# All Stars™

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel Education | Personnel Training | Cost | Intended Age Group | Intended Population Gender Focus | Replications | Adaptations | Contact Information

Program developers or their agents provided the Model Program information below.

### **BRIEF DESCRIPTION**

All Stars is a school- or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents. It especially targets drug use, violence, and premature sexual activity. It is designed to help young people develop qualities that will motivate them to avoid drug use and high-risk behaviors; reduce the use of gateway drugs—alcohol, tobacco, marijuana, and inhalants; help young people develop meaningful relationships with each other and institutions that serve them; and motivate youth to develop positive characters and lifestyles.

# PROGRAM BACKGROUND

All Stars began in 1993 with the goal of creating the single most effective programmatic intervention for early adolescents possible, given what was known about modifiable risk and protective factors associated with substance use onset and experimentation. All Stars is the accumulation of nearly 25 years of research by William B. Hansen, Ph.D., the program developer.

#### RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

U.S. Department of Education: Promising Program

# INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

UNIVERSAL, SELECTIVE

Developed for universal and selective audiences.



# **INTERVENTION TYPE**

SCHOOL-BASED, COMMUNITY-BASED

#### **CONTENT FOCUS**

ALCOHOL, ILLEGAL DRUGS, TOBACCO, VIOLENCE, OTHER: INHALANTS, GENERAL SUBSTANCE ABUSE EDUCATION

The program targets general substance use and abuse, as well as violence and premature sexual activity.

#### INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER, SCHOOL, COMMUNITY

#### INDIVIDUAL

- · After-school alcohol, tobacco, and drug education/peer-led curricula
- · Community service
- · Life and social skills training

#### **FAMILY**

- Task-oriented family education sessions combining social skills training to improve family interaction (e.g., communication skills)
- Parent education/parenting skills training

#### PEER

• Peer-resistance education

### SCHOOL

- · Changes in teaching approaches and parent involvement, with classroom drug education
- School-based support group and skills development class

### COMMUNITY

• Education to alter perceptions of societal norms and expectations

# **KEY PROGRAM APPROACHES**

AFTER-SCHOOL CURRICULA/ACTIVITIES, IN-SCHOOL CURRICULA, PARENT-CHILD INTERACTIONS

# AFTER-SCHOOL CURRICULA/ACTIVITIES

The community-based format is designed for use in community settings such as Girl Scouts, churches, after-school programs, and recreational programs.

#### IN-SCHOOL CURRICULA

The curriculum focuses on building five qualities that decrease youths' chances of being involved in substance use, violence, and early sexual activity: prosocial ideals, normative beliefs, personal commitment, prosocial bonding, and positive parental/adult attentiveness.

The curriculum is available in two formats: one for middle school classrooms and the other for community-based settings. Both programs include highly interactive group activities, games and art projects, small group discussions, and a celebration ceremony.

The format for middle school classrooms has versions that can be delivered by regular teachers in the academic class period, as well as by prevention specialists from prevention agencies, social workers, and other teachers who visit the classroom to deliver the lessons.

#### PARENT-CHILD INTERACTION

The parent component encourages youth and adult interactions through parent/child take-home assignments, as well as sharing information about best parenting strategies.

#### HOW IT WORKS

All Stars is a guided multiyear program that is delivered to all students or group members on a weekly basis. The program is packaged in three different formats (described below), each designed to meet a specific need. In each format, students are engaged through—

- · Small group activities
- · Group discussions
- Enjoyable and meaningful worksheet tasks
- Videotaping
- Games
- Art activities

Students receive a personalized certificate documenting voluntary commitments. Commitment rings—symbolic reminders of commitments made—are optional. The booster program uses similar methods with an additional community service component. Parents and important adults participate through homework assignments. Parents also participate in a separate training meeting and receive an audio CD that presents seven strategies for positive parenting.

The **teacher format** is designed for use by classroom teachers. It is recommended that delivery be augmented with the assistance of school guidance counselors. This format involves—

- Thirteen 45-minute classroom lessons for the core program
- Eight 45-minute classroom lessons for the booster program
- · Optional one-on-one meetings with individual students
- A celebration ceremony to conclude the program

The **specialist format** is designed for use by prevention professionals from community prevention agencies who visit schools or organizations as outside experts. It has the same classroom lessons and activities as the teacher format.

The **community format** is designed for use in non-classroom settings including after-school programs, faith community and community programs, recreation programs, and day camps.

The program includes the same activities as the other two formats, but the lessons change to—

- Nine 60-minute group meeting lesson plans in the core program
- Seven 60-minute group meeting lesson plans in the booster program

An analysis of how the program achieved its effects indicates that the most important factor was whether or not teachers were successful in changing targeted risk and protective factors. The conclusion drawn is that program implementers must be sure to address the specific factors targeted by the program.

#### **OUTCOMES**

DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

#### DECREASES IN SUBSTANCE USE

Decrease in substance use

# REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

Delay in the onset of sexual activity

Perceived pressure to participate in substance use

Parental tolerance of deviance

Offers and pressure from peers to use substances

Identification and exclusion of negative role models

# IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

Idealism and an orientation toward the future

Belief in conventional norms

Commitment to avoid high-risk behaviors

Communication with parents

Parental monitoring and supervision

Establishment of clear rules and standards

Expressions of love and affection

Discipline at times when it was appropriate

Motivation to provide a good example

Bonding to school

Student-teacher communication

Parental support for school prevention activities

Commitment to be a productive citizen

Participation in community-focused service projects

Visibility of positive peer opinion leaders

Establishment of conventional norms about behavior

Increased adoption of a belief in positive peer group norms that make substance use, violence, and premature sexual activity unacceptable

#### Benefits:

Better results with the teacher format than the specialist format

Emphasizes the development of positive character and positive environments

Promotes positive norms that support the choice to avoid high-risk behaviors

Promotes perceptions that high-risk behaviors will interfere with desired and valued lifestyles

Strengthens bonds to positive social groups and institutions that promote positive values

Increases the amount of positive attention young adolescents receive from parents and other respected adults

An analysis of how the program achieved its effects indicates that the most important factor was whether or not teachers were successful in changing targeted risk and protective factors. The conclusion drawn is that program implementers must be sure to address the specific factors targeted by the program.

#### **EVALUATION DESIGN**

All Stars was pilot tested from 1994 to 1995. The program was also field tested with an independent evaluation conducted by Dr. Nancy Harrington of the University of Kentucky, from 1995 to 1998. That study involved the assignment of schools to one of three conditions:

1) Control (no All Stars), 2) Teacher (delivered by classroom teachers), or 3) Specialist (delivered by trained outside specialists).

All evaluations have assessed targeted risk and protective factors. Independently evaluated field trials include an assessment of substance use, fighting, and sexual activity. All measures are currently available free of charge online at <a href="www.tanglewood.net/products/allstars/survey.htm">www.tanglewood.net/products/allstars/survey.htm</a>. Two national longitudinal studies of All Stars' school classroom and community versions are currently being conducted by Colorado State University and University of Kentucky.

# **DELIVERY SPECIFICATIONS**

1-3 YEARS

Amount of time required to deliver the program to obtain documented outcomes:

#### Middle school curriculum:

A core program delivered to a classroom of students consists of thirteen 45-minute class sessions, including one-on-one sessions, a celebration program, and a parent component. The core program can be completed within one quarter, a semester, or spread out over a whole school year.

The booster program is delivered 1 year after the core program and consists of eight sessions, of which seven are delivered as class or group meetings. The final session is a one-on-one booster session with each student conducted 6 to 12 months after conclusion of the core program.

The teacher and specialist formats involve—

- Thirteen 45-minute classroom lessons for the core program
- Eight 45-minute classroom lessons for the booster program
- · Optional one-on-one meetings with individual students
- · A celebration ceremony to conclude the program

# Community curriculum:

The community program is identical, except that it is configured differently to provide fewer, but longer sessions.

The community format includes the same activities as the other two formats, but the lessons change to—

- Nine 60-minute group meeting lesson plans in the core program
- Seven 60-minute group meeting lesson plans in the booster program

#### INTENDED SETTING

RURAL, URBAN, SUBURBAN

Developed for rural, urban, and suburban settings.

# **FIDELITY**

Components the developer cited that must be included in order to achieve the same outcomes

This program requires teachers, prevention specialists, or community instructors who have received the training and understand the key goals and tactics needed to achieve the goals of the program.

Participation in a 2-day training session is highly recommended for those who will deliver the program.

Adherence to the goals of the program and mastery of the tactics needed to achieve the goals are stressed. The developer indicates that the curriculum is not a script, and there is room for variation and interpretation as long as the instructor understands the goals and the tactics. On occasion, some adaptation may be necessary to achieve the goals, especially when dealing with youth from specific cultural and racial backgrounds.

#### **BARRIERS AND PROBLEMS**

NO INFORMATION PROVIDED

#### **PERSONNEL**

NO INFORMATION PROVIDED

#### **EDUCATION**

UNDERGRADUATE, SPECIAL SKILLS

Minimum education requirement is an undergraduate degree and training in the program.

#### PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, Location: ONSITE (user), Length: BASIC (2 days)/BOOSTER

A 2-day training session, provided by Tanglewood Research staff and authorized trainers, is highly recommended for teachers and anyone who plans to deliver the program. Teachers who have run the program report (as preliminary research also suggests) that continued training significantly boosts program effectiveness. Training includes—

- · A thorough explanation of key concepts that underlie the program
- An introduction to methods, including strategies for addressing unanticipated events
- Continuing toll-free telephone technical assistance

Onsite training can be scheduled for a flat fee for schools or community organizations with at least 15 to 20 interested people.

The booster program is scheduled 1 year after the core program.

# COST (estimated in U.S. dollars)

\$1,001-5,000

Cost considerations for implementing this Model Program as recommended by the developer:

#### **TRAINING**

2-day training	 	 	 	.\$250 (per person for
				onsite training, plus
				travel expenses)

OR

#### **MATERIALS**

Materials are purchased directly from Tanglewood Research. Order forms are available online at <a href="https://www.allstarsprevention.com/orders.asp">www.allstarsprevention.com/orders.asp</a>. All costs are

documented on the order form.

Reusable materials include teacher manuals, a movie slate (for use with videotaping sessions), and an All Stars banner. Consumable materials include student worksheets, special forms for certificates, software for producing certificates, parent CDs, and a \$20 gift certificate for purchasing office supplies and student prizes.

#### INTENDED AGE GROUP

EARLY ADOLESCENT (12-14)

Developed for middle school youth, 11 to 14 years of age.

# INTENDED POPULATION

AFRICAN AMERICAN, HISPANIC/LATINO, AMERICAN INDIAN/ALASKA NATIVE, WHITE

Delivered to diverse participants; tested and found effective with White, African American, Hispanic/Latino, and American Indian youth.

# **GENDER FOCUS**

**BOTH GENDERS** 

Developed for use with male and female students.

#### **REPLICATIONS**

#### CONTACT INFORMATION

The following individuals are contacts for sites that have replicated ALL STARS but did not submit additional information for inclusion:

Tasha Wilkerson
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Mona Burns
Meridian Behavioral Healthcare
4300 SW 13th Street
Gainesville, FL 32608
(800) 330–5615 x8754
mona.burns@meridian-healthcare.org

The following implementation sites are all in Tempe, AZ, and their replication information is below:

Gilliland Junior High School—Tempe, AZ

Connolly Junior High School—Tempe, AZ

McKemy Middle School—Tempe, AZ

Fees Middle School—Tempe, AZ

Tempe PAPPAS for the Homeless—Tempe, AZ

Contact person for all sites:

Kristen Polin, M.A. Ed.
Director of Community Development
Community Bridges, Inc.
1811 South Alma School Road
Mesa, AZ 85210
(480) 831–7566 x 215

#### INTENDED SETTING

# Additional settings where the Model Program has been replicated:

The setting for all sites in Tempe is in the after-school environment for students who are not already engaged in after-school activities. School counselors are consulted to identify high-risk students, isolates, new students, students who are not able to or choose not to participate in sports, or simply have no place to go when the school day ends.

#### PERSONNEL CAPACITY AND TRAINING

# Changes in personnel capacity, qualifications, or training required for the replication:

All staff implementing the program must complete the 2-day core training offered by Tanglewood Research. In addition to basic training of the curriculum, staff are required to obtain 12 additional hours of supervisor-identified prevention training each year. All staff should have experience in working with youth in the after-school setting, must have fingerprint information cleared by DPS, and be regularly trained in CPR/First Aid.

#### RACIAL/ETHNIC COMPOSITION OF PARTICIPANTS

# Additional racial/ethnic populations with which the Model Program has been replicated:

Gilliland Junior High School:

African American 34.3%

White 20.2%

Hispanic/Latino 19.2%

American Indian 23.2%

Other 1%

Unknown 2%

Connolly Junior High School:

African American 8.2%

White 23.3%

Hispanic/Latino 64.4%

American Indian 1.4%

Other 2.7%

Unknown 0%

#### **COST ESTIMATES**

# Changes in cost estimates incurred with replications of the Model Program:

Program consumables for student participants are required at each cycle. The program funding also allows for students to earn a graduation ring, attend two field trips, receive snacks before program begins, and earn incentives for regular participation. Each cycle runs under \$1,000 for 15 participating students.

# OTHER DIFFERENCES BETWEEN THE DEVELOPER'S IMPLEMENTATION OF THE MODEL PROGRAM AND SUBSEQUENT REPLICATIONS

# Other features of the Model Program that were altered or affected by the implementation:

The parent take-home assignments were altered due to poor turnout at the parent information nights. All sites struggled with parent buy-in and involvement. Staff designed an easy-to-read parent information booklet to explain the importance of their role, but a consistent program barrier was lack of parental engagement.

#### **ADAPTATIONS**

# Changes made to the Model Program in order to enhance program delivery and outcomes:

Field trips were incorporated to enhance prosocial bonding. Educational videos and discussion groups were incorporated stemming from dialogue from the curriculum. No other adaptations were necessary.

# **CONTACT INFORMATION**

#### ABOUT THE DEVELOPER

The developer is William B. Hansen, Ph.D., president of Tanglewood Research.

# FOR PROGRAM INFORMATION, CONTACT

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# FOR TRAINING

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