KEEPIN’ IT REAL: SCHOOL-BASED, MULTICULTURAL SUBSTANCE USE PREVENTION INTERVENTIONS

- Over 25 years of research about kids experiences with drugs
- Community-based participatory research to develop a school-based substance abuse prevention intervention
- Implement and evaluate a culturally-grounded, narrative substance use prevention programs
  - RCT showed effects on use 14 months after intervention
- Listed as evidence-based program on NREPP
  - Dissemination processes

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ADAPTATION PROCESSES

- Adaptation.1: deliberately or accidentally modifying a prevention program by adding or deleting program components, modifying the components, or changing the manner of delivering program components
WHAT ACTUALLY HAPPENS?

• Research shows implementers modify interventions

• Aligning prevention theory and research with practice
  • Designers should “reinvent” for new populations
  • Implementers will “adapt” when communicating health messages
  • Participants are not passive recipients

• Adaptation.2 – what happens when implementing prevention messages in new settings
Designer Adaptation: e.g., Cultural grounding

Implementer Adaptation: e.g., Teacher Adaptation

Participant Adaptation: e.g., Social Networks
PRINCIPLE OF CULTURAL (RE)GROUNDING FOR HEALTH MESSAGE DESIGN

• Start with culture and address its complexity

• Strongest influence when people see their group memberships reflected and acknowledged

• Active participation of cultural group members in message construction
  • Narratives

WHY NARRATIVES?

- Overcome resistance
- Engage less involved audiences
- Reach low knowledge audiences
- Render complex information comprehensible
- Culturally ground messages

Hopfer, S. & Clippard, J. (2011). College women's HPV vaccine decision narratives, Qualitative Health Research, 21, 262-277
NARRATIVE ENGAGEMENT THEORY

Narrative Messages

Character Setting Action Problem Solution

Narrative Engagement

Interest Realism Identification Transportation

Norms Attitudes

Health Behavior

EFFECTS OF NARRATIVE ENGAGEMENT

Chi-Square = 66.24 (df = 23), CFI = .98, SRMR = .035, RMSEA = .042

IMPLEMENTER ADAPTATION

- To their own teaching style

- Why?
  - Based on practical considerations (time, competing events)
  - To more effectively reach students

- Research note – observers note more changes than teachers report.

PROFILES OF DELIVERY PRACTICES: LPA

- Holistic (34%)
- Teacher Oriented (17%)
- Participatory Concept Presentation (6%)
- Interactive Concept Presentation (38%)
- Skill Practice Only (5%)

5 Class model Statistics:
- Log likelihood = -2054.453
- AIC = 4200.907
- BIC = 4367.445
- Entropy = 0.973

Designer Adaptation:
E.g., Cultural grounding

Implementer Adaptation:
E.g., Teacher Adaptation

Participant Adaptation:
E.g., Social Network Subgroups
PARTICIPANT ADAPTATION

Interpretive Processes
- Narrative framing
- Social cognition

Social Network Processes
- Talk with peers & parents
- Which networks and networks positions does the intervention reach?
WHO IN THE NETWORK IS MOST LIKELY TO USE DRUGS?

Liasons, members, or isolates?
  • Liasons (Choi & Smith, under review)
DO THEY TALK ABOUT THE INTERVENTION?

NEGATIVE CONVERSATION NETWORK

POSITIVE CONVERSATION NETWORK

Red = Female
Blue = Male
Orange ties = Reciprocal relationship
Thank you! Questions?