

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Say It Straight (SIS)

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

Say It Straight (SIS) is a communication training program designed to help students and adults develop empowering communication skills and behaviors and increase self-awareness, self-efficacy, and personal and social responsibility. In turn, the program aims to reduce risky or destructive behaviors such as substance use, eating disorders, bullying, violence, precocious sexual behavior, and behaviors that can result in HIV infection. SIS began as a school-based program for use in grades 3-12. Its application has been expanded to include students in detention and treatment, student mentors and mentees, parents, high-risk communities, adults in treatment, college students, and the homeless.

SIS is based in social learning and positive psychology, emphasizing values such as resiliency, courage, compassion, and integrity. The change process in SIS begins with the recognition of one's own disempowering behaviors and leads to awareness of one's own deepest wishes to choose empowering behaviors for wellness. These changes lead from relationships of submission and dominance to

1

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

relationships of equal value. Building on SIS's principle of "rooting diversity in sameness," participants learn to identify with others even when they may disagree or have differences with them. By using a technique called "body sculpting" and creating and acting in role-plays or "movies," they explore how they feel when they engage in empowering and disempowering communication/behavior. In body sculpting, the participants place their bodies in postures that intensify and make overt their internal experiences; for example, a begging posture can be used to represent placating. The movies enable participants to act out difficult interpersonal situations that are important in their lives (e.g., alcohol or drug abuse, drinking and driving, speeding, cheating, stealing, bullying, violence, vandalism, sexual behavior). Movies can be videotaped to give participants the opportunity to observe themselves. SIS also incorporates feedback, journaling, and small- and large-group discussion. Through these processes, participants learn that by empowering themselves, they gain respect and empower others.

2. Implementation considerations (if available)

In school settings, SIS is delivered in 5 to 10 sessions, each 45-50 minutes in duration. The sessions can be held once per week or on consecutive days. One or two trainers facilitate the program with groups as large as 35 students. With participants other than students, SIS is delivered in 5 to 15 sessions, 1-3 hours each, depending on group size and group needs.

3. Descriptive information

Areas of Interest	Mental health promotion Substance abuse prevention
Outcomes	1: Alcohol- and drug-related school suspensions 2: Intentions to use assertive refusal skills 3: Criminal offenses 4: Communication skills 5: Intentions to use assertive refusal skills in sexual situations
Outcome Categories	Alcohol Crime/delinquency Drugs Education Social functioning

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Ages	6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)
Gender	Male Female
Races/Ethnicities	Data were not reported/available.
Settings	School Other community settings
Geographic Locations	Urban Suburban Rural and/or frontier
Implementation History	SIS has been in use since 1982. It has been implemented in urban and rural schools in a number of States, as well as with Native American youth in schools and summer camps and with Native Canadian youth and adults. More recently, implementation has expanded to a broader range of settings and populations (e.g., HIV prevention and treatment; substance abuse treatment; developmentally challenged children and adults; juvenile justice; men and women in prison; the homeless). SIS has been used with a wide range of populations and age groups, ranging from pre-teenagers to older adults. Evaluations of SIS have been conducted with students starting in grade 3, and some implementations have included children in grade 2. One of the SIS studies reviewed in this summary was conducted in schools in high-risk areas (i.e., easy access to drugs, drug abuse, poor school performance, high drop-out rates), and some of the schools had large percentages of African American and Hispanic students (40% or higher). SIS also has been used in a number of countries outside the United States, including Canada, Costa Rica, Hong Kong, and Slovakia.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	All printed materials have been translated into Spanish. Some adaptations have been made to support SIS's expansion to a broader range of settings and populations (e.g., components originally developed for older students have been adapted for younger students).

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Universal Indicated

4. Outcomes

Outcome 1: Alcohol- and drug-related school suspensions

Description of Measures	Alcohol- and drug-related school suspensions (excluding those related to the use of tobacco) were monitored for all students in grades 5-9 in the city in which the intervention took place. This information was gathered by the school system's Auxiliary Services from the Office of the Superintendent.
Key Findings	Students who had received the intervention in either the current school year (grades 6-8) or the previous school year (grade 9) had a lower number of alcohol- and drug-related suspensions than students in the same grades who had not received the intervention ($p < .03$). No alcohol- or drug- related school suspensions were incurred by students in grade 5, whether or not they had received the intervention, so these students were dropped from the analysis.
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	3.4 (0.0-4.0 scale)

Outcome 2: Intentions to use assertive refusal skills

Description of Measures	This outcome was measured using the SIS Social Skills Situations Survey, a questionnaire based on Prince's Social Skills Situation Survey. Students were asked to indicate how they would respond to certain situations on a 6-point scale, with 1 indicating the most desirable response and 6 indicating the least desirable. (One study
--------------------------------	--

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

	<p>used a 4-point scale for students in grades 3-8.) Sample items include, "You are at a party. A close friend is smoking and offers you a cigarette," and "You have been standing in the ticket line at the movies for 20 minutes. Just as you get close to the box office, three people, whom you know only slightly from school, come up to you and ask if you would let them 'cut' in front of you." Students chose one of the following responses:</p> <ul style="list-style-type: none"> • 1 = I would say "no" and feel OK about it. • 2 = I would say "no" and feel somewhat bad about it. • 3 = I would say "no" and feel real bad about it. • 4 = I would say "yes" and feel real bad about it. • 5 = I would say "yes" and feel somewhat bad about it. • 6 = I would say "yes" and feel OK about it.
<p>Key Findings</p>	<p>In one study, students in grades 5-8 received a shortened form of the intervention over a 5- or 7- day period. Both the 5- and 7-day models were effective in increasing students' intentions to use assertive refusal skills and their comfort in doing so ($p < .0001$ to $p < .0094$, respectively). Further, an analysis of students who received a 10-day version of the intervention during the previous year revealed no significant difference in the change in scores as a function of length of the intervention.</p> <p>In a study that involved students in grades 9-12, those who received the 5-day version of the intervention showed a pre- to posttest increase in intentions to use assertive refusal skills. Findings were significant for students in 9th grade ($p < .0001$), 10th grade ($p < .0001$), and 12th grade ($p < .001$) and for female students in 11th grade ($p < .007$).</p> <p>In another study, students in grades 3-12, a small group of students in detention, and chemical dependency treatment students who received the intervention made gains from pre- to posttest in their willingness to use assertive refusal skills and in their comfort in doing so (p values ranging from $< .001$ to $< .048$ depending on grade level/group).</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Studies Measuring Outcome	Study 1, Study 2, Study 3
Study Designs	Quasi-experimental, Pre-experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

Outcome 3: Criminal offenses

Description of Measures	Offenses (e.g., assault, burglary, larceny, possession of stolen property, driving offenses, vandalism) committed by juveniles were monitored for a 2-year period by the police department in the city in which the study took place. As these offenses occurred, police recorded the type of offense, the birth date and grade of the offender, whether or not the offender had received the SIS intervention, and the date of the intervention, if applicable.
Key Findings	In a study with students in grades 9-12, the number of juvenile offenders was lower among students who received the intervention than among students who did not, both during the 7-month period after the intervention (the rest of the school year and following summer months; $p = .008$) and during the second post-intervention period (spanning the next school year and following summer months; $p = .011$). In addition, an analysis was conducted to compare the rate of offenses between one group of 9th graders who had received the intervention and another group of 9th graders from the following school year who did not receive the intervention, using an equivalent time period. As with the same-year analyses, the number of students committing offenses was lower in the intervention group than in the comparison group ($p = .015$).
Studies Measuring Outcome	Study 2
Study Designs	Quasi-experimental
Quality of Research Rating	3.5 (0.0-4.0 scale)

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Outcome 4: Communication skills

Description of Measures	<p>The communication skills of parents and other adults participating in the intervention were measured using the self-report SIS Communication Skills Questionnaire. The questionnaire consisted of 29 statements representing effective and ineffective communication styles, such as the following:</p> <ul style="list-style-type: none"> • Placating (e.g., "I don't honor my deepest wishes," "I give a lot of excuses") • Passive-aggressive (e.g., "I appear to go along, but I carry resentments," "I say yes, but silently I add 'you'll pay for this'") • Blaming, bullying (e.g., "I put people down," "I ridicule or get sarcastic") • Irrelevant (e.g., "I distract," "I change the subject") • Super-reasonable (e.g., "I play smart," "I don't state my feelings") • Saying it straight (e.g., "I respect myself and others," "I express caring and support for my loved one, not necessarily for his or her behavior") <p>For each item, respondents indicated the degree to which the statement described their communication style, using a 5-point scale ranging from "not at all" to "very much."</p>
Key Findings	<p>Parents and other adults who received the intervention showed pre- to posttest decreases in ineffective communication styles (placating, $p < .001$; passive-aggressive, $p < .001$; blaming/bullying, $p < .001$; irrelevant, $p < .002$; and super-reasonable, $p < .001$) and an increase in effective communication (saying it straight, $p < .01$).</p>
Studies Measuring Outcome	Study 3
Study Designs	Pre-experimental
Quality of Research Rating	2.6 (0.0-4.0 scale)

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Outcome 5: Intentions to use assertive refusal skills in sexual situations

<p>Description of Measures</p>	<p>For high school students (grades 9-12) in a few of the participating schools, five items pertaining to sexual behavior were added to the SIS Social Skills Situations Survey. These items were:</p> <ul style="list-style-type: none"> • You are with your friend. Your friend says "Let's do it" (meaning have sex) and you don't want to. • You are with your friend. Your friend says "Let's do it" and you know that neither of you have protection. • Suppose you are in this situation and you said "no," but your friend pressures you with sweet- talk. • Suppose you are in this situation and you said "no," but your friend starts getting angry. • Suppose you are in this situation and you said "no," but your friend gives you an ultimatum: "Either we do it now or you can forget me." <p>To respond to each question, students chose one of the following responses:</p> <ul style="list-style-type: none"> • 1 = I would say "no" and feel OK about it. • 2 = I would say "no" and feel somewhat bad about it. • 3 = I would say "no" and feel real bad about it. • 4 = I would say "yes" and feel real bad about it. • 5 = I would say "yes" and feel somewhat bad about it. • 6 = I would say "yes" and feel OK about it.
<p>Key Findings</p>	<p>From pre- to posttest, high school students receiving the intervention showed an increase in their intentions to use assertive refusal skills to avoid risky sexual behavior and their comfort in doing so ($p < .002$).</p>
<p>Studies Measuring Outcome</p>	<p>Study 3</p>
<p>Study Designs</p>	<p>Pre-experimental</p>
<p>Quality of Research Rating</p>	<p>3.2 (0.0-4.0 scale)</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties
Garfield, Snohomish	

8. Study populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood) 13-17 (Adolescent)	Data not reported/available	Data not reported/available
Study 2	13-17 (Adolescent)	51.6% Male 48.4% Female	Data not reported/available
Study 3	6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)	51.8% Female 48.2% Male	Data not reported/available

9. Quality of studies

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Study 1

Englander-Golden, P., Elconin, J., Miller, K. J., & Schwarzkopf, A. B. (1986). Brief SAY IT STRAIGHT training and follow-up in adolescent substance abuse prevention training. *Journal of Primary Prevention*, 6(4), 219-230.

Study 2

Englander-Golden, P., Jackson, J. E., Crane, K., Schwarzkopf, A. B., & Lyle, P. (1989). Communication skills and self-esteem in prevention of destructive behaviors. *Adolescence*, 24(94), 481-502.

Study 3

Englander-Golden, P., Golden, D. E., Brookshire, W., Snow, C. P., Haag, M. S., & Chang, A. T. S. (1996). Communication skills program for prevention of risky behaviors. *Journal of Substance Misuse*, 1, 38-46.

Supplementary Materials

Englander-Golden, P., & Golden, D. E. (1999). Report to the U.S. Department of Education Expert Panel on Safe, Disciplined, and Drug Free Schools. Document #99D045.

Springer, J. F. (2007). Say It Straight Communications and Behavior Questionnaire: Reliability analysis. In D. Golden & P. Englander-Golden, Building evaluation capacity for evidence-based interventions: Second quarterly report. Report submitted to the Center for Substance Abuse Prevention.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Alcohol- and drug-related school suspensions	3.5	3.5	3.5	3.8	2.3	3.8	3.4
2: Intentions to use assertive refusal skills	3.3	3.0	3.7	1.9	2.2	3.6	2.9
3: Criminal offenses	3.5	3.5	3.8	3.8	3.0	3.8	3.5
4: Communication skills	3.0	2.0	3.5	2.0	2.5	2.5	2.6
5: Intentions to use assertive refusal skills in sexual situations	3.3	3.3	3.5	3.0	2.8	3.5	3.2

Study Strengths

The measures generally were reliable and had, at a minimum, face validity. The authors present compelling documentation of fidelity, demonstrating that considerable time and attention were dedicated to assuring fidelity of implementation. Previous fidelity assessments had helped to identify common implementation problems and yielded approaches to avoid and correct them, including a fidelity guide that became part of the training packet. For some studies and outcomes, attrition was low. There were no missing data in the analyses of the outcomes dealing with criminal offenses and school-related suspensions since all trained and untrained students were included. Most analyses were appropriate for the study design, the data collected, and the outcomes assessed.

Study Weaknesses

Attrition was high for the three self-report outcomes measured using surveys, although it was low for the behavioral outcomes measured using school data and police reports. In two of the three studies reviewed, no analyses were reported focusing on the potential effects of this attrition or describing differences between students retained and students lost to attrition. In all three studies, missing data and methods to address missing data were not described. One study used a weak one-group pretest/posttest design. Major confounds include the voluntary nature of participation in the intervention, across-study

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

variations in the instrument measuring students' intentions and comfort with good decision-making, and the infeasibility of random assignment to study conditions. The use of multiple t-tests may have compounded the error factor in the analyses. For the two studies with a quasi-experimental design, the statistical tests used were not the most appropriate given the difference in sample sizes.

10. Readiness for Dissemination

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Dissemination Materials

Englander-Golden, P. (2006). *Say It Straight: Training in straightforward communication (early elementary)*. Carlsbad, CA: Say It Straight Foundation.

Englander-Golden, P. (2009). *Say It Straight: Family-community series [DVD]*. Englander-Golden, P. (2009). *Say It Straight: In the classroom [DVD]*. Englander-Golden, P. (2009). *Say It Straight: Student support groups [DVD]*.

Englander-Golden, P., & Golden, D. E. (2003). *Say It Straight: Training in straightforward communication (middle school)*. Carlsbad, CA: Say It Straight Foundation.

Englander-Golden, P., & Golden, D. E. (2006). *Say It Straight: Training in straightforward communication (elementary school)*. Carlsbad, CA: Say It Straight Foundation.

Englander-Golden, P., & Golden, D. E. (2009). *Say It Straight trainer manual: Training in straightforward communication for family-school- community*. Carlsbad, CA: Say It Straight Foundation.

Englander-Golden, P., & Golden, D. E. (2009). *Say It Straight: Training in straightforward communication (adult)*. Carlsbad, CA: Say It Straight Foundation.

Englander-Golden, P., & Golden, D. E. (2009). *Say It Straight: Training in straightforward communication (high school)*. Carlsbad, CA: Say It Straight Foundation.

Posters:

- Bullying or Blaming
- How Do You Feel?
- Irrelevant

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

- Passive-Aggressive
- Placating
- Positive Support
- Saying It Straight
- Super-Reasonable
- Temperature Reading

Questionnaires:

- Communication/Behavior Questionnaire
- Pretest/Posttest for Grades 3-5
- Pretest/Posttest for Grades 6-8
- Pretest/Posttest for Grades 9-12
- Quality of Life Questionnaire--Family
- Quality of Life Questionnaire--Group
- Stay It Straight Feedback

Say It Straight Foundation. (1994). Say It Straight challenge for ages 9 to adult: Three to eight players/actors take turns making movies. Carlsbad, CA: Author.

Say It Straight Web site, <http://www.sayitstraight.org>

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
2.8	3.1	3.3	3.0

Dissemination Strengths

A nicely formatted, scripted manual outlines each session and includes specific hints for accomplishing tasks with participants. Participant workbooks are available for various grade levels to assist leaders in program delivery. Several well-made videos are also available to support implementation. The developer offers training and ongoing assistance to interested sites. Measures for assessing participant outcomes are provided to support quality assurance.

Dissemination Weaknesses

Some student materials include concepts or text that may be above typical reading and comprehension levels for the suggested grade levels noted on the workbooks. No information is provided to site administrators on organizational or personnel requirements. Some session content could be difficult for participants who have experienced abuse, warranting additional leader training in addressing trauma issues. While fidelity is addressed in the training-of-trainers workshop and trainer manual, no tools or measures are provided to directly assess fidelity and ensure adherence to the model.

11. Costs (if available)

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Program Developer
Trainer manual (includes all quality assurance tools except age-specific pretests/posttests)	\$250 each	Yes
Age-specific workbook/journal	\$6.75-\$11.50 each	Yes
Posters (nine)	\$15 per set; reproducible	Yes

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Say It Straight Challenge Game	\$25 each	No
Guided visualization audio CD	\$20 each	No
Training DVDs (three)	\$50 each (\$135 per set)	No
3-day training-of-trainers workshop (includes all implementation and quality assurance materials and sample workbooks)	\$850 per participant	Yes
Review and evaluation process to certify a Master Trainer-of-Trainers	\$750 per participant	Yes
Age-specific pretests/posttests (four)	\$10 each (\$40 per set); reproducible	No

12. Contacts

For information on implementation:

Paula Englander-Golden, Ph.D.
(512) 983-4459
paulaeg@sayitstraight.org

For information on research:

David E. Golden, Ph.D.
(512) 983-4459
daviddeg@sayitstraight.org

Learn More by Visiting: <http://www.sayitstraight.org>