



ACROSS AGES

An Intergenerational Mentoring Approach to Drug Prevention

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Across Ages

- Coordinated by Temple University's Center for Intergenerational Learning, Philadelphia, PA
- Funded by SAMHSA/CSAP since 1991
- School and community based project targeting youth ages 9-13
- Original project and two replications designed and tested on African-American, Latino, Caucasian and Asian middle school youth in large urban setting.
- Subsequent replications (65+) have been adapted for Caucasian, Latino and African-American youth living in urban, suburban and rural settings



Goal of Across Ages

- Increase the protective factors for high risk youth in order to prevent, reduce or delay the use of alcohol, tobacco and other drugs and the attendant problems associated with such use.



Objectives of Across Ages

- Increase the knowledge of health/substance abuse issues and foster healthy attitudes, intentions and behavior regarding drug use among targeted youth;
- Improve school bonding, including academic performance, school attendance, behavior and attitudes toward school;
- Strengthen relationships with adults and peers; and
- Enhance problem-solving and decision-making skills.



Components of Across Ages

- Mentoring:
 - Older adults (ages 55+) recruited from community, trained and matched as mentors.
 - Mentors spend 2 hours/week in 1:1 contact
- Community Service:
 - Youth spend 1-2 hours per week in service which includes regular visits to frail elders in nursing homes
- Social Competence Training
 - Social Problem Solving Module of the Social Competence Promotion Program for Young Adolescents (Weissberg et. al. 1999):
- Family Activities
 - Monthly weekend events-social/cultural/recreational



Risk Factors for Targeted Youth

- Economically disadvantaged
- School failure
- Problem behavior in school
- Few positive adult role models
- Peer group engaged in risky behaviors
- Residence in communities with no opportunities for positive free-time activities
- Youth in kinship care due to birth parents inability to care for them, often due to incarceration or substance use



Evaluation Design of Across Ages

- Classic randomized pretest/posttest with control group design was used (Campbell & Stanley, 1969)
- Goal of evaluation was to test efficacy of the model as a whole and to tease out the effects of mentoring
- Group C: Received no intervention.
- Group PS: Limited intervention (Community Service, Social Competence Curriculum, Family Activities)
- Group MPS: Full intervention (Mentoring, Community Service, Social Competence Curriculum, Family Activities)
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Outcomes for Across Ages Youth

- Significant improvement in knowledge about and reactions to drug use;
- Significant decrease in substance use (alcohol, tobacco)
- Significant improvement in school-related behavior (increased school attendance, decreased suspensions)
- Significant improvements in attitudes toward school and the future
- Significant improvement in attitudes toward adults in general and older adults in particular
- Significant Improvement in well being
- LEVEL OF MENTOR INVOLVEMENT POSITIVELY RELATED TO IMPROVEMENT ON VARIOUS OUTCOMES MEASURES



Outcomes for Across Ages Families

- Increased participation in school-related activities
 - More positive communication with children
 - Engaged in more activities (positive) as a family
 - Gained access to community resources; and
 - Expanded support networks
- DATA COLLECTED FROM INTERVIEWS AND FOCUS GROUPS



Outcomes for Mentors

- ★ Increased feelings of self-worth
- ★ Expanded support networks
- ★ Collaborative problem solving
- ★ Increased social and volunteer activity
- ★ Improvement in relationships with other family members
- ★ Decreased concern and discussion about some physical complaints
- ★ Unanticipated enjoyment in activities with youth



Why Older Adults as Mentors?

- ★ Fastest growing segment of the population
- ★ More time available and a different relationship to time
- ★ Experience from a lifetime of work and caring for family
- ★ Life perspective rooted in survival
- ★ Life stage of generativity

AcrossAges®



Fidelity: What Cannot Be Changed

- Program Components (must do all four)
- Age and roles of the mentors (must be 55+years)
- Careful screening and training of mentors
- Training and orientation for ALL participants (youth, parents, school personnel)
- Continuing support and recognition of mentors
- Vigilant monitoring of the matches
- Written agreements (Memorandum of Understanding) between collaborating organizations
- Staffing ratio (minimum of 1 FTE for 30 youth-15/20 mentors; IDEAL is 1 FTE and 1 PT)



How Can the Program Be Modified?

- Community Service Activities
 - Not necessary to conduct nursing home visits BUT Activities MUST meet criteria established by AA (on-going, providing a direct service to others, time for reflection)
- Curriculum –
 - Another approved, evaluated curriculum can be used)
- Target Population
 - Understand what is culturally and age appropriate
- Setting –
 - Can be adapted to non-urban settings; not always effective in very rural settings



For More Information:

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