



Reducing Adolescent Risk-taking Through Classroom-based Programs

by Lisa Buckley & Professor Mary Sheehan

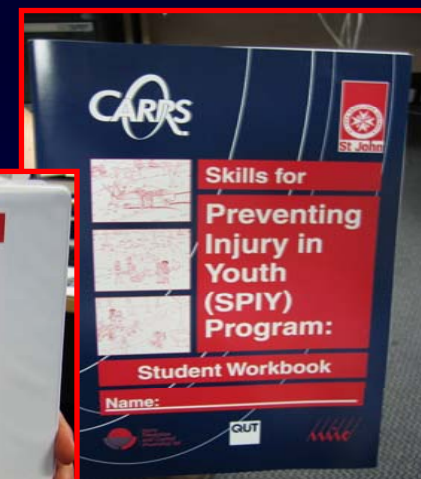
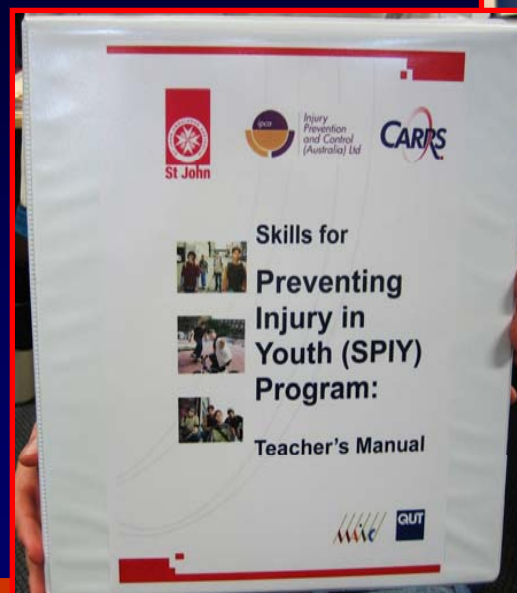
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The SPIY Program

Goals:

- Reduce risk-taking behaviour
- Increase friends' protective behaviour
- Increase skills in first aid

- Teacher-led
- 8 x 50 min. lessons
- in Health curriculum
- Teacher training
- Teachers' manual
- Student workbook



Typical Lesson Structure

Risk-taking and injury scenario

Treatment for injury (first aid skills)

- Aim: to emphasise serious injury consequences & develop skills to minimise harm
- Previous programs teaching first aid show improved knowledge, skills, self-efficacy, attitudes, &/or intentions to perform first aid

Prevention of the injury

- Aim: to decrease risk-taking in the peer environment & increase protective behaviour towards peers
- Uses theoretical model to develop change in intentions (Theory of Planned Behaviour)

'SPIY': Skills for Preventing Injury in Youth

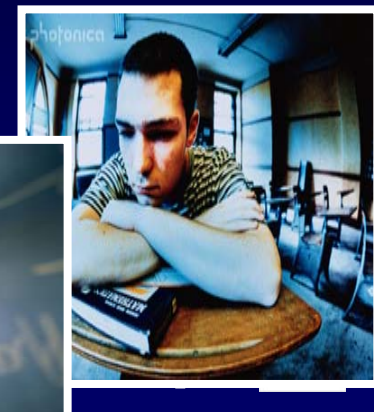
Research background & program development

- Literature review
 - Examine previous effective interventions, understand risk and protective factors for injury and risk-taking – including the role of alcohol
- Community discussion
 - Examine local adolescents' perceptions of risk-taking behaviour, injury and risk and protective factor
 - Development and piloting with high school teachers



Key Issues to be Considered

- The 'dose'/ duration of the program
- Theory-based design
- Selection of risk-taking behaviours
- Selection of agents for change
- Socio-culturally and developmentally appropriate material
- Learning requires the active involvement of participants
- Evaluation



Targeting multiple risk-taking behaviours

“Organisations today are less interested in having to adopt a separate health promotion program for every separate target behaviour or risk factor”

(Nigg et al. 2002, p676)

The SPIY Program aimed to reduce overall risk taking, including the following behaviours:

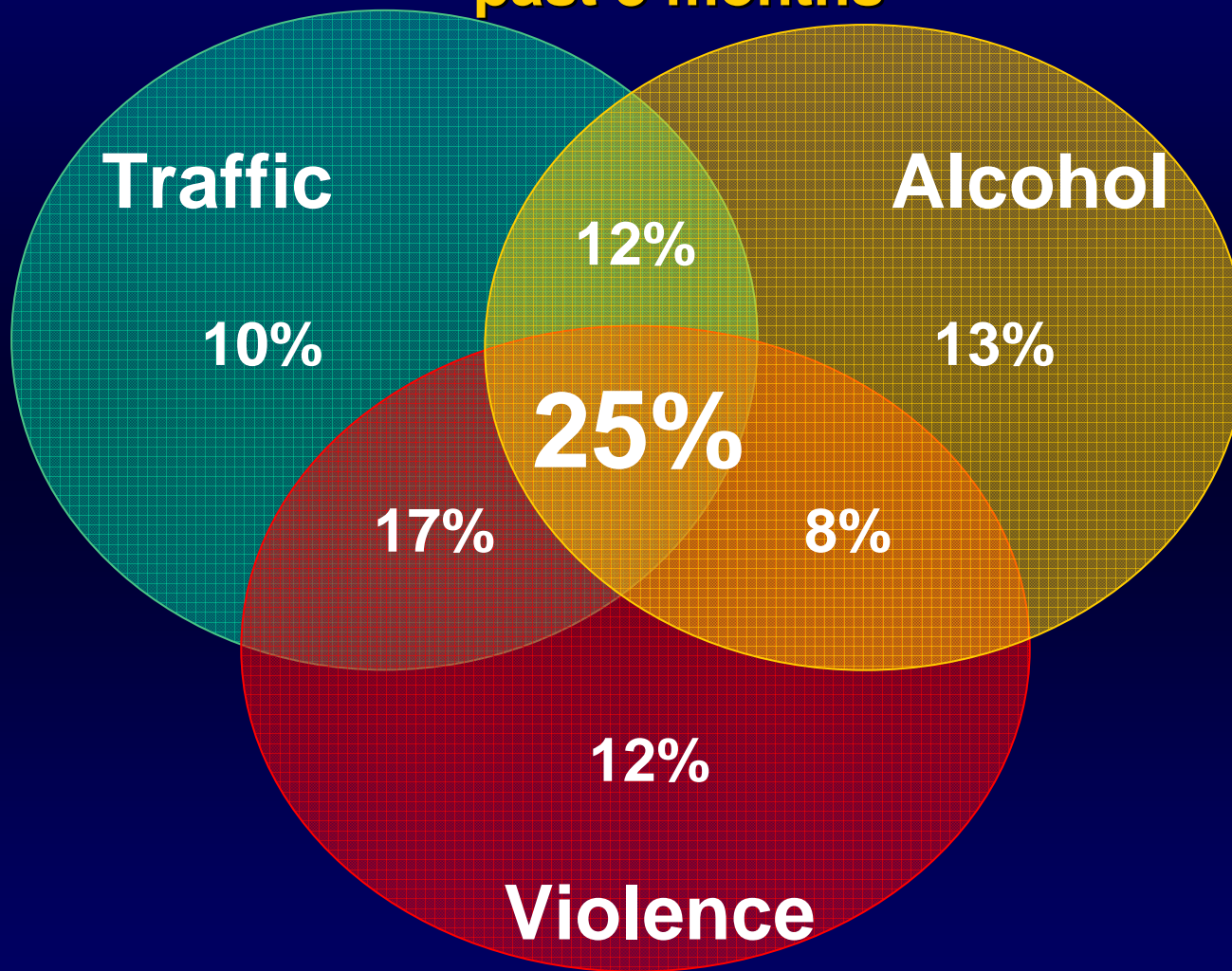
Drink driving, riding with a drink driver, unlawful use of a motor vehicle, riding with a dangerous driver, risky bicycle use, motorcycle use, interpersonal violence, risky behaviour around water

Evidence of Multiple Risk-taking: Method

Risk-taking behaviour (measure adapted from Mak, 1993)

- **Participants: n = 250, 130 females, mean age = 13.6 years in 8th & 9th grade in 1 school**
- **Measure: checklist of risk-taking behaviours respond yes/ no to engaging in the behaviour in the past 3 months**

Clustering of Behaviour: Percentage and clustering of risk-taking behaviours in past 3 months



School-based adolescents as target participants

- Many potential target individuals for improving safety among adolescents
- Targeting school based adolescents themselves represents a convenient and effective approach
- SPIY Program targeted change among 14 year olds – adolescents who take risks and adolescents who have friends who take risks



Socio-culturally and developmentally relevant material

- Programs must be socio-culturally relevant to the target individuals to engage their interest and be meaningful (Sussman et al., 1998)
- Consider intellectual, social and cognitive development of adolescents (Perry, 1999)
- SPIY based on extensive preliminary work – focus groups & interviews



Recognising the developmental period of adolescence: The SPIY Program

- Adolescents have the cognitive capacity to consider others (Steinberg, 2005).
- Adolescents value prosocial behaviours consistent with avoiding harm of others (Bergin et al., 2003).
- Risk-taking behaviour is a social event (Dishion et al., 1997).
- Sizeable minority of high school students intervene in their friend's drinking, illegal drug use and smoking (Flanagan et al., 2004; Smart & Stoduto, 1997).

Efficacy research asks: Can the intervention work?

Effectiveness research asks: Can the intervention work under routine conditions?

The SPIY Program employed an effectiveness study which attempted to evaluate change under 'real' conditions.

Evaluation issues

- **Three aspects to consider:**
 - **Understand whether the program was implemented as intended**
 - **Understand change in target behaviour and change in processes that were theoretically predicted to create change in behaviour**
 - **Understand change in injury**

Observer Rating

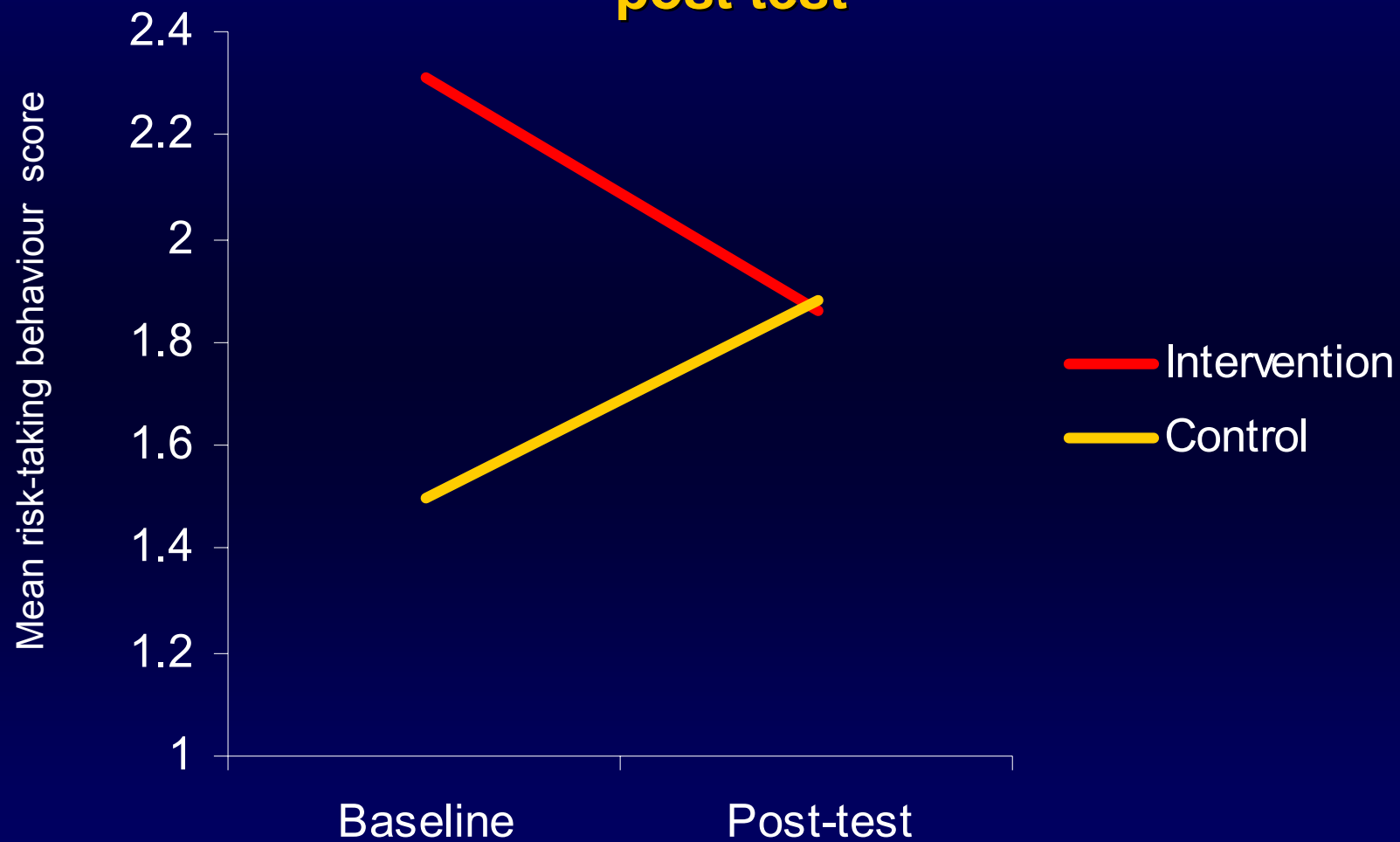
Observation	Percent observed
Adherence to objectives	78%
Interactive material delivered as identified in the manual	49%
First aid material delivered as identified in the manual	66%
Peer protection/ risk reduction material delivered as identified in the manual	70%

Note. %age base is across all lessons and teachers observed.

Perceived skill development

- **Reduced risk-taking behaviour**
 - “to sacrifice ten seconds of glory. Like, say if you've broken your arm ...you wouldn't be able to do anything you wanted to do for a while” (male)
 - “take risks, but not dangerous risks” (female)
 - “think before you do...last time was like, righto, let's do it” (male)
- **Increase in first aid skills**
 - “(I learnt) how to treat the injuries” (male)
 - “calming them down if they go into shock” (female)
 - “look for dangerous things around” (male)
- **Increase in protecting friends**
 - “take the peer pressure out of it” (male)
 - “try and talk them out of it” (female)
 - “I don't want to see him wreck his car, (pause) or himself” (male)

Mean risk-taking behaviour for groups from baseline to post test



Time by group, $F = 20.091$, $p < .01$



Challenges to program design:

- **Finite resources and school's competing demands**
- **Targeting adolescents most at risk**
- **Amalgamating target behaviours into single aims of a program**
- **Curriculum is only part of a broad safety strategy**
- **Training and support for facilitators is required**
- **Evaluate program process, impact and outcome**



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