Curriculum-Based Support Group (CBSG) Program

The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-17 who are identified as being at elevated risk for early substance use and future delinquency and violence (e.g., they are living in adverse family situations, displaying observable gaps in coping and social skills, or displaying early indicators of antisocial attitudes and behaviors).

Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce antisocial attitudes and rebellious behavior. Delivered in 10-12 weekly, 1-hour support group sessions, the curriculum addresses topics such as self-concept, anger and other feelings, dreams and goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and making a public commitment to staying drug free and true to life goals. Lesson content and objectives are essentially the same for all participants but are tailored for age and developmental status.

Groups are formed with 6-10 participants no more than 2 years apart in age and are led by trained adult facilitators and cofacilitators who follow the program facilitator's manual. Students ages 8-11 participated in the study reviewed for this summary.

Descriptive Information

Areas of Interest	Mental health promotion Substance abuse prevention
Outcomes	**Review Date: April 2010** 1: Antisocial attitudes 2: Rebellious behavior 3: Attitudes and intentions about substance use 4: Substance use
Outcome Categories	Alcohol Drugs Social functioning Tobacco
Ages	6-12 (Childhood)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	School
Geographic Locations	Urban
Implementation History	The CBSG Program was developed in Texas in 1982 and was implemented first in community-based settings and then in schools. An adaptation for use in homeless and domestic violence shelters, group homes, and other transitional settings was developed with a 5-year demonstration grant from the Center for Substance Abuse Prevention and in partnership with the University of Texas at Arlington and the Texas Commission on Alcohol and Drug Abuse. Since dissemination of the program began in 1984, more than 17,000 youth service professionals have been trained to implement the program in more than 2,400 schools and community-based

	professionals have been trained to implement the program in more than 2,400 schools and community-based sites in 32 States, and 1.6 million children and youth have participated in the program.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	The program has been adapted for use in Christian faith-based settings and in homeless and domestic violence shelters, group homes, and other transitional settings. All program handouts have been translated into Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Selective Indicated

Quality of Research

Review Date: April 2010

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Hedl, J. J., Jr. (2009, December). Reducing interrelated risks for substance abuse, delinquency and violence: Effects of the Rainbow Days' Curriculum-Based Support Group Program. Nonequivalent control group study--Study conducted in 2003; analysis conducted in 2007. Final report: January, 2008 (Rev. ed.).

Outcomes

Outcome 1: Antisocial attitudes	
Description of Measures	Antisocial attitudes were assessed using a 4-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 4 items, adapted from the Student Survey of Risk and Protective Factors, were: • "I think it is ok to take something without asking if you can get away with it." • "I think it is all right to cheat at school." • "I think it is all right to beat up people if they start a fight." • "You should tell the truth even if you are going to get in trouble." Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.
Key Findings	Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant decrease in antisocial attitudes compared with control group students ($p < .05$).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 2: Rebellious behavior	
Description of Measures	Rebellious behavior was assessed using a 3-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 3 items, adapted from the Student Survey of Risk and Protective Factors, were: • "I do the opposite of what people tell me, just to get them mad." • "I like to see how much I can do before I get in trouble." • "I don't follow rules that I don't like."

	Response options were 0 (never), 1 (sometimes), and 2 (always). A composite score was created across all items.
Key Findings	Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant decrease in self-reported rebellious behavior compared with control group students ($p < .05$).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 3: Attitudes and intentions about substance use	
Description of Measures	Attitudes and intentions about substance use were assessed using a 10-item self-report scale from the 2003 CBSG Program Pre/Post Survey. The 10 items, which were extracted from the Individual Protective Factors Index and used without modification, were: • "I might smoke cigarettes when I get older." • "Grown ups have more fun when they drink." • "I will probably drink alcohol when I am old enough." • "It is ok to use drugs if you don't get caught." • "Drugs like marijuana and cocaine should be ok for kids to use." • "If I have a choice, I might try drugs." • "Marijuana makes you happy." • "People usually drink alcohol at parties." • "I can't wait to be old enough to drink." • "I am curious about alcohol and drugs." Response options were 1 (no or never), 2 (I don't think so), 3 (maybe), and 4 (yes, definitely). A composite score was created across all items.
Key Findings	Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, intervention group students had a significant increase in anti-substance use attitudes and intentions compared with control group students ($p < .05$).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 4: Substance use	
Description of Measures	Substance use was assessed using 5 self-report items from the 2003 CBSG Program Pre/Post Survey. The 5 items, adapted from the Monitoring the Future questionnaire, asked on how many of the past 30 days the student used the following drugs: alcohol, marijuana, inhalants, other illegal drugs, and any type of tobacco. Response options were 0 days, 1-2 days, 3-4 days, and 5 or more days.
Key Findings	Students identified by school counselors and faculty as being at elevated risk for early substance use and future delinquency and violence were randomly assigned to the intervention group or to a nonintervention control group. From pre- to posttest, self-reported inhalant use decreased among intervention group students and increased among control group students ($p < .05$). No significant difference was found between groups on the other four categories of substances.
Studies Measuring Outcome	Study 1
Study Designs	Experimental

Quality of Research Rating	3.7 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood)	58% Male 42% Female	47% Hispanic or Latino 35% Black or African American 11% White 4% Race/ethnicity unspecified 3% Asian

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Antisocial attitudes	3.3	3.8	4.0	4.0	3.5	3.8	**3.7**
2: Rebellious behavior	3.3	3.8	4.0	4.0	3.5	3.8	**3.7**
3: Attitudes and intentions about substance use	3.3	3.8	4.0	4.0	3.5	3.8	**3.7**
4: Substance use	3.3	3.8	4.0	4.0	3.5	3.8	**3.7**

Study Strengths

The scales and items used to measure attitudes and behaviors in this study have very good content and criterion validity. Intervention fidelity procedures were adequately documented (i.e., use of orientation and training for staff; attendance sheets; fidelity checklist; randomized, systematic observation; and adherence guidelines). Missing data and attrition were minimal (attrition was 9% for the intervention group and 11% for the control group) and were accounted for using data imputation methods. Randomization into study groups minimized the potential for confounding variables. Data analysis techniques were appropriate.

Study Weaknesses

Reliability coefficients for most of the scales and items were modest.

Readiness for Dissemination

Review Date: April 2010

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Program Web site, http://www.rdikids.org

Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Christian faith-based settings. Dallas, TX: Author.

Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Schools & community-based settings. Dallas, TX: Author.

Rainbow Days, Inc. (2004). Curriculum-Based Support Group (CBSG) Program, facilitator's manual: Shelters, group homes, & transitional settings. Dallas, TX: Author.

Rainbow Days, Inc. (2009). Curriculum-Based Support Group (CBSG) Program, facilitator training, trainer's manual. Dallas, TX: Author.

Rainbow Days, Inc. (2009). Curriculum-Based Support Group (CBSG) Program, quality assurance procedures manual. Dallas, TX: Author.

Rainbow Days, Inc. (n.d.). Curriculum-Based Support Group (CBSG) Program, facilitator training handout packet. Dallas, TX: Author.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	4.0	3.5	**3.7**

Dissemination Strengths

Comprehensive implementation materials include manuals that are sequentially structured, are easy to read and follow, and include exercises that are well described and planned. All handouts necessary for implementation are included in the materials and can be replicated as needed. Implementers are required to participate in a 2-day training, either on site or at locations in Texas. The training addresses the theoretical basis for the program, outlines the steps involved in implementation, and provides guidance for handling sensitive and challenging issues. Ongoing technical assistance is provided via telephone consultation. Developers place considerable emphasis on identifying and recruiting facilitators with the skills and personal characteristics required for successful program implementation. New sites are required to supervise facilitators and conduct an annual evaluation. Detailed quality assurance materials are accompanied by detailed instructions on use.

Dissemination Weaknesses

Some organizations may find it difficult to correctly implement the manuals, which are extensive and dense. The manuals refer to "mom and dad," terms that may not apply to all families. Because the supervisor at the implementing site is not required to participate in training, it is not clear how this person provides oversight to facilitators.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
1-day training in cities throughout Texas (includes facilitator's manual, ongoing support/technical assistance, and quality assurance tools)	$250 per participant	Yes (one training option is required)
1-day, on-site training (includes facilitator's manual, ongoing support/technical assistance, and quality assurance tools)	$3,500 for the first 15 participants and $150 for each additional participant, plus travel expenses	Yes (one training option is required)

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Arocena, M. (2006, September). 2004-2005 statewide outcome evaluation report--Ad hoc report: Rainbow Days Curriculum-Based

Support Group (CBSG) Program. Austin, TX: Texas Department of State Health Services.

Contact Information

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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- **www.rainbowdays.org**

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