creator as a life skills and positive youth development program aimed at middle and high school youth. The BATI program is operated by the founder and an assistant who aids in conducting the presentations. The program is delivered in a single session at an assembly and in our observations the 90-minute presentation generally covered the following topics:

- Introduction to the Be Above the Influence message and meaning
- Pre-test given to create baseline knowledge and attitudes
- Personal story of alcohol abuse and consequences
- Short video on the human brain and how it makes connections and grows
- Short video of the world’s most powerful race cars and relating it to the student’s brains
- Short video on major body organs and their function
- Short video on the latest research on alcohol and the damage it can cause the body and organs
- An exercise with team volunteers (students) taking on the role of the brain and body organs. The exercise is a simulation of the effects of alcohol on organ function.
- Challenge to the students to do something different for five weeks that is good for them and others. This is a challenge that asks the students to try something new each day, like do new dance moves, ride a bulldozer, skydive, etc. to create new paths in their brain.

Be Above the Influence’s program materials were requested however the creator considers them proprietary and no materials were given to the Institute for Social Research on the development of the program or research supporting the program.

### ***Envision Your Future***

Envision your Future describes itself as “... an evidence-based, non-clinical, positive youth development program that guides youth to build their Emotional and Social Intelligences and the intrinsic motivation to make healthy choices in behavior, friends and their education” (Envision Your Future, n.d.). According to the program’s website ([www.envisionyourfuture.org](http://www.envisionyourfuture.org)) the program is built on Emotional and Social Intelligence, Metacognition, Motivational Interviewing, Mental Contrasting, and Self-Determination Theory.

The program consists of 8 Master Classes. Master classes are delivered to students by an instructor, in our observations this was typically a teacher or a counselor, trained by EYF. Envision Your Future uses the train the trainer model in which the school staff are trained to deliver the curriculum by the creator of EYF. The teacher training is a one day long session where the program creator gives hands on instruction on the master class lessons to the teachers as well as discusses generational differences to help the teachers better connect with the students. The first class is presented by the creator of Envision Your Future who considers this as the launch of the program for each school. The remaining classes are taught by a staff member, in our observations this was the classes teacher, the school guidance counselor, and/or the librarian.

The program is presented in eight master class sessions usually once a week typically for eight consecutive weeks. In some cases, two master classes can be presented in the same day shortening the program by one or two weeks depending on time. EYF does not maintain any student level data.

Two different versions of Envision Your Future were observed; Envision Your Future and Envision Your Future for Young Dreamers. The Envision Your Future curriculum is designed for 5<sup>th</sup> through 12<sup>th</sup> graders and the Envision Your Future for Young Dreamers has been adapted from the original Envision Your Future program for 4<sup>th</sup> graders.

## **LITERATURE REVIEW**

Terminology for classifying drug and alcohol interventions includes prevention, treatment, and maintenance. Prevention programs have different goals, including increasing knowledge about drugs and alcohol, reducing their use, delaying the onset of first use; reducing abuse; increasing protective factors, and minimizing the harm caused by use. Most research has been conducted on school-based drug prevention programs (Haggerty et al., 1994, Cuijpers, 2009). Prevention is a continuum and the methods for prevention are the same across diseases whether it is obesity, heart disease, cancer, or substance use. Prevention strategies focus on how individuals think, feel, and act with messages and activities intended to influence individuals, families, and communities (SAMHSA, 2017). According to the Institute of Medicine (IOM) the continuum of care includes promotional strategies, prevention interventions, treatment services, and recovery services (USDHHS, 2018). Our review focuses on promotional strategies and prevention interventions.

This abbreviated literature review focuses on promotional strategies and prevention programs targeted to the type of programs being reviewed. As noted earlier these two programs target school aged children between fourth grade and twelfth grade. Both are designed as school-based programs. EYF includes 8 classes that are each approximately designed to be one-hour in length and the BATI curriculum is designed as a single approximately 90-minute presentation.

It is common for adolescents in the U.S. to participate in some level of experimentation with drugs or alcohol. For most individuals their period of experimentation is brief. However, this experimentation in some adolescents can continue into patterns of behavior (Griffin & Botvin, 2010).

Individuals begin experimenting with alcohol during early adolescence. Early adolescent use of alcohol may contribute to subsequent illicit use and heavier use later in life (Johnson, Boles, & Kleber, 2000; Kandel, Yamaguchi, & Chen, 1992; Griffin et al., 2003.) Results from the 2017 National Survey on Drug Use and Health show that 9.2% of people aged 12 to 17 were current alcohol users equaling 2.3 million adolescents in 2016 who drank alcohol in the past month and one out of 125 adolescents engaged in binge drinking on five or more days in the past 30 days. Two million adolescents (7.9%) aged 12 – 17 responded that they had used illicit drugs in the past month. Illicit drugs include marijuana, prescription pain relievers, prescription tranquilizers, cocaine, prescription stimulants, hallucinogens, methamphetamine, inhalants, prescription

sedatives, and heroin (Park-Lee et al., 2017). In school settings alcohol and drug prevention is typically administered as awareness and resistance to peer pressure. As noted above, early use of alcohol among young people has been linked to heavy drinking and alcohol related problems as adults (Foxcroft et al., 2012).

Prevention programs can occur in a variety of settings including family, school and community (National Research Council, 2009). Adolescents develop in the context of their family, schools and community and so many opportunities exist to prevent the use of alcohol and drugs and disorders and support and promote healthy development (National Research Council, 2009).

There are also a variety of approaches or strategies that can be used in family, school, and community settings. In this review we describe universal, selective and indicated approaches (Teessan, 2017). Universal prevention approaches address an entire population in a setting. For example, a universal approach in a school setting might provide a lesson about drugs or alcohol for all students in high-schools and in a school setting a universal approach type provides the intervention to all students regardless of their risk level (Teessan, 2017). In a family setting a universal approach could involve parent training about parenting and drug use for parents of new born to pre-kindergarten children. A universal approach in a community-based setting could involve a mass media campaign to all residents of a particular county or city.

Selective approaches are delivered to specific higher risk populations within a particular setting (Teessan, 2017; Foxcroft, 2014). Selective strategies typically target individuals more at risk for drug or alcohol use. This can include high risk youth and children of parents with abuse problems. Indicated intervention approaches are for individuals showing signs of being in the initial states of high-risk behavior or related behaviors. This can include programs targeting adolescents experimenting with alcohol and drugs. The difference between selective programs and indicated programs is that selective programs are based on being a part of a high-risk sub population. Indicated interventions are based on an individual's warning signs and behaviors (Griffin & Botvin, 2010).

Prevention programs have primarily been school-based because schools are an effective way to capture a large audience of young people at one time. Drug use is also seen as inconsistent with the goal of educating adolescents (Griffin & Botvin, 2010). The most common factor undermining the effectiveness of school-based drug and alcohol prevention programs is implementation failure (Teesson et al., 2017).

Stigler, Neusel, and Perry (2011) in their review of school-based programs to prevent and reduce alcohol use among youth found most school-based programs have been targeted to middle-school students, are designed to prevent or delay the onset of alcohol use, and seek to reduce individual risk factors (i.e. exposure to alcohol pre-natal and negative life events). Some programs also address social (i.e. poverty and race) and/or environmental risk factors (obesity and tobacco). To be most effective interventions should be theory driven, address social norms on alcohol use, build personal and social skills designed to help resist alcohol use, use interactive teaching, use peer leaders, be delivered over multiple sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate (Stigler, Neusel, and Perry, 2011).

## **METHODOLOGY**

Our review of the two programs focused on a review of program materials and observations of program activities and the comparison of the program materials and observations to known best practices for these types of programs, using the National Institute on Drug Abuse's (NIDA) research-based prevention principles for preventing drug use among children and adolescents (NIDA, 2003). These prevention principles have emerged from research studies funded by NIDA on the common elements found in effective prevention programs. Of particular interest for this review the principles are separated into risk factor and protective factor principles, prevention planning principles, and prevention program delivery principles.

The review by Stigler, Neusel, and Perry (2011) of school-based programs intended to prevent and reduce alcohol use among youth support the NIDA prevention principles. They found the most effective interventions are theory driven, address social norms on alcohol use, build personal and social skills designed to help resist alcohol use, use interactive teaching, use peer leaders, be delivered over multiple sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate.

Table 1 summarizes the 16 NIDA prevention principles. The principle number, a summarized description of the principle, the “target” of the principle (described above), the relevance of the principle to our study, and whether the principle was observable is provided. The “target” column provides the topic(s) covered by each principle. There are three targets including risk and protective factors, prevention planning, and prevention program delivery. First, research has tried to identify factors associated with increased “risk” potential of drug abuse and those associated with the reduced potential of abuse which are called “protective” factors. A goal of prevention programs should be to change the balance of factors so that protective factors are greater than risk factors. Principles 1 through 4 involve risk and protective factors. Second, prevention planning provides a framework for programming. Principles 5 through 11 involve prevention planning by the location of the program. Programs that are consistent with these principles are not necessarily effective programs. Third, a subset of the principles focuses on research-based program delivery principles. Programs should incorporate Principles 12 through 16, which address how these principles can be applied to effectively to create family, school, and community programs.

Prevention programs that incorporate research-based program delivery principles as well as incorporate risk and protective factors and incorporate the prevention principles that provide a framework for effective programming should result in the delivery of best practice prevention programs.

As noted earlier neither of these programs have been studied. Our evaluation is not designed to evaluate the impact of the programs on alcohol and drug use but to evaluate how the programs adhere to effective prevention program principles. Our primary mechanism to evaluate the process of these program is through our structured observations and how these programs adhere to the relevant principles as well as a review of available program materials that provide insight into adherence to relevant principles.

The relevant column is meant to note whether the principle is relevant to the review of the programs. This means the programs should incorporate this principle into their program. The observable column documents whether this principle could be observed during the delivery of the program. Importantly, for our evaluation some of these principles were not directly observable because they are not part of the program delivery. The last column (labeled Design) notes whether the principle should be incorporated into the design of the program.

This is important because not all the principles that should comprise the programs are observable as part of the delivery of the program. We had hoped to be able to review program materials as part of our review but this was limited by the amount of written program materials available for each program. BATI does not have a website and no program materials were provided that described or document the development or implementation of the program. We were provided some written materials for EYF and the EYF website includes a description of the program and Principle 16, which deal with cost effectiveness, while relevant could not be evaluated. other materials.

Five of the 16 NIDA principles were not relevant for our review and are highlighted in gray in Table 1. Principle 5 was considered not relevant because it applies to family-based prevention programs, Principle 6 was not relevant because it refers to preschool programs, Principle 10 and Principle 11 were not included as relevant because they deal with community-based prevention programs, and Principle 12 notes core elements

of original interventions should be retained when programs are adapted to meet local needs and neither of the programs being reviewed deal with this principle.

**Table 1. NIDA Prevention Principles Summarized**

#	Description	Target	Relevant	Observable	Design
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	Yes	No	Yes
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	Yes	Yes
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	Yes	Yes
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	Yes	Yes
5	Family-based prevention programs should enhance family bonding and relationships and include parenting skills;	Prevention Planning Family Programs	No	No	No
6	Prevention programs can be designed to intervene as early as preschool	Prevention Planning School Programs	No	No	No
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	Yes*	Yes	Yes
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes**	Yes	Yes
9	Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.	Prevention Planning Community Programs	Yes	No	Yes
10	Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone	Prevention Planning Community Programs	No	No	No
11	Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting	Prevention Planning Community Programs	No	No	No
12	Core elements of the original interventions should be retained when programs are adapted to meet local needs	Prevention Program Delivery	No	No	No
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	Yes	No	Yes
14	Prevention programs should include teacher training on good classroom management practices,	Prevention Program Delivery	Yes	Yes	Yes
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	Yes	Yes
16	Research based prevention programs can be cost effective.	Prevention Program Delivery	Yes	No	No

\*Relevant and observable for elementary school only.

\*\*Relevant and observable for middle school only.

The comparison of the BATI and EYF curriculum delivery to these principles is important because these principles serve as guidelines for the development, delivery, and study of research-based drug and alcohol

abuse prevention programs at the three levels introduced in the literature review: school, family and community.

Both programs target school aged adolescents in a school setting and are designed as prevention programs. The primary goal of our evaluation is to report if the programs follow best practices for prevention programs whose goal is to prevent alcohol and drug use in the target population.

Our research did not include other methods we have used in other program evaluations and reviews including surveys of students who received either of the programs, interviews with program staff, or the review of student level data for a number of reasons. Surveys of students would not have helped us understand whether the programs were following best practices. They could have been used to document gains in knowledge about prevention and other goals of the program, but during this fiscal year it was not possible or practical to survey students. Program activities are often being planned during the course of the fiscal year and the scheduling of activities was often occurring as we were conducting scheduling and conducting our observations. Both programs operate fluidly and schedules were subject to change. Because each program was largely designed, implemented and run by one person it was also not practical to conduct interviews.

As noted earlier the two programs in this report are not intended to be compared to each other. BATI and EYF, though intended to prevent adolescent drug and alcohol use, use two different methods. This report reviews the programs separately.

Several meetings were held with program staff to explain the evaluation, to gain insight into each program, and to develop an agreed upon method to begin observing. We observed all of the BATI presentations of which we were made aware between October 30, 2019 and December 6, 2019. During this time four BATI presentations were scheduled and all four were observed by one of two trained ISR staff members using the same observation form (Appendix A). During a similar timeframe of October 9, 2019 and December 17, 2019, 16 observations were conducted of 32 EYF possible classroom presentations. Table 2 reports this information.

**Table 2. Presentations**

	Number of Presentations/Master Classes	Presentations/Master Classes Observed
BATI	4	4
EYF	32	16

Observations were conducted by one of two ISR staff members. ISR staff did not participate in the presentations and typically observed from a position with an unobstructed view and stayed for the entire presentation. Following the completion of the observations a single ISR staff member coded all the observations focusing on the NIDA prevention principles described earlier in the literature review and in more detail below.

## **ANALYSIS AND DISCUSSION**

The 16 NIDA Prevention Principles listed in Table 1 act as a standard for drug and alcohol prevention programs. For both Bernalillo County prevention programs, the principles are placed into three categories to measure adherence to the principles. The following tables uses the categories: ‘relevant’ and ‘observable’ describing principles that the program should be designed to meet considering that the program is a school-based drug and alcohol prevention program. Principles that are ‘No’ under relevant primarily concerns

principles centered on prevention programs focused on families. Both of the reviewed prevention programs are designed as a universal intervention in a school setting.

Table 3 condenses the NIDA prevention principles described in Table 1 into observable principles. Three categories were created categories. First, the relevant and observable category includes the principles that are relevant principles for the programs being studied and which we could observe. This category included 7 principles. Our observations are focused on these principles and this is discussed in Table 4.

Second, the relevant and not observable category includes 5 principles. While not observable these principles are important because these principles should be explicitly incorporated into the design of each program. Principle 1 notes prevention programs should enhance protective factors and reverse or reduce risk factors. Principle 9 focuses on programs aimed at general populations at key transition points including the transition to middle-school. Principle 12 notes the core elements of the original interventions should be retained when programs are adapted to meet local needs, Principle 13 says programs should be long-germ with repeated interventions, and Principle 16 notes research-based prevention programs can be cost effective.

Third, the not relevant and not observable category includes 4 principles. Principle 5 focuses on family-based prevention programs, Principle 6 says prevention programs can be designed to intervene as early as pre-school, and Principle 10 and 11 deal with community-based prevention programs.

**Table 3. NIDA Prevention Principles Reduced**

Category	Count of Principles	Principles by Number
Relevant and Observable	7	2, 3, 4, 7*, 8**, 14, 15
Relevant and Not Observable	5	1, 9, 13, 16
Not Relevant and Not Observable	4	5, 6, 10, 11,12

\*Relevant and observable for elementary school only.

\*\*Relevant and observable for middle school only.

The principles listed in Table 4 are the focus of our comparison with the observations of both programs. Some of the listed principles while observable can also be found in the design of the program. The rows in gray can both be observed and potentially be found in each program’s design. Using available program materials and discussions with program staff we have created a matching of these principles to each program’s design.

**Table 4. Program Design Principles**

#	Description	Target	Relevant	Observable
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	Yes	No
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	Yes
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	Yes
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	Yes
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	Yes*	Yes
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes**	Yes
9	Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.	Prevention Planning Community Programs	Yes	No
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	Yes	No
14	Prevention programs should include teacher training on good classroom management practices,	Prevention Program Delivery	Yes	Yes
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	Yes

***Program Design and NIDA Principles***

Using available program level information including published materials we were provided, limited discussions with program staff, and the EYF website we provide a preliminary comparison of the relevant NIDA principles to each program. Table 5 reports the comparison of NIDA principles separately to the BATI curriculum and EYF program designs. It is important to remember, as noted in Table 4, that some NIDA principles can be both found in the design of programs and in the delivery of programs. If our review of program materials and/or discussions with program staff found any evidence of the principle in the program design a “Yes” was noted for the relevant principle. Our review does not consider the extent or strength of the principle as part of the program but only if the principle was evident in the program design. This is important because the more completely these principles are part of programs the more likely programs are to be effective in preventing drug and alcohol use. Nine of the 16 principles were relevant for the BATI curriculum and 10 of the 16 principles were relevant for the EYF program.

As mentioned earlier our review of the BATI curriculum program design is limited because no program materials were available to review and so our review relies on the discussions with the program’s founder. BATI included 5 of the 9 relevant principles in the design of the program. This includes addressing all forms of drug abuse, addressing local problems, and addressing risks specific to the population or audience. These are all risk and protective factors. The program also covers academic and social competence and is designed to be presented to middle-school and high-school students. The program does not cover protective factors,

is not long-term or repeated, because it is a single presentation does not include teachers and it is not part of a classroom presentation and is not interactive as described in the relevant principle.

EYF includes 7 of the 10 relevant principles in its' program design. This includes enhancing risk and protective factors, addressing risks specific to the population, targeting elementary-schools and middle-schools, and the program includes teacher training and uses interactive techniques. The program does not address alcohol or drug problems, does not address local problems, and the program is not long-term with repeated interventions.

**Table 5. Program Design and NIDA Principles**

#	Description	Target	BATI	EYF
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	No	Yes
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	No
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	No
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	Yes
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	N/A	Yes
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes	Yes
9	Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.	Prevention Planning Community Programs	Yes	Yes
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	No	No
14	Prevention programs should include teacher training on good classroom management practices,	Prevention Program Delivery	No	Yes
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	No	Yes

***Observations***

This section reports on the observations of the BATI and EYF program. Table 6 reports the total number of observations by provider and location.

**Table 6. Provider Observations by Observation Location**

Provider and Location	Number of Observations
BATI	
Taylor Middle School	1
Vision Quest Middle School	1
Jimmy Carter Middle School	1
Mark Armijo Academy High School	1
EYF	
Wilson Middle School	10
Lavaland Elementary School	6

The following tables report the number of relevant and observable principles, whether they were observed during any of the observations, and the number of observations in which they were observed. We also include general comments from our observations including the number of attendees, the type of activities taking place, the tone of the setting, and receptiveness of the audience.

***Be Above the Influence***

As noted earlier ISR staff observed 4 presentations of the program. Each presentation averaged around 370 students. BATI program revolves around an approximately 90-minute presentation to high school and middle school students in an assembly type setting in which the presenter provides the curriculum while in front of a large group of students. The presentation includes a slide show that the creator narrates. This presentation has multiple short videos that play from the slide show as well as two interactive activities. A few examples of the videos shown are a video of a toy car on a race track demonstrating the effects of stimulants. Also is a video of a local martial artist demonstrating his skills as a young man and then now showing that he is able to continue to do them as he ages because he does not drink alcohol or use drugs. This video has the presenter assisting him in his martial arts skills. Another video is an ‘expert’ discussing the negative effects of marijuana use. The first interactive activity is a simulation of the work that the body has to do when alcohol is consumed. This activity involves student volunteers that have previously met with the presenter and received instructions. In this activity a chain demonstrates the toxins in alcohol and is passed between the students who are representing different parts of the body. Every time one of the body parts (a student volunteer) is passed the chain they do a squat while holding the chain to represent the extra work that the body does when alcohol is consumed. When the liver volunteer receives the chain, they have to do three squats demonstrating that the liver has to work extra hard when alcohol is consumed. After the instructor who is the individual ‘consuming’ the alcohol simulates passing out from drinking too much, the student volunteers then read an information sheet on what happens to the body part they are representing when alcohol is consumed. The second activity is a dance off between volunteer groups of students and teachers. This is to demonstrate doing something new can rewire the brain to keep it sharp. The dance off is judged by the amount of cheers that each group receives. All student participants get to select a prize but the winning team gets to choose first.

These presentations were observed by ISR staff from the audience sitting with the students. The presentations were given in large rooms like the school cafeteria or the school gym. The presentations were given in front of the students like a performance in front of an audience. The location of the observer allowed for full view of the presentation but less of a view of the students who were watching the presentation.

Table 7 reports the observations compared to the observable principles by noting whether the principle was ever observed and in how many observations it was observed at least once. This table does not report on the intensity or the duration of the observed principle and is just a simple Yes/No and the number of times an aspect of the principle was observed.

Principles 7, 13, 14, and 15 are not observable in the BATI program. Principle 7 is applicable to elementary-schools and Principles 13, 14, 15 can only be observed in programs that are multi-session, BATI is a single stand-alone presentation presented by its creator. This is represented with 'N/A'. These observations were not designed to measure intensity, the duration, or quality of the delivery of the principle in the program.

Four different schools were observed, Taylor Middle School, Vision Quest Alternative Middle School, Jimmy Carter Middle School, and Mark Armijo Academy High School. Four of the 8 principles were observed. Three of the principles were observed at all four presentations – prevention programs should address all forms of drug abuse, programs should address local problems, and programs should increase academic and social competence. The other principle that programs should be tailored to address specific risks was observed at three of the four presentations.

**Table 7. Principles Observed - BATI**

#	Description	Target	Observed	Number of Observations
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	4/4
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	4/4
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	3/4
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	N/A	N/A
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes	4/4
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	N/A	N/A
14	Prevention programs should include teacher training on good classroom management practices,	Prevention Program Delivery	N/A	N/A
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	N/A	N/A

***Envision Your Future***

The following section includes Envision Your Future and Envision Your Future for Young Dreamers. ISR staff were able to observe five of the eight master classes of Envision Your Future. There were multiple observations of each of these five Master Classes.

The EYF program is designed around teachers being trained to provide the 8-class program. The curriculum is flexible and can be presented in any order. These master classes were observed in a way in which the observer could observe both the students and the presenter. EYF presentations averaged 24 students. The master classes center around the creation of a 'big dream' for the students. The activities center around giving structure to the students chosen big dream. These presentations included different interactive activities related to the master class. This includes students placing rocks, gravel, and sand into jars to represent priorities in their life. Another activity focused on determining the tools needed to make their big dream a reality. Students also worked in the Envision Your Future work book they were provided. Workbook activities included determining who the leaders are in the lives and another in which students made a contract with themselves including the date of the contract and what they would accomplish. .

Two classes taught by the same presenter were observed with different students in successive class periods. The presentation between the first period and the second period differed very little. Variations occurred only in small aspects of the master classes such as questions the teacher asked the students. This mostly depended on the focus and behavior of the class. Three Master Classes were not observed due to reorganization of the Wilson Middle School class schedule. All of the presentations at Wilson Middle School were presented by the same teacher. The schedule change created a situation where the teacher who was administering the program did not know when she would be presenting ahead of time and so could not schedule in advance with ISR staff.

Envision your Future for Young Dreamers has been modified from the original Envision your Future for fourth and fifth grade students and is based on the same Emotional and Social Intelligence, Metacognition, Motivational Interviewing, Mental Contrasting, and Self-Determination Theories. The master classes have been adapted for younger students and includes more individual hands on activities. The Institute for Social Research observed three master classes. Due to limited and delayed communication with the presenter at Lavaland Elementary we were unable to observe all of the master classes. Lavaland presentations were done by the librarian with the support of the school counselor. Of the master classes that were observed there was variation between presentations to consecutive class periods. This resulted in some NIDA principles being observed in a particular master class and not in others. This was surprising.

Table 8 includes both EYF and EYF for Young Dreamers observations. Table 8 (like Table 7) if a principle was observed in any of the master classes as well as the number of master classes in which it was observed. EYF presenters never mentioned drug or alcohol use in the master class presentations. The presentations cover academic, socio-emotional learning, and social competence and do employ interactive learning techniques. Principles 13 and 14 are not observable in the EYF program. Interactive techniques, principle 15, were observed in 2 of the 16 observations, targeting academic and socio-emotional learning, principle 7, was observed in 3 of 6 of the elementary school observations, and academic and social competence, principle 8, was observed in 7 of the 10 of the middle-school presentations.

**Table 8. Principles Observed EYF**

#	Description	Target	Observed	Number of Observations
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	No	0
3	Prevention programs should address local problems	Risk and Protective Factors	No	0
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	No	0
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	Yes	3/6**
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes	7/10***
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	N/A	N/A
14	Prevention programs should include teacher training on good classroom management practices	Prevention Program Delivery	N/A	N/A
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	2/16

\*The individuals who are giving the EYF presentations have all received teacher training.

\*\*This principle refers only to elementary school

\*\*\*This principle refers only to middle and high school

### ***Program Design and Delivery***

The following table combines information from our review of program materials and observations to the relevant NIDA principles. Table 9 lists all 16 NIDA principles including the description of the principle, the target of the principle, whether the principle was relevant to this review, and whether the principle was observable and/or could be found in the program design. The principles that are not relevant are in gray and the relevant column has a No. The last two columns report whether this principle was either found within the program design or found in both our observations and the program design. A “Yes” indicates the principle was found in the design or our observation of the delivery, a “No” indicates it was not found, and a “N/A” indicates the principle was not applicable.

Importantly, and mentioned elsewhere, this review does not report or document on the strength of the association of the program with the principle. This could be done with further review to better understand how important this principle is in the design and implementation of the program. It is important to show the number of principles that are part of the program and it is also important to measure the strength of this association.

Table 9 combines the NIDA Principles reporting both design (Table 5) and observed principles (Table 7 and Table 8).

The BATI program meets 5 of the 9 relevant principles. By program design this includes addressing all forms of drug abuse, addressing local problems, and addressing risks specific to the population or audience. These three principles, which are risk and protective factors, were also observed in all four presentations. By design the program also covers academic and social competence and is designed to be presented to middle-school and high-school students. We were also able to observe the presentations included information on academic and social competence. The program does not cover protective factors, is not long-term or repeated, because

it is a single presentation does not include teachers and is not part of a classroom presentation and is not interactive as described in the relevant principle.

EYF meets 7 of the 10 relevant principles. The program design includes the 7 principles. This includes enhancing risk and protective factors, addressing risks specific to the population, targeting elementary-schools and middle-schools, and the program includes teacher training and uses interactive techniques. The program does not address alcohol or drug problems, does not address local problems, and the program is not long-term with repeated interventions.

**Table 9. NIDA Principles Observed and in Program Design**

#	Description	Target	Relevant	Des.	Obs.	BATI	EYF
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	Yes	Yes	No	No/N/A	Yes/N/A
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	Yes	Yes	Yes/Yes	No/No
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	Yes	Yes	Yes/Yes	No/No
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	Yes	Yes	Yes/Yes	Yes/No
5	Family-based prevention programs should enhance family bonding and relationships and include parenting skills;	Prevention Planning Family Programs	No	No	No		
6	Prevention programs can be designed to intervene as early as preschool	Prevention Planning School Programs	No	No	No		
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	Yes*	Yes	Yes	N/A	Yes/Yes
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes**	Yes	Yes	Yes/Yes	Yes/Yes
9	Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.	Prevention Planning Community Programs	Yes	Yes	No	Yes/N/A	Yes/N/A
10	Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone	Prevention Planning Community Programs	No	No	No		
11	Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting	Prevention Planning Community Programs	No	No	No		
12	Core elements of the original interventions should be retained when programs are adapted to meet local needs	Prevention Program Delivery	No	No	No		
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	Yes	Yes	No	No/N/A	No/N/A
14	Prevention programs should include teacher training on good classroom management practices,	Prevention Program Delivery	Yes	Yes	No	No/N/A	Yes/N/A
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	Yes	Yes	No/No	Yes/Yes
16	Research based prevention programs can be cost effective.	Prevention Program Delivery	Yes	N/A	N/A	-	-

## CONCLUSION

This report completes the review of the FY 2020 Bernalillo County Department of Behavioral Health Services (DBHS) DWI division prevention funded Envision Your Future (EYF) program and the Be Above the Influence (BATI) curriculum. The review included a review of program materials and ISR staff observations that were performed between October 2019 and December 2019. Program materials and the results of the observations were compared to the National Institute on Drug Abuse research supported Prevention Principles for preventing drug use among children and adolescents. These 16 principles provide understanding about the latest research and principles and are core elements in research-based prevention programs.

Program materials for the BATI curriculum program were not available for review and so we were limited to our discussions with the program creator. Program materials for EYF included the website ([www.envisionyourfuture.org](http://www.envisionyourfuture.org)), the master class curriculum, and discussions with the program creator. We completed 4 observations of the BATI curriculum, which were all the presentations that occurred during our observation time frame. ISR staff also observed 16 of the 32 EYF master classes taught during the observation time frame. These observations were performed by two trained ISR staff using a semi-structure observation form (Appendix A). The observations were analyzed by one of the two ISR staff members who conducted the observations.

Nine of the 16 principles were relevant for the BATI curriculum and 10 of the 16 principles were relevant for the EYF program. The BATI program met 5 of the 9 relevant principles. By program design this includes addressing all forms of drug abuse, addressing local problems, and addressing risks specific to the population or audience. These three principles, which are risk and protective factors, were also observed in all four presentations. By design the program also covers academic and social competence and is designed to be presented to middle-school and high-school students. We were able to observe that the presentation included information on academic and social competence. The program does not cover protective factors, is not long-term or repeated, because it is a single presentation does not include teachers and is not part of a classroom presentation and is not interactive as described in the relevant principle.

The BATI curriculum incorporates 55.6% (5 of 9) of the relevant principles (it is a single 90-minute presentation and by design does not incorporate a number of relevant principles found to be relevant for effective prevention program delivery. This includes being long-term with repeated interventions and the use of interactive techniques. Programs that address risk and protective factors and include other core elements of effective research-based prevention programs work best when they deliver the service following best research-based practices. The BATI curriculum does not include a number of important principles that would make the program based on research-based prevention principles. This primarily deals with the program being a single presentation.

The EYF program includes 7 of the 10 (70%) relevant principles. The program design includes these 7 principles. This includes enhancing risk and protective factors, addressing risks specific to the population, targeting elementary-schools and middle-schools, and the program includes teacher training and uses interactive techniques, but importantly does not address alcohol or drug use either in its program design or in the delivery program.. The program is not long-term with repeated interventions and provided interactive techniques in 12.5% (2 of 16) of the presentations. While EYF was given credit for incorporating this principle in the delivery of curriculum this occurred infrequently. The EYF program does not incorporate alcohol or drug use in the program design or delivery. To be a program that more close meets NIDA best practice research-based principles for preventing drug use the EYF should incorporate should address of

forms of drug use, should address local drug problems, and should be tailored for risks specific to the population including ethnicity.

As noted elsewhere in this report this review only measures whether the relevant principles could be found either in the design of the program and/or in the delivery of the program. Very importantly, this review is not able to show how well the principles are into the design of the programs or the strength of the principle in the design and delivery of the program.

Bernalillo County should consider more completely using research-based best practices when funding prevention programs. This would require the County to develop a process to request proposal, review proposals and fund programs based on best practices. This could incorporated involve a process patterned after the process used in the Bernalillo County Behavioral Health Initiative.

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**Appendix A. Prevention Program Observation Form**

**Institute for Social Research:  
Prevention Providers Observation Form**

**Date:** \_\_\_\_\_/Start Time: \_\_\_\_\_/End Time: \_\_\_\_\_

**Observer Name:** \_\_\_\_\_

**Prevention Program:** \_\_\_\_\_

**School/Community Center or Place Name:** \_\_\_\_\_

**Main Facilitator Name:** \_\_\_\_\_

**Co-Facilitator Name(s):** \_\_\_\_\_

**Total Number Participants:** \_\_\_\_\_ **Total Number of Facilitators:** \_\_\_\_\_

**Topic/Class Number:** \_\_\_\_\_

**Grade/Age of Participants:** \_\_\_\_\_

**Others Present specify:** \_\_\_\_\_

Describe the classroom seating, general logistics of the classroom (i.e. Is the space large enough for participants, is there enough seating, is there enough time to cover everything listed on the agenda) and illustrate the room in the box below.