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Biglan, A., Severson, H., Ary, D.V., Faller, C., Gallison, C., Thompson, R., Glasgow, R., & Lichtenstein, E. (1987). Do smoking prevention programs really work? Attrition and the internal and external validity of an evaluation of a refusal skills training program. *Journal of Behavioral Medicine, 10*, 159-171.

**Abstract:** The authors investigated the effects of a smoking prevention program that emphasized refusal skills training on 1,730 adolescents in 3 high schools and 6 middle schools. They also examined the effects of attrition on the internal and external validity of the study. Although the results indicate an apparent effect of the program at the 1-yr follow-up in deterring continued smoking among those who were smoking at pretest, this result may have been due to a higher rate of attrition among high-rate smokers in the treatment condition than in the control condition. Attrition also affected external validity. Across both conditions, Ss who were smoking at pretest and who were at risk to smoke were more likely to be missing at follow-up. However, the program had an effect on the refusal skills of participants, and differential attrition did not jeopardize the validity of this effect.

Glasgow, R.E., Terborg, J.R., Hollis, J.F., Severson, H.H., Fisher, K.J., Boles, S.M. (1994). Modifying dietary and tobacco use patterns in the worksite: The Take Heart Project. *Health Education Quarterly, 21*(1), 69-82.

**Abstract:** Describes the conceptual basis, design, and intervention approach for the Take Heart Project, a worksite-based heart disease risk reduction project. The authors present descriptive data on baseline characteristics for 26 worksites participating in either the early intervention or the delayed intervention after 1 and 2 years of intervention. Investigators designed the trial to produce changes at both the organizational and employee level on tobacco use, dietary fat intake, and serum cholesterol. Worksite recruitment criteria, motivational and incentive intervention activities, the use of employee steering committees, and organizational and employee characteristics are examined.

Lichtenstein, E., Biglan, A., Glasgow, R.E., & Severson, H. H. (1990). The tobacco use research program at Oregon Research Institute. *British Journal of Addiction, 85*, 715-724.

**Abstract:** Examines a research program that deals with both adolescent and adult tobacco use. The program is guided by a behavioral framework and emphasizes the role of the social context in tobacco use onset, maintenance, and cessation. Growing appreciation of the importance of social context variables, combined with an emerging recognition of the need for a public health rather than clinical perspective on tobacco use, have led to a focus on interventions in larger social systems such as schools, worksites, health care plans, and communities.

Severson, H. H., & Biglan, A. (1989). Rationale for the use of passive consent in smoking prevention research: Politics, policy, and pragmatics. *Preventive Medicine, 18*, 267-279.

**Abstract:** The empirical evaluation of school-based smoking prevention programs requires a broad sampling of subjects who are exposed to treatment or control conditions. The low

base rate of ongoing smoking among young adolescents, the slow increase in smoking rates, and concerns about the representativeness of samples make it imperative that assessment of smoking and drug use include almost all students. Positive consent procedures outlined by regulations for the protection of human subjects (Department of Health and Human Services. Code of Federal Regulations. Part 36: Protection of Human Subjects. #45 CFR 46, 1983) require parental permission for minors to participate in a research project. However, those subjects at highest risk to smoke are least likely to have parental consent for such a project. Low participation rates and subject selection bias are serious threats to the external validity of studies that use a positive consent procedure. With passive consent, parents respond only if they wish to withhold consent: a nonresponse is interpreted as approval of their child's participation. The subject retains the right to consent or decline participation. Four criteria must be met to waive the requirement of positive parental consent. The passive consent procedure, as used in smoking prevention research, meets those criteria. Data are presented that support the use of this procedure. Research is recommended to examine how consent procedures can affect the results of prevention studies.

Severson, H. H., Glasgow, R., Wirt, R., Brozovsky, P., Zoref, L., Black, C., Biglan, A., Ary, D., & Weissman, W. (1991). Preventing the use of smokeless tobacco and cigarettes by teens: Results of a classroom intervention. *Health Education Research, 6*, 109-120.

**Abstract:** The purpose of this study was to evaluate the efficacy of a school-based smokeless tobacco (ST) and cigarette smoking prevention/cessation program. This multi-component intervention program was delivered by regular classroom teachers or same age peer leaders, and was presented to intact classrooms in randomly assigned schools. The program emphasized refusal skills training. A total of 2,552 students in 13 middle schools and 9 high schools began the study and 1,768 were assessed at 1-year follow-up. The intervention had a beneficial effect of reducing ST use among males, especially at the middle school level. Analyses failed to reveal a positive intervention effect on cigarette smoking. Attrition analyses revealed few problems with internal validity, but strong and consistent differences between subjects available for follow-up assessment and those not assessed. These results provide limited support for the efficacy of the ST intervention program, but also suggest the need for different types of intervention programs capable of impacting a larger percentage of high-risk adolescents.