

*Effective Substance Abuse and
Mental Health Programs
for Every Community*

LifeSkills™ Training

LifeSkills Training is a program that seeks to influence major social and psychological factors that promote the initiation and early use of substances. *LifeSkills* has distinct elementary (8 to 11 years old) and middle school (11 to 14 years old) curricula that are delivered in a series of classroom sessions over 3 years. The sessions use lecture, discussion, coaching, and practice to enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, and ability to resist peer and media pressure.

LifeSkills consists of three major components that address critical domains found to promote substance use. Research has shown that students who develop skills in these three domains are far less likely to engage in a wide range of high-risk behaviors. The three components each focus on a different set of skills:

- **Drug Resistance Skills** enable young people to recognize and challenge common misconceptions about substance use, as well as deal with peer and media pressure to engage in substance use.
- **Personal Self-Management Skills** help students to examine their self-image and its effects on behavior, set goals and keep track of personal progress, identify everyday decisions and how they may be influenced by others, analyze problem situations, and consider the consequences of alternative solutions before making decisions.
- **General Social Skills** give students the necessary skills to overcome shyness, communicate effectively and avoid misunderstandings, use

Proven Results*

These effects have been observed up to 6 years after the intervention:

- Alcohol, tobacco, and marijuana use cut 50% to 75%
- Multiple drug use decreased up to 66%
- Pack-a-day smoking reduced by 25%
- Decreased use of inhalants, narcotics, and hallucinogens

**Outcomes relative to controls.*

INTERVENTION

Universal

Selective

Indicated



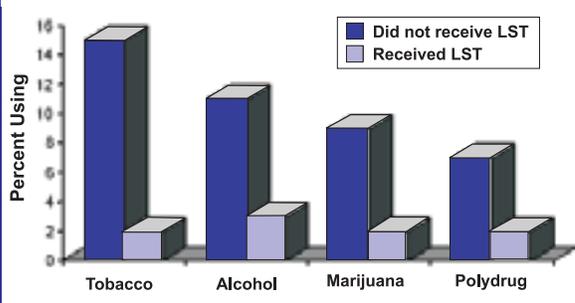
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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OUTCOMES

The outcomes relative to controls included the following:

- Reduced initiation of cigarette smoking by 75% and 3 months after program completion by 67%
- Reduced alcohol use by 54%, heavy drinking by 73%, and drinking to intoxication one or more times a week by 79%
- Reduced marijuana use by 71% and weekly or more frequent use by 83%
- Reduced multiple drug use by 66%
- Reduced both long-term and short-term substance abuse
- Reduced pack-a-day smoking by 25%
- Decreased use of inhalants, narcotics, and hallucinogens by up to 50%

Followup Results from 4 Published Studies
(8th grade drug use and 12th grade polydrug use)



both verbal and nonverbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when faced with tough situations.

INTENDED POPULATION

LifeSkills is intended for youth who have not yet initiated substance use. It is designed to prevent the early stages of substance use by influencing risk factors associated with substance abuse, particularly occasional or experimental use. The program has been tested in urban and suburban schools with White, African American, Hispanic/Latino, and Asian American students in grades 7 through 12 (11 to 18 years old). An elementary school version of *LifeSkills* has been tested with students in grades three to five (8 to 11 years old).

BENEFITS

- Develops resistance to peer and media pressure to use substances
- Develops a positive self-image
- Develops decisionmaking and problem-solving skills
- Helps youth manage anxiety
- Fosters effective communication
- Builds healthy relationships
- Increases youths' self-confidence in social situations

HOW IT WORKS

The *LifeSkills Training* curriculum for middle (or junior high) schools is intended to run for fifteen 45-minute class periods. A booster intervention has been developed that is taught over 10 class periods in the second year and 5 in the third year. This means the initial program should be implemented with sixth or seventh grade students, followed by booster sessions during the next 2 years. Optional violence prevention units can be implemented for each year of the program, extending the overall number of class sessions.

The *LifeSkills Training* elementary school curriculum runs for 24 class sessions, each 30 to 45 minutes long, to be conducted over 3 years. The first year (i.e., Level 1) is composed of eight class sessions and covers all skill areas. The remaining booster sessions are divided into eight class sessions for Level 2 and eight for Level 3. The booster sessions provide additional skill development and opportunities to practice in key areas. Level 1 is designed for either grade three or four, depending on when the transition from elementary to middle school begins.

Both the elementary and middle school programs can either be taught intensively (consecutively every day or two to three times a week) until the program is complete, or they can be taught on a more extended schedule (once a week). Both formats have proven to be equally effective.

IMPLEMENTATION ESSENTIALS

LifeSkills is a completely self-contained prevention curriculum. To implement the program, in addition to a *LifeSkills*-trained provider (teacher, counselor, or health professional), all that is required is a curriculum set consisting of a *Teacher's Manual*, *Student Guide*, and relaxation tape.

Provider training is available for individuals interested in conducting the *LifeSkills* program. All training is conducted by qualified trainers who are certified by National Health Promotion Associates, Inc. The provider training workshop is designed to—

- Teach the background, theory, and rationale for *LifeSkills*
- Familiarize participants with the program
- Teach participants the skills needed to conduct *LifeSkills*
- Provide an opportunity to practice teaching selected portions of the program
- Discuss practical implementation issues

PROGRAM BACKGROUND

Beginning in the 1980s, a series of evaluation studies have been conducted to test the effectiveness of substance abuse prevention approaches based on the *LifeSkills* model. These studies have helped facilitate the development of a prevention approach that is effective with different problem behaviors when implemented by different types of providers, and with different populations.

The focus of the early research was on cigarette smoking and involved predominantly White, middle-class populations. More recent research extended this work to other problem behaviors including substance use. In addition, this research has increasingly focused on the utility of this approach when used with inner-city, minority populations. Finally, this research has assessed the long-term durability of the *LifeSkills Training* prevention model, its impact on hypothesized mediating variables, and the importance of high-fidelity implementation.

EVALUATION DESIGN

Over the past 20 years, a dozen evaluation studies of *LifeSkills Training* have been conducted. Among these are:

- A randomized study that tested the effectiveness of peer leaders as providers of *LifeSkills Training*. The number of new smokers in the group that received training with the peer leader was compared with a control group. Results were corroborated by a saliva thiocyanate (SCN) analysis, where an increase in SCN levels is indicative of increased smoking.
- A randomized study that compared alcohol use over the past month and degree of use by students who received *LifeSkills Training* with use rates reported by a control group.
- The National Institute on Drug Abuse (NIDA), National Institutes of Health, U.S. Department of Health and Human Services funded a study of approximately 1,200 seventh grade students (from predominantly White, middle-class families) in 10 suburban New York junior high schools. The study compared the proportion of students reporting marijuana use in the peer-led *LifeSkills* group and a group of students who received *LifeSkills* booster sessions with the rates reported in the control group.
- NIDA also funded a randomized study involving nearly 6,000 students from 56 middle schools. Students received the program in the seventh through ninth grades and followup data were collected at the end of the twelfth grade.

PROGRAM DEVELOPER

Gilbert J. Botvin, Ph.D.

Dr. Gilbert J. Botvin, an internationally known expert on drug abuse prevention, developed the *LifeSkills* program. For the past 20 years, Dr. Botvin has been a full-time faculty member of Weill Medical College at Cornell University, and he currently serves as a professor in both the Department of Public Health and the Department of Psychiatry. Dr. Botvin is also director of Cornell's Institute for Prevention Research. His groundbreaking work in the area of substance abuse prevention has received national and international attention. Most recently (1998), he received the Society of Prevention Research's Presidential Award for prevention research excellence. Dr. Botvin is founding editor of the scientific journal *Prevention Science*, and president of the Society for Prevention Research.

CONTACT INFORMATION

National Health Promotion Associates, Inc.
711 Westchester Avenue
White Plains, NY 10604
Phone: (800) 293-4969
Fax: (914) 683-6998
Web site: www.lifeskillstraining.com

RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Programs That Work—Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

Model Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

Model Program—White House Office of National Drug Control Policy

Exemplary Program—U.S. Department of Education

Programs That Work—National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services

Grade "A"—Drug Strategies, Inc.