A drug prevention education program serving East Los Angeles youth: Program outcome evaluation

Faye Lotta Nieto

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A DRUG PREVENTION EDUCATION PROGRAM SERVING
EAST LOS ANGELES YOUTH: PROGRAM OUTCOME EVALUATION

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Faye Lotta Nieto
November, 1989
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Prevention is considered to be the best response to the drug problem, and many drug education programs have been developed in response to this need. This paper describes a program developed to target Latino youth aged 10-17. The goal of the program was to reduce the intent of target youth from using and abusing drugs. The primary program strategy was to focus on positive personal and social development (self-concept) through values clarification, building skills in decision making, communication and coping, and presentation of alternative lifestyle choices. Another goal of the program was to provide a culturally relevant program to the Latino population, one that has received little attention in either the drug literature or funding of drug program interventions. A program was developed and implemented in the East Los Angeles area, an area known to have a high rate of drug abuse. Youth in grades 5 to 8 were engaged in activities to reinforce positive behaviors, emphasize self worth and highlight alternatives to drug use. Throughout all aspects of the curriculum, culture relevant and bilingual materials were used. Pre- and
post-measures of students' self esteem were taken. Teachers were asked also to rate adjustment and academic self esteem of the children. Results indicate a positive increase in students' self esteem and academic adjustment for the slightly older students (8th grade) in the sample as rated by their teachers. Anecdotal and child activities supported these positive findings. On the basis of these results, culturally relevant program interventions are encouraged.
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who on a daily basis provides for the "turning over" of life's difficult burdens, and whom with "All things are possible."
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PREFACE

This preface provides an overview to the primary prevention model presented herein and the investigative findings that follow.


Drug dependent individuals have been shown to lack in healthy socio-psychological competencies like: strong personal/cultural identity; judgment skills; coping abilities and high-level self-esteem. The East Los Angeles Barrio presents such stressors such as: poverty; gangs; drugs; immigration/acculturation issues demanding use of human competencies to meet those challenges. Environmental circumstance mitigates vulnerable youth to be placed "at high risk" of becoming drug involved unless preventive measures are taken. The primary prevention model developed recognizes that there exists a deficiency in drug abuse prevention programming, which has generally failed to incorporate knowledge of
psychological, social and cultural features of the lives, of the various subcultures who are to benefit from the prevention approach. The present, primary prevention effort is a modest step in this direction.

The Prevention Education Program Serving Youth is an affective-educational model of self-esteem/competency building, implemented in school settings, serving students identified "at risk" of drug involvement and currently in grades 5, 6, 7 and 8. Springing from a socio-psychological theoretical framework that has been incorporated into prevention technology that employs strategies with psychological and socio-cultural relevance to the Mexican-American population served. Goals of the project follow:

1. Reduce intent to use drugs among recipients.
2. Provide culturally relevant programming.
3. Provide strategies that enhance personal and social development by targeting and increasing key competency characteristics.
4. Link the prevention model to changes in self-esteem among student service recipients.

The present study examines the outcome of a nine-session prevention series and its impact on student self-esteem level as evaluated by themselves and observed by their regular classroom teacher.
The Coopersmith Self-Esteem Inventory (CSEI) questionnaire instrument was used to measure evaluative attitudes toward the self of 445 5th, 6th, 7th, 8th grade students for changes in self-esteem level pre-program and post-program intervention. Of those 445 participants 170 were rated by their regular classroom teachers for changes in self-esteem level on the Behavioral Academic Self-Esteem Rating Scale BASE. Student rated self-esteem levels increased slightly but were not found to be significant. Student self-esteem as rated by teachers did increase significantly from pre-test to post-test.

Findings indicate the need to further investigate and specifically identify socio-cultural correlates of self-esteem and then apply them to prevention strategy and technology as this may have been lacking in the program curricula; identify and/or develop linguistically, culturally applicable testing materials; include the regular classroom teacher in prevention activities; and the need to fully investigate and understand etiological basis for those causative factors leading (i.e., social, political, economic) to drug abuse as a choice so as to build more effective program activities.
INTRODUCTION

Drug Use and Abuse

For over a decade the use and abuse of licit and illicit drugs particularly among our nation's youth has been a social problem of national concern (Battjes, 1985). There is no substantial evidence that there has been an overall decline in the use of chemical substances among adolescents or young adults during this time. On the contrary, studies indicate that drug use and abuse continues on the increase, particularly in the adolescents/pre-adolescent age group (Dembo, 1982; Zeller, 1981).

Latest reports from the National Institute on Drug Abuse (NIDA) reveal that across the nation there is a 60.3% prevalence of marijuana use among high school seniors, with one of every nine using the drug on a daily basis (NIDA, 1981). In addition, the National Institute on Alcoholism (NIAAA) indicates that as early as 1974, among seventh graders across the nation, 93% of all boys and 87% of all girls have had a drink at least once, and that 5% of that population were problem drinkers, using a criterion of drinking to excess at least once a week.
Furthermore, the NIAAA reported that one-fifth of all high school students nationwide were intoxicated at least once a month (NIAAA, 1984).

The data for the Los Angeles area is no less staggering: within the East Los Angeles area (Hollenbeck Police District) drug related juvenile arrests indicate the drugs of choice among the adolescent/pre-teen population are as follows: Phencyclidine (PCP), Alcohol, Marijuana, Heroin. Reports from Los Angeles County Drug Abuse Health Services suggest that the number of East Los Angeles Adolescents receiving treatment for PCP use have increased by 45% since 1980, and outnumber their Central Los Angeles cohorts by 65% in abuse of the drug (see Appendix Section: I-A-Drug Abuse Related Costs). For additional information regarding adolescent PCP/marijuana use refer to McAlister, 1979; Margolis & Popkin, 1980).

Marijuana is assumed to be used extensively throughout the culture, with PCP use on the rise (McAlister, 1979; Margolis & Popkin, 1980). Inhalants and glue sniffers are prevalent among male adolescents (McAlister, 1979). Among Mexican-American heroin addicts, the great majority are male and Catholic (Chambers, Cuskey & Moffett, 1970).
It is obvious from these reports that drug abuse among our young are at epidemic proportions (see Appendix Section: I-B). In a recent (Skager, 1987) statewide survey of drug and alcohol use among California students, grades 7, 9, and 11, data indicate that as early as seventh grade 40.1% of those sampled have tried alcohol in the past six months at least once and 42.1% of the eleventh grade students have tried marijuana with the same frequency. In addition, cocaine use was reported among 7th grade students with the percentage of eleventh graders at 17.6% having tried the substance at least once in the past six months.

Even more frightening is the need of our young to experiment with poly-drugging, or combination drug use to: escape boredom, feel better, escape reality, take on an identity, belong, search for a new experience, feel powerful, or simply achieve a pleasurable experience by altering their emotions and behavior. These needs make clear that preventive methods must be sought (Hedin, 1983). There is no doubt that chemicals become an identity substitute used to fill a need or to relieve an uncomfortable situation by altering mood or consciousness of an individual.

Drugs are attractive to pre-teens and adolescents because they can do all of these things quickly (i.e.,
alter mood, change behavior) with little effort or pain. By using a chemical the adolescent can achieve almost immediate gratification of the needs he/she is seeking, and will continue to use the drug(s) until he/she feels emotional pain, or discovers something better to meet and fill those needs. How an adolescent goes about fulfilling those needs is dependent upon the skills that have been acquired (i.e., coping strategies, decision making abilities, better known as key competencies) in managing their environment effectively. The adolescent makes an assessment of self as to whether or not he or she will fail or succeed at that self versus environment interaction. Thus, it is the combined effect of key competencies and self-esteem that will cause the organism to fulfill need states in a healthy or unhealthy manner (Sullivan, Gugliemo, Lily, 1986).

To effect healthy choices prevention education programs are employed and are designed to forestall, thwart or keep the service recipient from doing something undesired (i.e., abuse drugs to cope with life stress) (Milgram, 1987).

In the development of primary prevention interventions (i.e., skill building of competencies to effectively deal with life or self-esteem building) a strong theoretical understanding of socio-psychological
concepts, must be undertaken so to define goals, objectives, and strategies that will effect healthy social and personal behavior (Gullotta & Adams, 1982).

**Prevention: Background Considerations**

Most striking and persuasive have been the numerous studies that have linked drug abuse with low-self-esteem, poor interpersonal skills, and a general lack of social and personal competence (NIDA, 1984). Although a causal relationship has not yet been established, these studies lend credence to the idea that people abuse drugs because of deficiencies in one or more areas of basic emotional or psychological need (Kim, 1982; Johnson, 1980; Schaps, 1978; Swisher, 1983).

According to Maslow (1970) we have two types of needs: basic needs and meta-needs. Basic drives are physiological drives such as: hunger, thirst, sex, desire for affection, security, and esteem. If our elementary needs (drives) go unsatisfied, little else matters. Once life sustaining drives are satisfied, meta-needs come into play (i.e., beauty, order, unity, justice, goodness) as growth needs. Maslow suggests that a person whose basic needs are met, but who cannot fulfill his or her meta-needs, may become psychologically disturbed (i.e. neurosis) or lapse into a state of cynical despair and reject all that is essentially human.
Maslow (1969) in his philosophical position of Humanism states, "The essence of the philosophy lies in the conviction that: human species possess characteristics and capacities which are unique; there are universal ultimate values which are part of man's biological nature -- instinctive, not acquired; the ultimate goal of all man's pursuits is self-realization or self-actualization -- that this, full use and exploitation of all one's potential ties and capabilities. All these characteristics of human nature can be empirically established and validated, and having demonstrated these qualities, humanistic psychology may be able to offer a solution to problems which have plagued man for centuries, or may at least help in self-realization and thus contribute to psychological health."

Adolescence as viewed by Erikson (1968) is a critical period, when a sense of identity must be achieved; otherwise, a sense of role confusion will result. Successful completion of this stage is often contingent upon prior middle childhood accomplishment of a sense of competence rather than of alienation and successful self concept determination (see Appendix Section: II-A).

Completing these developmental tasks of growth and development results in self-actualization, equivalent to
a well rounded self-concept including a strong sense of self-awareness and social responsibility.

Clearly, satisfaction of basic need states represents a dynamic interplay of the physical, the mental, and the social aspects of the individual. Successful movement through stage development theory or hierarchical need states result in positive human growth and development and feelings of self-competence. Unsuccessful movement requires the emphasis to be placed upon these factors creating unhealthy completion, and anti-social means of coping.

Established earlier, primary prevention attempts to prevent problems associated with drug use before the problem begins (Milgram, 1987). Within the realm of primary prevention programming interventions should be aimed at improving the quality of program recipients' lives. This goal of programs is in accordance with criterion established by the National Institute on Drug Abuse indicating that the process should be designed to "promote social and personal growth toward full human potential" (NIDA, 1982). What follows is an overview of primary prevention drug education program techniques and technology.
Drug Education Programs

The extent of licit and illicit drug use among our youth and the ramifications of such use on the social, intellectual, psychological, physical, and emotional growth processes are of major concern. Parents, policy-makers and community leaders continue to look to the educational system for aid in arresting the prevalence of drug use among young people.

Agencies, delegated this responsibility, have responded with drug education programs of varying type and frequency of approach. A problem arises in determining individual program effectiveness. Few drug education programs have incorporated more than cursory evaluation procedures (Schaps, Di Bartolo, Palley & Churgin, 1978; Blum, Blum & Garfield, 1980; Blum, Garfield, Johnstone & Magistad, 1983). These few programs, although occasionally able in most instances to demonstrate an increase in drug knowledge and a shift in attitude, have either not attempted or not been able to demonstrate the desired change in self-reported drug use. Thus, according to Blum et al. (1983) evaluation studies, until recently, have been extremely conflicting, with reports running the gamut from extreme optimism to recommendations for discontinuing (Goodstadt, 1980; Williams, 1980; Schewan, 1981).
What sort of programs are we talking about? The National Education Association 1972 defined drug education as:

a learning process that influences an individual emotionally, intellectually, psychologically, and socially, and that may result in the modification of attitudes that influence behavior. It not only involves the formal mechanism of presenting information, but also includes a series of experiences and influences that help shape the learning environment—that atmosphere of the school, the life-style present at home, the attitude of parents, the pressures within peer groups, the popular culture, the personal experiences with or without drugs, and the availability of alternative mechanisms employed to carry out certain kinds of behavior.

This very comprehensive definition is still applicable. It highlights the fact that school-based drug education when present is but one variable among the many factors affecting illicit drug use.

According to Gullotta & Adams (1982) the majority of the programs tend to be: 1) content-oriented or cognitive, or 2) person-oriented, or affective-only. The rationale for the cognitive-only program is that students are judged to be capable of making wise decisions for themselves if given the facts. The rationale for the affective-only program is that by building self-identity, self-reliance and self-worth, students are assisted in establishing an ethical basis for personal decision-making involving drugs. Data from current evaluation
reviews tend to support best those programs which combine both affective and cognitive components (Blum, Blum & Garfield, 1980; Battjes, 1985; Sullivan, Gugliemo & Lilly, 1986).

The problems addressed in primary prevention programming can be both personal and societal. One child may lack self-esteem, for example, because his or her parents are unhappy in their marriage and unable to provide a supportive loving home. The child is left feeling unloved and disoriented. Low self-esteem in another child may be the result of poverty or racial discrimination and dealing with the stress of assimilation into an unfamiliar cultural setting. This is the child the present project is designed to impact. Clearly, though the sources of negative pressure differ in each case, the results can be equally destructive to the child's self-esteem and ability to gain in key competencies.

**Prevention in Multicultural Communities**

One reason why there has been slow development of culturally relevant prevention programs and materials is the wide diversity of cultures in the Nation (U.S. Government Publication, 1980). Drug abuse prevention, relegated to a relatively low funding priority, has been neglected even more in minority communities, where the
greatest funding urgency has been seen as expansion of
treatment capacity (Acosta, 1984). Only recently, a
multicultural constituency has developed to encourage
prevention programs. Minority staff working in crisis
centers and other intervention/treatment modalities began
asking the same question that public health professionals
have been asking for a long time: Why wait for an
epidemic to develop before starting preventive measures?
(Strantz, 1985).

Because acculturation has exposed the cultural group
(i.e., Mexican-Americans) under investigation to
predominant Anglo values and behaviors that have been
incorporated into their lifestyles, it seems important to
understand the culture's etiology from a "traditional
values" perspective so as to better facilitate
understanding of this culture's socio-psychological
characteristics that can be applied to successful primary
program strategies (Galan, 1982). This author recognizes
the importance of establishing a theoretical groundwork
that enhances knowledge of socio-cultural characteristics
when developing programs for culturally diverse "high
risk" groups (Dembo, 1983). Therefore, what follows is
an overview of the Mexican-American for purposes of
effecting and maximizing a successful primary prevention
program design. Also, the material that follows is
provided to sensitize the reader to the inherited values and beliefs this population present.

MEXICAN AMERICANS

The terms used herein describe the ethnic group studied. These descriptive labels (meanings) characterize aspects of the groups origin. They will be used interchangeably throughout the text. Although similar in meaning, distinctive background information associated with the population is delineated by the descriptive labels used, they are as follows:

Mexican-American - Descendants of early California or Texas or second/third generation offspring of families who came to this country from Mexico.

Chicano - A person living in the United States who was born in Mexico, a derivative of Mexican-American.

Hispano - Those who consider themselves more Spanish than Mexican.

Latino - Of Latin American Origin.

Half of all Mexican Americans are children (Zinam, 1984) and for that reason alone they qualify as a high risk population so far as drug abuse is concerned. Mexican Americans live in every State in the Union, with large concentrations in cities in the Midwest. In five southwestern States (New Mexico, Colorado, Arizona,
Texas, and California), the average percentage of Mexican-Americans to all others is at least 17%. The median age of the Mexican-American population in 1979 was 18 years, compared with the median age of 27 for the population of the United States as a whole. This demographic factor suggests a substantial increase of the Mexican-American population over the next few decades (Cesavantes, 1976).

An understanding of the culture would not be complete without exploring gender differences. Therefore, what follows is etiological information about gender differences and familial values.

**Machismo and Marianismo**

One investigator, Cesavantes (1976) observed: The chicano is in a double bind. God is loved, but God's church despises him. The Chicano must maintain his identity through machismo, one of the cultural imperatives that insists upon the supremacy of male over female. Other cultural qualities, not as deeply ingrained, together with machismo act as double-edged sword: personalismo, familia, Marianismo, and carnalismo (see Appendix Section: II-C). The balancing act necessary to protect these qualities, the quintessence of "chicano-hood," against the contradictory values of the dominant society keeps the chicano in an unusually
agitated, enraged, or some other emotional state detrimental to relationships with the dominant society. What machismo requires of the male Mexican-American, Marianismo requires of the female Mexican American: the internalization of a sexual ideal. In the cases of the woman, this means nothing less than realizing the virtues celebrated in the Marian tradition of Catholicism.

Carrasco (1980) suggests, the Mexican-American tecata (female addict, heroin), posses attitudes reflecting deep feelings of victimization and rejection by two cultures into which the young woman had failed to fit in. The woman is shown as a divided person, torn by cultural contradictions. She is ruled by fear of the males in her life and their power over her. Yet she has a deeply ingrained need to please men. The same value system that proceeds a positive value for males in sexuality penalizes the female. Her sense of powerlessness and low esteem is nurtured by certain aspects of Mexican-American culture, which does not provide opportunities for learning to make her own decisions. At the same time, when she tries to adapt to Anglo culture, she is often ashamed of her background of poverty and her parents' lack of education. Suffering from low self-esteem in the eyes of both cultures, the female Mexican-American is an easy mark when introduced
to heroin by male members of her family or by a male friend. Carrasco (1980) indicates that most of the addicts he has studied were introduced to heroin by the key men in their lives.

Typically, Mexican-Americans resist the kind of open discussion of drugs in their culture that other minority groups are willing to engage in and they also resist the idea of asking for help. They are not likely to seek counseling from strangers or treatment for drug problems within the family (Sanchez, 1977). However, recent efforts in moving the focus from treatment to prevention (Acosta, 1984) have proved to break down the cultural barrier to a great extent.

Familial Values and Cultural Norms

The "superness" of the male Mexican-American's feelings toward sex, friendship, women, God, and family are factors that make the culture vulnerable to drug abuse. On the other hand, the same qualities prove to be powerful motivations when his strong sense of machismo requires him to accept treatment and rehabilitation for the sake of cherished values. These values must be incorporated into the prevention curriculum to reinforce their positiveness as it relates to the pursuit of healthy personal and social development (Toohey, Valenzuela & Dezelsky, 1981).
All of the studies cited mention *machismo*, and it seems reasonable to assume that this is a cultural force that must be understood by anyone attempting to help prevent drug abuse in the Mexican-American Community. In the words of one who prefers to be called a chicano, "We may use *machismo* sometimes in a very negative way, maybe in destructive ways to ourselves, but it is in our heads. It might be negative, it might be positive, but it is us" (Cesavantes, 1976).

Mexican-Americans' family roles are based on the family's basic human needs, and on perceptions and functions of the family. Family relationships, leisure time activities, and the Catholic Church are valued. Rituals associated with religious or national holidays as they were celebrated in Mexico are often retained. Among the Folkways and characteristic patterns of action that many, but not all, Mexican-Americans hold are the acceptance of authority in the home, church, and state; maintenance of personal loyalty to friends, sensitivity to praise and criticism; and the practice of folk medicine. Many of the values of traditional Mexican-American culture are like those of other ethnic groups, differing greatly from values usually presented in the school. (Traditional refers to values characteristic of communities that are rural, that are
located close to the Mexican border, and in which the majority of the population is Mexican-American). These traditional values most nearly approximate the core values which affect the behavior of Mexican-Americans despite changes that have occurred from assimilation and the import of external variables (Ramirez & Castoneda, 1974).

Roles in The Family

Mexican Americans are generally sensitive to others' feelings and observe rules of conduct, such as respect for the status of others. Age and sex are important determinants of roles and status in the culture. Older people hold more status and are afforded more respect than others in the community. They are respected for their knowledge of the history of the community and ethnic group and for having more experience in life (Ramirez & Castoneda, 1974). Parents especially are accorded much respect and children are taught to respect all elders (see Appendix Section: II-C).

Within the family, roles are assigned by age. The eldest child is given more responsibility and status is determined by how well the child fulfills responsibility. Older children may be responsible for the socialization of younger ones in large families. Children and young adults who have learned their social rules and behaviors
are often characterized as having been educated. Being socially well educated is more important than being academically well educated. Those who fulfill their roles and know how to behave properly bestow honor on their family in the eyes of the community.

**Ethnology of Teaching**

Teachers have been heard to say, "If Mexican-American children are to be successful in this society, they must be competitive, assertive, and learn to look out for themselves." However, family ties focus on cooperation rather than competition. Traditionally, the culture of the Mexican-American instills in the child a strong sense of extended family ties including all relatives. Each person's identity is closely related to the family. Traditional Mexican-American families are becoming less common and most children are growing up in transitional families:

Minority group families run the gamut from the traditional to the highly acculturated. Between these pales, all number of possible variations and transitional culture exist... (Carter, 1971).

Since the value attached to the family is strong, there is a greater emphasis on cooperation among the family group than on competition, and socialization practices support cooperation. In planning a program for children
of this background, a teacher can focus on the meaning of the children's family and their motivation to achieve for their family's sake. Teachers can plan activities that involve the child's family in the child's learning and that use cooperative behavior in the classroom.

Saville-Troike (1973) emphasize how important it is for teachers to accept and use students' cultural and linguistic experiences in establishing educational goals. This requires an understanding and appreciation of the nature of specific language and cultural attitudes that influence the student's cognitive growth and socialization process. Zomora (1975) suggests that Spanish-speaking teachers often ask, "What Spanish shall I teach?" referring to dialects of the language. She responds that we should begin instruction in the vernacular that the children know and use. Teachers must accept children including their language system to promote learning.

The child's self-image is based also in culture. The child raised in the traditional Mexican-American community has been socialized within a language, heritage, set of cultural values, and predominant teaching style unique to that system. The child will develop communication, learning, and motivational styles consistent with that socialization. When Mexican-
American children first enter an educational program, they may be expected to function in a socio-cultural system whose practices relating to language and heritage, cultural values, and teaching styles are different from those they experience at home. They must be given time and enough opportunity to explore and to understand a new cultural world. The task is for Mexican-American children to learn to function effectively in the mainstream of the American cultural world and simultaneously continue to function effectively in and contribute to the Mexican-American cultural world.

In the development of a program designed to affect attitudes, teachers must be sensitive to the culture of their students. The skills teachers need to develop include: knowing how to reinforce home culture, knowing how to adapt curriculum materials to make them more relevant, knowing how to build a curriculum based on children's lives and language experiences, and knowing how to involve parents in educational experiences (see Appendix Section: II-B). The traditional curriculum is oriented to an ethnic group and culture compatible with the culture of the minority. Children who have been called culturally disadvantaged in reality have been culturally different (Laosa, 1977; Spradley, 1972).
PRIMARY PREVENTION TERMS AND CONCEPTS

Primary Prevention Defined

The fundamental objective of drug abuse prevention is to assist youth to develop and mature into healthy productive members of our society. Toward that end, prevention involves the process of "enablement", in which prevention professionals help youth create positive attitudes, values, behaviors, skills and life styles that will enable them to mature into happy and competent citizens who need not resort to the use of drugs because of life stressors (i.e., assimilation into an unfamiliar society). The desired outcome of prevention programs is reduction, delay, or prevention of drug use behavior that is not within the parameters of medical therapy and that disrupts the normal developmental life cycle leading to human competency (Blum, Blum & Garfield, 1980).

Prevention Modalities

Prevention Modalities are defined as follows (NIDA, 1981):

Information: Production and/or distribution of accurate and objective information about all types of drugs and the effects of these drugs on the human system.
**Education:** Approaches focus on skill-building through use of well-defined and structured affective-only learning processes. Examples of skills include: values clarification and awareness, problem solving; decision making; coping with stress, and inter-personal communication. The focus is on helping people who may be deficient in the above mentioned skills, and serves to reinforce already existing skills (i.e., socialization, peer relationships).

**Alternatives:** Approaches that provide youth-inducing experience through which individuals develop increased levels of confidence and self-reliance. Enhancement in these areas is provided through social, occupational, aesthetic, affective-only, and cognitive experiences. Alternatives based activities are designed to provide exposure to a variety of rewarding activities that offer positive alternatives to drug taking behaviors (i.e., drama classes, art and dance, sports).

**Interventions:** Approaches that focus on the reduction, elimination, and or delay of drug use, drug-use related dysfunctional behavior, and other problem behavior prior to the onset of serious, chronic, debilitating behaviors. These approaches assist and support people during critical periods in their lives, when person-to person communication, sharing of
experiences, and empathic listening could contribute to a successful adjustment of personal or family problem. Examples include professional counseling, rap sessions, peer counseling.

Prevention Settings

Prevention settings are defined as follows:

**School settings** are those in which the major percentage of activity takes place within the school system where there are a direct linkages to, and involved with, school officials and functions, often during normal school hours.

**Occupational settings** are those in which the activities take place in an organization that has legal status as a profit or non-profit making corporation, partnership, or other formally-defined income-generating entity.

**Family settings** are those in which the major focus is on strengthening family relationships. The family is seen as the group in which the desired outcomes should address.

**Community settings** are those in which the majority of activities are provided under community auspices and are concerned with activities which impact on both individuals and the community as a whole.
Multicultural Developmental Approach

Multicultural. Affective programming, to be effective, must embrace elements significant to the groups unique personal and social developmental processes. A curricula designed to be "culture relevant" must possess an understanding of mores and language utilized by the group to shape the values, attitudes, feelings of competence that combine to develop a strong sense of worth within the individual. Clearly, interpersonal deficiencies could not be remedied or areas of competency strengthened without first understanding what those elements are. Until recently prevention within multicultural communities has been relegated to low funding priority based on the need for treatment expansion (Acosta, 1984). Moreover, as prevention assumes when there is danger of environmental circumstance mitigating use within a population segment they are then placed "at risk" of involvement by virtue of the following: Low SES status; high proportion of youth between the ages of 8-20 (i.e., Mexican-American youths in Southwest States outnumber the adults 17:1; Median age of Mexican-American youth in 1989 was 18 years compared to their U.S. cohorts with a median age 27 years); and stressors presented by the acculturation
experience (i.e., Mexican-Americans) (Gullota & Adams, 1984; Strantz, 1985; Zinam, 1984).

Developmental. A body of research focusing on dependent behavior of individuals and his/her interaction with the environment describes a set of developmental characteristics that consistently characterize typical clients in social programs. They are as follows: Identification with viable role models and sense of belonging to a community/group lacking; Inability to recognize that what he/she does affects others (i.e., attitude, responsibility for one's behavior); Lack of optimism or feelings of effectiveness; Intrapersonal skills absent (i.e., coping, lack of worth, low impulse control, effective communication); Judgment skills impaired (.i.e., decision making, choosing life goals, etc.) (Casavantes, 1976). The set of faulty beliefs and attitudes a person brings to the world when facing difficulty creates a feeling of incompetence resulting in low self-esteem (Coopersmith, 1967).

PREVENTION EDUCATION PROGRAM SERVING YOUTH

Primary prevention of social and behavioral problems is the focus of the PEPSY project and is accomplished through an ongoing process that provides opportunity for individuals to increase: 1) Knowledge or awareness of personal and collective potentials; 2) skills necessary
to attain those potentials; and 3) creative use of resources to the end that all people have the ability to effectively cope with typical life problems and recognize or reduce unnecessary or debilitating stress in the community abusing themselves or others and prior to the onset of incapacitating individual, or group problems (see Appendix Section: III-A).

The PEPSY curriculum and method of instruction strives to include the strategies that create effective outcome. Primary prevention deals with processes and developmental task completion that are universal on the one hand and highly defined individually by that culture on the other hand. The PEPSY definition of primary prevention, as "a process that promotes personal and social growth of the individual toward full human potential," reduces the individuals needs for chemicals and substitutes for real life experiences. The notion of reducing an individual's needs for chemicals as substitutes for real life experiences, family, community, and religion has a strong appeal for groups whose common bonds and cohesiveness have helped its individual members to maintain identity in a pluralistic society. These suggestions have strong implications regarding the design of prevention programming, of which PEPSY curriculum and facilitation pay close attention to.
The PEPSY project and curriculum guide (see Appendix Section: III) is a social-psychological model. The project was funded in 1979 by The Los Angeles Drug Abuse Programs Office in response to the East Los Angeles target population needs. Early program attempts were in the form of diversion or recreational alternatives as an approach to drug prevention. The current prevention program product is a result of a reorganizational effort. Drug Education programs functioning within the Los Angeles Central Health Region were visited and reviewed so to garner their best for inclusion in the PEPSY design. Ongoing review of the literature to maintain knowledge of trends in program design assisted in refinement of program concept.

What evolved as a result of this effort is an organization committed to health and well-being through effective prevention programs and strategies designed to promote positive personal and social development among service recipients. The overall PEPSY program goal is as follows:

To reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative life style choice, by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies emphasize self-actualization as its theme. Values clarification, decision/communication/coping skills building, and alternative life-style choice activities
will be the process by which attitudinal, behavioral, and increased self-concept changes will be effected. The target population receiving these services are 10-17 year old at risk youth, their parents, and the community of residence.

It is difficult to discuss a concept such as Primary Prevention without examining the theoretical basis. The following is an attempt to provide a theoretical basis for the PEPSY prevention model that has evolved.

Theoretical Framework: Social Psychological Model

The social-psychological model of drug abuse prevention takes into consideration that a cluster of factors exist that may influence drug abuse. These factors include such influences upon the organism as: parent-child relationships; family socio-economic background; religious beliefs; ethnic background; racial background and other genetic factors. These factors interact prior to birth to establish an environment of nurturance or deprivation. The richness of this circumstantial set is affected by conditions like poverty, unemployment, acculturation, discrimination.

These factors then interact as antecedents to shaping one's perception of the world and influence the following: identity; self-concept; locus of control; impulsiveness; motivational needs; attitudes. Further, family's support or lack as well as community influences
social and psychological outcome. Thus, effecting functional or dysfunctional behavior of the young developing individual (Gullotta & Adams, 1982).

As established earlier, Erikson (1963) describes a stage called Ego Identity versus Role Confusion which begins around 12 or 13 and continues to about 20. Persons in this stage must consolidate all they have learned about themselves into a self-image or personal identity. To acquire ego identity, a person will select his or her own values and become aware of the relationship of those values to the various reference groups with which he or she associates.

Within the realm of this prevention effort it is taken into consideration that the youth served are "at risk" of dysfunctional behavior due to antecedent factors and that they are at a critical phase of development due to their age and stage of growth (Erikson, 1963). Therefore, we must provide a curriculum that includes tools like: strategies that effect functional rather than dysfunctional behavior by promoting student recipients competency, and providing counselors who can serve as a more effective referent group than they are currently relating to.

Program strategies have a primary purpose of promoting self-worth and self-esteem. Counselor
facilitators role-model effective coping skills and functional behavior.

Positive Human Growth and Development is defined as, "a dynamic life process by which the individual is in some way like all other individuals, and in some ways like no other individual." Growing and developing represents the evaluating of the continuous life process from conception to death, with all the attendant changes. Understanding the process from conception to death with all the attendant changes. Understanding this process is fundamental to the conceptualization of health. It represents a dynamic interplay of the physical, the mental, and the social aspects of the individual (Maslow, 1970).

Positive human growth and development is an emphasis on studying and experiencing those factors of living which enhance the individual in all dimensions. The emphasis is placed on preventing the problem rather that on studying factors which create problems. For example, physical growth can be enhanced more by learning what to do rather than what not to do. Social development is enhanced when positive experiences of social interaction are provided.
Strategies Used

Decision Making. Decision making can be defined as a process in which a person selects from two or more possible choices. Decision making is unique to human-kind and enables the individual to reason through life situations, to solve problems, and to some extent, direct behavior. A skillful decision maker has a greater control over his/her life because reduction in the amount of uncertain choices can limit the degree to which chance or peers determine ones future (Varenhorst and Carey, 1972).

People are faced with many life situations in which decisions must be made. Decision making is something everyone does every day. Because it is a common act, it receives little attention until a person is faced with an important decision that has long term consequences.

Values Clarification. Values have been said to be deep, long-lasting commitments to a concept or doctrine that is highly prized and about which action will be taken in satisfying ways. Values give direction to life and may be considered to be determinants of behavior.

Values clarification is a process which involves a series of strategies or methods for helping the individual identify their own values. A variety of meaningful experiences and interactions with the
environment provides as follows:
Choosing freely from alternatives - thoughtfully and affirmingly; prizing and cherishing; action or acting upon choices with repetition (Rogers, 1969).

Risk Taking. To take a risk is to expose oneself to loss or harm. It is human to seek more from life than merely remaining alive. There is an ever-ending search for satisfaction in living. Answers are sought to questions about what will bring satisfaction, but, absolute answers are few. Therefore, there is an element of risk in each decision made about living.

A study of risk-taking behavior indicates that taking chances is closely tied to an individual's skill in using the decision-making process. Personal values determine how willing one is to take risks. There are four kinds of risks: one that must accept; one that can be afforded to be taken, one that cannot be afforded to be taken; one that cannot afford to take (Rogers, 1969; Varenhorst & Carey, 1972).

Communication. Communication is a complex interaction between people. There are several sub-skills involved in becoming an effective communicator such as: careful listening; participating freely; defining unclear terms; asking questions; giving one's opinion, suggesting alternatives; respecting or accepting others communicae.
This suggests that communication is a life-long task requiring continual growth. One cannot become skilled without practice of all sub-skills involved (Rogers, 1969).

**Coping.** Coping is the ability to fight or control successfully or on equal terms. It also might be stated as the ability to deal with problems (Raths & Burrell, 1983).

Learning to cope with life's problems is dependent upon the individual's knowledge of self, decision-making skill, ability to clarify values, and ability to relate to others. These are skills that have been discussed and build one upon the other. Educating recipients in the area of coping assists in the task of helping those people to grow and develop as a total human being (Roths & Burrell, 1983).

**Social Interaction.** "Interacting is the dynamic relationship of the individual to the physical, biological, and social world. Their process is in a continual state of flux and interacting may disrupt the stability of the relationships" (Bessell, 1970).

Social interaction is important in studying all health problems. Drug abuse in an example. Because the abuse of drugs is a form of behavior, it follows that the child should begin to discover and learn about the
dynamics of such behavior and that of others, not only as it relates to the use of drugs, but also to one's own unique role as a human being. The result is a deeper understanding of the motivating forces that operate on human behavior. General principles to be learned toward effective social interacting include: understanding that behavior can produce positive or negative feelings in another person; taking responsibility for your behavior and its effects on someone else; realization, acceptance, approval and affection, as well as the fact that we all have fears, anger, feelings of disappointment, rejection and frustration which enter our lives (Bessell, 1970).

Self-concept. Self-concept is simply defined as the perception an individual has about themselves physically, mentally, socially. Children are not born with concerns of being good, bad, smart or stupid, lovable or unlovable. They develop these ideas. They form self-images - pictures of themselves - based largely on the way they are treated by significant people (i.e., parents, teachers). (see Appendix Section: III-B) (Coopersmith, 1967).

Self-concept is enhanced when the individual has a strong, positive self-image, a feeling of belonging and a sense of worth. The self-concept can be enhanced by incorporating the above described skills (i.e., decision
making, values clarification, communication, risk taking, coping, social interaction) into one's behavioral repertoire. A child must come to recognize the following: he/she is unique; he/she is loved and can love, he/she can function in a group, yet is comfortable in being alone; he/she can successfully do many things; he/she can relate to the world (see Appendix Section: V-A.)

Self-Esteem: The Result

Since one behaves on how one perceives reality rather than upon reality itself, one's perceptions of oneself determine health related behaviors. Therefore, in psychological terms, self-esteem provides a mental set that prepares the person to respond according to expectations of success, acceptance, and personal strength. Self-esteem is a set of attitudes and beliefs that a person brings with him or herself when facing the world. It includes beliefs as to whether he or she can expect success or failure, how much effort should be put forth, whether failure at a task will "hurt", and whether he or she will become more capable as a result. The positive or negative attitudes and values by which a person views the self-image and the evaluation or judgments he or she makes about it form the person's self-esteem (Coopersmith, 1967).
According to Coopersmith (1967) at some time during middle-childhood, a person arrives at a general appraisal of his or her worth, based upon evaluation of personal competency. This appraisal remains relatively stable and enduring over a period of several years. This appraisal also can be affected by specific incidents or conditions. With this in mind the PEPSY curriculum was designed to affect one's general appraisal of worthiness by providing the stimulus for growth and competency.

Group Process Education

Group process education is used and is a way of learning that differs in methodology and content from traditional classroom techniques. In this approach, students are not passive recipients of information provided by a teacher or a programmed learning unit or test. The core of group process is group interaction—small discussions in which students share ideas, feelings and experiences. The group process educator assumes the role of facilitator, creating and maintaining a safe atmosphere which allows for honest and open expression by all group members. The dynamics of a group rather than the study skills of an individual are the focus of the process educator's attention. Instead of providing facts and supplying answers, the process educator is more likely to ask questions aimed at initiating
introspection, response and interaction among students. Although topics and activities are suggested for each session, variations are encouraged that reflect the interests and needs of each group.

Clearly, group process education requires students to adjust to new roles. They are asked primarily to operate as a group, to share and interact to a much greater extent than they do in the normal classroom setting. The aim is for increased ease in communicating with others and a respect for the feelings of others. Because the group is often the vehicle for learning, students have much more control over their own education along with more responsibility for its success. To a great extent, students, their perceptions, attitudes and experiences, are the content of group process education.

Process Education groups are not "encounter" or "therapy groups." At no time does a group leader attempt to "operate a clinic" in the classroom. If it becomes apparent that a deeply troubled student is a member of the group, every attempt should be made to refer the student elsewhere for appropriate attention.

Most group process drug education programs cover basic drug information. However, the concentration is not on the presentation of the physical or psychological effects of mind-altering drugs. Instead, it is on the
meaning or function of drug use, either actual or potential, in the lives of the students. The issue of whether or not drug abuse is treated as a personal decision which students are—or will soon be—faced with. Within this framework, process programs typically include discussions of topics such as: peer pressure, risk-taking, value development, problem-solving, self-image, feelings and attitudes towards authority figures, etc. Whatever the program's approach—decision-making, values assessment, or mental health—all attempt to affect student attitudes and drug-taking behavior through an introspective route.

PEPSY Curriculum for Youth: Overview

Next to the family, the schools and community are the primary social institutions serving young people, and it is logical that schools assume some responsibility for alcohol and drug abuse prevention.

In the early years of the drug crisis, school-based drug abuse prevention programs commonly focused on providing young people with information about the various dangers involved in using drugs. When it became evident in some situations that this "scare tactic" approach was not only ineffective but in some ways was also counter-productive (Elicksen & Robyn, 1987), many schools began to try other kinds of approaches — primarily prevention...
programs -- aimed at assisting students to develop social maturity and better decision-making skills.

Today most of the successful school-based alcohol and drug abuse prevention programs are predicated on the premise that a combination of straight-forward factual information and social skill development is needed for prevention programming to be effective (Tobler, 1986). This approach is based on the recognition that some individuals freely choose to use drugs and alcohol and that these choices are abased on a variety of factors that schools and families can influence. Thus, school based alcohol and drug abuse prevention programming is seen as a comprehensive process that not only provides students with accurate information about alcohol and drugs, but also enhances self-esteem, communication skills, decision-making skills, and interpersonal relationships that are incompatible with alcohol and drug abuse (see Appendix Section: VI-A).

The challenge of prevention programming with inner-city Latino youth is to create a program that is a relevant and personal experience. The method used must be designed to impact the total person for the purpose of reducing their intent to engage in drug abusive behavior. Clearly, the result of program efforts should cause our youth to look seriously at themselves and at the world
around them. Through self-realization the student is expected to be assisted in the development of healthy and appropriate ways of behaving.

Creative ways of presenting facts and concepts in a style and format that will elicit a high level of response from students are used by our prevention facilitators. Incorporated into the curriculum and method of delivery are vibrant words and conceptual expressions. The program mirrors the energetic personality of the youth we work with. Therefore, we can expect the type of interest and responsive motivation needed to effect long lasting impact (see Appendix Section: II-B).

Creative prevention programming utilizes strategies that will improve student self-concept, validate feelings, set goals to gain life-direction, and explore values, reinforce pro-social behavior. By utilizing youthful energy and enthusiasm via the curriculum, we can get the childrens' attention, and once they begin responding, the serious task of assisting them down the road of self-exploration can begin. Therefore, creative prevention programming will result in youth feeling good about themselves.

Effective program strategies are used by our program and are based on a growing body of social and behavioral
science research that continues to establish and refine links between various individual and social problems as well as their underlying causes. Feeling good about oneself does not address some of the other problems inner-city youth must contend with (i.e., discrimination, lack of jobs, poor skills, and poverty) in order to build more positive futures. However, we now know more than ever about human growth and development, and what is needed for people to realize their own potential and to rise above environmental constraints.

To make that goal possible, our curriculum is one such program that has begun to use innovative strategies and approaches proven (Weigheit, 1984) through careful, rigorous evaluation to impact youth and their entire community (see Appendix Section: VI-A).

Youth session activity worksheets, are written exercises that "stimulate" youngsters to begin "dealing with themselves." Once accomplished, this will empower them to "deal with the world around them".

Curricula are designed to impact students as follows:
1. Create or reinforce positive behavior patterns before unhealthy or negative patterns such as substance abuse develop.
2. Create an understanding of how to satisfy human needs and place obstacles in the way of negative or unhealthy behaviors.

3. Promote alternatives to substance abuse and other forms of unhealthy and negative behavior.

4. Enhance attitude toward self in social, personal, academic, contexts; and increase an awareness of self-worth by developing:
   - Decision-making, coping skills (and an awareness of personal values) related to the use of mind altering substances.
   - Knowledge, understanding, and awareness about the use and misuse of substances (Alcohol, drugs, narcotics, tobacco) by individuals.
   - Responsible attitudes about the use of various chemical substances and appropriate alternatives to the use of mood altering substances.
   - Attitudes consistent with living a healthy lifestyle of well-being.

We believe that once we have gotten their attention through innovative teaching approaches, awareness and curiosity will be promoted. Therefore, the possibility of effecting healthy personal and social development will result after youth have seriously and honestly reflected
and shared their values through our activities and in class experience.

The P.E.P.S.Y. program is about having fun as we learn more about our unique potential and acquire skills to effect a behavioral change that will in turn affect ones attitudes about self (see Appendix Section: VI-B).  

Educational Rationale

In a recent statewide survey (1985-1986) of drug and alcohol use among California students in grades 7, 9, and 11 it was shown substance related involvement has been occurring more frequently among junior high students than earlier reports have indicated. Therefore, it is recommended that students receive prevention programming prior to and then during 7th/8th grades, so that knowledge may become cumulative and fluid attitudes fixed. It is recognized being that High School students have been heavily bombarded with choices of use and shall be skilled and decisive in their stance when armed with competencies and strategies. Programming has been provided to students in 5, 6, 7, and 8th grades rather than targeting Junior High or High School age students as previously done. Therefore, PEPSY has chosen to serve those grade levels based upon the preceding rationale and the stage(s) of development they are in.
The fifth, sixth, seventh, and eighth grade programs have been based on the following principles: 1) Key Competency/Developmental growth and development task accomplishment (i.e., determining one's identity; values clarification; decision making and responsibility taking); 2) Hierarchy of needs to self-actualize; 3) Self-Esteem Building; and 4) Systematic educational methodology that uses culture relevant materials and techniques (see Appendix Section: III-B).

Key Competencies

The PEPSY program is a key competency design targeting characteristics which have been identified in addicted children: poor self-image, improper sense of values, and lack of identity. Strategies are presented to help students understand that: 1) drugs and alcohol abuse cause problems for individuals and society; 2) many things affect behavior; 3) life is not always happy; 4) people need a sense of identity; 5) they are part of a family; 6) they are part of a society; 7) they are individuals; 8) making decisions and facing consequences are part of growing up; and 9) carrying out responsibilities give people more control over their lives.

Developmental Tasks. The following described curricula gleaned from the works of Erikson, Maslow and Coopersmith were considered in the development of the
curricula: 1) Learning to get along with peers; 2) Building a wholesome concept of self; 3) Identifying values and beliefs; 4) Developing skills of communication; 5) Forming Friendships with peers; 6) Acquisition of basic and meta-needs; 7) Clarifying ones goals; 8) Understanding one's self and others; and 9) Clarifying the adult world and creating change therein (see Appendix Section: V-A-C).

Needs. The following needs are important for this age group and were also considered in the curriculum development: 1) Gain and receive love; 2) Gain worth and recognition; 3) Have fun; and 4) Be free (see Appendix Section: II).

Self-Esteem Building

According to Coopersmith (1967) the term "self-esteem" refers to the evaluation a person makes and customarily maintains with regard to him or herself. Self-esteem expresses an attitude of approval or disapproval and indicates the extent to which a person believes him or herself capable, significant, and worthy. It is a subjective experience conveyed in self-reports and other overt expressive behavior. Self-esteem building is based on the assumption that although familial influence is critical to the formation of self-esteem, other experiences (i.e., like school) can be
an important factor. Appropriate techniques for building self-esteem depend on the students' age and cultural origin (NIDA, 1984). Drug users have been shown to have lower self-esteem than non-users. Low self-concept was a factor chosen by adolescents as a major cause of their drug abuse (Wiatrowski, 1982; Butler, 1982; Samuels, 1982). These findings lend validity to the usefulness of self-esteem building in the prevention of drug-abuse.

**Educational Techniques: Materials and Techniques**

The material used provides cognitive/affective-impact using techniques and material that is culturally relevant. It is presented in 1 hour sessions in a 9 week sequential series. Assertive discipline techniques are used to maintain attentive behavior. Two PEPSY counselors of Mexican-American origin with bilingual/bicultural capabilities are assigned to a class of about 30 students equally divided between them for small group process work. All curricula depict messages and pictures that have Latino representation (see Appendix Section: III-F IALAC story) so to enhance cognitive integration and personal identification.

**Curriculum**

The PEPSY program is compatible and adaptable to the Health Curriculum and/or the broad-based Social Studies
Curriculum found in many school systems (see Appendix Section: V-C).

We believe that children learn best when they can see that everyday problems have a solution.

The PEPSY program meets the daily needs of the age group in a positive, supporting, non-threatening, non-graded environment.

PEPSY Grade Programs

The Grade 5 Program, called "We Are Special" = Increase in self-competency.

The Grade 6 Program, called "Understanding Me" = Increase in self-awareness.

The Grade 7 Program, called "You and I Together" = Increase in Positive peer relations.

The Grade 8 Program, called "Beginning To See" = Increase in Pro-Social Behavior.

Steps of Implementation. These are the steps in the order that class presentations were implemented and carried out over succeeding sessions: 1) Concept Presentation; 2) Internal inquiry; 3) External inquiry; 4) Application; and 5) Debriefing.

Overall Result: Increase in Self-Esteem - perceptual change in direction of increased general assessment of worthiness.
These four programs, taught in sequential order, set a foundation for young people to feel prepared and confident as they enter their teen-age years. In terms of each respective program, the students learn how to become competent, self-aware, develop healthy peer relations, and behave in pro-social ways.
HYPOTHESES

The present paper is a modest step in this direction. Developed from a wide-body of prevention outcome studies, this prevention project is multi-modal, combining cognitive and affective training techniques. The materials are culturally and developmentally relevant, and are designed to increase one's sense of competency. Good feelings perceived about self, coupled with skills learned, will provide a basis for accurate decision making when faced with a drug choice dilemma.

The research project herein seeks to link the PEPSY primary prevention model (training, done with 5th, 6th, 7th, and 8th graders) to changes in self-esteem by pre to post testing as reported by students and observed by regular classroom teachers.

Thus, it was hypothesized that: 1) Student self-esteem would increase as measured by the Coopersmith Self-Esteem Inventory (CSEI) (1982), and 2) Student Self-Esteem as rated by classroom teachers on the Behavioral Academic Self-Esteem (BASE) will increase from pre to post testing.
METHOD

Subjects

Participants were 445 students in grades 5-8. Their ages ranged from 9-14 years (Mn=10.8 years of age) 248 female and 197 male. Student participants sampled attended 2 public elementary schools and 1 parochial school located in a predominately Hispanic (poverty to low income level) neighborhood in East Los Angeles. All students within their respective grade level (17 classes in all) were invited to participate, and volunteers obtained parental consent. The majority of students came from the 5th grade (n=205), 177 from 6th grade, 32 from 7th grade and 31 from 8th grade. Four hundred and forty students completed the CSEI at both pre and post sessions.

Only 144 students had behavioral ratings pre and post scored on the BASE. Seven of the 17 teachers requested to complete the inventory did so; 10 declined. Of the 17 classes sampled, 12 teachers worked within a public school setting, with the remaining 5 from a parochial school. Six teachers completed the task (2 of Latino ethnicity and one Black), split evenly between public and private school settings, with the majority of
data completed for the 6th grade level. Of the 17 teachers allowing use of their classrooms, 11 were Anglo; 1 Black; 1 Asian, and 4 Hispanic.

Materials

The materials used in the program have been discussed and reviewed previously (see Appendix Section: V-A-Curriculum and Appendix Section: VII-E-Test Instrument). Here the measurements of evaluation are described:

Coopersmith Measure of Self-Esteem: The CSEI is a brief self-report questionnaire measuring evaluative attitudes toward self in school, academic, family and personal areas of experience. The school form was used and is supported by research on thousands of students, specifically males and females of all ethnic populations. The school form is for children aged 8 to 15. All items are short statements such as, "I'm a lot of fun to be with" and answered "like me" or "unlike me."

Behavioral Academic Self-Esteem Rating Scale: BASE is an observational rating scale that assesses the academic self-esteem of children from preschool (age 5) through Grade 8 (age 14). The BASE measures children's academic self-esteem by using direct observation of their classroom behaviors. The BASE assesses Student
Initiative, Social Attention, Success/Failure, Social Attraction, and Self-Confidence.

Coopersmith's Self-Esteem Inventory and Behavioral Academic Rating Scale: To measure self-esteem most thoroughly, the CSEI and BASE are used together. The best estimate of self-esteem comes from using self-report and observational methods. The combined effect results in providing reliable, consistent, and thorough information about the subjects' self-esteem.

Procedure

A series of nine week sessions were conducted in each of the 17 classrooms, between October 1984-September 1985. Sessions were one hour in length, and administered by a trained counselor. Average class size was 30 students. Each of four counselors (all of Latino ethnicity) received 10 hours of orientation to prevention programming, philosophy, didactic delivery and test administration prior to administering the sessions. Three (2 hour) training sessions were held for classroom teachers at each of the three schools in order to: increase awareness of prevention concepts, assess attitudes toward chemical abuse and ethnic differences and to give instructions for BASE scoring.

Student participants received a one hour orientation session per series during which the pre CSEI was
administered. Counselors distributed a test to each student and stated the standardized instructions, "There are no right or wrong answers. You must answer as you think best. I would like to learn more about your likes and dislikes." Tests were collected when completed. Students responded enthusiastically. CSEI post tests were completed in a like manner during the 9th and last sessions. Teachers were told, "rate your students individually as you see them on the various dimensions relating to each one's level of academic self-esteem."

Teachers were then requested to complete BASE measures within time guidelines based upon their own observations of students' pre/post treatment behavior. Data was collected and scored.

RESULTS

Analyses by grade for SCEI: Because grade level may be related to effectiveness, repeated measures ANOVA was done using grade as the independent variable and CSEI and the BASE as dependent variables. There was no significant differences in the CSEI pre test or posttest series by grade ($F(3,436) = 1.27, p < .05$).

Analysis by grade for BASE: Similarly, there were no significant differences for the BASE effect of grade; ($F(2,138) = .74, p < .05$). However, there
was a significant effect for the repeated measure (F(1, 138) = 20.77, p < .001). Inspection of the means indicated that the effect of BASE was probably due to the dramatic changes in the 8th graders (BASEPRE Mn = 49.2, BASEPOST Mn = 58.0).

Re peated Measures Analysis of CSEI and BASE: A repeated measures ANOVA was run to determine if there was support for the main hypothesis of change in student self esteem after the program intervention. Although the change was in the desired direction, the change was not statistically significant (CSEI Pre Mn = 61.8, CSEI Post Mn = 62.8) F(1, 439) = 1.77, p < .05). In contrast, the overall F of the BASE was statistically significant (F(1, 140) = 7.27, p < .01).

Analysis by Gender CSEI: Subject gender was offered, an ANOVA (repeated measures) was run for the CSEI, and gender was not a significant factor (Female: CSEI Pre Mn = 60.7, CSEI Post Mn = 61.5; Male CSEI Pre Mn = 63.2, CSEI Post Mn = 64.1).
DISCUSSION

Findings

From the foregoing results it was concluded first, that students' self-esteem as rated by teachers (BASE) did increase significantly, from pre-test to post-test. The gain was in the slightly older students in this sample (8th graders).

When teachers responded to questions like: "What impact do you feel the program had on the students' self-esteem?", fifteen of the seventeen teachers responded, "They improved for the most." Also, most teachers indicated that this program's impact upon student behavior would result in fewer students' abusing drugs (see Appendix Section: VII-A).

The BASE effect may be due, however, to teachers' expectations (Hawthorne or Pygmalion effect). It may be that these students responded accordingly with teachers very positive and enthusiastic expectations rather than in terms of them actually being more responsive to or interested in learning from the presented curriculum. The eighth grade teacher in particular had a very positive attitude toward prevention programming in
general, and was in fact the person who advocated and implemented the PEPSY program within the school setting. Further, teachers may have succumbed to the halo effect, in which they are inordinately swayed by a few behaviors. These findings imply the necessity to fully involve classroom teachers in school-based prevention efforts due to their impact upon outcome.

Eighth grade teacher enthusiasm notwithstanding, it seems plausible that her teacher style mirrored that of "effective parenting" and elicited those positive (high-level) self-esteem behaviors observed. Coopersmith's (1967) research demonstrated that children with high levels of self-esteem were active, exploratory, and persistent. He also found that these children had experienced a great deal of affection, clear rules and parameters consistently set for behavior. This resulted in children displaying traits of self-confidence and social-attractiveness, they usually succeeded and coped well with failure, stress and difficulty. It is understood that at some time preceding middle childhood, a person arrives at a general appraisal of their worth and that appraisal remains stable over a period of years (Maslow, 1970). It is also known that positive school influences like an instructor in one's life can elicit competent traits in the recipient and enhance self-esteem.
(Coopersmith, 1967). Thus, the increase among the eighth graders rated on the BASE could be attributed to the teacher's effectiveness in building self-esteem in the classroom through positive and effective academic experiences and a pro-prevention attitude.

Second, it was concluded that students' self-esteem as rated by themselves (CSEI) did not demonstrate a significant effect. This may be due in part to the lack of cultural and linguistic specificity of the instrument used to sample this particular population. Many of the test items had to be explained, translated, or simplified for students by the counselors during test administration. For example, item #54, "I usually feel as if my parents are pushing me," lacks cultural relevance in the Latino population. The children did not understand what this meant - that is, they took it literally (as in physically pushing), as opposed to how the item was intended figuratively (pushing, meaning move us to motivate or stress upward achievement). Also, as previously mentioned in this paper, in the Latino culture, an attitude of cooperation rather than competition is fostered. This test item and wording such as this did not fit in with the children's cultural frame of reference.
Items scored in one direction to indicate self-esteem on the CSEI may actually indicate self-esteem in the opposite direction with a different culture. For example, item #25, "I would rather play with children younger than me," when scored "Like me" is indicative of low self-esteem on the CSEI. However, as mentioned in this paper, Latino culture expects older children to play with younger children (i.e., siblings, extended family) as their status within the familial hierarchy requires responsibility for child-rearing of those younger than yourself. Thus, it would be indicative of high self-esteem in this population.

Students rated the PEPSY program and its content on a scale from one to ten, and generally gave a "ten" rating. They said, "I learned from the discussion groups that people must care, and deal with problems," and "I learned to value myself and not take drugs to solve my problems." The students indicated a better understanding of drug abuse and use, as well as an increased ability to communicate feelings with family, friends and teachers. Letters of appreciation prepared by student program recipients state positive feelings for the counselors who presented the program and indicate the desire to "grow up and be like them," lending credence to positive role-modeling theory (see Appendix Section: VII-B and D).
It appears that students' self-reported evaluative comments do indicate perceived gains in key socio-psychological competency areas. As reported earlier, self-esteem gains were not evident in CSEI pre to post test scores. This incongruence between what students said they believed they had gained and what the CSEI questionnaire measured could be attributed to the lack of consistency in socio-cultural relevance of the PEPSY curricula and strategies (i.e., materials and techniques). All correlates of self-esteem emphasized throughout the 9 session training may not have completely reflected those variables leading to high-self-esteem within the group sampled. In a study by Cress and O'Donnell (1975) using the CSEI to assess self-esteem of 104 students from the Oglala Sioux Tribe, it was found that differing values were placed on components introduced such as power and competence, resulting in scores significantly below their dominant society peers who had experienced the same information. Dembo (1982) recognizes a deficiency in psychological, social and cultural features being present in prevention programs. Also, he recommends programming have insight into the etiology of drug abusing behavior that includes an understanding of environmental causal influences.
Although the PEPSY design has attempted to take into consideration the criterion mentioned, student outcome information (i.e., self-reported gains versus empirically measured gains in self-esteem) suggests that theoretical and methodological adjustments are in order.

Self-esteem is defined as the feeling of self-confidence, worth, strength, capability, and adequacy, and of being useful and necessary in the world (Maslow, 1970). The nature and structure of social groups and institutions have a profound impact on shaping human growth and development, self-esteem and the extent to which basic needs are met. Therefore, future investigation must be relied upon to increase knowledge of how characteristics of self-esteem differ and are the same among cultures. Identifying correlates of self-esteem specific to the Mexican-American inner-city population would assist prevention programming in these catchment areas toward development of directed and targeted training interventions. Omedo (1981) urges sensitivity to psychological testing with members of linguistic/cultural diverse groups. Assessments should take into account the diverse social, political, and economic realities currently facing these groups. Conceptual issues include bilingualism, acculturation, and the distinction to cross-cultural generalizability of
cognitive constructs of the instrument. Thus, the need for culturally/linguistically specific assessment instruments to be developed, implemented, and validated.

There were no significant differences found for gender on the CSEI. Coopersmith (1982) showed that females usually rated higher than their male cohorts. Once again, this study's results may in fact be due to the test's lack of cultural relevance, lending further support to the development of true culture specific tools.

Further research directions call for the need for longitudinal studies to see whether or not the effects last over time. Prevention programs in general are at present lacking in longitudinal validation. Additionally, the concept of presenting culturally relevant curriculum remains important, theory and materials which can and have been implemented and studied across subcultures (i.e., urban vs. rural populations; other ethnic minority groups such as Black, Asian, and American Indian) are desired to determine their usefulness across culture.

Replication Recommendations

Improvements suggested for replicating a study such as this one include use of a control and experimental group for comparison of self-esteem change extent. Also,
several of the teachers in the study declined to score students on the BASE, particularly on the post-test. This involves a total time expenditure of approximately 7 hours per teacher, which is a rather large demand considering the limited time available to staff for non-instructional type activities. Therefore, it would be of benefit to offer an incentive if possible (i.e., financial via grant money).

Teachers' evaluative comments of the program in general included: group students into small groups to increase discussion opportunity; more role-playing and practice with problem-solving of dilemmas; more information about drugs and their effects.

**Program Development Recommendations**

In the area of program development, the following recommendations are designed to increase the effectiveness of the project under investigation. The recommendations resulting from the previously described data are as follows: a) include the regular classroom teacher in prevention program activities. Teacher involvement and enthusiasm may impact positively student outcomes in the area of academic self-esteem; b) identify correlates of self-esteem for targeted population and make evident clearly and consistently in the theoretical base, methodology (curriculum and strategies) and
technique (mode of learning or delivery of information). Defining and consistently including correlates of self-esteem that are known to have great importance to the culture (i.e., values clarification = honoring the family) could prove beneficial in developing a workable theory and method. As stated in this manuscript, it is known that the Mexican-Americans' purpose is to bring honor to his/her family and that the church has great significance in their lives. Therefore, when facilitating individuation and other identity defining tasks, it would seem prudent to stress these areas within strategy interventions. c) Include more information about the unique environment (i.e., inner-city barrio settings) known to influence drug-use choices (Dembo, 1982) so to better effect a change in socio-psychological functioning. Students must be provided with greater opportunity to become involved in community service/change activities so to affect their self-evaluative comments about "power" and "effectiveness" as it relates to self-esteem. Gullotta (1982) cites the importance of recognizing poverty or powerlessness as a major causative factor of emotional disturbance. d) Identify or develop an instrument designed to determine levels of self-esteem that is linguistically and culturally applicable.
Conclusions

As school prevention programs become increasingly beneficial to students and attain the goal of producing long-term results, the cooperation, enthusiasm, and efforts to implement the programs on the part of all involved, including students, teachers, and those in the decision-making sector, should also increase (Aiello, 1989).

Clearly, the development of engaging effective programs to prevent "Latino Inner City Youth" from initiating serious drug use requires ethnographically informed strategies which utilize key features of their culture and life-styles (Dembo, 1984). Specifically, we can no longer simply reapply standardized (anglocized) prevention models, methodologies and materials that do not take into consideration the richness, uniqueness, and particular needs of the Latino population. This knowledge suggests a readjustment of prevention programming in the direction of culture specific effectiveness rather than mere culture relevance.
APPENDIX: SUPPORTING DOCUMENTS

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I. STATISTICS

**Drug Abuse Related Costs to Los Angeles County Residents Fiscal Year 1982-83**

- **Crime in Community & Workplace**:
  - $434,000,000 (70.9%)

**Why Prevention?**

**Prevention is cost-effective.**

Society can no longer afford the costs of dealing with health and social problems after they have reached advanced stages.

There is no dollar amount on human suffering.

Prevention strategies and their implementation cost a fraction of treatment or remedial services.

**Crime in Community and Workplace** - burglary, theft, forgery, prostitution.

**Criminal Justice** - arrests, booking, prosecutions, jail and probation.

**Welfare** - General Relief, food stamps, board and care, etc.

**Personal** - employee absenteeism, accidents, poor performance, higher insurance rates.

**Treatment and Prevention** - federal block grant, state funds, county funds.
## DRUG-RELATED DEATHS AND MEDICAL EMERGENCIES
### IN LOS ANGELES COUNTY
#### (1979 - 1982)

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<tr>
<td><strong>Drug-Related Deaths</strong></td>
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<tr>
<td>Total Deaths</td>
<td>534</td>
<td>550</td>
<td>633</td>
<td>684</td>
<td>Up 28%</td>
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<tr>
<td>Heroin Deaths</td>
<td>40</td>
<td>61</td>
<td>137</td>
<td>205</td>
<td>Up 412%</td>
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<tr>
<td>PCP Deaths</td>
<td>54</td>
<td>49</td>
<td>62</td>
<td>112</td>
<td>Up 126%</td>
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<tr>
<td>Cocaine Deaths</td>
<td>19</td>
<td>28</td>
<td>33</td>
<td>44</td>
<td>Up 132%</td>
</tr>
<tr>
<td>Codeine Deaths</td>
<td>108</td>
<td>152</td>
<td>180</td>
<td>163</td>
<td>Up 51%</td>
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<td><strong>Emergency Room Admissions</strong></td>
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<tr>
<td>For Heroin:</td>
<td>245</td>
<td>282</td>
<td>451</td>
<td>800</td>
<td>Up 227%</td>
</tr>
<tr>
<td>For PCP:</td>
<td>2091</td>
<td>1551</td>
<td>1323</td>
<td>2294</td>
<td>Up 10%</td>
</tr>
<tr>
<td>For Cocaine:</td>
<td>70</td>
<td>145</td>
<td>264</td>
<td>387</td>
<td>Up 453%</td>
</tr>
<tr>
<td>For Codeine:</td>
<td>219</td>
<td>254</td>
<td>292</td>
<td>342</td>
<td>Up 56%</td>
</tr>
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II. BACKGROUND CONSIDERATIONS

NEEDS OF YOUNG ADOLESCENTS

* PHYSICAL ACTIVITY: Young adolescents' spurts of boundless energy are as well known as their periods of dreamy lethargy. They need time to stretch, wiggle, and exercise rapidly growing bodies; they also need time to relax. Adults who work with young adolescents need to remember the diversity in strength, dexterity, and size of this age group. Intensely competitive physical activity often places an unnecessary burden on late-bloomers who cannot compete successfully. Early-bloomers who are pressured into conforming to sexual stereotypes that reward athletic prowess rather than intellectual or social development also can be harmed by stressful sports competition.

COMPETENCE AND ACHIEVEMENT: Because young adolescents experience extraordinary self-consciousness about their own new selves and the attitudes of others toward them, it is easy to understand their overwhelming desire to do something well and to receive admiration for achievement. Young people hunger for chances to prove themselves, especially in ways that are rewarding if all goes well and are not devastating if there are some disappointments. Young adolescents need to know that what they do is valued by others whom they respect.

SELF-DEFINITION: Rapidly changing bodies and minds require time to absorb new ways of thinking, new mirrored reflections, and new reactions from others. To accommodate the new selves that they are becoming, young adolescents need chances to consider what it means to be a man or woman and to belong to a race or ethnic group. They need time to find a friend and share a secret, or to have a good talk with an adult. They need opportunities to explore their widening world and to reflect upon the meaning of new experiences, so that they can begin to consider themselves not just as observers, but as participants in society.

CREATIVE EXPRESSION: Opportunities to express creatively their new feelings, interests, abilities, and thoughts help young adolescents to understand and accept the new people they are becoming. Performing and being exposed to drama, literature, and musical works of others helps them see that people before them have felt the emotions and thought the thoughts that are new and confusing to them. In addition to the arts, young adolescents can find opportunities for creative expression in sports such as synchronized swimming and roller skating and in activities like tending a garden, or painting a wall mural.

* POSITIVE SOCIAL INTERACTIONS WITH PEERS AND ADULTS: Young adolescents' parents and families remain of primary importance in setting values and giving affection. Their peers offer needed support, companionship, and criticism. In addition, adults other than parents have an effect on the lives of young adolescents, who are so eager to understand the possibilities of adulthood, gently challenge stereotypes of their own and other racial, ethnic, and gender groups. They need adult role models who care about them and whose lives show them what they can become.
YOUNG ADOLESCENTS... THEREFORE THEY...

PHYSICAL ACTIVITY
- Refuse to participate in quiet activities
- Disrupt quiet activities: by - joking around, talking - saying, "I'm bored.", "This is stupid."
- Like to dance and move around a lot
- Like to be outside
- Rough housing
- Riding a bike
- Breaking things
- Doesn't like school
- Just want to play
- Repairs bike

ACHIEVEMENT AND COMPETENCE
- Saying, "Nothing I do turns out right!"
- Asking opinions about their performance
- Avoid participating in activities with high risk of failure
- Be overly sensitive to criticism or embarrassment
- Put other's achievements down

SELF-DEFINITION
- Change clothing styles, haircuts, slang, and allegiances frequently to maintain a feeling of different-ness
- Try out different personalities
- Resist influence from parents and elders
- Using "shock tactics" to get your attention

CREATIVE EXPRESSION
- Join movements and fads
- Getting involved in hobbies intensively

POSITIVE RELATIONSHIPS
- Idealize friends
- Reject negative information about favorites
The values that I will mention are not the only ones that exist and I will not attempt to give you in-depth knowledge but only to begin you in the first step of awareness.

1. Family—Transcends the individual and has strong influence over it.

2. Interdependence—The groups need about self recognizing it as survival and support system.

3. Individuals' achievements and successes are measured by their contribution to the family.

4. Respect—Individuals are taught to treat others with respect and preserve their dignity. The attainment of respect especially from family members is a goal in life. Causing loss of respect is to be avoided.

5. Personalismo—Relationships with others are personalized and involve trust, both business and personal relationships.

6. Cooperation—Primary focus of the interaction process which opposes a competitive nature.

7. La Educacion—The basic guide and rules and customs that define the way of a good character.

8. lo Mejor Para Todos—Common good is primary consideration in directing one's actions.

9. Deference—Consideration given to the opinion of others due to respect and esteem in which they are held, regardless of status.
SUCCESSFUL PROGRAMS FOR YOUNG ADOLESCENTS

THE NEEDS OF YOUNG ADOLESCENTS

SHOULD SUGGEST

MATCH

PROGRAM ACTIVITIES
PRIMARY PREVENTION SERVICES

Student Services:

1. Classroom Presentations, in areas such as:
   - Positive Alternatives to Drugs
   - Decision Making/Problem Solving
   - Coping Skills
   - Personal Goal-Setting/Taking Responsibility
   - Effective Communication
   - Interpersonal Relationships
   - Assertiveness Training
   - Sex-role Appropriate Myths
   - Values Clarification
   - Self-Identification/Self-Awareness
   - Positive Self-Concept Building

2. Individual Crisis Intervention

3. Small Group Discussions

4. Special Events, such as:
   - Essay Contests
   - Goal-Achievement Awards
   - Certificate of Course Completion Awards
   - Mini-Olympics

Faculty Services:

1. Individual consultation or in-service group workshops in such areas as:
   - Behavioral Management
   - Application of Affective Strategies
   - General Drug Information
   - Staff Attitudinal Exploration regarding Drug Use and Behavior
   - Philosophy and Practice of Prevention
   - Child and Classroom Management Personal Stress Management
Faculty Services contd.

2. Curriculum Development
3. Classroom Presentations

Parent Services:
1. Prevention Education Presentations/Workshops
2. Resource and Referral
3. Parenting Strategies/Skill Building
4. Individual and group consultation in the following areas:
   - Behavioral Management
   - Discipline
   - Substance Abuse
5. Small Group Consultation

Community Services:
1. Resources and Referral
2. Lectures
3. Prevention/Education Information
4. Educational Outreach Services to Community based youth groups.

* Our services are provided only with School/and or District approval as well as parental permission.

Services provided in each school are based on individual and group need demonstrated. Our youth services are adjusted on the basis of the child/class current developmental level. Listed herein are general services available, each being tailored to the specific situation and clientele. Other services are available and provided as needed.
OUR STAFF

The PEPSY program staff consists of professionally trained consultants with backgrounds in human development, child development, counseling, psychology, education, and sociology.

OVERALL GOALS AND OBJECTIVES

GOALS
A. Reduce the potential for drug abuse and other risk behaviors in students.
B. Increase parent awareness and skills relating to primary prevention in parents.
D. Increase community awareness and support for drug abuse prevention.

OBJECTIVES
1) To provide delivery of primary prevention services to students in grades 6th through 8th.
2) To provide services to school personnel.
3) To provide services to parents.
4) Networking services to the community.

** The above listed goals and the objective/activities by which they will be achieved are consistent with the PEPSY program promotion of healthy personal and social development among students.
A. **Program Design**

The following outlines the services performed for each of the targeted groups.

1. **Services to Students**

   The following approaches are representative of the prevention project methodological design and are as follows:

   - **Information.** Accurate information about the physical and psychological effects of misuse of alcohol and other drug substances are used and essential to program element.

   - **Affective Strategies.** A variety of classroom activities have been developed and incorporated into the curriculum to address such developmental areas as self-esteem, interpersonal relationships, communication skills, decision making, and an understanding of personal values.

   - **Alternatives.** Young service recipients will learn constructive alternatives to alcohol and drug use. These may include recreational alternatives, such as athletic programs, performing arts, and other extra-curricular pursuits. They may also include service programs, in which young people can volunteer to work with and assist people in need, and programs that offer experience in working.

   - **Life career planning.** Career education and the development of such "Life skills" as parenting are essential aspects of healthy growth among young adults that will be taught by trained student/parent volunteers.

   - **Systems-Oriented Programs.** Our alcohol and drug abuse prevention program will address the systemic needs of such organizations as school and community agencies. Here organizational change is seen as a key to eliminating the negative aspects of the organizational climate that are seen as contributing to alcohol and drug problems. School climate assessments, curriculum changes, and human relations days will be accomplished in schools with help of school site councils our staff and volunteers at the school.
1. Services to Students

These services are designed to achieve the goal of reducing the students desire to engage in a drug abusive lifestyle by affording them the opportunity to self-actualize. Through self-realization the student is expected to develop in a healthy and socially appropriate way. Thereby, achieving this end through the utilization of the prevention strategies provided which include, raising self-esteem, increasing self-awareness, improving communication, building decision making skills, and learning the importance of goal setting and attainment by objective. Therefore, it is believed that if the child knows who they are, where they are going, and have within their behavioral repertoire the skills that will take them there choosing a drug-abusive lifestyle is an unlikely choice. Moreover, the long range effect of this affective/behavioral intervention is expected to result in the child aspiring to reach his/her own individual potential afforded by a well-rounded self-concept (Johnson, 1980; Kim & Newman, 1982; Gulotta & Adams, 1982; Toohey, Valenzuela & Dezelsky, 1981, Coopersmith, 1967)

Classroom Presentations - focus on the area of self-esteem, feelings, relationships, development of skills in the areas of decision-making, problem-solving, communication, goal-setting and values clarification.

Individual Crisis Intervention - brief sessions focusing on a current crisis the student may be experiencing. Referral is made if further help is indicated. Individuals are referred by school personnel, parent or self.

Small Group Sessions - designed to provide additional guidance and support to appropriate students. These groups consist of six to eight students close in age and having a similar need. Individuals selected for groups are referred by school personnel, parent or self.

2. Services to School Personnel

In-Service. Inservice training programs are to be offered to: certificated and classified staff members opportunities to gain understanding of current approaches and to develop knowledge and skills relative to alcohol and drug prevention through training and involvement.

In-Service training programs are to be offered on a continuing basis and not as a stop-gap attempt to solve the drug problem.
A team approach to in-service training is to be used. Teams may include the school-site principal and parents, and students as well as our own consultant staff. In-service training that involves teachers working in isolation and without the support of the principal will be avoided.

This prevention-oriented in-service training is to be coordinated with other strategies designed to effect positive school change, such as staff development, human relations training, and the school improvement program we are attempting to have funded (i.e. volunteer prevention effort) in the future.

These services are designed to reinforce the goal of promoting healthy personal and social development in students. It has been shown that the effect of teacher training on overall program effectiveness is of great importance. Students attitudinal and cognitive outcomes are greatly affected by the teacher. Amount and quality of training have been found to be essential variables in accomplishing curriculum objectives. Therefore, a definite interaction between student learning and teacher training has been established. It has been inferred that a change in teacher attitude or identification of it creates an awareness of teacher held bias, which results in a non-judgmental way of presenting preventive drug abuse curriculum (an unbiased approach allows the child to form a well chosen, firmly fixed attitude). This empirically based argument is presented to justify the need for teacher in-service drug abuse preventive programming. (Newman, Mohr, Budge, Gillespie, 1984).

Consultation Educational consultants are to be available to teachers and other personnel who desire consultation in such areas as behavioral management and affective/behavioral education strategies.

Resource Referrals - Provide personnel with information regarding possible avenues to help students and parents.

Inservice Training - Provide training for the entire staff in the areas of affective/behavioral education, primary prevention and behavioral management.

3. Services to Parents

Linkages between Parents and the Community. Parents will be involved in prevention by performing such roles as members of advisory groups, participants in parent
education and family communications programs, members of school teams, resource persons for program implementation, and as prevention advocates and teachers. Cooperative relationships are to be established to link the school-based program with relevant activities and personnel in community agencies as to insure continuity of program.

A citizens' advisory committee is to be established for the prevention program. Membership may include community leaders, parents, and representatives of community organizations, such as medical groups and health agencies, the clergy, the media, law enforcement, drug abuse agencies, and youth organizations. Among other roles, the advisory committee can be an advocacy organization for prevention programming by providing ongoing communication.

Parents working with the PTA and school advisory group are to become very effective in developing drug abuse prevention programs that will supplement the drug abuse prevention programs for their school and others. Parents will have the opportunity to learn as much about drugs as their children are learning and also have the opportunity to talk openly with teachers about the problems, strategies, and responsibilities involved in reacting to drug use by young people, while at the same time engage in providing programming to do something about the problem.

The parents will be made aware of a variety of substance and counseling resources in the community to which referrals may appropriately be made.

These services are designed to reinforce the program goals by promoting healthy personal and social development in students. It has been shown that by teaching parents to effectively model positive attitudes and behavior, as well as establishing effective family communications patterns the intent for a child to engage actively in a drug abusive lifestyle is decreased. By presenting a well designed parents program it is expected that parents will increase their constructive skills within the dynamics of the family relationship. It has been suggested that when children feel accepted by their parents, they will in turn develop an acceptance of self. Thereby, resulting self-worth, and a well rounded self concept. Self-concept, self-esteem, and the affective building blocks upon which it is based has been the core of youth program content, and a parent program reinforcement component is thought to be an essential ingredient for success. (Galan, 1985; Swisher, 1983).
Parenting Programs - Designed to provide parents with skills to enhance their relationship with their children and continue prevention effort upon project completion, by teaching those interested parent volunteers to become efficient and knowledgeable prevention providers.

Resource and Referrals - Provide parents with possible agency referrals and or bibliographic references to further assist in helping the overall family structure.

Services to the Community

Purpose: These services are designed to aid in disseminating information regarding preventive efforts to the entire community. Whereby a large support system is built, and the essential elements of the proposed program are reinforced by acceptance and use.

Presentations
Staff educational consultants will work with community organizations (i.e., church groups, business organizations, block associations) and provide information in the field of drug abuse.

Networking
Staff educational consultants will work with community leaders in organizing and implementing a community wide awareness of drug abuse and how it can be prevented. This effort will be made in attempt to increase community awareness, and increase project longevity via support. (Krivanec, 1984; Milgram, 1987).
A PROGRAM OF THE NARCOTICS
PREVENTION PROJECT SERVING
EAST LOS ANGELES SINCE 1967.

PEPSY
Prevention & Education Program
Serving Youth.

Prevention & Education Program Serving Youth
C.A.D.A.
1765 N. Eastern Ave.
Los Angeles, California 90032
(213) 269-8282

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What is Primary Prevention?

Primary prevention can be described as actions taken before the onset of disease, distress, or dependency to keep them from occurring in the first place.

The challenge of prevention programming with inner city Latino youth is to create a program that is a relevant and personal experience. The method used must be designed to impact the total person for the purpose of reducing their intent to engage in drug abusive behavior. Clearly, the result of program efforts should cause our youth to look seriously at themselves and the world around them. Through self-realization the student is expected to be assisted in the development of healthy and appropriate ways.

Creative ways of presenting facts and concepts in a style and format that will elicit a high level of response from students are used by our prevention facilitators. Incorporated into the curriculum and method of delivery are vibrant words and concept expressions. The program mirrors the energetic personality of the youth we work with. Therefore, we can expect the type of interest and responsive motivation needed to effect long lasting impact.

As a society we spend a great deal of time and money dealing with and reacting to a variety of individual and social problems— for example, mental illness, alcohol and other drug abuse, family violence, child abuse and neglect, crime, and delinquency. Although remedial programs and services are essential, a growing body of research supports preventive approaches that address the conditions and factors causing the problems and taking proactive steps to decrease their incidence and magnitude.

Overall Goal:

P.E.P.S.Y.'s overall goal is...

Reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative lifestyle choice by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies will emphasize self-actualization as its theme. Values clarification, decision/communication/coping skills building, alternative lifestyle choice activities will be the process by which attitudinal, behavioral, and increased self-concept changes will be effected.

How Is This Done?

The curriculum and teaching process will:

1. Develop knowledge, understanding, and awareness about the use and misuse of substances (alcohol, drugs, narcotics, tobacco) by individuals.

2. Develop decision-making skills (and an awareness of personal values) related to the use (and misuse) of mind altering substances.
3. Demonstrate responsible attitudes about the use of various chemical substances and appropriate alternatives to the use of mood altering substances.

PRIMARY PREVENTION SERVICES

Student Services:

1. Classroom Presentations, in areas such as:
   - Positive Alternatives to Drugs
   - Decision Making/Problem Solving
   - Coping Skills
   - Personal Goal-Setting/Taking Responsibility
   - Effective Communication
   - Interpersonal Relationships
   - Assertiveness/Resistance Training
   - Sex-role Appropriate Myths
   - Values Clarification
   - Self-Identification/Self-Awareness
   - Positive Self-Concept Building

2. Individual Crisis Intervention
3. Small Group Discussions
4. After school Alternatives program
5. Guidance Counseling

Faculty Services:

1. Individual consultation or in-service group workshops
2. Curriculum Development
3. Classroom Presentations

Parent Services:

1. Prevention Education Presentations/Workshops
2. Resource & Referral
3. Parenting Strategies/Skill Building

4. Individual & Group consultation in the following areas:
   - Behavioral Management
   - Discipline
   - Substance Abuse
5. Small Group Consultation

Community Services:

1. Resources & Referral
2. Lectures
3. Prevention/Education Information
4. Educational Outreach Services to Community based youth groups

** Our services are provided only with School/and or District approval as well as parental permission.

Services provided in each school are based on individual & group need demonstrated. Our youth services are adjusted on the basis of the child/class current developmental level.

The P.E.P.S.Y. program is all about having "FUN" as we learn more about our unique potential and acquire skills to effect it.

OUR STAFF:

The P.E.P.S.Y. staff consists of professionally trained consultants with backgrounds in Child Development, Counseling, Education, Psychology. Their approach is to form a cohesive team with school administrators, teachers, counselors, students & parents to work for the PREVENTION OF DRUG ABUSE.
PEPSY

- Can help parents and children better understand one another.
- Can help your children learn skills that will increase the chances of their choosing a drug-free life.
- Can help YOU to learn parenting skills that will contribute to keeping your child drug-free.
¿QUE PUEDE HACER “PEPSY” POR USTED?

Con lo accesible de las drogas en toda la comunidad, los padres están interesados en encontrar maneras de alejar a sus hijos del uso de éstas. Los padres saben que la policía y las escuelas están haciendo todo lo que pueden, sin embargo eso no es suficiente. Los padres están concientes de que deben ayudar a sus hijos y de que para alejarlos del uso de las drogas deben enfrentar el problema antes de que éste comience.

“PEPSY” puede ayudar a encontrar la manera de comprender las presiones que llevan a sus hijos al uso de las drogas y pueden ayudarlos a mantenerse alejados de ellas. Esto puede ayudar a usted a mantenerse más cerca de sus hijos y a proporcionar alternativas en contra del uso de las drogas.

WHAT CAN “PEPSY” DO FOR YOU?

With drugs available all over the community, parents are interested in finding ways to prevent their children from abusing drugs. They know that police and schools are doing all they can, however that is not enough. Parents are aware to help children choose a drug-free life they must tackle the problem before it starts.

“PEPSY” can help you find ways to understand the pressures your kids are under to use drugs and the ways you can help them to stay off. It can help you to be closer to your children and to provide them with alternatives to drug abuse. It can help your family to learn effective methods that will increase the chances of your children choosing to lead an exciting drug-free life.

¿QUE DEBO HACER PARA INGRESAR A ESTAS ACTIVIDADES?

Para empezar, usted no tiene que pagar. El Estado de California y el Condado de Los Ángeles están trabajando en cooperación para ofrecer este programa sin ningún costo.

Además, no tiene que ser parte de ningún otro grupo. Sus niños deben tener entre 10 y 17 años, pero no es necesario que estén en la escuela.

Para ser parte de “PEPSY” usted debe querer que sus niños vivan una vida sin drogas. Y sus niños, si ellos desean ingresar, deben estar dispuestos a participar en las actividades planeadas para el grupo, llevarse bien con otras gentes, y hacerlo todo sin el uso de drogas.

WHAT DO I HAVE TO DO TO JOIN?

First, you don’t have to pay! The State of California and the County of Los Angeles are cooperating to provide this program to you and your children at no cost.

Second, you don’t have to be a part of any other group. Your children do have to be between the ages of 10 and 17, but they do not have to be in school.

To be part of “PEPSY” you have to want to help your children live a life without drug abuse. And your children, if they want to join, must agree to participate in group activities, learn new ways to get along with people and to do it all without drugs as a crutch -- to make it on their own.

¿QUE PUEDE HACER “PEPSY” POR SUS HIJOS?

A través de grupos escolares y religiosos, “PEPSY” puede proveer a sus hijos oportunidades para aprender cómo hacer sus propias decisiones y cómo hacerse responsables de éstas.

Es importante, para poder lograr esa meta, el proporcionar un programa interesante de actividades destinado a construir una vida habilidosas. Estas nuevas habilidades y conocimientos adquiridos proporcionan a sus hijos una satisfacción personal bastante buena acerca de ellos mismos y del mundo que los rodea.

Las oportunidades de elegir una vida alejados de las drogas aumentan notablemente, debido a la forma en que ellos ahora se comportan y se ven a sí mismos.

WHAT CAN “PEPSY” DO FOR YOUR KIDS?

“PEPSY” can provide opportunities for your kids, generally through their schools and church groups, to learn how to make decisions and to be responsible for their own actions.

Most importantly, we accomplish that goal by providing an interesting program of activities designed to build life-skills. These newly acquired skills and knowledge result in children feeling good about themselves and the world around them.

The chances of choosing a drug-free life are greatly increased because of the way they now behave and see themselves.
¿PARA QUIEN ES "PEPSY"?

"PEPSY" es para los padres de la juventud del Este de Los Ángeles que están preocupados porque sus hijos crezcan sin el uso de las drogas. "PEPSY" es para los padres que quieran que sus hijos lleven una buena vida.

"PEPSY" es para la juventud del área que se interesa por crecer sin el uso de drogas. ¡Hay muchas maneras de hacerlo que son interesantes, educativas y divertidas!

"PEPSY" no es un programa para niños que tienen problemas con drogas (pero podemos ayudarles a encontrar otros programas que les ayuden). Si usted está interesado en este programa para usted o para sus hijos, vea lo que le ofrecemos.

COMO PONERSE EN CONTACTO CON "PEPSY"

"PEPSY" está operando en las escuelas, en las iglesias, en los parques y en otros lugares en donde pueden encontrarse niños. Es muy probable que si sus niños están en junior high o high school, tendrán contacto con nosotros. Pero si usted está interesado en participar o necesita hablar con alguien pongase en contacto con nosotros. Puede llamarnos o venir a la oficina cualquier tarde para saber como puede formar parte de "PEPSY".

HOW TO CONTACT "PEPSY"

"PEPSY" is working in the schools, in the churches, in the parks and other places where kids can be found. Odds are your children come in contact with us themselves. But if you are interested in getting involved or need to talk to someone right away, contact us. You can call or drop in to our office any afternoon and find out how you can be a part of "PEPSY".

PEPSY
1785 N. Eastern Avenue
Los Angeles, CA 90032
(213) 269-8293

PEPSY es parte de la Asociación para la Prevención de Narcóticos (Narcotics Prevention Association), fundada con fondos Short Doyle del Condado de Los Ángeles.
Dear Parent(s):

Your child and his/her classmates are invited to participate in the Educational Enrichment Activities offered by Prevention Education Program Serving Youth (PEPSY) Agency. This invitation to participate in classroom activities is extended to fifth through eighth grade students attending the Santa Teresita's School campus.

Our program is committed to causing a positive change in student health and well-being through participation in preventive program techniques. We expect your child to gain positive feelings about himself/herself, as well as skills that will help them to resist choosing drugs as a means of dealing with life stress.

A series of nine (9) week sessions, one hour in length, will be held in each classroom beginning April 1, 1985 and ending June 14, 1985. To evaluate the success of our program children will be tested before and after delivery of our program. This testing will help our staff understand each student's likes and dislikes about himself/herself, as well as letting us know if our program is really causing a measurable difference.

It is our program goal to provide your children with the necessary skills, attitudes, and experiences that will help them gain a greater appreciation for life and self, which in turn will reduce their chances of becoming involved in drug related self-destructive choices.

If you have any questions please feel free to call us at (213) 265-4224/Ext. 58. We urge you to join the team of educators, parents and students who oppose the abuse of drugs in our community, and are willing to take advantage of an opportunity designed to help our children resist.

[Signature of Parent or Guardian]

[Signature of Parent or Guardian]

Detach and sign the consent form provided below and return with your child to his/her classroom teacher.

(1) We ___________ and give our permission for 

[Print Name] [Print Child's Name] 

Enrichment program activities conducted by the teaching staff of Prevention Education Program Serving Youth Agency at Santa Teresita School.

[Signature of Parent or Guardian] [Signature of Parent or Guardian]

An Agency of the Narcotics Prevention Association
Estimado(a) Padre(s):

Su hijo/hija y compañeros de clase están invitados a participar en el Programa Educativo de Actividades de Prevención (PEPSY). Esta invitación para participar en actividades en los salones de clases es para los estudiantes de la escuela Elemental Santa Teresita.

Nuestro programa está sujeto a causar efectos positivos de salud y bienestar al estudiante por medio de las técnicas del programa de Prevención. Por medio de este programa se espera que su hijo capte sentimientos sobre él o Ella y además que aprenda a resistir el medio ambiente de las drogas por medio de la prevención.

Comenzando el 1 de Abril 1985 y culminando el 14 de Junio, se presentará por 9 semanas en los salones una clase de una hora de duración. Para evaluar el progreso de estos niños se les suministrará un examen antes del curso y otro examen después para notar el progreso adquirido en las 9 semanas de educación preventiva. Estos exámenes ayudarán a nuestros educadores entender los gustos y disgustos que los estudiantes tienen de si mismos, y también dejarnos saber si nuestro programa realmente está efectuando cambios positivos.

Cualquier pregunta que usted tenga, sientase libre de llamarnos al teléfono (213) 265-4224, Ext. 58. Le invitamos a que pertenezca al programa de educadores, de padres, estudiantes y maestros que están opuestos al abuso de drogas en nuestra comunidad y que estén dispuestos a tomar esta oportunidad designada para ayudar a nuestros niños resistir las drogas.

Por favor, firme y devuelva el formulario de consentimiento con su hijo/hija a su profesor de salon.

Yo(Nosotros) (nombre y apellido) (nombre y apellido) damos permiso a (nombre y apellido del estudiante) de participar en las actividades del Programa Educativo dirigidas por el cuerpo de profesores de la Agencia PEPSY de la Escuela Santa Teresita.

(Firma del Padre) (Firma de la Madre) Telefono
V. Prevention Education Program Serving Youth
CURRICULUM

FIFTH GRADE CURRICULUM - OUTLINE

OVERALL - GOAL

Reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative life style choice by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies will emphasize self-actualization as its theme. Values clarification, decision/communication/coping skills building, and alternative life-style choice activities will be the process by which attitudinal, behavioral, and increased self-concept changes will be effective.

THEME: We are special. We have the right to know and make decisions for ourselves.

I. Student Orientation - Film: "Joshua & the Blob"
(a) Self Esteem
(b) "Drug Abuse Prevention for you and your friend" - handout
(c) What is prevention?
(d) Pretest Coopersmith Self-Esteem Inventory (CSI)
(e) P.E.P.S.Y. Rules
(f) Assertive Discipline Technique: (Jelly Beans will be used)
   Emphasis: Class goals and how to earn them. Behavioral responsibility.
(g) Open & Close with a motivational saying. (i.e. The way to be happy is to make others happy)

II. Character Building - "Who are you?", "Who are your friends?"
(a) "Strategy #54" Who are you? - values
(b) About friends - Square Pegs handbook (Worksheet)
(c) Respect
   - " " " " "
(d) Just one more chance
   - " " " "
(e) Dare to dream/Heroes
   - " " " "
(f) What I like about people - D-E-C-I-D-E Handbook

III. Drug Education - Smoking
Objective: To study how the human respiratory system is affected by smoking tobacco. To examine reasons for smoking or not smoking.
(a) Tobacco
   1) Why do you think people begin to smoke.
   2) Why do people continue to smoke.
   3) Why do you think people try to stop smoking.
(b) "As you live you breathe" - Handout
(c) Questionnaire - "Smoking" (This is to be given out in the session before this as a homework assignment.)
IV. Drug Education - Marijuana
Objective: To examine the nature of marijuana use.
(a) What is marijuana?
(b) What is its use?
(c) How does the Drug work?
(d) What are its physical effects?
(e) How does marijuana effect judgement?
(f) Is marijuana less harmful than alcohol?
(g) Is marijuana addicting?
(h) Does it lead to use of narcotics?
(i) Why is so little known about the Drug?

V. Drug Education - Alcohol
(a) Introduction
(b) The Enjoyment of Drinking
(c) Alcohol's effect on the mind and body
(d) Drinking & Driving

****Introduction of Poster Contest will be discussed****

Objective: To sell/advertise themselves as SPECIAL PEOPLE!

VI. COMMUNICATION

VII. ASSERTIVENESS
Film: "Broadcast for Becky"

VIII. Decision making/peer pressure
Film: "Joshua and the box"

IX. Specialness
(a) Valuing self
(b) Cultural differences
Film: "The point"

X. Poster Contest Judging - Party
Scrolls made up for the children; "One positive thing about themselves"
Prevention Education Program Serving Youth

6TH GRADE CURRICULUM

TABLE CONTENTS

1. A Story About Feelings
2. The Truth About Drugs and How I See Me.
3. Getting to Know Me.
5. I Am Worthwhile: Attitudes and Values about me and the World I live in.
6. Who’s important to me? The need to belong.
7. Decisions, Decisions .......
8. Got A Problem? What do I do?
9. Rapping it Up: I’m Important ...... I can make a difference.
Prevention Education Program Serving Youth

SEVENTH GRADE CURRICULUM - OUTLINE

OVERALL - GOAL

Reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative life style choice by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies will emphasize self-actualization as its theme. Values clarification, decision/communication/coping skills building, and alternative life-style choice activities will be the process by which attitudinal, behavioral, and increased self-concept changes will be effected.

I. Student Orientation - Film: "Choices: Alcohol, Drugs, and you"
   (a) What is prevention
   (b) Pretest Coopersmith Self Esteem Inventory (CSI)
   (c) P.E.P.S.Y. Rules
   (d) Assertive Discipline Technique: (Marbles will be used)
      Emphasis: Class Goals and how to earn them. Behavioral responsibility.

II. Drugs: Positive alternatives to drugs.

III. Self awareness: Introduction to secret pal
    (a) Values Clarification

IV. Effective Communication/Assertiveness

V. Goal setting - Taking responsibility

VI. Interpersonal Relationships

VII. Decision Making/Problem Solving

VIII. Coping Skills

IX. Revealing of Secret Pals
    (a) Certificates of completion
    Party

THEME: "YOU AND I TOGETHER"
Prevention Education Program Serving Youth

EIGHT GRADE CURRICULUM - OUTLINE

OVERALL - GOAL

Reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative life style choice by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies will emphasize self-actualization as its theme. Values clarification, decision/communication/coping skills building, and alternative life-style choice activities will be the process by which attitudinal, behavioral, and increased self-concept changes will be effected.

THEME: "Beginning to See"

I. Student Orientation
   Film: "Peer Pressure: Learning to be yourself"
   (a) What is prevention
   (b) Pretest Coopersmith Self-Esteem Inventory (CSI)
   (c) P.E.P.S.Y. Rules
   (d) Assertive Discipline Technique - (Marbles will be used)
   Emphasis: Class goals and how to earn them. Behavioral responsibility.

II. Drugs: Positive alternatives to drugs

III. Self awareness/Self Esteem

IV. Effective Communication/Assertiveness

V. Goal setting - taking responsibility

VI. Interpersonal Relationships

VII. Decision making/Problem solving

VIII. Coping skills

IX. Involvement - Community

X. Youth Forum Culminating Experience
   (Party)
CERTIFICATE OF COMPLETION

This is to certify that

Has successfully completed a course in
Drug Prevention Education

DATE

Prevention Program Supervisor

Executive Director

Prevention Specialist

Clinical Director
LESSON # 4

Goal Setting
PEPSY PEOPLE RULES:

1. Have the right to express their opinions.

2. Will refrain from being overly critical of others opinions, statements or beliefs.

3. We are free to be YOU and ME.

4. Respect others right to finish speaking before presenting our own thoughts.

5. Have the right to choose to speak or pass when called upon. Why? Because, feelings are stored in a safe and special place, and only you can make the decision whether to share them or not.

6. Never take advantage (verbally, or otherwise) of another's opinions, beliefs, appearance, etc...

7. Listen, help, care, and share with one another.
LESSON PLAN

# 4

GOALS

A. Goal Setting

Setting goals because I value me. Values are what a person considers important in life. I set goals to create personal change for the better because I value me. By setting goals I can work toward something I want to attain, while at the same time giving purpose or direction to my life. Whether I achieve my goal is unimportant, the experience and growth that result are the most important process.

B. Achieving my purposes

C. Knowing I'm Lovable and Capable
Lesson #4 Values Clarification

Topic(s): Goal-setting and achieving our purposes.
Values clarification (concept).
Valuing ourselves (i.e., self-esteem).
Feelings of self-worth.

Basic Purposes:
The development of persons requires gratification of basic needs as a means of fostering, normal functioning, and growth of personality (i.e., food, drink, shelter, and protection from harm = survival). A need is essential to survival. A want is desirable, although if not obtained does not threaten seriously a person's chances of survival.

Physical needs, food, drink, relief from pain, and shelter will cause a person to do almost anything to protect these vital necessities. To function as a social and human being, a person needs to receive love from others. Feeling unloved will cause a person to sacrifice many other values to seek and elicit love from others. People also need to feel recognized, respected, and approved of by themselves and significant others. Without recognition and respect they will feel inferior, worthless, isolated and resentful.

If persons have been able to gratify these needs, (sufficiently) they will be able to pursue goals outside themselves; if not they may need to continue working inwardly prior to attending to the world outside of themselves. Human beings need challenge and a variety of experiences to fully develop. Without these, life would be boring and empty.

Goal and Student Outcome:

Students will come to realize that once these needs are met we can set goals to grow. Goals also help us to become more loving toward ourselves because we care enough
to effect personal change that will allow us to live life more successfully. Students will understand: a goal is something one tries to attain. Setting goals helps to give purpose or direction in life. However, attaining our goal is a want (desire), not a need (survival) therefore, we will not be threatened (physically or otherwise) if we fail, but will have grown in some way from the challenge.

Values Clarification:

Values are what a person considers important in life. They determine our commitments to self, family, group, society, or nation. Values are those standards which we consider as important and worthy guidelines for living. If we value ourselves we are more likely to work toward finding ways to continue our feelings of worthwhileness, valuableness.

Goal and student outcome:

Students will come to recognize that their feelings of self-value reflect in their (1) attitude about themselves and others, (2) behavior in a situation, (3) decisions they make, (4) opinions they hold, (5) respect that they show, (6) beliefs they hold (true or not). Students will learn that the sum total of all their attitudes and beliefs are their feelings of self-esteem, self-value, or feelings of self-worth. Students will be able to web the previous concept of purposes and goals and feelings of self-worth to see how one affects the other in achieving a positive existence.

Students will also come to recognize that our feelings self impose certain limits on our behavior. A poor self-image, and lack of esteem will impede our attainment of goals. However if we can see an unexpected change in our behavior that will cause us to form a different opinion of ourselves, which in turn will cause us to value ourselves more and feel more worthy. Goal-setting affords us that opportunity for growth.

Method of teaching:

If there is an "end"value, it is to move beyond moralizing and indoctrination to a process of unique and personal value clarification on the part of each student. An atmosphere will be set in which students may share their own values, feelings, ideas, and beliefs. Students will be shown there is no right or wrong answer nor guaranteed success or failure. However, a safe atmos-
sphere will be built to offer students warm support, and a sincere interest in listening to comments.

Values education is a personal, developmental process. Each student must be allowed and encouraged to validate his/her own value system by participating in activities that emphasize independence of decision making, careful consideration of alternatives and consequences, and willingness to stand up for and live in accordance to his or her own beliefs. We feel confident that through goal-setting students should be given the opportunity to trust in one's self, while learning to make choices that will lead to greater self-awareness, even if some mistakes are part of the deal.

Activities by objective: (Open session with assertive discipline technique)

I. Review last session concepts (5 mins.)
   a. Feelings situationally.
   b. Feelings and defenses.
   c. Homework assignment/Identification of personal goal.

II. Goal Setting Worksheet (15 mins.)
   a. Explain activity and method of completion.
   b. Give examples.
   c. Remind students of personal weaknesses they may want to change.
   d. Read purposes handout when finished.

III. Basic Purposes lecture. (10 mins.)
   a. Difference between need and want.
      1. need to survive.
      2. desire or want to be loved.
      3. desire or want to grow.

IV. Goals afford growth and help us to feel more confident (10 mins. which help us to be less likely to engage in drug abuse.
   a. refer to positive qualities.

V. What are values and feelings of self-esteem?
   a. Values are what a person considers important in life. Values determine our relationship with self, family, friends, school, community etc.
   b. Self-esteem is the value we place on ourselves. It's how much we believe we're worth (i.e., self-worth).
V. Value and feelings of self-esteem (contd.)

c. Our feelings of self-esteem are reflected in many of the topics we've previously discussed:

- **Attitude**—The way we think or feel about ourselves, positive or negative.
- **Behavior**—The way we act or respond in a situation may determine whether we care about ourselves or not.
- **Decisions**—The choices we make and consequences we are willing to suffer.
- **Opinions**—The personal view we hold about ourselves.
- **Respect**—The courtesy or honor we show ourselves.
- **Beliefs**—The reality (true or false) we hold about who we are and what we are capable of accomplishing.

Self-esteem = The sum total of all our attitudes and beliefs and everything in between.

VI. Setting Goals. (10 mins.)

a. Explain how to chart your progress.

b. Class charting will begin next week.

c. Succeeding or failing is not important, but the experience is....

d. By trying you are saying to are worthy and valued. That is the important concept or learning experience to be attained. To see a change in your behavior may cause you to value yourself more.....you can never tell.

VII. I am loveable and capable (IALAC) (10 mins.)

a. Read IALAC story.

b. Children will participate.

c. Show how self-worth is destroyed and then renewed.

d. Tie up by discussing how goal-setting may achieve the purpose of renewed self-worth, because you know you tried.

VIII. Closing:

a. Next week we will more fully discuss values clarification.

b. Think about valuing family and friends.
One

Values Clarification

Two

Setting goals because I value me. Values are what a person considers important in life. I set goals to create personal change for the better because I value me. By setting goals I can work toward something I want to attain, while at the same time giving purpose or direction to my life. Whether I achieve my goal is unimportant, the experience and growth that result are the most important process.

Three

I will use this activity to help students:

X Improve Self-Concepts
X Improve Decision-Making
X Develop Responsibility
X Improve Communication
X Clarify Values
X Improve Knowledge
X Other (Specify)

Four

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activity</th>
<th>Evaluation</th>
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<tr>
<td>The Setting</td>
<td>Youth are to spend 15 min. completing goal-setting activity.</td>
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<td>Goals work</td>
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<td>pencil</td>
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<td>erasers</td>
<td>Instructor will give examples of goals, reasons for them, activities to achieve them, obstacles to achievement, helpers to achievement, time- frame for goal, checkpoints to progress, contract including the above</td>
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Everyone shares these
**BASIC PURPOSES:**
(Sociologists call these "BASIC NEEDS")

1. **TO SURVIVE**
   - to have food, drink, shelter
   - to protect from harm

2. **TO BE WANTED**
   - to have the approval, love, and appreciation of others

3. **TO GROW**
   - to get increased satisfaction out of living

Plus hundreds of sub-purposes

---

**In fact:**
Your whole life is simply a series of ACTIONS to achieve your purposes.

---

**Where do these purposes come from?**
When you were a baby and woke up, you had only one purpose — **TO EAT**

...so you took ACTION until... someone came along and fulfilled your purpose. Then you went back to sleep — **MISSION ACCOMPLISHED!**
(You weren't born with a desire to catch a bus.)

---

Each day when you wake up, you are filled with a flock of **PURPOSES**

- I want to get some breakfast
- I want to turn on the radio
- I want to wash and get dressed
- I want to turn off the alarm
- I want to catch the bus

...and you take ACTIONS to achieve these PURPOSES
guidelines
for goal-setting

Once a person has decided where he is, who he is, and where he wants to go, he has identified what success means to him. How he needs to learn how to establish goals to carry him along the road to success. To set effective goals, it is important that he observe the following guidelines. A goal must be:

1. 

Cherishable 
You must be able to conceptualize the goal so that it is understandable and then be able to identify clearly what the first step or two would be.

2. 

Believable 
In addition to being consistent with your personal values system, you must believe you can reach the goal. This goes back to the need to have a positive, affirmative feeling about one's self. Be sure that few people can believe a goal that they have never seen achieved by someone else. There have been implications for goal-setting in culturally deprived areas.

3. 

Achievable 
The goals you set must be accomplishable with your given strengths and abilities. For example, if you were a 45-year-old, it would be foolish for you to set the goal of running the four-minute mile in the next six months—that simply would not be achievable.

4. 

Controllable 
If your goal includes the involvement of anyone else, you should first obtain the permission of the other persons or permit to be involved; or the goal may be stated as an invitation. For example, if your goal were to take your girlfriend to a movie on Saturday night, the goal would not be acceptable as stated because it involves the possibility that she might turn you down. However, if you told your goal was merely to invite your girlfriend to the movie, it would be acceptable.

5. 

Assessable 
Your goal must be stated so that it is measurable in terms of time and quantity. For example, suppose your goal were to work on your term paper this week. You would specify your goal by saying, "I am going to write twenty pages by 3:00 p.m. on Monday." That way, the goal can be measured; and when Monday comes, you know whether or not you have achieved it.

6. 

Droppable 
Your goal should be something you really want to do. Whatever your ambition, it should be one that you want to fulfill, rather than something you feel you should do. We are well aware that there are many things in life a person has to do, but if it is to be highly motivated, he must commit a substantial percentage of his time to doing things he wants to do. In other words, there should be a balance in life, but the "want" factor is vital to changing style of being and being.

7. 

Stated with No Alternatives 
You should set one goal at a time. Our research has shown that a person who says he wants to do one thing or another—giving himself an alternative—an alternative gets beyond the "or." He does neither. This does not imply inflexibility. Flexibility in action implies an ability to be able to make a judgment that some action you are involved in is either inappropriate, unnecessary, or the result of a bad decision. Even though you may set out for one goal, you can stop at any time and drop it for a new one. But when you change, you again state your goal without an alternative.

8. 

Growth-Facilitating 
Your goal should never be destructive to yourself, to others, or to society. A student recently set a goal to break off fourteen car antennas before 9:00 A.M. the next day. The goal was certainly believable, achievable, measurable, and so forth. Obviously such a goal cannot be supported. If a student is setting potentially destructive goals, an effort to encourage him to consider a different goal should be made.
I need to improve: \\
I PLAN TO: \\
I will evaluate and chart my progress each day for two weeks. (1 is the least effort and 5 is the most effort.)

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DAY AND DATE
Everyone I know wears one of these signs oh you can't see it of course, but it's still there the letter's stand for some very important words.

I AM LOVEABLE AND CAPABLE

Let me tell you a story about a fourteen year old boy named Jose who go's to Belvedere School. According to Jose's built in clock about a minute passes by but actually it's been a little longer his mother nagging him this morning, "Jose it's time to get up. If you late for school you're going to get it. Now Move." On his way a piece of his IALAC sign falls onto the floor, Jose doesn't really notice it's happened before.

Jose's school sits in the middle of one of those neighborhoods balanced on every corner by a gang of cholos who's purpose is to hassle anyone younger and unprotected. Unfortunately Jose fits into this category. Jose can sense that there is going to be trouble when he realizes that he is being followed by another gang member. Behind him the gang member quickly moves in and muscles him over with a poke and a jurk. Jose is surrounded. Jose can usually hold his own but there are a little more than he bargained for one of them kicks Jose in the rear end the blow sends him flying across the sidewalk, and a large piece of his IALAC sign fall off. The other boys all double over in hysterical laughter and Jose almost wishes he'd taken them on instead. So far, Jose's day has been far from perfect as a matter of fact since the early morning one bad thing has followed another, and Jose seems about to be buried in with problems.
Jose dashes to his homeroom the rest of the homeroom proves to be uneventful and Jose leaves for his shop class thinking that things just have to get better. After spending the first twenty minutes just watching Jose's partner finally lets him do some cutting on their project but Jose's grip loosens, and he breaks the blade on the saw, "You Idiot", can't you do anything right? Jose's partner shouts at him and pushes him out of the way. Jose's ready to take a swing but the sound of the bell rings and stops Jose from hitting his partner. Jose dashes off to Spanish class still caring his revenge.

Jose's Spanish teacher Mr. Gonzalez requires that all assignments be handed in at the beginning of the period. She examines and expresses disapproval of anyone who hands in an incomplete or poorly written assignment. Jose takes out a rumpled Spanish assignment from his notebook. It doesn't take long for Mr. Gonzalez to discover Jose's messy homework. "Senor Sanchez, que es esto?", holding up the paper as though it were contaminated doesn't wait for an answer and abruptly tosses it back to Jose and ignores Jose for the rest of the period. Jose is relieved when the bell rings so he can go home.

Jose mopes into the kitchen to see what's for dinner he starts poking around the pots on the stove. "Jose will you please stop Get out from under my feet so I can get dinner on the table his mother angrily shouts at him. Not wanting another run-in with anyone, Jose decides to make himself scarce until his mom calls him for dinner.

Dinner is pretty glum, apparently Jose's mom and dad had an argument and dinner turns out to be one of those "pass the beans pass the sopa" meals. Jose's mom delivers the final blow. Jose I expect you and Maria to do dishes tonight. Jose says Boy I be glad when this day is over with". Jose gets into bed, right before he turns out the light he takes off his IALAC sign, and you know what It's about the size of a postage stamp.
Jose's day might seem somewhat strange to you but there are kids and adults who live just like Jose. If you doubt that the put-downs Jose experienced are not widespread. I say then just spend one day counting the number of put-downs you hear and you will soon discover the insults out number the compliments.
VI. WORK STATEMENT: OBJECTIVES AND OUTCOMES

DRUG ABUSE PRIMARY PREVENTION PROGRAM

STATEMENT OF WORK

FISCAL YEAR: 1985 - 1986

AGENCY: Narcotherapy Prevention Project

ADDRESS: 3421 East Olympic Blvd.
Los Angeles, California 90023

PHONE #: (213) 265-4224

TARGET POPULATION: 9-17 yr. old at risk youth, their parents, and the community of residence.

GEOGRAPHIC AREA: Central Health District

OVERALL GOAL: Reduce the intent of at risk youth to actively engage in drug abuse activity as an alternative life style choice by providing preventive programs for youth, their parents, and the community serving them. Prevention program strategies will emphasize self-actualization as its theme. Values clarification, decision/communication/skills building, and alternative life-style choice activities will be the process by which attitudinal, behavioral, and increased self-concept changes will be effected.
### Objectives and Activities

<table>
<thead>
<tr>
<th>Objective</th>
<th>Expected Outcomes</th>
<th>Persons Responsible</th>
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</table>
| 1. Maintain an updated operations manual or policy and procedures manual which includes all information required in the operations manual and keep available to all agency staff.  
1.1 Revise sections as necessary, at least annually.  
1.2 Place copies in an open, accessible location. | The agency will be able to provide the information listed under objectives and activities upon request or deadline to DOPO staff. | F. Nieto |
| 2. Provide the Drug Abuse Program Office with all necessary reports and documents.  
2.1 Submit Monthly Reporting Form  
2.2 Keep available documentation of all prevention activities.  
2.3 Submit in writing all program and staff changes to OPA and PDPA section. | | D. Martinez |
| 3. Development and implementation of data collection instruments.  
3.1 Revise data collection instruments as needed | | F. Nieto |
| 4. Prevention staff meeting will be held at least twice a month.  
4.1 Documentation will be maintained. | | F. Nieto |
| 5. Observations and critiques of prevention activities will be done by program supervisor at least quarterly.  
5.1 Documentation will be kept on file. | | L. Montes |
| 6. New staff will be oriented to the program as necessary.  
6.1 Documentation of orientation activities will be provided for each phase of orientation completed.  
6.2 Upon completion of 6 week orientation/training completed an evaluative criterion report will be jointly signed by both director and new staff.  
6.3 Documentation will be kept on file. | | F. Nieto  
New Staff |
<table>
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<tr>
<th>OBJECTIVES AND ACTIVITIES</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
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<th>EXPECTED OUTCOMES</th>
<th>PERSONNEL RESPONSIBLE</th>
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<tr>
<td>2.2 General knowledge about, and observational familiarization to the parent agency NFP via tours and discussion. (2 days)</td>
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<td>New staff member will experience a well-rounded orientation to preventive programming philosophy, theory, research, curriculum, and service delivery system, as evidenced by document (see 3.3).</td>
<td>P. Nieto, D. Martinez</td>
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<td>2.3 Introduction PEPSY philosophy, and practice of program delivery system. (1 week)</td>
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<td>2.5 Training/orientation criterion evaluative report jointly signed and dated by both staff member and director.</td>
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<td>3. Cooperate evaluation of orientation/training needs met by both new staff member and director.</td>
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<td>3.1 Staff statement orientation/training report analyzed by director.</td>
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<td>3.2 Joint meeting between new staff member to decide if further training is warranted.</td>
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<td>3.3 Training/orientation criterion evaluative report jointly signed and dated by both new staff member and director (3.1-3.3 will take 2 days).</td>
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<tr>
<td>3.4 Observation of new staff members delivery system skills and knowledge. (2 weeks)</td>
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New Staff
**PEPESY (Prevention Education Program Serving Youth) Training Program Implementation Plan.**

1. **PEPESY new staff orientation** will be met by training procedures outlined to be included as part of the operations manual. A baseline of ability and needs will be established as a cooperative effort by new staff member and program director. Total training time will be six weeks and will be accomplished by following a 6 phase process.

   1.1 New staff member assessment of personal needs by written statement of goals and objectives.

   1.2 Submitted to program director no later than the second day after employment has begun.

   1.3 Cooperative analysis of baseline starting point.

   1.4 Adjustment of 6 phase training program to meet new staff members needs.

   1.5 Training/orientation criteria evaluative report jointly signed and dated by both new staff member and director.

2. Six phase new staff orientation training program will include a series of personally adjusted activities.

   2.1 Review of current literature regarding trends, theory, philosophy, and evaluative research of preventive programming. (3 days)

   2.2 Development and implementation of skills training.

   2.3 Practice and demonstration of skills training 4-6 days.

   2.4 Demonstration of skills training 1 week.

   2.5 New staff member will have experienced a well-rounded orientation to prevention programming philosophy, theory, research, curriculum, and service delivery system, as evidenced by signed document (see 1.5 and 2.5).

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<table>
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<tr>
<th>OBJECTIVES AND ACTIVITIES</th>
<th>JASONDI</th>
<th>MAINJ</th>
<th>EXPECTED OUTCOME</th>
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<tbody>
<tr>
<td>1. PEPESY new staff orientation will be met by training procedures outlined to be included as part of the operations manual. A baseline of ability and needs will be established as a cooperative effort by new staff member and program director. Total training time will be six weeks and will be accomplished by following a 6 phase process.</td>
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<tr>
<td>1.1 New staff member assessment of personal needs by written statement of goals and objectives.</td>
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<td>1.2 Submitted to program director no later than the second day after employment has begun.</td>
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<td>1.3 Cooperative analysis of baseline starting point.</td>
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<td>1.4 Adjustment of 6 phase training program to meet new staff members needs.</td>
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<tr>
<td>1.5 Training/orientation criteria evaluative report jointly signed and dated by both new staff member and director.</td>
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<tr>
<td>2. Six phase new staff orientation training program will include a series of personally adjusted activities.</td>
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<tr>
<td>2.1 Review of current literature regarding trends, theory, philosophy, and evaluative research of preventive programming. (3 days)</td>
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<td>OBJECTIVES AND ACTIVITIES</td>
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<tr>
<td>1. Provide summer programs to enhance positive self-concept, social relations and communication, through magic circle, art and drama groups, tutorial services, and recreational activities, to be held at Marchison and Santa Teresa Elementary School sites for students ages 9-17. A total of five sessions per week five hours per day, for a total of 8 eight weeks.</td>
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<tr>
<td>1.1 Meet with teachers and site Administration to determine utilization of Alternatives program facilities.</td>
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<td>1.2 Survey facilities for area compatible to session needs.</td>
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<td>1.3 Plan and develop program session activities.</td>
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<td>1.4 Prepare individual session plans including objective of each.</td>
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<td>1.5 Revise and adjust session plan as needed.</td>
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<td>1.6 Conduct Sessions</td>
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<td>1.6-1 Sign Attendance Roster</td>
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<td>1.6-2 Participate in session activities</td>
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<td>1.6-3 Administer Self Report Survey at the end of eight weeks.</td>
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**EXPECTED OUTCOMES**

At least 50% of the youth will report increased feelings of competence in one or several of the included activities. Program participant increased self competency will be evaluated by self-report measure.
<table>
<thead>
<tr>
<th>OBJECTIVES AND ACTIVITIES</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
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<th>RESPONSIBLE</th>
<th>EXPECTED OUTCOMES</th>
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<tbody>
<tr>
<td>2. Provide prevention curriculum as follows:</td>
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<tr>
<td>5th grade: &quot;We Are Special&quot; Purpose: Increase Drug Knowledge, Self-competency, Responsible Decision Making.</td>
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<td>7th grade: &quot;You and I Together&quot; Purpose: Increase Positive Peer Relations.</td>
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<td>8th grade: &quot;Beginning to See&quot; Purpose: Increase Pro-Social Personal and Community Awareness.</td>
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<td>(A) 5th grade; (B) 6th grade classes at Murdoch Street Elementary School, where two series of 9 sessions, 1-hr long will be held; and to be provided at Santa Teresa Elementary School four series of nine/9 week sessions to 5th, 6th, 7th, and 8th grade classes one hour long will be held. A total of 147 sessions will be held.</td>
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<tr>
<td>2.1 Meet with administrative school district personnel to identify elementary school.</td>
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<td>2.2 Meet with schools personnel to arrange schedules.</td>
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<td>2.3 Survey classrooms for compatibility with curriculum needs.</td>
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<td>2.4 Develop curriculum and revise as needed.</td>
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<td>2.5 Prepare and organize materials as needed for curriculum implementation.</td>
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<td>2.6 Prepare individual session lessons plan including objective of each.</td>
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Following the nine one hour sessions participants will show a statistically significant difference on the Cooperman Self-Esteem Inventory.
<table>
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<tr>
<th>QUESTIVES AND ACTIVITIES</th>
<th>JANUARY</th>
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<th>MARCH</th>
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<td>2.7 Revise and adjust individual lesson plan as necessary.</td>
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<td>2.8 Administer, pre and post test.</td>
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<td>2.9 Implement curriculum.</td>
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<td>2.9-1 Distribute P.E.P.S.Y. curriculum.</td>
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<td>2.9-2 Review last session content.</td>
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<td>2.9-3 Take attendance.</td>
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<td>2.9-4 Participate in session activity.</td>
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<td>2.9-5 Meet as class or as small group with facilitator.</td>
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<td>2.9-6 Summarize main points session concepts.</td>
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<td>2.9-7 Present concepts to think about in preparation for next session.</td>
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PERSONS RESPONSIBLE:

- School
- Faculty
- D. Martinez
- L. M. Marc
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<tr>
<th>OBJECTIVES AND ACTIVITIES</th>
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<tr>
<td>3. Provide &quot;Understanding Youth&quot; sessions designed to reinforce curriculum concepts and assess student course completion as follows:</td>
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<td>5th grade: &quot;Understanding Me&quot;, &quot;Understanding You&quot;, &quot;Understanding Together&quot;:</td>
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<td>6th grade: &quot;Understanding Me&quot;, &quot;Understanding You&quot;, &quot;Understanding Together&quot;:</td>
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<tr>
<td>7th grade: &quot;You and I Together&quot;, Culminating Biphasic Panel/Group Discussion &quot;Youth Vision&quot;.</td>
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<tr>
<td>8th grade: &quot;Beginning to See&quot;, Culminating Biphasic Panel/Group Discussion &quot;Youth Vision&quot;.</td>
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3.1 Meet with teachers and school administration to plan activity.  
3.2 Survey facilities for space compatible to session needs.  
3.3 Prepare and organize materials to be used.

3.4 Meet with teachers to plan activity.

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<tr>
<th>INDIVIDUALS/INSTITUTIONS</th>
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<tbody>
<tr>
<td>D. Martinez</td>
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<tr>
<td>L. Munoz</td>
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<tr>
<th>PROCEDURES AND OUTCOMES</th>
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<td>1. Man of those students who have been</td>
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<td>program sessions will participate,</td>
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<td>according to a survey (open-ended</td>
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<td>report measures.</td>
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<th>JASON D. MARTINEZ</th>
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<td>L. MUNOZ</td>
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<td>OBJECTIVES AND ACTIVITIES</td>
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<td>3.5 Conduct Session</td>
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<td>3.5-1 Sign Attendance Roster</td>
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<td>3.5-2 Participate in session activities</td>
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<td>3.5-3a Award Certificate of completion</td>
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<td>3.5-3b Engage group in discussion</td>
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<td>3.5-4 Close with summary of session content</td>
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<tr>
<td>3.5-5 Administer self-report survey at sessions end</td>
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EXPECTED OUTCOMES

PERSONS RESPONSIBLE

B. Klief
D. Martinez
L. Munoz
4. Organize after-school "Activities Group" to enhance participant self-concept, social relations, and communication through magic circle, art/drama and recreation activities groups. (1) three hour session will be offered at Murchison and (1) three hour session at Santa Teresa Elementary school sites for 5th, 6th, 7th, and 8th grade students. A total of (2) 3 hour sessions per week will be held.

4.1 Meet with teachers and site Administration to determine utilization of Alternatives program facilities.

4.2 Survey facilities for area compatible to session needs.

4.3 Plan and develop program session activities.

4.4 Prepare individual session plans including objective for each.

4.5 Revise and adjust session plan as needed.

4.6 Conduct Session
   4.6-1 Sign Attendance Roster
   4.6-2 Participate in session activities
   4.6-3 Count participants.

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| EXPECTED OUTCOMES          |     |
|----------------------------|     |
| At least 5 children will participate at their respective school sites in weekly after school session. |

| PERSONS RESPONSIBLE |     |
|---------------------|     |
| D. Martinez         |     |
| L. Munoz            |     |
5. **Provide "Intensified/Condensed" drug information/affective strategy skills building workshops to enhance causal knowledge, and understanding of drug abuse through discussion and dissemination of literature.** (5) classes of students at Roosevelt High School and selected schools will receive two series of 1-session, 2 hrs long. A total of 2 sessions 2 hrs in length per class level will be held.

5.1 Receive, respond by mail to request.
5.2 Receive by mail "Program planner" written response from school personnel.
5.3 Meet with school personnel to arrange schedules.
5.4 Develop curriculum and literature packets as needed.
5.5 Prepare individual session lesson plan including objective for each.
5.6 Revise and adjust existing lesson plans as necessary.
5.7 Conduct presentations.
   5.7-1 Sign Attendance Roster
   5.7-2 Present Curriculum
   5.7-3 Disseminate literature
   5.7-4 Participate in session activity or group discussion.
   5.7-5 Summarize main points and concepts.
   5.7-6 Present concepts to think about in preparation for next session.

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<th>OBJECTIVES AND ACTIVITIES</th>
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<td>5. Students will have received instruction and literature informational packets to be counted and logged to corresponding numbers of program recipients.</td>
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<th>EXPECTED OUTCOMES</th>
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<td>Students will have received informational packets to be counted and logged to corresponding numbers of program recipients.</td>
<td>D. Martinez, L. Munoz</td>
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<td>OBJECTIVES AND ACTIVITIES</td>
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<td>6.8 Plan and prepare materials for use or distribution.</td>
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<td>6.8-1 Sign Attendance Sheet</td>
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<td>6.8-2 Present session topic</td>
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<td>6.8-3 Engage group in discussion</td>
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<td>6.8-4 Facilitate and participate in group.</td>
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<td>6.8-5 Summarize main session points.</td>
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<td>6.8-6 Present &quot;concepts for thought&quot;, to be explored in next group session(s)</td>
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EXPECTED OUTCOMES

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D. Martinez
F. Nieto
L. Munoz

125
7. Reorganize and provide parent education designed to increase understanding of chemical awareness, values clarification, prevention strategies, parenting/communication skills building, and offer resource and referral.

(27) 2 hour weekly day-time sessions will be provided at Marchione Elementary School site and (6) 2 hour long monthly evening sessions will be provided at Santa Teresita School site. A total of 33 two-hour long parent sessions will be held.

7.1 Meet with Parent Advisory Association to arrange schedules.
7.2 Prepare and organize materials to be used in implementing group.
7.3 Revise and adjust materials to schedules as needed.
7.4 Distribute parent curriculum/literature.
7.5 Consult with parents as needed.
7.6 Provide resources and referral as needed.
7.7 Document and log parent consultation resource/referral sessions and requests.
7.8 Conduct groups.
    7.8-1 Sign Attendance Roster
    7.8-2 Review previous session concepts, skills.
    7.8-3 Participate in session activities.
    7.8-4 Small group discussions
    7.8-5 Regroup, summarize points and concepts.
    7.8-6 Close with concepts to be presented next session.

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**EXPECTED OUTCOMES**

At least 5 parents will participate in Marchione regular weekly sessions and 30 parents will participate in Santa Teresita monthly sessions. An unspecified number of parents will receive consultation and referral services as needed.

**PERSONS RESPONSIBLE**

D. Martinez
L. Munoz
8. Provide In-Service Workshops, consultation, resources and referral. Selected topics will serve to increase faculty awareness of chemical abuse, related conceptual causes, affective strategy application, and increase faculty awareness of their role as model/program-concept reinforcement to student. Three (2) hour affective strategy sessions will be held at Murchison Elementary School and six (2) hour long sessions will be held at Santa Teresa School. An unspecified number of consultation, resources and referral sessions will be provided upon request. A total of 9 two hour sessions will be held.

8.1 Meet with Faculty
8.2 Prepare and organize materials
8.3 Revise and adjust materials, schedules as needed.
8.4 Distribute in-service materials/literature.
8.5 Consult with teachers as needed.
8.6 Provide resource and referral as needed.
8.7 Document and log teacher consultation, resources/referral sessions and requests.
8.8 Conduct groups
8.8-1 Sign Attendance Roster
8.8-2 Participate in session activities
8.8-3 Administer self-report workshop evaluation.
8.8-4 Close by introducing next workshop topic.

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<td>A positive self report evaluative response rate of 60% is expected.</td>
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9.1 Meet with and coordinate fair presenters.

9.2 Meet with community leaders to advocate support.

9.3 Sign attendance roster at meetings.

9.4 Adjust meeting schedules as needed.

9.5 Conduct fair.

9.5-1 Give presentations.

9.5-2 Provide literature.

9.5-3 Train and assist participants.

9.5-4 Monitor level of satisfaction with fair.

It is expected that 50% of fair attendees, who respond to date, will participate randomly and will be contacted and logged accordingly to ensure fair participants.

The fair will be evaluated and reported to research.

Objectives and Activities:

- Provide community awareness/alleviation presentations.
- Involve and educate community residents.
- Provide fair presentations and distribution of materials and activities.
- A total of one 5-hour session to be held.

Meet with and coordinate fair presenters.

Meet with community leaders to advocate support.

Sign attendance roster at meetings.

Adjust meeting schedules as needed.

Conduct fair.

Give presentations.

Provide literature.

Train and assist participants.

Monitor level of satisfaction with fair.

It is expected that 50% of fair attendees will respond and be contacted and logged accordingly to ensure fair participation.
10. Provide community one-time educational out-reach presentations, resources and referral to parent groups, teachers groups, churches, social service agencies, as requested. These will serve to increase chemical awareness, root causes of substance abuse and methods of prevention through lecture, group discussion, and dissemination of literature. A select number of presentations will be conducted. Consultation, resources and referral will be provided upon request.

10.1 Receive, respond by mail to presentation request.
10.2 Receive by mail "program planner" written response from community group.
10.3 Meet with community group to arrange schedules.
10.4 Develop presentation lecture and literature packets as needed.
10.5 Prepare presentation lecture including objective for each.
10.6 Revise and adjust existing lectures as necessary.
10.7 Conduct Presentations
   10.7-1 Sign Attendance Roster
   10.7-2 Present Curriculum
   10.7-3 Disseminate literature
   10.7-4 Participate in session activity or group discussion.
   10.7-5 Summarize main points and concepts.
   10.7-6 Present concepts to think about in preparation for next session.

Participants will have received instruction and literature information packets to be counted and logged to corresponding numbers of program recipients.

| DATE | J | A | S | I | O | N | O | B | J | P | M | A | N | J | E | E | E |
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10.8 Submit packet to community group.
11. At any time during the year and at the conclusion of the fiscal year it will be relatively simple to check the following chart for progress and accomplishment of results. This information will be presented as the annual self-evaluation report. Attached will be samples of:

11.1 Data collection instruments.
11.2 Evaluation instruments and documentation of results.
11.3 Letters of contact with collaborating groups, agencies and/or schools.
11.4 Any additional pertinent commentary.
11.5 Future plans based on findings.
Certificate of Commendation

is hereby presented to

Prevention Education Program: Serving Youth/N.P.P.

For your outstanding support of young people involved in drug and alcohol prevention programs and your selection as an award recipient at the-

YOUTH RECOGNITION DAY
DRUG AND ALCOHOL PREVENTION MONTH

May 20, 1986

Presented by

[Signature]

Richard Alarcon
City Council
VII. EVALUATIONS

TEACHER EVALUATION

Prevention Education Program Serving Youth (PEPSY)

The questions below refer to the program put on in your school earlier this year by PEPSY. We would appreciate your taking the time to check the most appropriate responses to each one and return this instrument in the enclosed envelope. Thank you. Your cooperation will insure our ability to return in the future.

First we would like to ask a few questions about you and your class(es).

1. Did the PEPSY workers make presentation in your classes? ☐Yes ☐No

2. How many different classes did they work with (circle the number)? ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 or more

3. Were you present in the classroom while the PEPSY workers were with the students? ☐Yes ☐No ☐Sometimes

Now we would like to find out about your impression of the program and workers.

4. Would you say that the workers' ability to work with your students was: ☐Excellent ☐Good ☐Fair ☐Poor

5. How would you evaluate the techniques which they used? ☐Excellent ☐Good ☐Fair ☐Poor

6. How would you evaluate the printed materials which were distributed? ☐Excellent ☐Good ☐Fair ☐Poor ☐None distributed

How we are interested in your estimate of the impact which the program had on your students or will have on them in the future.

7. What impact do you feel the program had on the students' self image? ☐Improved for most ☐No change for most ☐Worsened most

8. What changes would you see in the ability of the average student to deal with his or her feelings? ☐Improved for most ☐No change for most ☐Worsened most

9. What changes would you see in their ability to make decisions based on a solid evaluation of their own best interest? ☐Improved for most ☐No change for most ☐Worsened most

10. What impact do you think the program will have on future drug abuse? ☐Fewer will abuse ☐More will abuse ☐No impact

One of the goals of the program was to provide help to the teachers as well.

11. Did the workers' provide you with useful information on working with youth and drug problems? ☐Yes ☐No

12. Did you obtain materials or information on drugs which you will be able to use? ☐Yes ☐No
As we plan the program for the coming school year we are interested in your suggestions on how the program might be improved. We would appreciate it if you would take a minute to jot down your ideas on changes which we might make in the next year.

More info up front (regarding the use and dangers of drugs).

We don't want to change the parts of the program you felt were most useful. What would you say were the best aspects of the program—the parts which we should continue next year?

Finally, we need some information about you for the statistical portion of our report:

Name (optional): Reserve Final School: Santa Teresa

What grades do you teach?

Have you had a formal course in alcohol and/or drug abuse? [ ] Yes [ ] No

What subject(s) do you normally teach? [ ] Math [ ] History [ ] Science

THANK YOU FOR YOUR COOPERATION!!! Any other notes you might have about the program would be appreciated. When you are done, please enclose this in the attached stamped envelope and drop it in the mail.
Prevention Education Program Serving Youth (PEPSY)

The questions below refer to the program put on in your school earlier this year by PEPSY. We would appreciate your taking the time to check the most appropriate responses to each one and return this instrument in the enclosed envelope. Thank you. Your cooperation will insure our ability to return in the future.

First we would like to ask a few questions about you and your class(es).

1. Did the PEPSY workers make presentations in your classes? □Yes □No

2. How many different classes did they work with (circle the number)? 1 2 3 4 5 6 7 8 9 or more

3. Were you present in the classroom while the PEPSY workers were with the students? □Yes □No

Now we would like to find out about your impression of the program and workers.

4. Would you say that the workers' ability to work with your students was: □Excellent □Good □Fair □Poor

5. How would you evaluate the techniques which they used? □Excellent □Good □Fair □Poor

6. How would you evaluate the printed materials which were distributed? □Excellent □Good □Fair □Poor □None distributed

Now we are interested in your estimate of the impact which the program had on your students or will have on them in the future.

7. What impact do you feel the program had on the students' self image? □Improved for most □No change for most □Worsened most

8. What changes would you see in the ability of the average student to deal with their feelings? □Improved for most □No change for most □Worsened most

9. What changes would you see in their ability to make decisions based on a solid evaluation of their own best interest? □Improved for most □No change for most □Worsened most

10. What impact do you think the program will have on future drug abuse? □Fewer will abuse □More will abuse □No impact

One of the goals of the program was to provide help to the teachers as well.

11. Did the workers provide you with useful information on working with youth and drug problems? □Yes □No

12. Did you obtain materials or information on drugs which you will be able to use? □Yes □No
As we plan the program for the coming school year, we are interested in your suggestions on how the program might be improved. We would appreciate it if you would take a minute to jot down your ideas or changes which you might make in the next year.

1. More "role" playing among students
2. More emphasis on decision making under pressure.

We didn't want to change the parts of the program you felt were most useful. What would you say were the best aspects of the program—the parts which we should continue next year?

6. Very good facilitator
7. Good script
8. Information on "self" scripts!
9. 

Finally, we need some information about you for the statistical portion of our report:

Name: [Signature] Alex Rogers School: Macaw

What grades do you teach? 6

Have you had a formal course in alcohol and/or drug abuse? [□] Yes [□] No

What subject(s) do you normally teach? All

THANK YOU FOR YOUR COOPERATION!!! Any other notes you might have about the program would be appreciated. When you are done, please enclose this in the attached stamped envelope and drop it in the mail.
Prevention Education Program Serving Youth (PEPSY)

The questions below refer to the program put on in your school earlier this year by PEPSY. We would appreciate your taking the time to check the most appropriate responses to each one and return this instrument in the enclosed envelope. Thank you. Your cooperation will insure our ability to return in the future.

First we would like to ask a few questions about you and your class(es).

1. Did the PEPSY workers make presentation in your classes?  
   - Yes  
   - No

2. How many different classes did they work with (circle the number)?  
   - 1  
   - 2  
   - 3  
   - 4  
   - 5  
   - 6  
   - 7  
   - 8  
   - 9 or more

3. Were you present in the classroom while the PEPSY workers were with the students?  
   - Yes  
   - No

Now we would like to find out about your impression of the program and workers.

4. Would you say that the workers' ability to work with your students was:  
   - Excellent  
   - Good  
   - Fair  
   - Poor

5. How would you evaluate the techniques which they used?  
   - Excellent  
   - Good  
   - Fair  
   - Poor

6. How would you evaluate the printed materials which were distributed?  
   - Excellent  
   - Good  
   - Fair  
   - Poor  
   - None distributed

Now we are interested in your estimate of the impact which the program had on your students or will have on them in the future.

7. What impact do you feel the program had on the students' self image?  
   - Improved for most  
   - No change for most  
   - Worsened most

8. What changes would you see in the ability of the average student to deal with his or her feelings?  
   - Improved for most  
   - No change for most  
   - Worsened most

9. What changes would you see in their ability to make decisions based on a solid evaluation of their own best interest?  
   - Improved for most  
   - No change for most  
   - Worsened most

10. What impact do you think the program will have on future drug abuse?  
     - Fewer will abuse  
     - More will abuse  
     - No impact

One of the goals of the program was to provide help to the teachers as well.

11. Did the workers' provide you with useful information on working with youth and drug problems?  
    - Yes  
    - No

12. Did you obtain materials or information on drugs which you will be able to use?  
    - Yes  
    - No
At we plan the program for the coming school year, we are interested in your suggestions on how the program might be improved. We would appreciate it if you would take a minute to jot down your ideas on changes which we might make in the next year.

More group discussions & exchange between students.
Less time for the age group open discussions & discussion
after open-ended questions/resolved situations.

ROLE PLAYING—Lessons on problem solving.
Alternative lesson to role played among students.

We don't want to change the parts of the program you felt were most useful. What would you say were the best aspects of the program--the parts which we should continue next year?

1) Role Play II
2) Game Manual
3) Your presence in the school
4) Creative discipline (tutoring,
5) Music/Philosophy

Finally, we need some information about you for the statistical portion of our report:

Name (optional): Sister Mary Ann Rodriguez School SANTA TERESA

What grades do you teach? SEVENTH & EIGHTH GRADE

Have you had a formal course in alcohol and/or drug abuse? Yes No

What subject(s) do you normally teach? Religion, English, Reading, Special

ART, MUSIC

THANK YOU FOR YOUR COOPERATION!!! Any other notes you might have about the program would be appreciated. When you are done, please enclose this in the attached stamped envelope and drop it in the mail.

Information given to students on resource agencies in the S.A. area for their future use.

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Prevention Education Program Serving Youth (PEPSY)

"PEPSY"

Students Evaluation

1. What did you like best about the PEPSY Program? That I learned more things than I thought.

2. What did you like least about the PEPSY Program?

3. What did you learn from the PEPSY discussion sessions in group? How to say no to drugs.

4. Were the discussion sessions helpful for you? Yes, it was helpful.

5. Has the PEPSY Program helped you to set goals in your life? The PEPSY Program taught me a lot.

6. Has the PEPSY Program helped you to have a better understanding about drug abuse and use? They taught me what could happen in the future.

7. Has the PEPSY Program helped you to learn how to communicate your feelings with family, friends and teachers? Yes, they told me how to communicate better.

Prevention Education Program Serving Youth (PEPSY)

"PEPSY"

Students Evaluation

1. What did you like best about the PEPSY Program? [What I liked were the videos.]

2. What did you like least about the PEPSY Program? [What I liked least was the tests.]

3. What did you learn from the PEPSY discussion sessions in groups? [I learned to say no to drugs.]

4. Were the discussion sessions helpful for you? [Yes, the discussions did help me.]

5. Has the PEPSY Program helped you to set goals in your life? [Yes, it helped me.]

6. Has the PEPSY Program helped you to have a better understanding about drug abuse and use? [Yes, it helped me.]

7. Has the PEPSY Program helped you to learn how to communicate your feelings with family, friends and teachers? [Yes, it has communicated my feelings to my family, friends and teachers.]

8. How do you rate the PEPSY Program on a scale of one to ten? [I would give you a ten.]
Prevention Education Program Serving Youth (PEPSY)

"PEPSY"

Students Evaluation

1. What did you like best about the PEPSY Program? __________
   __________
   __________
   __________
   __________
   __________

2. What did you like least about the PEPSY Program? __________
   __________
   __________
   __________
   __________
   __________

3. What did you learn from the PEPSY discussion sessions in group? __________
   __________
   __________
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   __________

4. Were the discussion sessions helpful for you? __________
   __________
   __________
   __________
   __________
   __________

5. Has the PEPSY Program helped you to set goals in your life? __________
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   __________

6. Has the PEPSY Program helped you to have a better understanding about drug abuse and use? __________
   __________
   __________
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   __________

7. Has the PEPSY Program helped you to learn how to communicate your feelings with family, friends and teachers? __________
   __________
   __________
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   __________

8. How do you rate the PEPSY Program on a scale of one-ten? __________
   __________
   __________
   __________
   __________
   __________
During 1984, a group of concerned residents formed the RAMONA GARDENS TENANT ORGANIZATION and then set out to upgrade the quality of life in our community. It was felt that what needed to be done was to change the negative image the rest of the city has of us which has caused so many of our young people to feel that the world is against them just because they live in a community which has been portrayed in the news media as a place where only drug addicts and gangsters live. It was decided the best way to do this was to create activities for all the young people in order to give them a sense of belonging and to instill in them a sense of pride in themselves and their community. Many of them are now members of the Boy Scouts, Camp Fire, Girl Scouts or have joined teams that have been started by the Gym. We as parents can take pride in these young people and those who during the summer worked in the community garden, sweeping the streets etc. and those who painted the murals. The TENANT ORGANIZATION ask different agencies and organizations to help in reaching their goal which became the RAMONA GARDENS COORDINATING COUNCIL. This council has been very active in obtaining equipment and in getting funds to help our young people. At the request of the TENANT ORGANIZATION, the Police Department has started a training program at Marichalas and Santa Teresa to teach our young people how to handle drug abuse. Hollenbeck Police Department has also been attempting to better Police Community relations by giving talks at community meetings, playing basketball and softball games with us and by having their officers to get to know the residents in the community. Legal Aid is helping the Tenant Organization to become a non-profit organization in order to raise funds and are willing to give a series of talks on our legal rights. Councilman Snyder's office helped in getting our Mini Parks back in shape, putting in better lighting, putting in the speed bumps and in getting donations of paint. Housing Authority has been supportive of all the activities the Tenant organization has ask for, donating typewriters for the typing class and in making the social hall available. What the Tenant Organization and Coordinating Council has been doing here in Ramona Gardens has caught the attention of politicians and the news media, so every thing we do as a community is being very closely watched. It's up to us as residents what 1985 brings to RAMONA GARDENS!!!! GET INVOLVED!!!!!!!!!!
The following is statements from the youngsters in Mr. Koperberg's class at Marchison Street School about what they learned from the PEPSI program.

I learn for it is not to smoke drugs and say yes are no that what I learn and more thing.
I learned about PEPSI to not take drugs. I learned to be kind to friends. I know how to be helpful.
I learned to not take drugs and to set goals and to not go down on yourself.
I learned to value myself and not to take drugs to solve my problems.
On the PEPSI program I learned a lot and I thank them for teaching me to say no to drugs.
What I learned from the PEPSI program that you should always say no to drugs.
What I learn in PEPSI program I learn to say no to drugs cause it's bad for your health.
What I learned from the PEPSI people is that when someone is offering some drugs, the answer is to say no! And to do not hurt somebody's feelings.
I learned from the PEPSI people that I shouldn't take drugs because it is bad for your health.
I learn different things from the PEPSI people like drugs are very bad for you and when somebody offers you something that is drugs just say no.
I learned that to not take drugs just to feel good and to be nice with people that have problem.
I learnt that when doctors give you drugs it still get you hi.
I learned that I shouldn't be taking drugs because it is very bad and you can do bad things like shoot people that's why you shouldn't take any drugs.
I learnt not say no to drugs even the ask me.
I learn of the PEPSI program: What would happen to me if I use drugs in our uth. I would die if I get deal.
I learn that drugs don't alway make you fell beter and that felling are many kins of felling.
I learned to don't take drugs from people or strangers.
I learned not to take drugs from people.
I learnt of the PEPSI people that is bad to take drugs or beer.
I learn in the PEPSI program is that to say no to drugs.
I learned that drugs are not worth friends.
I learned to say no to drugs.
I learned how to deal with drugs.
I learned that I shouted not take drugs.
I learnt to say no to the wrong thing. I learned that the drugs are not always good for you. I learned what is wrong or right.
Dear Denise,

Thank you for the Pepsi Program. It was nice of you to do that for us. We had a chance of knowing each of them. I learned to say "no" to drugs. I learned the broken record, and to make decisions. The Pepsi Program was fun because I like to say no to drugs. It was very nice of you to do the party to us. I liked it when you showed us a movie about a girl saying no to drugs. I liked the movies you showed because I like movies so much. I almost faint when my mom tells me to say "no" to drugs. I say I won't take them. That one kid that was fourteen years old was taking drugs. I passed the rough him and he told me, if I wanted some, I said "no". He got me by the hands and he put some marijuana in my mouth. So I spit out the marijuana. He pushed me into the floor and I fell. That's what happened to me once.

Your friend,
Dear Mrs. Faye,

Denise and Mrs. Fernald are doing very good in my class. They always make us learn not to smoke drugs and we listen to them. We listen to them because we want to be good men and good lady because we want to be good like them.

Your Friend

* Rule Modeling Statement *
<table>
<thead>
<tr>
<th>Like Me</th>
<th>Unlike Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Things usually don’t bother me.</td>
<td></td>
</tr>
<tr>
<td>2. I find it very hard to talk in front of the class.</td>
<td></td>
</tr>
<tr>
<td>3. There are lots of things about myself I’d change if I could.</td>
<td></td>
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<tr>
<td>4. I can make up my mind without much trouble.</td>
<td></td>
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<tr>
<td>5. I’m a lot of fun to be with.</td>
<td></td>
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<tr>
<td>6. I get upset easily at home.</td>
<td></td>
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<tr>
<td>7. It takes me a long time to get used to anything new.</td>
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<tr>
<td>8. I’m popular with kids my own age.</td>
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<tr>
<td>9. My parents usually consider my feelings.</td>
<td></td>
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<tr>
<td>10. I give in very easily.</td>
<td></td>
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<tr>
<td>11. My parents expect too much of me.</td>
<td></td>
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<tr>
<td>12. It’s pretty tough to be me.</td>
<td></td>
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<tr>
<td>13. Things are all mixed up in my life.</td>
<td></td>
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<tr>
<td>14. Kids usually follow my ideas.</td>
<td></td>
</tr>
<tr>
<td>15. I have a low opinion of myself.</td>
<td></td>
</tr>
<tr>
<td>16. There are many times when I’d like to leave home.</td>
<td></td>
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<tr>
<td>17. I often feel upset in school.</td>
<td></td>
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<tr>
<td>18. I’m not as nice looking as most people.</td>
<td></td>
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<tr>
<td>19. If I have something to say, I usually say it.</td>
<td></td>
</tr>
<tr>
<td>20. My parents understand me.</td>
<td></td>
</tr>
<tr>
<td>21. Most people are better liked than I am.</td>
<td></td>
</tr>
<tr>
<td>22. I usually feel as if my parents are pushing me.</td>
<td></td>
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<tr>
<td>23. I often get discouraged at school.</td>
<td></td>
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<tr>
<td>24. I often wish I were someone else.</td>
<td></td>
</tr>
<tr>
<td>25. I can’t be depended on.</td>
<td></td>
</tr>
<tr>
<td>26. I never worry about anything.</td>
<td></td>
</tr>
<tr>
<td>27. I’m pretty sure of myself.</td>
<td></td>
</tr>
<tr>
<td>28. I’m easy to like.</td>
<td></td>
</tr>
<tr>
<td>29. My parents and I have a lot of fun together.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Like Me</th>
<th>Unlike Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. I spend a lot of time daydreaming.</td>
<td></td>
</tr>
<tr>
<td>31. I wish I were younger.</td>
<td></td>
</tr>
<tr>
<td>32. I always do the right thing.</td>
<td></td>
</tr>
<tr>
<td>33. I’m proud of my school work.</td>
<td></td>
</tr>
<tr>
<td>34. Someone always has to tell me what to do.</td>
<td></td>
</tr>
<tr>
<td>35. I’m often angry about the things I do.</td>
<td></td>
</tr>
<tr>
<td>36. I’m never happy.</td>
<td></td>
</tr>
<tr>
<td>37. I’m doing the best work that I can.</td>
<td></td>
</tr>
<tr>
<td>38. I can usually take care of myself.</td>
<td></td>
</tr>
<tr>
<td>39. I’m pretty happy.</td>
<td></td>
</tr>
<tr>
<td>40. I would rather play with children younger than I am.</td>
<td></td>
</tr>
<tr>
<td>41. I like everyone I know.</td>
<td></td>
</tr>
<tr>
<td>42. I like to be called on in class.</td>
<td></td>
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<tr>
<td>43. I understand myself.</td>
<td></td>
</tr>
<tr>
<td>44. No one pays much attention to me at home.</td>
<td></td>
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<tr>
<td>45. I never get scolded.</td>
<td></td>
</tr>
<tr>
<td>46. I’m not doing as well in school as I’d like to.</td>
<td></td>
</tr>
<tr>
<td>47. I can make up my mind and stick to it.</td>
<td></td>
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<tr>
<td>48. I really don’t like being a girl.</td>
<td></td>
</tr>
<tr>
<td>49. I don’t like to be with other people.</td>
<td></td>
</tr>
<tr>
<td>50. I’m never shy.</td>
<td></td>
</tr>
<tr>
<td>51. I often feel ashamed of myself.</td>
<td></td>
</tr>
<tr>
<td>52. Kids pick on me very often.</td>
<td></td>
</tr>
<tr>
<td>53. I always tell the truth.</td>
<td></td>
</tr>
<tr>
<td>54. My teachers make me feel I’m not good enough.</td>
<td></td>
</tr>
<tr>
<td>55. I don’t care what happens to me.</td>
<td></td>
</tr>
<tr>
<td>56. I’m a failure.</td>
<td></td>
</tr>
<tr>
<td>57. I get upset easily when I’m scolded.</td>
<td></td>
</tr>
<tr>
<td>58. I always know what to say to people.</td>
<td></td>
</tr>
</tbody>
</table>

Short
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### Behavioral Academic Self-Esteem

#### Student Profile

<table>
<thead>
<tr>
<th>BASE Factor Totals</th>
<th>BASE Classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Student Initiative</td>
<td></td>
</tr>
<tr>
<td>Social Attention</td>
<td></td>
</tr>
<tr>
<td>Success/Failure</td>
<td></td>
</tr>
<tr>
<td>Social Attraction</td>
<td></td>
</tr>
<tr>
<td>Self-Confidence</td>
<td></td>
</tr>
<tr>
<td>Total BASE Score</td>
<td></td>
</tr>
<tr>
<td>Percentile</td>
<td></td>
</tr>
</tbody>
</table>

#### Notes and Comments

**Behavioral Academic Self-Esteem**

A Rating Scale

Stanley Coopersmith
Ragnar Gilberts

**DIRECTIONS**: This scale is designed to provide an estimate of the academic self-esteem of your student. Your judgments of the frequencies of several important behaviors will form the basis of the student's score. Please base these judgments on the specific behaviors you have observed in your classroom.

Each item deals with a separate behavior. Items may appear similar, but each represents a different behavior and should be rated without regard or reference to other items.

Please circle the rating number (i.e., 1 through 5) that you believe is the best estimate of that behavior frequency noted in your classroom. It is best not to debate or linger over an item. Most ratings can be completed in less than four minutes.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Grade</th>
<th>Program</th>
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<table>
<thead>
<tr>
<th>School</th>
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<table>
<thead>
<tr>
<th>Rater Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. Student Initiative

1. This child is willing to undertake new tasks.
   
2. This child is able to make decisions regarding things that affect him or her, e.g., establishing goals, making choices regarding "likes" and "dislikes" or academic interests.
   
3. This child shows self-direction and independence in activities.
   
4. This child initiates new ideas relative to classroom activities and projects.
   
5. This child asks questions when she or he does not understand.
   
6. This child adapts easily to changes in procedures.

   Student Initiative Total

II. Social Attention

7. This child is quiet in class, speaks in turn, and talks appropriately.
   
8. This child talks appropriately about his or her school accomplishments.
   
9. This child cooperates with other children.

   Social Attention Total

III. Success/Failure

10. This child deals with mistakes or failures easily and comfortably.

11. This child takes criticism or corrections in stride without overreacting.

   Success/Failure Total

IV. Social Attraction

12. This child's company is sought by peers.

13. This child acts as a leader in group situations with peers.

14. This child refers to himself or herself in generally positive terms.

   Social Attraction Total

V. Self-Confidence

15. This child readily expresses opinions.

16. This child appreciates his or her work, work products, and activities.

   Self-Confidence Total

   Total BASE Score

Transfer scores to profile on next page.
REFERENCES


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