Module 5

Module 5

Using Human
Development in Prevention

Why?

Recognize the relevance of incorporating
human development theories into
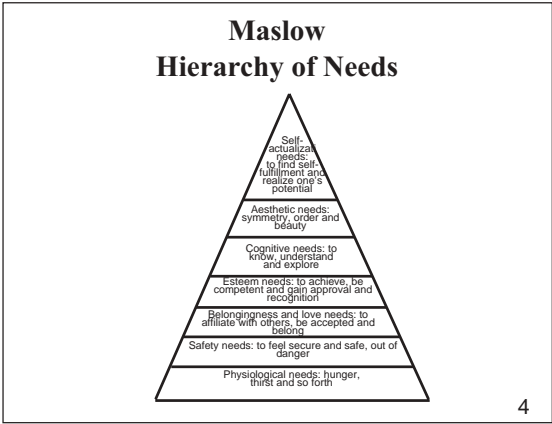prevention program planning.

1

Changes

- Did your changes seem to occur
  around certain ages, or were they
  spaced across your lifetime?

- Do you think major changes occur
  more at certain ages than others?

- What implications does this have
  for prevention strategies?

2

Maslow

Maslow introduced
the Hierarchy of Needs
in the 1960s.

3

Maslow
Hierarchy of Needs

Self-
actualization
needs:
to find self-
fulfillment and
realize one's
potential

Aesthetic needs:
symmetry, order and
beauty

Cognitive needs: to
know, understand
and explore

Esteem needs: to achieve, be
competent and gain approval and
recognition

Belongingness and love needs: to
affiliate with others, be accepted and
belong

Safety needs: to feel secure and safe, out of
danger

Physiological needs: hunger,
thirst and so forth

4

Maslow
(cont'd)

- " 'Deficiency Needs' are deficits in the organism, empty holes, so to speak, which must be filled up for health's sake and furthermore must be filled from without by human beings other than the subject."

- "Growth Needs" (also called "Being Needs") involve a drive toward self-actualization. The individual may seek tension.

(Maslow, 1968)

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Maslow
(cont'd)

- "Self-actualizers" achieve a level of success in the world beyond the satisfaction of basic physiological or emotional needs.

- "Peak Experience" is a mystical or transcendental experience.

- "Plateau Experience" is low key, less intense, and offers a more enduring sense of sacredness and unity.

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Piaget's Stages of Cognitive Development

- Sensorimotor (birth – 2 years): infant "thinking with body"
- Preoperational (2 – 7 years): true social behavior begins
- Concrete Operations (7 – 11 years): based on concrete physical reality
- Formal Operations (11 – 15 years): abstract, logical, hypothetical

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Piaget (cont'd)

Cognitive development is a process through which an individual's thinking is progressively freed from dependence upon the immediate concrete situation in which the individual finds him/herself.

8

Erik Erikson

- Divided lives into discrete stages
- Each stage has a task to be completed
- Face challenges in life and cope with complex world
- Getting stuck has psychological implications

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**Erik Erikson
(cont'd)**

Birth - 18 Months
    Basic Trust vs. Mistrust

18 Months - 3 Years
    Autonomy vs. Shame and Doubt

3 - 5
    Initiative vs. Guilt

5 -12
    Industry vs. Inferiority

(Erikson, 1950)   10

**Erik Erikson
(cont'd)**

12 - 18
    Identity vs. Identity Diffusion

18 - 35
    Intimacy vs. Isolation

35 - 65
    Generativity vs. Stagnation

65 and over
    Integrity vs. Despair

(Erikson, 1950)   11

**Erik Erikson
(cont'd)**

Basic Trust vs. Mistrust (birth – 18 months)

• Basic needs
• Primary caretakers
• Fear of abandonment
• Consistent care-giving
• Mistrust, inability to bond, self-care
  issues

    12

**Erik Erikson
(cont'd)**

Autonomy vs. Shame and Doubt

(18 months – 3 yrs.)

- Shame when comparing self to "competent giants"
- Caregivers
- Opposition, testing limits, defiance, anger – "no"
- Offer safe and simple choices
- Difficulty setting personal limits, making healthy choices, meeting self needs

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Erik Erikson (cont'd)

Initiative vs. Guilt (3 – 5 yrs.)

- Learn more about identity
- Family
- Compliance and defiance
- Unconditional love when they are in need or acting imperfectly
- Not lovable or valuable

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Erik Erikson (cont'd)

Industry vs. Inferiority (5 – 12 yrs.)

- "My way"
- Social groups
- Defiance and compliance
- No judgment
- Fear of expressing self/people pleasing

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**Erik Erikson
(cont'd)**

Identity vs. Identity Diffusion (12 – 18 yrs.)

- Separate, independent person
- Personalized view of the world through self and other assessment
- Broadening social contacts
- "Who am I?"
- Sexual maturity
- Social adult

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**Erik Erikson
(cont'd)**

Identity vs. Identity Diffusion (12 – 18 yrs.)
   (cont'd)

- Vocational choices
- Peer groups
- Neediness / defiant independence
- Engage youth as adults with appreciation for their changing identities
- Offer appropriate independence
- Dependent / isolative / rebellious

17

Adolescent Thinking

- Imaginary Audience
- Personal Fable
- Thinking About Thinking

Elkind, 1984

18

ATOD Interferes with Growth

- Obscures differences between work and play
- Promotes a false sense of reality
- Reinforces a sense of being special or having limitless possibilities
- Avoidance of realistic expectations
- Obscures social reality, rules, and mores
- Maintains homeostasis while appearing to be moving toward independence and separation

Baumrind & Moselle, 1985

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Erik Erikson (cont'd)

Intimacy vs. Isolation (18 – 35 years)

- Lifework and mentors
- Similarly aged people – peers and romantic relations
- Setting life patterns
- Meaningful work life
- Alienation and despair

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Erik Erikson

(cont'd)

Generativity vs. Stagnation (35 – 65 years)

- Change, turmoil, crisis
- Family-centered or broader perspective
- Family and career changes
- It's normal
- Self-absorption

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Erik Erikson (cont'd)

Integrity vs. Despair (65 and older)

- Life has meaning
- Loss / dependence
- Loss of social, health, and economic status
- Improve the status of this group within youth-oriented society
- Resilient
- Misuse and abuse due to physiological changes, incorrect use of medications, drug interactions

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Medicine Wheel

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Activity

- Use the prevention program for which you wrote a Logic Model in the previous section
- Identify the developmental stage of the program's focus population
- Look at the Information Sheet, *Planning Developmentally Appropriate Prevention and Education* on p. 5.24
- Think of ways to make the program more developmentally appropriate by integrating some of the information you have learned in this section
- Take 30 minutes to prepare your ideas

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Stages of Groups

- Getting Acquainted
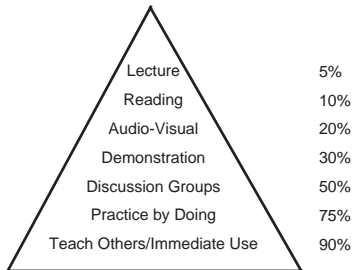- Trust
- Task
- Intimacy
- Termination

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Excitabilities

- Physical
- Social
- Intellectual
- Aesthetic
- Imaginational

26

Learning Pyramid

Lecture	5%
Reading	10%
Audio-Visual	20%
Demonstration	30%
Discussion Groups	50%
Practice by Doing	75%
Teach Others/Immediate Use	90%

National Training Laboratories Institute, Bethel, Maine

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**Using Human
Development in Prevention**

Why?

Recognize the relevance of incorporating human development theories into our prevention program planning.
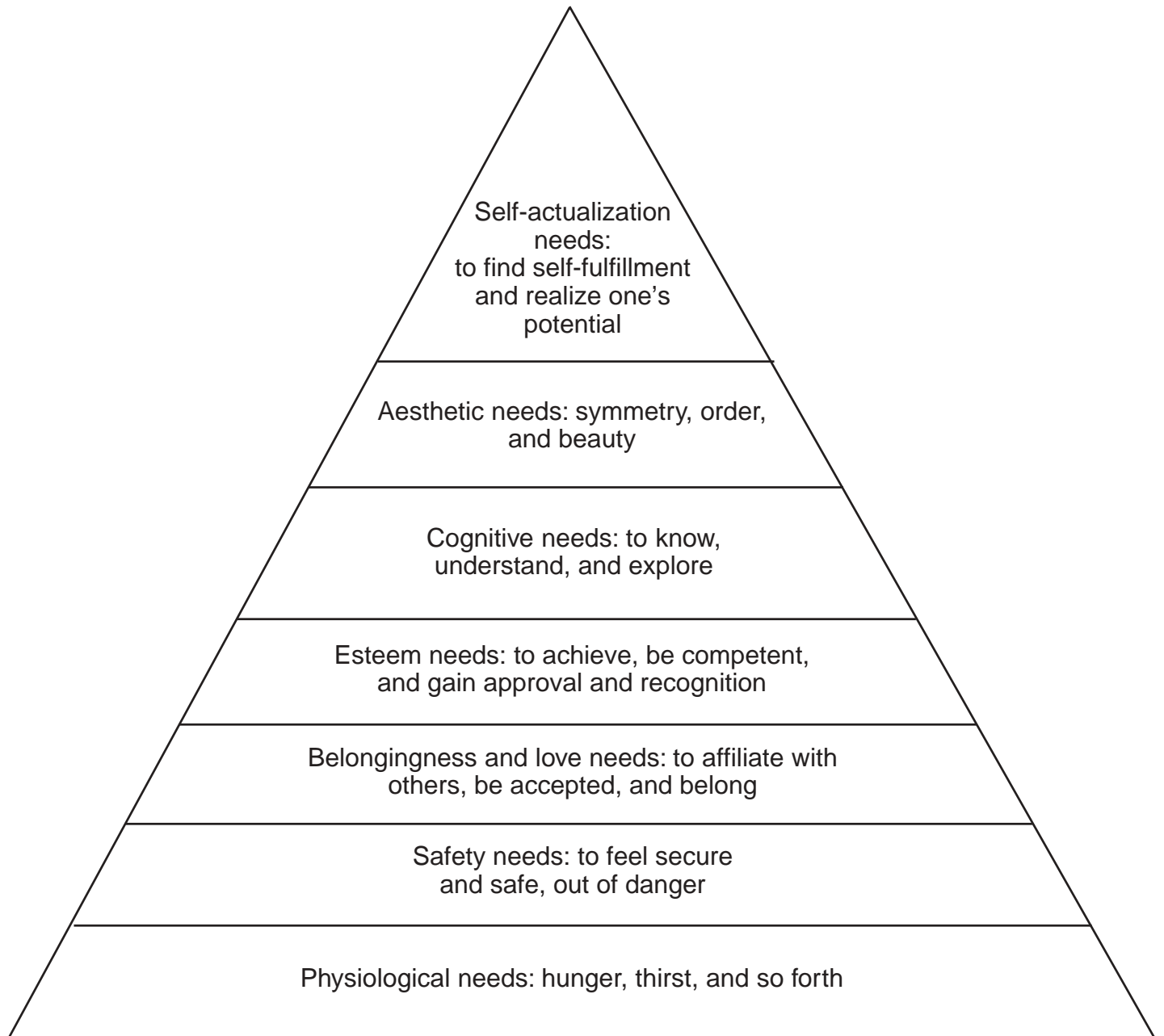
28

Questions and Discussion

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Changes

List one change you've gone through in each of the following categories and write down how old you were when the change happened

1. Physical change:_____
    How old were you?_____

2. Family change:_____
    How old were you?_____

3. Intellectual change:_____
    How old were you?_____

4. Social change:_____
    How old were you?_____

5. Emotional change:_____
    How old were you?_____

6. Spiritual change:_____
    How old were you?_____

7. Financial change:_____
    How old were you?_____

8. Career change:_____
    How old were you?_____

9. Philosophical change:_____
    How old were you?_____

10. Political change:_____
    How old were you?_____

Maslow's Hierarchy of Needs

Self-actualization
needs:
to find self-fulfillment
and realize one's
potential

Aesthetic needs: symmetry, order,
and beauty

Cognitive needs: to know,
understand, and explore

Esteem needs: to achieve, be competent,
and gain approval and recognition

Belongingness and love needs: to affiliate with
others, be accepted, and belong

Safety needs: to feel secure
and safe, out of danger

Physiological needs: hunger, thirst, and so forth

Piaget's Stages of Cognitive Development

Stage	Major Change of the Stage	Characteristics of the Stage
Sensorimotor (0-2 years)		Development proceeds from reflex activity to representation and sensorimotor solutions to problems. Primitive likes and dislikes emerge. Affect invested in the self
Period 1 (0-1months) Period 2 (1-4 months) Period 3 (4-8 months) Period 4 (8-12 months) Period 5 (12-18 months) Period 6 (18-24 months)	Reflex activity only; no differentiation between activities. Hand-mouth coordination; differentiation via sucking reflex. Hand-eye coordination; repeats unusual events. Coordination of two schemata; object permanence attained. New means through experimentation follows sequential displacements. Internal representation; new means through mental combinations.	
Preoperational (2-7 years)	Problem solve through representation- language development (2-4 years). Thought and language both egocentric. Cannot solve conservation problems.	Development proceeds from sensorimotor representation to prelogical thought and solutions to problems. True social behavior begins. Intentionally absent in moral reasoning.
Concrete operational (7-11 years)	Reversability attained. Can solve conservation problems-logical operations developed and applied to concrete problems. Cannot solve complex verbal problems and hypothetical problems.	Development proceeds from prelogical thought to logical solutions to concrete problems. Development of the will and beginnings of autonomy appear. Intentionality is constructed.
Formal operations (11-15 years)	Logically solve all types of problems thinking scientifically. Solves complex verbal and hypothetical problems. Cognitive structures mature.	Development proceeds from logical solving of concrete problems to logical solving of all classes of problems. Emergence of idealistic feelings and personality formation. Adaptation to adult world begins.

Erikson's Developmental Stages

Birth to approximately 18 Months Basic Trust vs. Mistrust

Psychosocial growing task

In this stage, children are learning about trust and mistrust. It is important that they are able to trust that their caregivers will meet their basic needs (including food, shelter, and sleep). Children at this age do not have the ability to fully understand that they will be cared for by loved ones and continually test this idea. Learning that they can trust loved ones allows for healthy bonding and development of trust in oneself in later stages.

Important relationships

Mother and other primary caretakers play a crucial role in helping the infant accomplish this growing task. These people must consistently meet the needs of the infant, because they cannot fully express their needs.

Beliefs, emotions, and behaviors to be expected

Infants believe that they are being abandoned when a caretaker disappears. When a caretaker leaves the room or nurtures another child, infants may fear (subconsciously) that they'll be left alone to die. That explains the obvious expression of fear (which may look more like terror) in the form of crying when a caretaker "disappears." As children learn to trust, they experience less fear when a caretaker is unavailable.

How to help with accomplishment of the task

Nurturing and protecting infants is crucial at this stage. When infants need something, they usually let their needs be known. Since infants are learning about trust and mistrust, consistency in caregiving is important. Continuity of care, consistency and sameness of experience create predictability and trust. Infants at this stage need to learn that they can express their feelings of need; this helps them grow up able to verbalize their needs and to take appropriate action to have them fulfilled. Letting infants cry (briefly) before meeting their needs rather than anticipating every need helps infants trust their own feelings and responses.

Concerns

If infants experience a significant break in the bond with a primary caretaker at this stage, they may learn to mistrust others. In later childhood and adulthood, these individuals may have difficulty trusting and bonding well with others. If infants don't learn to trust their feelings about their needs, they may grow up having difficulty caring for themselves appropriately.

Approximately 18 Months to Approximately 3 Years Autonomy vs. Shame and Doubt

Psychosocial growing task

In this stage, children need to learn that they are individuals separate from their caregivers. They discover it is not the end of the world when a caregiver is not in sight. It is also the stage in which children discover self will. Muscular maturation sets the stage for toilet training during this stage. Shame can result when self-conscious children perceive and compare themselves in relation to "competent giants." Children who learn about their will and autonomy may grow up to appropriately exercise their choices and therefore set healthier limits for themselves.

Important relationships

The father or other paternal roles are important figures for children in this stage. Other caregivers who set limits for the child also serve as key teachers and role models.

Beliefs, emotions, and behaviors to be expected

Now children learn that they can think and that they may act on their thoughts. In this stage, children may begin opposing the caregivers and may discover and use the powerful word, "no." Children will test the limits that caregivers set (like not going outside alone), even though those limits are in place to keep the child safe. Demonstrations of defiance and anger are to be expected at this stage.

How to help with the accomplishment of the task

Letting the child exercise choices about simple and safe things is helpful at this stage. For example, a caregiver might let a two-year-old choose which color ball to play with, or which cup to drink from. It's usually helpful to offer limited choices such as "Would you like this or that?" rather than "What do you want?". Helping children to understand and experience the consequences of choices is also important.

Concerns

If children lack appropriate limits, they may have difficulty as older children or adults in setting personal limits and making healthy choices. If children are expected to act beyond their skill level, they sense that they are in a bind and may not feel the freedom to explore and experience personal strengths. These children can grow up to act out of others' needs rather than meeting their own needs.

Approximately 3 Years to Approximately 5 Years: Initiative vs. Guilt

Psychosocial growing task

In this stage, children learn about their own identities. This is an extension of the previous task, in that they discover more about how they can do things that influence their world and their lives. Children now begin to discover their personal resources and their ability to accomplish things. This enables children to take action without a sense of shame later on.

Important relationships

Children's defined "family" plays an important role in the accomplishment of the tasks in this stage.

Beliefs, emotions, and behaviors to be expected

Children may want to please others in this stage as they test the belief that "I am worth what I do" against the belief that "I am a worthy and lovable person who acts imperfectly at times." Compliance alternating with defiance is an expected part of this stage.

How to help with the accomplishment of the task

Helping children to know that they are loved and have strengths even when they have needs and are learning is very important. Also, reassuring children that they will still be taken care of when sick or hurting and that they can express their needs in a straightforward manner to the caregiver is important.

Concerns

If children's expressions of need or want during this stage are ignored or used to shame the children, they may not conclude that they are lovable, valuable people apart from their behaviors, wants, and needs. These individuals may grow to have shame about their needs and accomplishments and may protect themselves from these negative feelings by displaying inappropriate pride or denial of needs.

Approximately 5 Years to Approximately 12 Years: Industry vs. Inferiority

Psychosocial growing task

In this stage, children's sense of industry and esteem are developing more fully. Learning to do things their own way is a part of this process. Additionally, they learn more about choices and consequences.

Important relationships

Larger social groups such as school and community are important to children at this stage. Children's circles of relationships are expanding, providing them a context within which to accomplish their growing task.

Beliefs, emotions, and behaviors to be expected

In this stage children test the idea that their beliefs can be different from others without rejection or abandonment. Behaviors that are common include both defiance and compliance as children test beliefs about their role in the world.

How to help with the accomplishment of the task

Helping children to recognize their role in social groups is important during this stage. Children need to discover that their ideas and beliefs are valued and uniquely their own. Helping children to report thoughts, feelings and beliefs in a straightforward manner without judgment may be of crucial importance. This is also a stage of separation on several

levels. Creating opportunities for children to experience independence from their families in appropriate areas may help prepare them for healthier separation and independence later. In literate societies, children learn to read, write, and understand written language during this stage, which provides the tools for further education and life options. School performance is central to self-concept and the development of a sense of belonging.

Concerns

Children who do not successfully learn about their own strengths may have difficulty using personal resources in life. Children who are put down or shamed for their ideas, feelings or responses may become fearful of expressing themselves. These children may grow up to be excessive people-pleasers or to avoid social intimacy.

Approximately 12 Years to Approximately 18 Years: Identity vs. Identity Diffusion

Psychosocial growing task

The task in this stage is to learn more about personal identity in order to become a separate, independent person. It is in this stage that children develop their own interests, values and beliefs. They also develop a clearer sense of responsibility for the meeting of their own needs. Since this is a particularly high risk period for substance abuse, it is important to understand the tasks during this period at some level of detail:

- shifting from acceptance of the parental view of the world (and self) to a more personalized view of the world
    - restructuring of self-concept
    - redefinition of concept of others and others' influence on self
    - reappraisal of social standards and values

- broadening the range of social contacts
    - movement from parents and adults as guides and decision makers to equals
    - movement toward behavior which allows effective functioning outside the family
    - movement from dependence to independence in thought and actions

- answering the question, "Who am I?"
    - experimentation with various adult roles
    - evaluation of responses of others to these experiments

- adjusting to sexual maturity

- learning to be a social adult
    - learning to live by a set of values that may differ from the norm of one's own subcultures, without experiencing a great deal of conflict and maintaining meaningful connections with those subcultures
    - learning to adapt to demands of new social situations
    - changing the nature of peer relationships

- exploring vocational choices

Parents, peers, and the school all influence the accomplishment of these tasks.

Important relationships
Peer groups play an important part in helping children in this stage clarify their identities and develop a sense of fidelity to beliefs and values.

Beliefs, emotions, and behaviors to be expected
As children in this stage experience greater independence from their family, there may be expressions of neediness as well as defiant independence. It is normal for children to take an oppositional stand on a family belief or value one day, then to appear needy and childlike the next. This is all a part of transition to adulthood.

How to help with the accomplishment of the task
Engage children on an adult level without violating the parent/child relationship (e.g. talk about world issues with children). Show appreciation for children's changing intellectual, social, emotional, physical, and sexual identities without being ashamed or seductive. Affirm independence by initiating separation where appropriate (e.g. letting children visit friends far from home, or letting children make some choices for themselves). Help with children's need to discover self-identity. Let children explore new images through clothing, for example, while helping them consider and shape positive values.

Concerns
Children who are not able to form a clear self-identity may become inappropriately dependent on their family or may become isolated. Children may perceive a parent's unwillingness to "let go" and may rebel in ways that can be destructive.

Approximately 18 Years to Approximately 35 Years: Intimacy vs. Isolation

Psychosocial growing task
In this stage, people try to acquire a sense of intimacy and solidarity and avoid a sense of isolation. Other tasks include preparing for lifework, finding a mentor, forming a capacity for intimacy without losing self, and shaping a dream.

Important relationships
Relationships with similarly aged people are important at this time. Friends may be work associates, those with similar interests, and members of the same or opposite gender.

Beliefs, emotions, and behaviors to be expected

Doing what "we should" is defined by family models, culture and peers. Attachment with peers and romantic relationships are important during this time. There may be an inner conviction (possibly a false fear) that the choices made are irrevocable. Life patterns begin to be set. The choice may be a transient state—which includes many jobs and relationships—or a strongly established pattern, which includes long-term relationships and jobs.

How to help with accomplishment of the task

Provide opportunities to discover and develop relationships. Affiliation with organizations and a meaningful work life may assist with a sense of solidarity and usefulness.

Concerns

A deep sense of alienation and despair are possible unless intimate relationships with others or a satisfactory career are discovered.

Approximately 35 Years to Approximately 65 Years: Generativity vs. Stagnation

Psychosocial growing task

This is a time for people to reassess where they are in life. It is a time of change, often including turmoil and crisis.

Important relationships

For some people, relationships may turn inward toward the family. For other people, relationships may turn outward toward a more worldly perspective. This is a time for offering love, care and knowledge to others.

Beliefs, emotions, and behaviors to be expected

During the early 30s, life often becomes more rational and orderly. People may settle down, buy house,s and start sending out roots. Social life may be reduced during child raising years. Satisfaction with marriage may decrease. Change is the key (e.g. a single person feeling a push to find a partner, a mother wanting to venture out into the world, a childless couple reconsidering children, people in long-term relationships feeling discontented). Often, job and career changes are considered. Mature people in this stage are generally interested in guiding and providing for the next generation. They may feel a desire to leave a legacy.

How to help with accomplishment of the task

Help people to recognize that it is normal to assess their lives at this time and to experience change. Provide a means for people to be productive and to leave something for future generations.

Concerns

In the mid 30s, a crisis occurs as a realization of loss of youth and physical power occurs. A feeling of not having "the answers" and a fading sense of purpose is common. If there is a lack of interest in others, the result may be self-absorption and interpersonal impoverishment.

Approximately 65 Years and Over: Integrity vs. Despair

Psychosocial growing task

In this stage, people try to achieve a sense that life has had meaning and the process has been worth the effort. They also try to face not existing in the future.

Important relationships

Loss of relationships and a possible dependence on friends or family for assistance marks this time of life.

Beliefs, emotions, and behaviors to be expected

A range of beliefs, emotions, and behaviors is to be expected. This time of life is often characterized by the loss of social, health, and economic status.

How to help with accomplishment of the task

Acknowledge the life experience and resources that these people have to offer, and assist them to contribute in meaningful ways. Find creative ways to improve the status of this group, for example with improved health care and products to assist with independent activity (e.g. battery-operated carts).

Concerns

Many stereotypes exist about this stage. Although many older adults must live on a fixed income and have limited financial resources, it is also true that older adults hold 75% of the wealth in America. The cohort of people 65 and older is growing at a faster rate than that of any other age category. We can expect this to continue as the Baby Boomers age.

Current older adults have lived through more technological changes than any other group in history. They are resilient, having survived several wars and the Great Depression. Our youth-orientated society often discounts older people.

Older adults consume more over-the-counter medications and prescription medications than any other age group. The average person 65 years of age and older takes five to seven different medications daily. Yet many older adults do not take any medication at all and consume no alcohol.

Substance abuse issues are very different with this population. Misuse as well as abuse is a concern. Physical changes, such as metabolism and percentages of body fat affect the way chemicals, including alcohol are processed by the body. Misunderstood directions and the inability to open medicine containers may be reasons for incorrect use of medicine. The problem can involve either not taking medications or being over-medicated by a well-intentioned physician. The possibility of drug interaction increases when alcohol or additional drugs are taken. When working with this age group, it's important to recognize these factors in order to create appropriate prevention strategies.

As prevention professionals, we should take time to examine the implications of our aging society. The baby boomer generation will have experienced a different aging process and have different values than our current older adult population. They may have more experience with illicit drugs and alcohol, resulting in a more positive attitude toward drug use.

(Adapted from Erikson, 1950)

Adolescent Thinking

Human development theorists inform us that adolescents are exploring and forming ideas about physical changes, self control, emotional expression, interpersonal relations, loyalty and sensitivity, personal identity, values and beliefs, independence, and responsibility. Three particular thought processes dominant during adolescence frame these developmental activities. They are imaginary audience, personal fable, and thinking about thinking.

Imaginary Audience:

Adolescents assume that everyone around them is concerned with the same things they are concerned with, namely themselves. Teenagers feel that they are always on stage and that everyone around them is as aware of and as concerned about their appearance as they are themselves. Teenagers have an inability to differentiate between their own preoccupations and those of others.

Personal Fable:

Adolescents feel that they are special and unique. They tell themselves "personal fables," statements about themselves that do not reflect reality. For example, they may tell themselves, "other people will grow old and die, but I will not." The personal fable serves to attach a sense of hope to their existence. The fable suggests they are special and unique in both positive and negative ways – no one has it so bad, and no one has it so good.

Thinking about Thinking:

Teenagers now have the ability to think about and manipulate facts and ideas and build logical arguments that support their thinking. Adolescents begin to see shades of gray, degrees of goodness and badness and graduations of rightness and wrongness. They may be hypercritical, and believe that expressing an ideal equates with living up to it. They may engage in arguing for the sake of arguing; power struggles are a natural part of adolescence.

Adolescents may be at greater risk of substance abuse due to some of the changes occurring in their way of thinking. The effects of alcohol, tobacco, and other drug use can mislead teenagers into thinking or believing that they are successfully forming their identity when in reality these substances can thwart growth in important was. They can promote a false sense of reality and the avoidance of realistic expectations, reinforce the sense of being special and of having limitless possibilities, obscure social reality, rules and mores, and the difference between work and play. Substance use during adolescence may maintain a false state of homeostasis with the appearance of moving toward independence that can delay adolescent development.

Reference:
Elkind, D (1984). All grown up and no place to go: Teenagers in crisis. Massachusetts: Addison- Wesley

The Medicine Wheel

The Native American concept of the Medicine Wheel symbolically represents a non-linear model of human development. Each compass direction on the wheel offers lessons and gifts that support the development of a balanced individual. The idea is to remain balanced at the center of the wheel while developing equally the physical, mental, emotional, and spiritual aspects of one's personality. The specific concepts of the Medicine Wheel vary among Native peoples, including the gifts attributed to each position on the wheel, but the following offers a generalized overview of some lessons and gifts connected to the developmental process.

Lessons and gifts from the East, the place of first light, spring and birth, include:
- warmth of spirit;
- purity, trust and hope;
- unconditional love;
- courage;
- truthfulness;
- guidance and leadership;
- remaining in the present moment.

Lessons and gifts from the South, the place of summer and youth, include:
- generosity, sensitivity and loyalty;
- romantic love;
- testing the physical body/self control;
- gifts of music and arts;
- capacity to express feelings openly in ways respectful to others.

Lessons and gifts from the West, the place of autumn and adulthood, include:
- dreams, prayer and meditation;
- perseverance when challenged;
- balance between passionate loyalty and spiritual insight;
- use of personal, sacred objects;
- life's meaning;
- fasting, ceremony, self-knowledge and vision.

Lessons and gifts from the North, the place of winter and elders, include:
- intellectual wisdom;
- completing tasks that began as a vision;
- detachment from hate, jealousy, desire, anger and fear;
- ability to see the past, present and future as interrelated;

Resources for Medicine Wheel information include:

The Sacred Tree: Reflections on Native American Spirituality, Judie Bopp, Michael Bopp, Lee Brown and Phil Lane, Jr., Lotus Light Publications, Twin Lakes, WI, 1989.

Dancing with the Wheel: The Medicine Wheel Workbook, Sun Bear, Wabun Wind, and Crysalis Mulligan, Simon & Schuster, New York, NY, 1992.

Planning Developmentally Appropriate Prevention and Education

To be successful, comprehensive prevention programs must address identified risk factors, enhance protective factors, and acknowledge and incorporate the developmental stages of children. The following outlines characteristics of children at various developmental stages and offers some examples of strategies that are appropriate at each stage.

Children up to 3 Years Old

The earliest years of a child's development lay the foundation for future patterns of behavior and development. The most critical variable for the healthy development of children at this age is consistent nurturing and warmth from parents and/or primary caregivers.

It is important to:
- provide comprehensive health and social services for prenatal and maternal care;
- provide accurate information to pregnant women regarding fetal alcohol syndrome and results of fetal drug exposure;
- provide proper child care training to parents of newborns to help foster bonding and nurturing between parent(s) and child;
- organize networks of support groups for parents of newborns; and
- provide quality daycare for families of young children.

Some characteristics of effective programs focusing on early childhood include:
- home-based parenting and child development education, and service coordination;
- multi-family group activities including communication skill training and developmental concerns education;
- center-based well child and developmental screening; and
- parent-child education-play activities with concurrent groups for parents and children.

Pre-Kindergarten

At the pre-Kindergarten stage of development, parents and children are preparing for the transition to school. While still developing language and motor skills, children also need to learn social skills through play and group activities with other children.

It is important to:
- provide programs for parents and children that promote bonding to family and school and develop family expectations of success;
- provide programs which inform parents of the child's needs at this stage of development, including information on risk and protective factors;
- provide activities for children that emphasize caring and cooperation with other children and enhance the development of pro-social skills; and
- provide child-initiated activities which develop the child's autonomy through planning and

Some characteristics of effective programs focusing on early childhood include:
- home- and center-based parent-child education-play activities with concurrent groups for parents and children;
- center-based maternal, well child and school readiness screening;
- multi-family group activities including communication skill training and developmental concerns education; and
- parenting and child management skill training.

Kindergarten-3rd Grade

The younger children of this age group are making the transition to school, yet are still primarily oriented to their parents. They require clear rules and limits for their behavior, as well as security in their environments. They are learning to enjoy group play, but still have not acquired the ability to deal with more than one or two ideas at a time.

It is important to:
- implement a comprehensive prevention curricula;
- provide programs and activities as suggested for pre-K children;
- provide programs and activities which enhance a child's self esteem;
- teach assertiveness skills;
- begin introduction of simple drug information;
- train parents and school personnel in the developmental needs of children; and
- begin to teach or reinforce cooperative play and learning experiences.

Some characteristics of effective programs focusing on early elementary school include:
- establishing healthy group norms;
- after school and summer activities;
- multi-family groups with parent support meetings while children play; and
- family curriculum and parent involvement programs.

4th-5th Grades

Older role models and parents have a great influence on children's behavior for this age group, but the family system is still influential. Group play and peer relationships are more widely enjoyed. As such, there is a concern for physical image, and competitive behaviors emerge. These behaviors are sometimes conducted without regard for how they affect others. There is sometimes experimentation with tobacco, alcohol, and other "gateway" drugs.

It is important to:
- establish family, school, and community norms which promote non-drug use;
- have teachers select and use appropriate classroom activities which deliver a no-use message and teach social competencies;
- provide teachers with training to develop cooperative learning groups which promote academic achievement through pro-social influence;

- provide training for parents and school personnel on the developmental needs of their children including risk and protective factors; and
- develop processes to assess and improve school climate.

Some characteristics of effective programs focusing on middle to late elementary school include:
- social and behavioral skill training for children, including skills to refuse drug offers;
- establishing conservative group norms;
- family support and case management services, including behavioral consultation; and
- after school and summer activities.

6th-8th Grades

Children of this age group are beginning to think abstractly and are capable of problem solving and integrating multiple factors to understand concepts. They are entering a "tumultuous and intimidating" stage. They are oriented in the present, mainly concerned with peer acceptance, physical and sexual maturation, and awkwardness in social behavior. Children experiment with chemicals and other risk-taking behaviors to feel part of a social group.

It is important to:
- provide programs and activities as suggested previously for children in grades 4-5;
- provide psychosocial programs which fortify children with refusal skills;
- provide positive peer role models;
- provide opportunities for leadership and involvement;
- train parents and school personnel in the developmental needs of adolescents; and
- provide mentor and advisor/advisee relationships.

Some characteristics of effective programs focusing on middle school include:
- mentoring with behavioral expectations;
- community service;
- social competence training, including resistance skills, and normative education;
- interactive classroom teaching;
- professional support to multi-family groups;
- identification and referral for substance abuse and other health or mental health issues;
- after school and summer activities;
- tutoring; and
- service system consultation.

9th-12th Grades

Adolescents are seeking identity, autonomy, and financial independence. They are seeking significant relationships with others their age while distancing themselves from family. However, they still need understanding, support, and encouragement to make a successful transition to the adult world.

It is important to:
- provide opportunities for students to demonstrate important skills to younger teens;
- provide opportunities to explore career options;
- provide employment and business experiences;
- involve students in planning, decision making, and group problem solving;
- conduct community projects, peer programs, and drug-free activities which provide leadership opportunities for students;
- train parents and school personnel in the developmental needs of adolescents; and
- reinforce social competencies.

Some characteristics of effective programs focusing on high school include:
- community service and student leadership opportunities;
- social competence training, including resistance skills, and normative education;
- interactive classroom teaching;
- professional support to multi-family and student groups;
- identification and referral for substance abuse and other health or mental health issues;
- health care consultation;
- school climate enhancement;
- career preparation and exploration activities; and
- cooperative learning, role-playing, and use of expressive arts (art, music, drama).