



COURSE TITLE: Research-Informed Practices to Prevent Substance Abuse in Racial and Ethnic Minority Adolescents

SUBJECT: HB-Human Behavior

COURSE NUMBER: SW 618

INSTRUCTOR: David Cordova, PhD

ROOM: SSWB B780

OFFICE: SSWB 2846

PHONE: 734.763.6201

EMAIL: cordovad@umich.edu

OFFICE HOURS: Scheduled

TIME: Friday 2:00-5:00PM

I. COURSE DESCRIPTION

Substance abuse represents a major public health concern facing America's youth. Although all adolescents are directly or indirectly impacted by substance abuse, racial and ethnic minority youth are disproportionately impacted. Social workers play a key role in health promotion and disease prevention, including prevention, intervention and rehabilitation of substance abuse among racial and ethnic minority adolescents in urban settings. This course will draw from multiple disciplines, including social work, epidemiology, public health, psychology, policy and couple and family therapy, to introduce students to theory and knowledge on substance abuse to inform social work practice with racial and ethnic minority adolescents in urban settings. This course will be guided by models, and the theoretical frameworks which inform them, that have been shown to be efficacious or effective in prevention, intervention, and rehabilitation of substance abuse in adolescents. Therefore, students will be introduced to research-informed substance abuse practices among racial and ethnic minority urban adolescents. For the purposes of this course, substance abuse will include both licit and illicit substances. Students will be asked to demonstrate the ways in which to apply research-informed theory and knowledge in practice settings with racial and ethnic minority urban adolescents.

II. COURSE CONTENT

This course will focus on research-informed practice models that have been shown to be efficacious or effective in prevention, intervention and rehabilitation of substance abuse in racial and ethnic minority adolescents, as well as a few models that have moved from effectiveness to implementation to scale. We will cover models implemented in several different contexts, including individual, peer-led/social networks, parent/family, school and community. Additionally, we will explore the use of mobile-health (mHealth) technology to prevention, intervention or rehabilitation of substance abuse in adolescents, and discuss those mHealth models which have been shown to be efficacious. We will work to identify the common pathways and mechanisms by which change occurs (i.e., mediators), as well as identifying for whom are interventions efficacious for and for whom not (i.e., moderators) of the various research-informed models discussed.

Content will include epidemiologic approaches to understand the etiology and antecedents of substance abuse, as well as prevalence rates of substance abuse in racial and ethnic minority urban youth. Additionally, this course will cover etiologic and theoretical models, including the social determinants of health and ecological frameworks, which help inform the development and testing of substance abuse prevention, intervention, and rehabilitation programs. Grounded in a developmental perspective, content will also include genetic, psychological and environmental perspectives to work toward a fuller understanding of substance abuse risk and promotive factors- some of which are proximal to the adolescent, whereas others are more distal- among racial and ethnic minority adolescents.

Content will cover substance abuse health disparities among racial and ethnic minority adolescents as well as important reports and strategic plans, including the U.S. Department of Health and Human Services *National Prevention Strategy*, aimed at working toward health equity and narrowing and ultimately eliminating health disparities experienced by vulnerable populations, including racial and ethnic minority adolescents.

III. COURSE OBJECTIVES

Upon completion of the course, students will be able to:

1. Better understand substance abuse health disparities among racial and ethnic minority adolescents.
2. Develop knowledge with respect to national prevention efforts, including the *National Prevention Strategy*, aimed at achieving health equity and narrowing and ultimately eliminating substance abuse health disparities.
3. Develop knowledge about epidemiologic methodology to: (1) identify substance use and abuse patterns among racial and ethnic minority adolescents, and (2) work toward understanding antecedents and etiology of substance abuse in racial and ethnic minority adolescents.
4. Develop a comprehensive understanding of theoretical frameworks to help guide and inform the development of substance abuse prevention, intervention, and rehabilitation programs.
5. Develop knowledge with respect to efficacious and effective substance abuse prevention, intervention, and rehabilitation models for racial and ethnic minority adolescents.
6. Identify pathways and mechanisms by which change occurs with regard to substance abuse prevention, intervention, and rehabilitation models.
7. Apply theoretical and practical information about research-informed models to relevant practice situations.

IV. COURSE DESIGN

This course will include lecture, discussion, outside resource persons, problem solving exercises, and audiovisual materials. Students will be given an opportunity to reflect on their own biases and values regarding substance use and abuse in an effort to work toward minimizing bias when practicing with this population. Additionally, our shared goal is to establish a classroom environment that will foster the expression of different attitudes, perspectives, and exchange of information among students.

V. RELATIONSHIP OF COURSE TO FOUR CURRICULAR THEMES

Theme Relation to Multiculturalism & Diversity: Multiculturalism and Diversity: Students will work to develop the capacity to identify ways in which substance use and abuse differentially impact racial and ethnic minority adolescents. Additionally, we will discuss models which have been found to have an affect on problem behaviors, including substance abuse, in diverse populations. Assigned readings will reflect this theme.

Theme Relation to Social Justice: Social Justice and Social Change will be addressed through discussion on substance abuse health disparities experienced by racial and ethnic minority adolescents. Social justice plays an essential role in working toward health equity and narrowing and ultimately eliminating substance abuse health disparities in racial and ethnic minority adolescents. We will discuss various mechanisms in place aimed at health promotion and disease prevention, including substance abuse in racial and ethnic minority adolescents in urban environments.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation: Promotion, Prevention, Treatment and Rehabilitation will be addressed through discussion on different etiologic and theoretical models, including developmental and ecological perspectives, used to inform the development and testing of substance abuse prevention, treatment, and rehabilitation models. Additionally, this theme will be addressed through analyzing the various research-informed practices implemented in different contexts.

Theme Relation to Behavioral and Social Science Research: Behavioral and Social Science Research will be addressed through discussion on identifying efficacious and effective research-informed practices, the pathways and mechanisms by which change occurs, as well for whom interventions are efficacious/effective for and for whom not. Additionally, we will critically evaluate the various models and their relevance when applied to racial and ethnic minority adolescents who reside in urban settings.

VI. RELATIONSHIP OF THE COURSE TO SOCIAL WORK ETHICS AND VALUES

Social work ethics and values with regard to confidentiality, self-determination and respect for cultural and religious differences are particularly important when working with youth. Social workers working with adolescents often need to make critical intervention decisions which may have to balance risks to the adolescent's safety or emotional well-being with their need for ongoing connection to their families and communities. This course will cover the complexities of ethical dilemmas as they relate to working with racial and ethnic minority adolescent populations and the ways that the Professional Code of Ethics may be used to guide and resolve value and ethical issues.

VII. ATTENDANCE IN CLASS SESSIONS:

As a graduate level course, it is expected that you attend each class session. In fact, class participation constitutes 10% of your final grade. The class sessions involve interactive experiences that go beyond course readings. This course will be very participatory, including the use of small discussion groups that require your regular participation during class sessions.

Missing class sessions will lower your grade since your participation as a co-teacher and co-learner is essential to meet our shared learning goals. If you are not able to attend a particular class session, please notify the instructor prior to the class session so that arrangements can be made for you to address the material that you missed. If more than two class sessions are missed –whatever the reason- the final grade at the end of the term will be lowered by 5 points for each session over two.

VIII. STUDENTS IN NEED OF ACCOMODATIONS:

If you have a documented disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

IX. INCOMPLETES:

Incompletes are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The Student Guide, Vol. 1, Sec. 8.01 states that an I grade *is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of course work approved by the instructor.* The student must formally request an incomplete from the instructor prior to the final week of classes.

X. GRADING:

Letter grades ranging from “A” to “E” are earned, with “+” or “-“ distinguishing the degree of performance. Specific expectations for each assignment are provided in a later section of this syllabus.

Both content and format will be considered in assigning grades. Failure to follow APA guidelines for referencing will result in a lower grade. Each assignment will be given points and a corresponding letter grade. The criteria for each grade are as follows:

A+ = 99-100 B+ = 88-90 C+ = 78-80 D= 65-70

A = 95-98 B = 85-87 C = 75-77 E= less than 65

A- = 91-94 B- = 81-84 C- = 71-74

Please note: A grade of “B” indicates mastery of the subject content at a level of expected competency for graduate study. A “B” grade indicates that the work has met the expectations of an assignment for graduate study performance. A grade in the “A” range is based on demonstration of skills beyond expected competency and at an exemplary, outstanding or excellent degree. A “C” grade range indicates minimal understanding of subject content and significant areas need improvement.

XI. WORK EXPECTATION:

The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Thus, you are expected to spend a minimum of six hours per week of preparation for this class. The assignments in this class have been developed to help the student systematically gain social work knowledge, to develop social work practice skills and values, and to enable the student to achieve successfully the goals and objectives of the course.

XII. A NOTE ON THE LEARNING ENVIRONMENT:

While all of us come to this course with various experiences, skill sets and values, it is important that we respect diverse opinions and perspectives. The class is designed as a co-learning and co-teaching environment and one where class members are encouraged to try new skills and take risks. Your contribution as a “teacher and learner” in the class will enhance the learning for all class members.

XIII. SAFETY & EMERGENCY PREPAREDNESS

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAAcompliance@umich.edu.

Office of Student Services
School of Social Work | Room 1748
734-936-0961

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

XIV. COURSE REQUIREMENTS AND GRADING

1. Blog Assignment (15%)
2. Developing and Evaluating an Adolescent Substance Abuse Preventive Intervention Proposal (30%)
3. Debate (30%)
4. Article Critique (10%)
5. Class Participation (15%)

1. **Blog Assignment- 15% of Final Grade**

The blog assignment aims to provide you an opportunity to engage with your peers in critical thinking, reflecting on classroom discussion and materials, and introduce new content identified outside of the classroom.

For the purposes of this assignment, you will need to:

1. Initiate two blog entries related to substance use in racial and ethnic minority adolescents.
You will be responsible to initiate a minimum of two blog entries over the course of the semester. Students are encouraged to introduce new content identified outside of the classroom (e.g., legalization of marijuana in Washington, Oregon, Washington DC, Alaska and Colorado, incarceration rates of non-violent drug offenses by racial and ethnic minority populations), to promote critical discourse and reflection.
2. Respond to a minimum of three blog entries.
You need to respond to a minimum of three blog entries posted by your peers over the course of the semester. The response to the blog entry should promote critical dialogue and reflection amongst you and your peers. As professionals, it is important to maintain collegiality and respect for your peers, as well as embrace diverse perspectives.

A sign-up sheet has been posted on Google Docs. It is your responsibility to sign-up for a due date for both blog initiation and responses.

2. **Developing and Evaluating an Adolescent Substance Abuse Preventive Intervention- 30% of Final Grade**

As clinical scholars, your professional trajectories will vary such that some of you may find yourselves in a more clinical, administrative, or scientific-focused position. Nonetheless, developing your grantsmanship is an essential tool to have. In fact, you have been provided the opportunity to be clinical scholars because of a successful grant application. As clinical scholars, your input in the development of a grant application is invaluable, including offering expertise in accessing the population, the delivery of the intervention, dosage and fidelity monitoring, and supervision of clinical staff. Therefore, the purpose of this assignment is to provide you with the opportunity to: (a) develop your proposal writing skills, (b) demonstrate your knowledge of research-informed practices discussed in class and the mechanisms of change, (c) identify gaps in the literature and needs of racial and ethnic minority adolescent populations with respect to substance abuse prevention, treatment or rehabilitation and (d) work collaboratively with your peers and/or community-based organizations to create innovative ways to prevention, treatment or rehabilitation of substance abuse in ethnic and racial minority adolescents in an urban setting. Successful grant applications are rarely developed alone. Therefore, you will work with a minimum of one of your peers for this assignment. Drafts of the Specific Aims, Significance, Innovation and Approach will be due in Session 4, 6, and 8, respectively. This will provide you the opportunity to receive feedback prior to submitting your final draft, which is due at the beginning of class December 9. This assignment is comprised of three parts:

1. Substance Use Proposal

Your proposal will be 7 pages single spaced, ½ inch margins all around, 11 font, Arial, and will include the following sections:

- a) Specific Aims: The Specific Aims section includes the statement of the problem, specific aims, research question(s) and hypothesis(es), definition of constructs (Draft due session 4)
- b) Significance: The Significance section establishes the need for the research, show that the proposed research will address a gap in the literature (Draft due session 6)
- c) Innovation: The Innovation section demonstrates to your reader the uniqueness of your idea and how your idea moves forward science (Draft due session 6)
- d) Approach: The Approach section describes the design, study participants (sampling), procedures, data collection, measures, proposed data analyses and study timeline (Draft due session 8)

The final draft of your proposal will be due in at the beginning of class on December 9th. You may find the following resources helpful in putting together your application:

National Institutes of Health, Office of Extramural Research, Grant Writing Tips Sheets, http://grants.nih.gov/grants/grant_tips.htm

Pequegnat, W., Stover, E., Boyce, C. A. (Eds.) (2011). *How To Write a Successful Research Grant Application: A Guide for Social and Behavioral Scientists* (2nd ed). New York, NY: Springer.

2. Group Presentation of your Proposal

You and your group (minimum of one other person and maximum of 5 people) will prepare a 15 minute presentation of your proposal and preventive intervention (see description below) to share with the class. The class will then have 5 minutes for discussion with respect to your proposal and intervention.

3. Peer-review

Peer review refers to the evaluation of, in this context, your work on the proposal, and presentation by members of your peers (i.e., group). Because this is a group assignment, it is essential to ensure standards of accountability, quality, performance and credibility. The peer review process is aimed at this. Therefore, members of your group will provide the instructor with an evaluation (i.e., utilizing the same letter grades described above) with respect to your effort on this project, and the mean of all members of your group will be calculated. This evaluation by your peers will constitute 50% of the total project grade.

3. Debate -30% of final grade

The classroom debates are exercises designed to allow you to strengthen your skills in the areas of leadership, interpersonal influence, teambuilding, group problem solving, and oral presentation. Debate topics and position statements are outlined below. Groups may sign up on a first come, first served basis, by specifying both the debate topic and the position desired (i.e., Pro or Con). Note that all groups must have signed up for the debate by the date denoted in the class schedule. All group members are expected to participate in the research, development, and presentation of your debate position. Preparation will require substantial research. Each participating member will receive the same group grade.

Debate Format

6 minute Position Presentation - Pro

6 minute Position Presentation - Con

5 minute Work Period

4 minute Rebuttal - Pro

4 minute Rebuttal - Con

3 minute Work Period

2 minute Response - Pro

2 minute Response - Con

1 minute Work Period

2 minute Position Summary - Pro or Con

2 minute Position Summary - Pro or Con

5 minute Tallying of Ballots/Announcement of Winner

Debate Procedure

The debate will take the form of timed individual and/or group presentations and responses separated by timed group work periods. The rules applied may deviate from the formal rules of debating. When questions arise, the judgment of the instructor will provide the definitive ruling.

Prior to the beginning of the class period, both teams are to position their desks facing each other at the front of the room. Each team is to introduce its team name, debate position, and debate position statement. Note that absolutely no changes may be made to the position statements presented below. You must argue them exactly as written!

Team members may speak either from their desks or from the podium, as they desire. Audiovisuals may be used at any time, including, but not limited to, handouts, flipcharts, slides, audio and videotapes, etc. While a team is not required to use all of the time allocated to each debate component, speakers must stop immediately when the allocated time runs out. Team members are prohibited from speaking to the audience or opposing team except at the times specifically allocated to them. Thus, there can be no immediate, reciprocal interchange of comments between the teams. The sequence of the position summaries will be determined by a random procedure at the conclusion of the final work period. Note that no new information may be introduced during the summary. Doing so may result in disqualification of the offending group. If either team feels that their opponents are introducing new information during the summary, they may challenge them immediately and request a ruling from the instructor.

Selection of Winner(s) and Allocation of Points

Debate "Winners" will be selected in two ways, as follows:

Peer Vote: Class members in the audience will vote by secret ballot for a debate winner. Votes are to be based upon presentation quality only, and not upon personal agreement or disagreement with the position espoused. At the conclusion of each component of the debate, class members will be asked to assign a point rating along with explanatory comments to each team for their performance during that component. When the debate is over, the point ratings will be summed. Whichever team has the higher sum will be the winner on that ballot. After all ballots are collected, the number of votes for each team will be announced. Whichever team has more votes will be the winner, and the team will receive 5 bonus points in addition to the 25% for the assignment. In the event of a tie, the instructor's vote will decide the winner.

Debate Topics

1. Should recreational use of marijuana be legalized federally in the United States? (SESSION 5)
2. Should breastfeeding mothers and/or their child who test positive for marijuana have the child removed from the home? (SESSION 7)
3. Should safe injection drug sites for intravenous drug users (IDU) be implemented in the United States? (SESSION 9)
4. Should testing sites at music festivals be implemented to identify and inform people, including adolescents, about tainted illicit drugs? (SESSION 11)

3. Article Critique-10% of Final Grade

Students will prepare one written critique of a recent (published within the past 5 years) peer-reviewed manuscript not discussed in class. The article should focus on research-informed interventions demonstrating prevention, treatment or rehabilitation of substance abuse among racial and ethnic minority adolescents. Students should focus on the strength of evidence, cultural-relevance and the methods and results. Students should highlight both strengths and limitations of the intervention. The article critique should be approximately 2 single-spaced pages. The article critique is due at the beginning of class session 8.

4. Class Participation- 15% of Final Grade

Satisfactory participation is defined as regularly making contributions to class discussions and exercises. Students are expected to read the assigned materials for each class and understand and discuss the relevant concepts.

XV. REQUIRED TEXT:

There are no required textbooks for this class. Therefore, the reading assignments will include peer-reviewed articles, book chapters, and intervention manuals. These reading materials are listed in the course syllabus and are located on the Canvas site for the course.

XVI. COURSE OUTLINE

Session One: LOCATING THE "SELVES" IN RELATION TO THE OTHER:

September 9

PROMOTING REFLEXIVITY WHEN WORKING WITH RACIAL AND ETHNIC MINORITY ADOLESCENTS WHO REPORT SUBSTANCE USE

Assigned Readings:

Watts-Jones, T. D. (2010). Location of self: Opening the doors to dialogue on intersectionality in the therapy process. *Family Process*, 49, 405-20.

Waldegrave, C. (2009). Cultural, gender, and socioeconomic contexts in therapeutic and social policy work. *Family Process*, 48, 85-101.

Nunn, K. B. (2002). Race, Crime and the Pool of Surplus Criminality: Or Why the "War on Drugs" Was a "War on Blacks," 6 *J. Gender Race & Just.* 381.

Banks, R. (2003). Beyond profiling: Race, policing and the drug war. *Stanford Law Review*, 56, 571-603.

Session Two:
September 16

HEALTH DISPARITIES AND RECRUITMENT AND ENGAGEMENT OF RACIAL AND ETHNIC MINORITY ADOLESCENTS IN PREVENTIVE INTERVENTIONS

Assigned Readings:

IOM (Institute of Medicine). 2012. *How far have we come in reducing health disparities?: Progress since 2000: Workshop summary.* Washington, DC: The National Academies Press.

National Institutes of Health. 2012. *NIH Health Disparities Research Plan and Budget Fiscal Years 2009-2013*, Washington, DC: U.S. Department of Health and Human Services, National Institutes of Health, 2012.

Martinez CR Jr, McClure HH, Eddy JM, Ruth B, Hyers MJ. (2012). Recruitment and retention of Latino immigrant families in prevention research. *Prev Sci.*, 13, 15-26.

Nicholson LM, Schwirian PM, Klein EG, Skybo T, Murray-Johnson L, Eneli I, Boettner B, French GM, Groner JA. (2011). Recruitment and retention strategies in longitudinal clinical studies with low-income populations. *Contemp Clin Trials*, 32(3):353-62.

Session Three:
September 23

THE EPIDEMIOLOGY OF ADOLESCENT SUBSTANCE USE

Guest Speakers:

Mary M. Heitzeg, PhD, University of Michigan, Department of Psychiatry

Emily Jutkiewicz, PhD, University of Michigan, Medical School, Pharmacology

Required Readings:

Robinson, T. E., & Berridge, K. C. (2008). The incentive sensitization theory of addiction: Some current issues. *Philosophical Transactions: Biological Sciences*, 363, 3137-3146.

Koob, G. F., & Moal, M. L. (1997). Drug abuse: Hedonic homeostatic dysregulation. *Science*, 278, 52-58.

Kalivas, P. W., & Volkow, N. D. (2005). The neural basis of addiction: A pathology of motivation and choice. *Am J Psychiatry*, 162, 1403-1413.

Heitzeg MM, Cope LM, Martz ME, Hardee JE. (2015). Neuroimaging Risk Markers for Substance Abuse: Recent Findings on Inhibitory Control and Reward System Functioning. *Curr Addict Rep*, 2, 91-103.

Supplemental Readings:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2016). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2015*. Ann Arbor: Institute for Social Research, The University of Michigan.

Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance—United States, 2015*. MMWR 2016;61(No.4).

Substance Abuse and Mental Health Services Administration, *Report to Congress on the Prevention and Reduction of Underage Drinking*. U.S. Department of Health and Human Services: Washington DC, Substance Abuse and Mental Health Services Administration, 2015.

Centers for Disease Control and Prevention- Youth Online Interactive Data Tables

<http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Session Four:
September 30

THEORETICAL MODELS IN PREVENTION, TREATMENT AND REHABILITATION OF SUBSTANCE ABUSE AMONG RACIAL AND ETHNIC MINORITY ADOLESCENTS

***SPECIFIC AIMS SECTION DUE**

Assigned Readings:

Catalano RF, Fagan AA, Gavin LE, Greenberg MT, Irwin CE Jr, Ross DA, Shek DT. (2012). Worldwide application of prevention science in adolescent health. *Lancet*, 379(9826):1653-64.

Szapocznik, José; & Coatsworth, J. Douglas. An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. Glantz, Meyer D. (Ed); Hartel, Christine R. (Ed), (1999). *Drug abuse: Origins & interventions.*, (pp. 331-366). Washington, DC, US: American Psychological Association, xxiii, 492 pp. doi: 10.1037/10341-014

Kellam, S. G., & Van Horn, Y. V. (1997). Life Course Development, Community Epidemiology, and Preventive Trials: A Scientific Structure for Prevention Research. *American Journal of Community Psychology*, 25(2), 177-88.

IOM (Institute of Medicine) and NRC (National Research Council). 2011. *The Science of Adolescent Risk-Taking: Workshop Report*. Committee on the Science of Adolescence. Washington, DC: The National Academies Press.

Supplemental Readings:

Substance Abuse and Mental Health Services Administration's National Registry of Evidence Based Practices and Programs
<http://www.nrepp.samhsa.gov>

Blueprints for Violence and Drug Prevention
<http://www.colorado.edu/cspv/blueprints/>

National Institutes on Drug Abuse
NIDA (National Institute on Drug Abuse) 2003. Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders (2nd Ed.). U.S. Department of Health and Human Services. National Institutes of Health. Bethesda, MD.

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide
<http://www.ojjdp.gov/mpg/>

National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

Session Five: mHEALTH SUBSTANCE USE INTERVENTIONS

October 7

***DEBATE ONE TO TAKE PLACE**

Assigned Readings:

Bannink R1, Broeren S, Joosten-van Zwanenburg E, van As E, van de Looij-Jansen P, Raat H. (2014). Effectiveness of a Web-based tailored intervention (E-health4Uth) and consultation to promote adolescents' health: randomized controlled trial. *J Med Internet Res*. 2014, 16(5):e143. doi: 10.2196/jmir.3163.

Please log in to UMICH and use following link for above article:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4060146/>

Norman CD, Skinner HA. (2007). Engaging youth in e-health promotion: lessons learned from a decade of TeenNet research. *Adolesc Med State Art Rev*, 18(2):357-69.

Fang L, Schinke SP, Cole KC. (2010). Preventing substance use among early Asian-American adolescent girls: initial evaluation of a web-based, mother-daughter program. *J Adolesc Health*, 47(5):529-32.

Schwinn TM, Schinke SP, Di Noia J. (2010). Preventing drug abuse among adolescent girls: outcome data from an internet-based intervention. *Prev Sci*, 11(1):24-32.

Session Six: INDIVIDUAL-FOCUSED BEST PRACTICES
October 14

***SIGNIFICANCE AND INNOVATIONS SECTION DUE**

Required Readings:

Jensen CD, Cushing CC, Aylward BS, Craig JT, Sorell DM, Steele RG. (2011). Effectiveness of motivational interviewing interventions for adolescent substance use behavior change: a meta-analytic review. *J Consult Clin Psychol*, 79(4):433-40.

Barnett E, Sussman S, Smith C, Rohrbach LA, Spruijt-Metz D. (2012). Motivational Interviewing for adolescent substance use: a review of the literature. *Addict Behav*;37(12):1325-34.

Hendriks V, van der Schee E, Blanken P. (2012). Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: treatment effect moderators in a randomized controlled trial. *Drug Alcohol Depend*, 125(1-2):119-26.

Session Seven: FAMILY-BASED BEST PRACTICES
October 21

***DEBATE TWO TO TAKE PLACE**

Assigned Readings:

Sandler IN, Schoenfelder EN, Wolchik SA, MacKinnon DP. (2011). Long-term impact of prevention programs to promote effective parenting: Lasting effects but uncertain processes. *Annu Rev Psychol*, 62:299-329.

Prado G, Cordova D, Huang S, Estrada Y, Rosen A, Bacio GA, Leon Jimenez G, Pantin H, Brown CH, Velazquez MR, Villamar J, Freitas D, Tapia MI, McCollister K. (2012). The efficacy of Familias Unidas on drug

and alcohol outcomes for Hispanic delinquent youth: main effects and interaction effects by parental stress and social support. *Drug Alcohol Depend*, 125 Suppl 1:S18-25.

Brody GH, Chen YF, Beach SR, Philibert RA, Kogan SM. (2009). Participation in a family-centered prevention program decreases genetic risk for adolescents' risky behaviors. *Pediatrics*. 3, 911-7.

Szapocznik, Hervis, & Schwartz (2003). Brief strategic family therapy for adolescent drug abuse. U.S. Department of Health and Human Services National Institutes of Health. Bethesda, MD.

Session Eight: **PEER-LED/SOCIAL NETWORK BEST PRACTICES**
October 28

***APPROACH SECTION DUE**

Assigned Readings:

Sheppard CS, Golonka M, Costanzo PR. (2012). Evaluating the impact of a substance use intervention program on the peer status and influence of adolescent peer leaders. *Prev Sci*, 13(1), 75-85.

Valente, T. W., Ritt-Olsen, A., Stacy, A., Unger, J. B., Okamoto, J., & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high risk adolescents. *Addiction*, 102, 1804–1815.

Dolcini MM, Harper GW, Watson SE, Catania JA, Ellen JM. (2005). Friends in the 'hood: Should peer-based health promotion programs target nonschool friendship networks? *J Adolesc Health*, 36(3):267.e6-15.

Dishion TJ1, Poulin F, Burraston B. (2001). Peer group dynamics associated with iatrogenic effects in group interventions with high-risk young adolescents. *New Dir Child Adolesc Dev*, (91):79-92.

Session Nine: **SCHOOL-BASED BEST PRACTICES**
November 4

***DEBATE THREE TO TAKE PLACE**

Assigned Readings:

Kellam SG, Wang W, Mackenzie AC, Brown CH, Ompad DC, Or F, Ialongo NS, Poduska JM, Windham A. (2012). The Impact of the Good Behavior Game, a Universal Classroom-Based Preventive Intervention in First and Second Grades, on High-Risk Sexual Behaviors and Drug Abuse and Dependence Disorders into Young Adulthood. *Prev Sci*. [Epub ahead of print]

Kulis S, Marsiglia FF, Elek E, Dustman P, Wagstaff DA, Hecht ML.(2005). Mexican/Mexican American Adolescents and keepin' it REAL: An Evidence-Based Substance Use Prevention Program. *Child Sch*, 27(3):133-145.

Botvin GJ, Kantor LW. (2000). Preventing alcohol and tobacco use through life skills training. *Alcohol Res Health*, 24(4):250-7.

Stormshak EA, Dishion TJ. (2009). A school-based, family-centered intervention to prevent substance use: the family check-up. *Am J Drug Alcohol Abuse*, 35(4):227-32.

Session Ten:

November 11

Guest Speaker:

COMMUNITY-BASED BEST PRACTICES

Ritesh Mistry, PhD, University of Michigan School of Public Health, Health Behavior and Health Education

Assigned Readings:

Brown EC1, Hawkins JD, Rhew IC, Shapiro VB, Abbott RD, Oesterle S, Arthur MW, Briney JS, Catalano RF. (2014). Prevention system mediation of communities that care effects on youth outcomes. *Prev Sci.*, 5, 623-32. doi: 10.1007/s11121-013-0413-7.

Hawkins JD, Oesterle S, Brown EC, Monahan KC, Abbott RD, Arthur MW, Catalano RF. (2012). Sustained decreases in risk exposure and youth problem behaviors after installation of the Communities That Care prevention system in a randomized trial. *Arch Pediatr Adolesc Med*, 166(2):141-8.

Spoth R, Redmond C, Shin C, Greenberg M, Clair S, Feinberg M. (2007). Substance-use outcomes at 18 months past baseline: the PROSPER Community-University Partnership Trial. *Am J Prev Med*, 32(5):395-402.

IOM (Institute of Medicine). 2012. *An integrated framework for assessing the value of community-based prevention*. Washington, DC: The National Academies Press.

Session Eleven:

November 18

POLICY AND STRUCTURAL LEVEL

***DEBATE FOUR TO TAKE PLACE**

Assigned Readings:

National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

IOM (Institute of Medicine). 2012. Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: The National Academies Press.

National HIV/AIDS Strategy for the United States: Updated to 2020, Washington, DC, 2015.

No Class:
November 25

Session Twelve: **GROUP PRESENTATIONS**
December 2

Session Thirteen: **GROUP PRESENTATIONS**
December 9 ***FINAL PROPOSAL DUE FOR ALL GROUPS**