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Project Towards No Drug Abuse (TND): Needs Assessment of a Social Service Referral Telephone Program for High Risk Youth

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Abstract

The purpose of this study was to conduct a needs assessment of a potential social service resource telephone program component among high risk youth who received the Project Towards No Drug Abuse (TND) classroom-based program (approximately 1 year earlier). Results supported youths' overwhelming receptiveness of a social service referral program. The vast majority of respondents indicated a strong desire for resource and referral information on vocational, educational, recreational, transportation, and mental health and drug counseling. Further research is needed to investigate the effectiveness of the provision of social service resource information on drug use among emerging adults.

Keywords

High risk youth; needs assessment; social service referral; telephone

Introduction

Many negative consequences befall substance users during adolescence or in emerging adulthood, a period defined here as extending approximately from 16 to 25 years of age, coinciding with the developmental period when young persons transition to independent roles. Young people leaving high school are expected to seek new opportunities (Arnett, 2000; Bachman, Wadsworth, O'Malley, Johnston, and Schulenberg, 1997). These may include: (a) assuming career avenues and financial independence; (b) learning skills of independent living (e.g., buying or renting a place to live apart from one's parents; Bachman et al., 1997); (c) growth in self-care skills (e.g., cooking, cleaning, grooming, buying goods, and traveling); and (d) social adventures (e.g., love and young adult groups). Social adventures lead eventually to commitment in relationships (e.g., marriage and children). Youth that exhibit unconventional behavior (e.g., cheating, having a child out of wedlock), unconventional attitudes (e.g., tolerance of deviance and preference for sensation seeking), poor emotional control, anger, intrapsychic distress, and interpersonal difficulty, are relatively likely to use drugs in emerging adulthood (Aseltine and Gore, 2000; Brook, Balka, Gursen, Brook, and Shapiro, 1997).

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Relatively few prevention programs have been completed among persons in emerging adulthood (Sussman, Earleywine, Wills, Cody, Biglan, et al., 2004). Efficacious programs encouraged several changes. They sought to help youth change their drug use motivations, learn new skills (communication, self-control, academic, job seeking), and make good decisions. In addition, they sought to make the older teens' or emergent adults' current life situation more tolerable through providing leads on how to obtain new environmental resources. Extended programming appeared desirable.

Availability or perception of availability of environmental resources such as access to jobs, education, recreation, transportation, or drug/counseling services in one's community could be enhanced among emerging adults by receiving such information through a telephone education service. If provided as booster programming following receiving drug prevention educational programming in school, this strategy could enhance hope for lifestyle stability with satisfactory self-fulfillment (Lesser and Escoto-Lloyd, 1999; Ward, Bendel, and Lange, 1982) in a time and location efficient way. However, the effects of provision of resources to emerging adults as an adjunct to drug use prevention education has not been attempted to our knowledge. Previous research shows that school-based drug use prevention programs have much greater chance of long-term success, especially for those youth who began using drugs before the prevention program was implemented, if such programs are "boosted" (Skara and Sussman, 2003). Telephone education has been becoming a more popular modality of delivering information to teens and adults in venues such as smoking prevention (Elder, Woodruff, and Eckhardt, 1994; Skara and Sussman, 2003); smoking cessation (Leed-Kelly, Russel, Bobo, and McIlvain, 1996, with recovering alcoholics; Mermelstein, Hedeker, and Wong, 2003; Miguez, Vazquez, and Becona, 2002; Whelan, McBride, and Colby, 1993); at-risk drinking (Curry, Ludman, Grothaus, Donovan, and Kim, 2003); and prenatal substance user treatment (Laken and Ager, 1996), with demonstrable results across target behaviors in the vast majority of studies relative to no telephone education. Telephone education could be provided as a means of booster programming (of classroom-based drug use prevention programming) and to help refer emerging adults to nearby social-environmental resources.

A social service resource telephone program (SSRTP) for youth could attempt to provide information to subjects to help network them with elements of their surrounding environment, in at least four ways that correspond to a MACH (mastery, attachment, cue, hope) model of helping early stage emerging adults to transition successfully during emerging adulthood. First, participants would receive instruction to help them develop a sense of *mastery* and autonomy (e.g., planning how and where to get assistance in independent living). Receiving general instructions on how to accomplish a life function does provide a vicarious means of anticipating barriers and surmounting them (Arnett, 2000; Eccles, Barber, Stone, and Templeton, 2001; Millstein, 1994). Second, by providing information on available resources (jobs, education, transportation, recreation, and mental health or drug abuse counseling), participants might access alternative sources of institutional *attachments* (emerging adults linking to institutions that support healthy development), which might serve as constructive alternatives to a drug use based lifestyle (Bronfenbrenner, 1977; Green, Richard, and Potvin, 1995; Hawkins, Catalano, and Miller, 1992; Mason, Cheung, Walker, 2004). Third, the mere availability of the SSRTP is likely to *cue* participants to previously learned classroom-based program material; particularly the message that drug use/abuse is risky (Stacy, Ames, Sussman, and Dent, 1996). Finally, merely providing participants with the knowledge that there are numerous life options in their community that they might think of tapping could instill *hope* that satisfying and stable life opportunities are available in the future. A future-directed orientation may lead emerging adults to desire to protect their health (Eccles et al., 2001; Millstein, 1994; Sussman and Dent, 2004).

The Present Study

This paper reports the results of a preliminary needs assessment study that was designed to assess interest in a potential social service referral telephone program (SSRTP) component for youth. A needs assessment is a very important step to any program development, implementation, and/or improvement because it allows for the identification of potentially beneficial interventions, as well as gaps in provision that health services could meet (Billings and Cowley, 1995). The current needs assessment follows a consumer-based perspective, in that it provides identification of the needs of health care and/or improvement in health or quality of life based on the perceptions of the target population rather than on the "normative" or professionally defined needs.

The participants for this needs assessment study are former students who received the Project TND 12-session classroom-based program (approximately 1 year earlier). Project TND is a school-based drug abuse prevention program funded by the National Institute on Drug Abuse since 1992 (e.g., Sussman, Dent, and Stacy, 2002). This program is considered a model or exemplary program by the U.S. D.O.E., SAMSHA/CSAP, NIDA, Health Canada, Colorado and Maryland Blueprints, and numerous other agencies. The target population of our ongoing research has been primarily youth from the alternative school system (continuation high schools, CHSs) in California. Continuation high school (CHS) youth are at relatively high risk for drug abuse. When reaching high school age, those youth who are unable to remain in the regular school system for functional reasons, including lack of credits and consistent use of substances, are transferred to a CHS.

Methods

During the period from August to September 2004, we undertook a cross-sectional study involving a convenience sample of subjects who received the Project Towards No Drug Abuse (TND) classroom-based program (approximately 1 year earlier). Subjects were randomly selected from five southern California urban and suburban continuation high schools (CHSs). Subject participation was voluntary and while they were informed that they would receive little if any direct benefit from participation in this study, they also were informed that their participation might assist their peers. A total of 102 subjects (54 males and 48 females) completed telephone interviews (75% response rate). The mean age of interview participants was 18.5 (range = 17–22, $SD = 0.93$). The sample included 40% Latino, 40% white, 10% African American, and 10% other ethnicity.

Following a standardized questionnaire format, the interviewer asked for the subject's opinions about a potential, new type of free telephone-based referral service for people who participated in Project TND while in high school. Specifically, the subject was told that well-trained telephone educators would call subjects multiple times to provide desired information on resources that people out of high school typically need, such as jobs, work training, educational opportunities, transportation, recreational activities, and mental health or drug counseling resources. The educator would attempt to find resources within the subject's local area and zip code. For example, if the subject was interested in finding a job, the educator could discuss the subject's interests and provide some advice and ideas, and then give the subject information on where to go to either get a list of jobs available in the subject's area or, if needed, information on where to go to find out about training for the job. Further, the educator could also print and send mailed information to the subject about the resources (such as telephone numbers and maps).

Finally, the subjects were told that they could call our resource center (should it exist) as many times as they wanted for information on our 1–800 telephone line from 10 A.M. through 3 P.M., on Mondays through Fridays.

After the subjects were given this brief description of the social service referral telephone program, subjects were asked fourteen questions in a 5-minute interview. On scales of 1 to 10 (1, not at all useful) (10, very useful), they were asked about their perceptions of usefulness of the service to people who are recently out of high school; how useful job, education, recreation activities, transportation, mental health counseling, and drug counseling sources of information would be; overall interest in such a service; and perceived helpfulness in preventing people from abusing drugs (including cigarettes, alcohol, marijuana, or harder drugs). Subjects were also asked that if a counselor from the telephone resource center called to give resource information, would they talk to them (Yes/No/Not Sure), what an adequate number of calls from the educator might be within a 6-month period (1 time /2 times/3 times/4 times +), whether the subject would ever call this service on their own (Yes/No/Not Sure), and, if so, how often (1/2–5/6+ times in 6 months). Finally, subjects were asked if and why this service would help to prevent drug abuse (open-ended responses, multiple responses were permitted, and responses were coded into categories by two raters, with a 95% agreement).

Results

Subjects were extremely receptive to the concept of the SSRTP. The overall usefulness mean score was 8.67 ($SD = 1.57$). Usefulness by categories ranged from means = 8.90 and 9.05, for job and education, respectively ($SDs = 1.58$ and 1.29 , respectively), to means of 8.36 and 8.63, for drug counseling resources and transportation, respectively ($SDs = 2.10$ and 1.83 , respectively), to mental health and recreation (means = 8.00 and 8.06, $SDs = 2.30$ and 2.01 , respectively). Subjects reported being very interested in the service (mean = 7.83, $SD = 2.54$). Most subjects (76%) said that they definitely would be willing to talk with the telephone educator, and 22% said they were not sure (only 2% said they would not). Interestingly, subjects desired a mean of 2.53 calls every 6 months ($SD = 1.09$). Also, 65% said that they definitely would call the telephone educator on their own as well (on the 800-line), and that they would call an average of 2–5 times, themselves, in a 6-month period.

Finally, 82% of the subjects reported that this service would help prevent drug abuse¹ among themselves and their peers. A total of six categories were coded based on student responses to the open-ended question that assessed why this service might help to prevent drug abuse: (1) it would educate participants on risks of drug abuse (38%); (2) it would help those who are unsure how to ask for or obtain advice, and assist them in self-improvement, autonomy, or mastery (31%); (3) it can provide access to alternative attachments (e.g., jobs) that keep one busy (20%); (4) it can provide access to help for smoking or drug use cessation (6%); (5) it would help participants project their life into the future (6%); and (6) it would help participants to think more about others (2%). (Twenty subjects gave more than one response.) Subjects anticipated that the phone calls would take an average of 20 minutes to complete, although they desired having up to an average of 45 minutes of telephone time. All proposed four functions of the SSRTP component appeared to be represented; that is, attain mastery, access alternative attachments, cue program information on drug abuse risks, and future orientation/hope (MACH).

Approximately 2 weeks following the first telephone interview, we telephoned a random selection of 27 of these persons (13 males; 14 females) to assess if our merely contacting previous attendees of the Project TND classroom program regarding social services would prompt them to begin looking for services. Surprisingly, 8 of these subjects had taken action in the last 2 weeks (and attributed this to our call) by either calling a number after looking at

¹The journal's style utilizes the category *substance abuse* as a diagnostic category. Substances are used or misused; living organisms are and can be *abused*. Editor's note.

job wanted ads (7 subjects), or visiting the local college to pick up a catalogue (2 subjects; 1 person looked for a job and school).

Discussion

The results of this needs assessment study identified youths' strong interest and positive feedback regarding the provision of a potential social service resource telephone program (SSRTP) that was designed to offer information to individuals recently out of high school to help integrate them into emerging adulthood. This paper is the first description, in the form of a needs assessment, of the perceptions and opinions of youth on the information and services that a telephone resource and referral center should provide. The findings are thus a major step forward in using the views of interested parties to provide a new service that may empower people who are at high risk for drug use. The vast majority of respondents indicated a strong desire for resource and referral information on vocational, educational, recreational, transportation, and mental health and drug counseling services.

Study's Limitations and Future Directions

Our results should be interpreted in the context of a few methodological limitations. First, data in this study were generated from self-report surveys, the accuracy of which could not be independently verified. Thus, it is impossible to assess the extent to which such data may be biased, particularly in regard to social desirability. Second, the results of this study are generalizable only to subjects who are similar to those examined in this study. Continuation high school students differ in many important ways from general population youth (Sussman, Dent, and Stacy, 2002). Also, this sample was quite heterogeneous ethnically. It is possible that these results differ from other, more ethnically homogeneous populations of youths. Third, there was no comparison group for the findings presented in this paper. However, results from this study were primarily intended to represent a preliminary needs assessment of our targeted sample to be used for the first phase of development of the SSRTP.

Despite these limitations, this study provides new evidence which suggests that continuation high school students have a strong interest in utilizing a potential social service resource telephone program (SSRTP), which was designed to offer information to individuals recently out of high school to help integrate them into emerging adulthood. The results provide feedback on how to better structure and tailor such a prevention intervention program. For example, the results reveal exactly for which topics (e.g., vocational and educational) the participants are interested in receiving information. Other programs with similar missions of developing a tailored social service referral and resource intervention may benefit from these findings.

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Biographies

Steve Sussman, Ph.D., F.A.A.H.B., received his doctorate in social-clinical psychology from the University of Illinois, Chicago, in 1984. He is a professor of preventive medicine and psychology at the University of Southern California. He studies the utility of empirical program development methods and the addictions, primarily tobacco and drug abuse etiology, prevention, and cessation research. He has over 280 publications. His projects include Towards No Tobacco Use, Towards No Drug Abuse, and Project EX, which are considered model programs at numerous agencies (i.e., CDC, NIDA, NCI, OJJDP, SAMSHA, CSAP, Colorado and Maryland Blueprints, Health Canada, U.S. Department of Education and various State Departments of Education). He received the honor of Research Laureate for the American Academy of Health Behavior in 2005, and he is a fellow there and in the American Psychological Association (Division 50).

Silvana Skara, Ph.D., M.P.H., has conducted health behavior research among youth populations at the Institute for Health Promotion and Disease Prevention Research within the University of Southern California (USC) for nearly 10 years. She is currently involved in research on school- and community-based drug use prevention and cessation interventions, focusing on the needs assessment, design, implementation, evaluation, and dissemination of evidence-based programs. She received her doctorate in Preventive Medicine (Health Behavior Research) in 2004 and a Masters in Public Health in 2001 from the University of Southern California.

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