



## Growing Up Strong

### A Look at Early Childhood Substance Abuse Prevention

## What is the Southwest Prevention Center?

- **SWPC** is a department within the College of Continuing Education at the University of Oklahoma in Norman, OK. It is committed to the prevention of substance abuse (alcohol, tobacco, and other drug abuse) and related high-risk behaviors.
- Spanning more than a decade, the SWPC has a rich history of providing prevention information, education, training, technical assistance, and prevention resource system development opportunities to clients at state, regional, and national levels.
- The SWPC also houses the Southwest CAPT (Center for the Application of Prevention Technologies). The CAPT's provide technical assistance at the regional level for the Center for Substance Abuse Prevention (CSAP), an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA).

## Meet Your Trainer!

### Stacy Harris – Prevention Specialist

Stacy Harris serves as a Prevention Specialist for the Southwest Prevention Center/ CSAP's Southwest CAPT. Ms. Harris hails from Fort Worth, Texas where she had the opportunity to work with many different community, school, and youth service organizations as well coordinate collaborations between them. She has facilitated support groups for youth and educational programs for youth and adults, utilizing creative and interactive learning techniques. She has over nine years of experience in the prevention field.

## Let's Talk About Prevention:

- What is Prevention?
- Dictionary Definition: To keep something from happening
- Our definition: Prevention is a pro-active process that
  - a. Provides information
  - b. Develops life and social skills
  - c. Creates an environment that promotes the well-being of people

Adapted from The Chemical People, a joint project of the Oklahoma Educational Television Authority and the Oklahoma Department of Mental Health and Substance Abuse Services

## Prevention and Early Childhood

Literature as early as 1987 acknowledges the necessity of substance abuse prevention in preschool, while a study published in 2003 makes the case for school-based drug prevention.

According to studies completed in the 90's, "by the first grade, or earlier, children show temperament and behavior traits that are powerful indicators of their inclination to use and abuse drugs in their teenage and adult years" (Swan, 1995).

Swan, N. (January/February 1995). Early childhood behavior and temperament predict later substance use. *Nida Notes*, 10, Retrieved 04/22/08, from [http://www.drugabuse.gov/NIDA\\_Notes/NNVOL10N1/Earlychild.html](http://www.drugabuse.gov/NIDA_Notes/NNVOL10N1/Earlychild.html)

## Prevention and Early Childhood

- Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001)

National Institute on Drug Abuse, National Institutes of Health (NIH). (2003). *Preventing Drug Abuse Among Children and Adolescents: A Research Based Guide For Parents, Educators, and Community Leaders* (2nd ed.) [Brochure]. Bethesda, Maryland: Elizabeth B. Robertson, Ph.D., Susan L. David, M.P.H. (retired), and Sumran A. Rao, Ph.D., National Institute on Drug Abuse.

## Why start so soon?



From birth we begin forming the attitudes and behaviors that will shape our lives. The environments in which we grow and the experiences we have all contribute to our mental and physical development. Substance use impairs the normal development processes. It erodes the capacity of students to perform in school and to think and act responsibly. The consequences of using drugs can last a lifetime.

## Why start so soon?

- Early intervention, can help reduce or reverse many serious risks, such as early aggressive behavior and poor academic achievement, and may help change a negative developmental path headed toward problem behavior.
- For instance, *For young children already exhibiting serious risk factors, delaying intervention until adolescence will likely make it more difficult to overcome risks. By adolescence, children's attitudes and behaviors are well established and not easily changed.*

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## Why start so soon?

The best way to prevent substance abuse is to begin prevention (promotion of mental wellness) efforts BEFORE children start using drugs. Prevention efforts that focus on young children can be used as an effective means for fighting substance abuse.

## Why start so soon?

- Research has shown that the key risk periods for drug abuse occur during major transitions in children's lives. These transitions include significant changes in physical development or social situations when children experience heightened vulnerability for problem behaviors.
- **The first big transition for children is when they leave the security of the family and enter school.**

## Why start so soon?

- There are protective factors that can suppress the escalation to substance abuse.
- In addition, protective family structure, individual personality, and environmental variables can reduce the impact of serious risks of drug abuse.

## Common Protective Factors

- Solid attachment to and emulation of a positive role model
- Achievement
- Strong family bonds
- Self-control



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## Positive Role Models



- Children listen most to adults they know and love. Positive role models can contribute to creating bonds of respect between youngsters and adults, which can help young people resist drugs.

## Achievement

- Prevention programs can include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001).



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## Family Bonds



- “Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement “(Kosterman et al. 1997).

National Institute on Drug Abuse, National Institutes of Health (NIH). (2003). *Preventing Drug Abuse Among Children and Adolescents: A Research Based Guide For Parents, Educators, and Community Leaders* (2nd ed.) [Brochure]. Bethesda, Maryland: Elizabeth B. Robertson, Ph.D., Susan L. David, M.P.H. (retired), and Suman A. Rao, Ph.D., National Institute on Drug Abuse..

## Family Bonds

- Families can serve a protective factor for children when there is/are:
  - a strong bond between children and their families;
  - parental involvement in a child's life
  - supportive parenting that meets financial, emotional, cognitive, and social needs
  - clear limits and consistent enforcement of discipline.

## What is Growing Up Strong?



- Growing Up Strong (GUS) is a mental wellness and substance abuse prevention curriculum for preschoolers that facilitates social and emotional competence.



## What is Growing Up Strong?

The GROWING UP STRONG program is based on the philosophy that the best way to prevent substance abuse as well as a number of other problems is to help every child develop strong mental health which includes a strong, positive self-concept; the ability to cope with and express emotions appropriately; and healthy adult and peer relationships.

## Developing GUS

- The Growing Up Strong curriculum was originally developed at the University of Oklahoma Center for Family and Childhood Development.
- It began as a way to promote mental health activities for young children and was proven to be an effective mental wellness and substance abuse prevention program.

## Developing GUS

- The curriculum for Preschool GUS was largely developed (during the pilot project) by Susan K. Bumgarner, early childhood specialist.
- The pilot project for Preschool GUS began in July 1983 and the curriculum was first published in August 1986.

## Why Growing Up Strong?

- GUS is designed to develop strong mental health and wellness in preschool children.
- GUS is tailored to the specific developmental levels and interests of preschool children.



## Why Growing Up Strong?

- GUS helps create the best possible classroom environment for promoting positive mental wellness, the first and most basic line of defense against substance abuse.
- GUS offers life skills development for children as well as age-appropriate alcohol and other drug information.

## Why Growing Up Strong?

GUS addresses protective factors by providing important early skills for young children that lead to social and emotional competence.

As children's social and emotional competencies increase, readiness for school also increases which results in better academic performance and greater success in school and in life.

## Solid attachment to and emulation of a positive role model

GUS provides teachers with self-awareness regarding their interaction with preschoolers in emotionally charged situations.

It provides a skill set for the teacher to use that effectively helps the child move himself through emotional events and into a problem-solving mode.



The role of the teacher is critical in this curriculum.

## Achievement



The Growing Up Strong Family Involvement handouts provide teachers with awards and accomplishment notes that the child can take home to share their learning experiences with their family.

## Strong family bonds

- Growing Up Strong provides essential communication between parents and the classroom, and is designed to encourage parent support and interaction through parent meetings, take home activity sheets for the child and parent to work through together and achievement and award notes.

## How will GUS help me help children?

- GUS conceptualizes mental wellness as a combination of psychological and behavioral competencies.
- GUS enhances positive self-concept by stressing and developing important life skills such as
  - Decision-making
  - Problem-solving
  - Positive assertive abilities
  - Responsibility

## How will GUS help me help children?

GUS Curriculum activities cover several Developmental Areas

Art	Eye-Hand Coordination	Relationships
Awareness of Others	Families	Self-Concept
Body Parts	Feelings	Shapes
Awareness of Others	Fine Motor Development	Social Cooperation
Cognitive Development	Gross Motor Development	Social Development
Community Helpers	Health	Social Interaction
Creative Expression	Language Development	Verbal Expression
Dramatic Play	Nonverbal Expression	And Others
Expressing Feelings	Nutrition	

## How will GUS help me help children?

- GUS also supports Head Start's Strategies to Support Positive Child Outcomes as outlined in the Head Start Leaders Guide
- The GUS curriculum contains activities that cover seven of the eight domains

## How do I use GUS in the classroom?

- The GUS curriculum contains 32 child-centered activities (35 in all) to promote mental health wellness in children.
- These activities do not have to be used in any particular order EXCEPT Activity #1.
- Research has found that the GUS program is most effective when activities are used at least twice a week.

## How do I use GUS in the classroom?

- Curriculum Kit
  - Teacher's Guide
    - Activities
    - Observable Behavior Checklist
    - Curriculum/Developmental Areas Guide
    - Tips for Teachers
  - Family Involvement Duplication Masters
  - Magnets & Portfolio
- GUS and GUSSIE dolls
- GUS and GUSSIE puppets (optional)

## How do I use GUS in the classroom?

GUS classroom activities can be used in a variety of classroom formats:

- in learning centers
  - with small groups of children
  - with individual children
  - and with the whole class
- 
- Teachers can have a specific "GUS time" or can easily include the activities with other units.
    - Many of the GUS activities blend well with other units such as "Body Parts," "Birds," and "Holidays."

Yes, you can do mental health/substance abuse prevention and art at the same time!

## Is GUS “effective”?

- Throughout the years, GUS has consistently proven to be effective tool in reducing the risk factors of early and persistent antisocial behavior and early academic failure, and increasing the protective factor of social skills by developing social and emotional competencies in children 3-5 years of age.

## Is GUS “effective”?

- Most recently, a one year study of pre-school students was conducted.
- The study included 30 Head Start Centers and Pre-K classrooms.
- Classroom students in all thirty sites were similar in terms of age, gender, and cultural-ethnic background

# Is GUS “effective”?

- A behaviorally anchored rating scale was used to identify specific mental health-related behaviors that occur as part of the student’s behavioral repertoire.
- A summated score across the 35 items was calculated for each student and an average score was calculated for each class.
- Students from intervention condition schools who participated in GUS scored significantly higher than the comparison schools on three scales
  - Relating to peers and adults
  - Coping and
  - Self-concept

**GROWING UP STRONG** A Mental Wellness and Substance Abuse Prevention Program

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### GROWING UP STRONG Observable Behavior Checklist

School: \_\_\_\_\_ ID#: \_\_\_\_\_ Checklist completed by: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Teacher's ID #: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_ Checklist completed on: (date) \_\_\_\_\_  
 Other information: \_\_\_\_\_

Answer every question. Select the best answer you can. If you have not actually seen something happen, select "never."

	You have never seen this happen	Once or twice in the past month	Three to four times per month	One to four times per week	At least once a day	
	NEVER	SELDOM	SOMETIMES	OFTEN	MOST/ALL	Notes/Comments
1. Eager to try new things.						
2. Prefers to play alone most of the day.						
3. Plays different adult roles in dramatic play (pretends to be nurse, daddy, etc.).						
4. Eager to make decisions and to do things for himself or herself.						
5. Damages or abandons classroom materials rather than properly using, caring for, and storing them.						
6. Is willing to bargain or compromise in order to attain goals.						
7. Must be coaxed or told by adult to begin before entering into an activity.						
8. Refuses to participate in large muscle activity (such as running, climbing, etc.).						
9. Adjusts rapidly to changes in routines or people.						
10. Stays actively involved in a chosen task until it is completed or for at least 15 minutes.						
11. Speech unclear to strangers.						
12. Uses words to express feelings, both positive and negative (such as, "You make me mad," or "I like you," etc.).						
13. Verbally participates in group time (sings songs with group, volunteers to answer questions, takes part in discussions, etc.).						
14. Expresses liking for children or adults.						
15. Avoids eye contact when speaking or being spoken to.						
16. Confident, stands up for own rights when challenged.						
17. Can get and maintain adult attention without "getting into trouble" to do so.						

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## Is GUS “effective”?

- A previous program evaluation for Growing Up Strong (funded by the Oklahoma State Department of Mental Health), found that:
  - “children in those classrooms utilizing the GUS program activities appeared to have greater self-esteem and better coping skills than they exhibited prior to their exposure to the GUS program” and
  - “the more often GUS materials were used in the classroom and the more positive and supportive parents’ attitudes were toward program materials, the greater these improvements in self-esteem and coping skills seem to be.”

## Questions?



## If you would like more information:



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### GUS website

[www.growingupstrong.org](http://www.growingupstrong.org)



Or see us at our exhibit here at the convention

Ialongo, N.; Poduska, J.; Werthamer, L.; and Kellam, S. The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. *Journal of Emotional and Behavioral Disorders* 9:146–160, 2001.

Kosterman, R.; Hawkins, J.D.; Spoth, R.; Haggerty, K.P.; and Zhu, K. Effects of a preventive parent-training intervention on observed family interactions: proximal outcomes from Preparing for the Drug Free Years. *Journal of Community Psychology* 25(4):337–352, 1997.

National Institute on Drug Abuse, National Institutes of Health (NIH). (2003). *Preventing Drug Abuse Among Children and Adolescents: A Research Based Guide For Parents, Educators, and Community Leaders* (2nd ed.) [Brochure]. Bethesda, Maryland: Elizabeth B. Robertson, Ph.D., Susan L. David, M.P.H. (retired), and Suman A. Rao, Ph.D., National Institute on Drug Abuse.

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U.S. Department of Health and Human Service, Administration on Children, Youth and Families, Head Start Bureau. *The Head Start Leaders Guide to Positive Child Outcomes*. Washington, D.C.

## GUS News

- GUS News is a quarterly newsletter designed to keep up to date and informed regarding the latest in GUS news and training.
- If you would like to be a part of the GUS News Network, be sure to check the box on the sign-up sheet.
- You may opt to receive the newsletter by mail or email only.