IPSY - life skills training with discussions on school context and learning climate [1]

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At a glance

Country of origin: Germany
Added to registry: Wednesday, October 18, 2017 - 10:45
Target group: Children aged 11-14 years
Age group: 11-14 years
Programme setting(s): School
Level(s) of intervention: Universal intervention

The life skills programme IPSY (Information+Psychosocial Competence=Protection) is a comprehensive programme for the prevention of adolescent misuse of licit substances such as alcohol and tobacco. It follows a universal programme strategy, combining the promotion of generic intra- and interpersonal life skills with training in skills related to substance use. Moreover, it transmits knowledge concerning alcohol and tobacco use as well as about advertising strategies and structuring one's leisure time. IPSY also includes lessons explicitly focusing on school; these modules aim to encourage the participation of the students in discussions on school-related issues. The basic manual was designed for students in grade 5 (10 years old) and consists of 15 lessons lasting either 90 or 45 minutes with two booster sessions, each consisting of seven lessons, for grades 6 and 7 (11-12 years old). The programme takes place in schools and is implemented by teachers who have participated in a one-day facilitator training course before the implementation of the programme each year.

Keywords: No data

Overview of results from the European studies

Last reviewed: Wednesday, October 18, 2017
Evidence rating: Likely to be beneficial
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About Xchange ratings

**Beneficial:** Interventions for which significant effects for most outcomes\(^1\) are in favour of the intervention as found in randomised controlled trials (RCTs) or experimental design studies of good quality in Europe. An intervention ranked as ?beneficial? is suitable for most contexts.

**Likely to be beneficial:** Interventions for which the effects for most outcomes\(^1\) are in favour of the intervention as found in evaluation studies of acceptable quality in Europe and for which the evidence is therefore limited. An intervention ranked as ?likely to be beneficial? is suitable for most contexts, with some discretion.

**Likely to be partially beneficial:** Interventions for which the effects for some outcomes\(^2\) are in favour of the intervention as found in evaluation studies of acceptable quality in Europe and for which the evidence is therefore limited and partial. An intervention ranked as ?likely to be partially beneficial? is suitable with caution, and should be tested in more contexts.

**Unknown effectiveness:** Interventions for which the effects for a few outcomes\(^3\) are in favour of the intervention as found in evaluation studies of acceptable quality in Europe, making it difficult to assess if they are effective or not.

**Evidence of ineffectiveness:** Interventions that gave no or negative results in evaluation studies of acceptable quality in Europe.

Not included in Xchange are interventions for which there are no evaluation studies of acceptable quality in Europe, notwithstanding ratings of their effectiveness in other continents.

\(^1\) Generally this would be more than 50% of measures. It would also be based on most relevant, e.g. some effects on child outcomes, and not only effects on parent outcomes

\(^2\) For example there is an effect only on parent outcomes or only about 30% of outcomes

\(^3\) There is a positive effect on less than 20% of outcomes or a negative effect

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Studies overview:

The programme has been evaluated in two quasi-experimental studies in Germany, involving children with a mean age of about 10 years, and one cluster randomised controlled trial (RCT) conducted across Germany and Italy, involving children with a mean age of about 11 years.

In one of the quasi-experimental studies in Germany, there was a statistically significant positive impact on 30-day self-reported frequencies of beer, wine and mixed drinks consumption at one and two year follow-ups (but not at post-test). Two years after the booster sessions of the programme ended (four years after the programme ended), there was a statistically significant effect favouring the intervention in terms of reduced smoking and illicit drug use but no effect on alcohol consumption.

The other German study compared a teacher-led and a student-led version of the intervention to a control condition. At post-test, the frequency and prevalence of self-reported alcohol use was higher in the peer-led version, compared to the teacher-led version and the control condition (this difference was statistically significant). There was no intervention effect on resistance skills towards the offer of alcoholic drinks by peers, and there was also no effect on smoking at post-test. However, students? expectations about whether they would use cigarettes regularly in the future were lower in students in the teacher-led condition compared to those in the peer-led and control conditions. In addition, students who participated in the
teacher-led version of the programme became more resistant to offers of cigarettes (but not alcoholic drinks) compared to students in the other two conditions. Two years after the intervention, the effects were similar. These effects were statistically significant.

In the cross-country RCT, the programme had a positive effect on some alcohol-related outcomes in Germany at post-test; specifically, there was a statistically significant effect favouring the intervention on self-reported expected alcohol use during the next 12 months. However, there were no statistically significant differences between conditions at post-test in: self-reported positive cognition towards alcohol use; self-reported 30-day frequency of beer, wine, mixed drinks or spirits; and self-reported consumption quantity of beer, wine, mixed drinks or spirits. There was also a statistically significant effect favouring the intervention in Germany at post-test on three out of nine variables measuring relevant risk and protective factors: resistance to peer pressure; knowledge of assertive behaviours; and school involvement. There were no statistically significant effects on the other six variables: self concept of assertiveness towards groups; self concept of appreciation from others; self concept of general self-esteem; self concept of general problem solving; knowledge of speaker rules; and knowledge of listener rules. There was also a one-year follow-up (participants in the intervention condition were offered seven booster sessions during this period), at which point there was a statistically significant effect favouring the intervention on knowledge of assertive behaviours, resistance/susceptibility to peer pressure, school involvement, expected regular alcohol use during the next 12 months and 30-day frequency of wine consumption.

In the sample in Italy, there was a statistically significant effect at post-test favouring the intervention on consumption quantity of wine, but there were no effects on any of the other seven behaviour variables or the nine variables representing relevant risk and protective factors. There were no effects on any outcome at follow-up.

References of studies


Protective factor(s):
Individual and peers: refusal skills

Xchange Risk factor(s):
No defined Risk factors

Outcomes targeted:
Alcohol use
Use of illicit drugs
Smoking (tobacco)

Description of programme:

The life skills programme IPSY is a comprehensive programme for the prevention of adolescent misuse of licit substances such as alcohol and tobacco. It is based on the World Health Organization’s life skills approach, as well as on theories and empirical findings concerning the aetiology of adolescent substance use and associated risk and protection factors. It follows a universal programme strategy, combining the promotion of generic intra- and interpersonal life skills (e.g. communication skills, problem solving, coping with anxiety and stress, assertiveness, etc.) with training in skills related to substance use (e.g. refusal skills).

Moreover, it transmits knowledge concerning alcohol and tobacco use (e.g. the short-term consequences of substance use, actual prevalence rates) as well as about advertising strategies and structuring one’s leisure time. In addition, in contrast to many other life skills programmes, IPSY also includes lessons explicitly focusing on school, namely on students’ experiences in and their attitudes towards school, on positive and negative aspects of school and learning, and on learning methods and balancing school and leisure. These modules aim to encourage the participation of the students in discussions on school-related issues and to have positive influences on a school context and on school bonding.

The basic manual was designed for students in grade 5 (10 years old) and consists of 15 lessons lasting either 90 or 45 minutes with two booster sessions, each consisting of seven lessons, for grades 6 and 7 (11-12 years old). The programme takes place in schools and is implemented by teachers who have participated in a one-day facilitator training course before the implementation of the programme each year. IPSY uses interactive teaching methods (e.g. role-play, group discussions) that enable teachers and classmates to get to know each other and to establish close relationships. Furthermore, the programme focuses on positive reinforcement strategies and resource-oriented teaching.


Links
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