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 |

The CBSG Program was developed in Texas in 1992 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 1994, more than 17,000 youth service providers have been trained in the use of the program.
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


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 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)
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)

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### 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 CBGS 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)

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### Outcome 4: Substance use

#### Description of Measures
Substance use was assessed using 5 self-report items from the 2003 CBGS 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.

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

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.

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

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.


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.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5</td>
<td>4.0</td>
<td>3.5</td>
<td>3.7</td>
</tr>
</tbody>
</table>

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.

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

Replications

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

Contact Information

To learn more about implementation, contact:
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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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