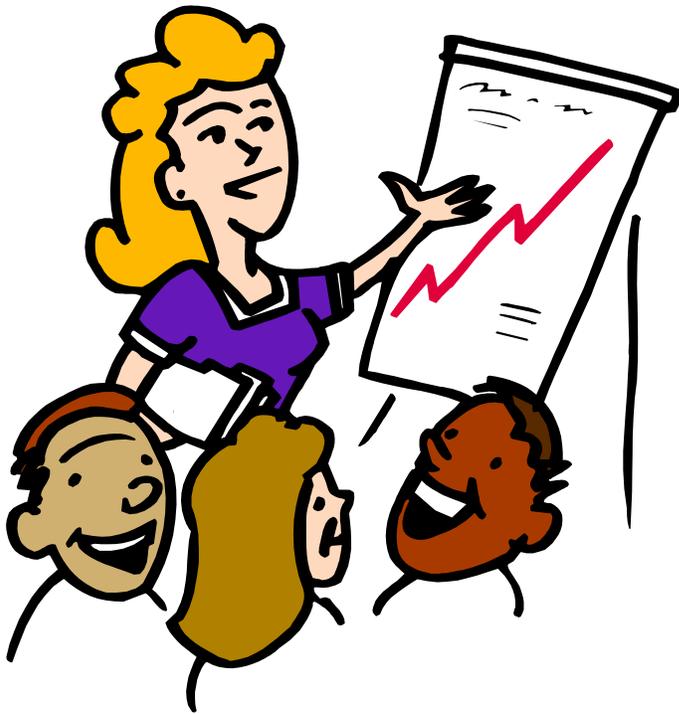




Technical Assistance Sampler

A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning



This document is a hardcopy version of a resource that can be downloaded at no cost from the Center's website
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This Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the
School Mental Health Project, Dept. of Psychology, UCLA.

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Alphabetical Listing of the Sample of Programs

PREFACE



We all know that public schools are under constant attack because of poor outcomes. There is tremendous pressure on policy makers and practitioners to reform and restructure schools in ways that quickly increase student achievement test averages. That pressure has resulted in major changes in curricula and the way knowledge is acquired and skills are taught. Significant alterations also are being made in the way school resources are managed and governed. Unfortunately, data to guide reforms are sparse. Thus, policy makers and practitioners are caught in a conundrum. They want to adopt proven practices, but available data, at best, only suggest promising directions. Moreover, the best practices may not yet have been identified, never mind formally evaluated. This is especially the case for approaches used to address barriers to student learning.

Despite all the efforts to improve schools, little attention has been paid to reforming and restructuring school-based and linked activities focused on various factors that interfere with youngsters' performance and learning. Programs and services to address such factors have emerged in a piecemeal manner with funding designated categorically. The result has been widespread fragmentation and continuing marginalization of intervention planning, implementation, and evaluation.

In a few places, schools are beginning to face up to the need for reform related to addressing barriers to student learning. In doing so, they are moving toward comprehensive, multifaceted, and integrated approaches that involve major rethinking of intervention strategies and large-scale systemic restructuring. These pioneering efforts cannot be based on proven practices; they must justify new directions by extrapolating from the available literature. For the most part, this means drawing inferences from interventions, evaluations, and outcome data that are extremely limited in nature and scope.

The purpose of this sampler is to highlight the promise of interventions that might be of value to schools as they design major reforms to better address barriers to student learning. To accomplish this in ways that support the trend away from piecemeal interventions, a framework for a comprehensive, multifaceted, and integrated approach has been used to organize our sampling of interventions. This document can also be used as a resource aid by anyone looking for outcome data to guide and justify work in any of the specific areas sampled.

This sampler is a work in progress. We invite you to inform us of other major findings that should be included in subsequent revisions. (Also, let us know if we have cited work that doesn't warrant inclusion.)



I. Introduction:

The Importance of Outcomes and Caveats about Outcome Evaluation

How effective is the intervention?

Do you have data to support that approach?

Where's your proof?

These questions are so logical and simple to ask. The problem is that such questions imply that relevant data are easy to gather, and so if data aren't available, the intervention must be ineffective. Usually ignored by the questioners are the many complexities associated with valid and ethical evaluation of major mental health and psychosocial problems.

Finding out if an intervention is any good is a necessity. But in doing so, evaluation is not simply a technical process. The processes involve decisions about what to measure and how to measure it, and these decisions are based in great part on values and beliefs. As a result, limited knowledge, bias, vested interests, and ethical issues constantly influence the descriptive and judgmental processes and shape the decisions made at the end of the evaluation. Ultimately, the decisions made affect not only individuals but the entire society.

Every practitioner is aware of the importance of having data on *results*. All interveners want to be accountable for their actions and outcomes. But *it is* complicated.

Fundamental dilemmas stem from the limited validity and focus of available measures and the tendency for those demanding accountability to have inappropriate expectations that there can be rapid improvement even though youngsters and their families are experiencing severe and pervasive problems. Most widely sanctioned evaluation instruments are quite fallible. Moreover, they are designed to measure results that require a lengthy course of intervention, thereby giving short shrift to immediate benefits (benchmarks) that are essential precursors of longer-range improvements. Ironically, demands for accountability tend not to take responsibility for the negative consequences that formal assessment has on some participants. Accountability pressures increasingly require the gathering of a significant amount of data during the first session; many practitioners note that this practice interferes with building positive relationships and contributes to what is already too high an intervention dropout rate.

In pursuing comprehensive approaches, Michael Knapp (1995) stresses that researchers and evaluators confront extremely difficult challenges.

*These challenges appear in the interaction of multiple professional perspectives, specification of independent and dependent variables, attribution of effects to causes, and sensitive nature of the programmatic treatment. Given limited knowledge about these complex interventions, they will best be understood through studies that are strongly conceptualized, descriptive, comparative, constructively skeptical, positioned from the bottom up, and (when appropriate) collaborative.**

The complexity also is emphasized by Sid Gardner (1999). He notes:

...outcomes can mean measures of the performance of a single program or broad measures of the community's well-being... We differentiate among six levels of outcomes: client, program, agency, system, cross-systems, and community....

He then cautions that:

Outcomes development can be done wrong - both at program and at community levels. To mandate outcomes from top-down, without regard to the views of the workers and clients most directly affected, or to compel use of outcomes without regard for external factors that would affect an agency's ability to achieve outcomes, will both create negative reactions to outcomes as benchmarks for performance. We use two simple questions to frame these issues in our work with agencies and communities:

- 1. What are fair measures of the work you do every day to help your clients?*
- 2. Who do you need to succeed? Which other agencies' resources need to be added to yours in order to achieve the outcomes you have set for your work?****

*M.S. Knapp (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher*, 24, 5-16.

***S. Gardner (1999), Beyond collaboration to results: Hard choices in the future of services to children and families. Pub. by the Arizona Prevention Resource Center & The Center for Collaboration for Children. (Contact info: Ph: (714) 278-3313 or visit <http://hdcs.fullerton.edu/cc/index.htm>)

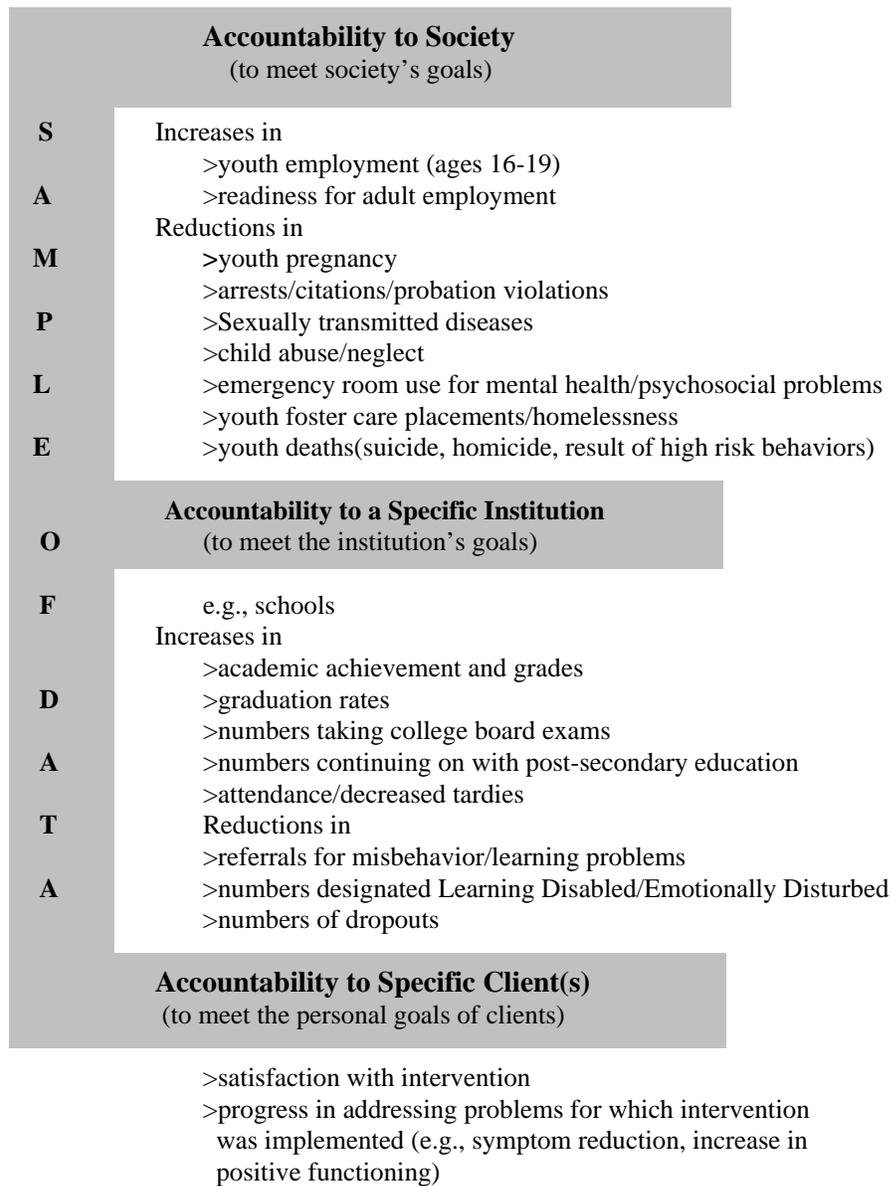
On the following pages, Exhibits A and B provide examples of the types of outcomes that are relevant in evaluating efforts to address barriers to learning.

Exhibit A
A WIDE-RANGE OF OUTCOMES

In a seminal article on the evaluation of outcomes, Strupp and Hadley (1977)* stress how different the expectations of society and its institutions often are from those of individuals. Thus, it is imperative to understand accountability from the perspective of the various parties with special interests in the results of interventions. For our purposes in illustrating the range of outcomes that might be useful, we stress (a) the *society* in general and the *institution of schooling* in particular and (b) those specific *youngsters and their families* who are the direct focus of intervention efforts.

Accountability to Society and to the Institution of Schooling

Society looks at the following types of general indicators to evaluate whether efforts related to psychosocial and mental health concerns are paying appropriate dividends. (Note: Not included are indicators of negative effects that may accrue for any of the parties (e.g., the many psychological, social, and economic costs). Clearly, data on these matters are essential -- although they tend to be ignored in many so-called results-oriented demands for accountability.)



*H.H. Strupp & S.M. Hadley (1977). A tripartite model for mental health and therapeutic outcomes with special reference to negative efforts in psychotherapy. *American Psychologist*, 32, 187-196.

Exhibit A: A WIDE-RANGE OF OUTCOMES (cont.)

Accountability to Specific Youngsters and Families

- Those who work in school districts to provide programs and services related to psychosocial and mental health concerns also are accountable to the specific individuals they help. For individuals who must deal with major barriers, many outcome measures are only good indicators of progress after a lengthy period of multifaceted, comprehensive, integrated intervention. More immediate accountability indicators are needed to demonstrate progress related to objectives that are the current and direct focus of psychosocial and mental health interventions (e.g., reductions in symptoms; enhanced motivation and psychological and physical well-being). Because data on such specific objectives are not readily available, the problem of *generating* relevant data arises -- as do some serious dilemmas. Efforts to answer the following questions lead to an appreciation of the many problems and issues.

What are the right indicators?

Endless arguments arise over indicators when they are discussed in highly *specific* and *concrete* terms. At a more abstract level, there is considerable agreement around three general categories: (1) client satisfaction (the youngster; the family), (2) reduction in the youngster's symptoms/problem behaviors, and (3) increases in positive functioning (the youngster; the family).

*How can appropriate **specific** and **concrete** indicators be identified for particular clients?*

The dilemmas that arise here reflect the problem of "Who is the client?" -- the youngster? the family? a teacher who made the referral? Additional dilemmas arise because the various involved parties often have different perspectives regarding what problems should be addressed. (And, of course, the intervener may have even another perspective.) A reasonable compromise is to gather evaluative data related to (1) the specific symptoms and behavior problems that led to the referral, (2) any objectives that the client wants help in achieving, and (3) specific objectives that the intervener believes are warranted and that the client consents to add.

Exhibit B Measuring Mental Health Outcomes

From: A. Rosenblatt and C.C. Attkisson (1993). A Brief Highlight from Assessing Outcomes for Sufferers of Severe Mental Disorder: A conceptual Framework and Review, *Evaluation and Program Planning*, 16, 347-363.

In light of the challenges facing the field of outcome research related to mental health services, a conceptual framework is presented to classify the outcomes of services for sufferers of severe mental disorders. This classification framework integrates 3 dimensions: (a) the respondent type, (b) the social context, and (c) the domain of treatment outcomes based on the need for multiple measures and approaches to measuring outcomes for persons suffering from severe mental disorders.

The conceptual framework consists of five respondent types (who), four behavioral/social contexts of measurement (where), and four domains of treatment outcomes (what) which are graphically represented in Figure 1:

Respondent types -- measures of outcomes must reflect a range of social perspectives: client, family, social, clinician, and scientist

Behavioral/social contexts of measurement -- measures must be taken in the context of all areas of functioning: individual/self, family, work/school, community

Domains of treatment outcomes -- measures should cover all domains: clinical status, functional status, life satisfaction & fulfillment, safety & welfare

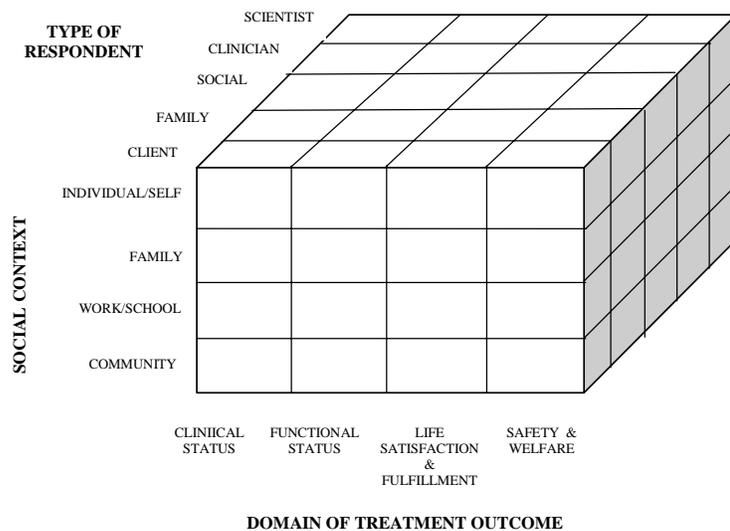


Figure 1. A model of the dimensions of outcome measurement for mental health services research

This conceptual framework is useful in classifying and evaluating the usefulness of outcome measures, for example, who provides the data for the measure, what is the relevant social context, and what is the domain of treatment outcome?

II. Outcomes in Broad Perspective: A Framework

In large school districts, one finds an extensive range of preventive and corrective activity oriented to students' problems. Some programs are provided throughout a district, others are conducted at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at-risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. The full range of topics arise, including matters related to promoting health, development, and minimizing the impact of psychosocial problems. It is common knowledge, however, that few schools come close to having enough resources to handle a large number of students experiencing barriers to learning. Most schools offer only bare essentials.

In our work,* we stress that a comprehensive set of programs to address barriers and enhance healthy development must be woven into the fabric of every school. Schools need to link all activity for enabling learning in ways that maximize use of limited school/community resources.

As illustrated on the following page, enabling activity can be clustered into six basic areas that address barriers to learning and enhance healthy development. The six areas encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach for greater community involvement and support -- including recruitment of volunteers. By working to develop a comprehensive, multifaceted, and integrated approach, every school can transform how communities and their schools address barriers to learning and enhance healthy development.

*See:

Mental Health in Schools and School Improvement: Current Status, Concerns, & New directions (2008).

Adelman, H.S. & Taylor, L. (2006). The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning. Thousand Oaks, CA: Corwin Press.

Adelman, H.S. & Taylor, L. (2006). The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning. Thousand Oaks, CA: Corwin Press

Adelman, H.S., & Taylor, L. (2007). Fostering School, Family, and Community Involvement. Guidebook in series, Safe and Secure: Guides to Creating Safer Schools. Portland, OR: Northwest Regional Educational Laboratory & Hamilton fish Institute.

Adelman, H.S. & Taylor, L. (2008). School-wide Approaches to Addressing Barriers to Learning and Teaching. In B. Doll & J. Cummings (Eds), *Transforming School Mental Health Services: Population-based Approaches to Promoting the Competency and Wellness of Children*. Corwin Press.

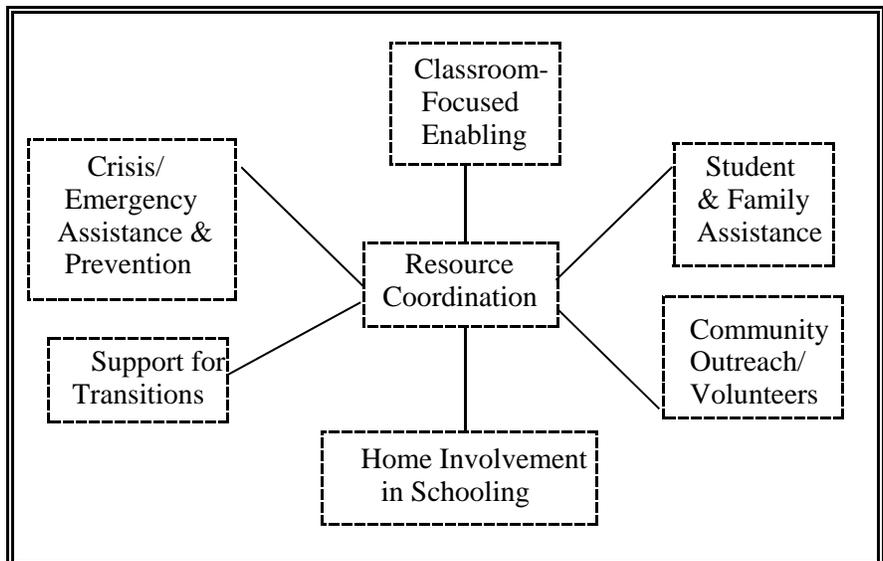
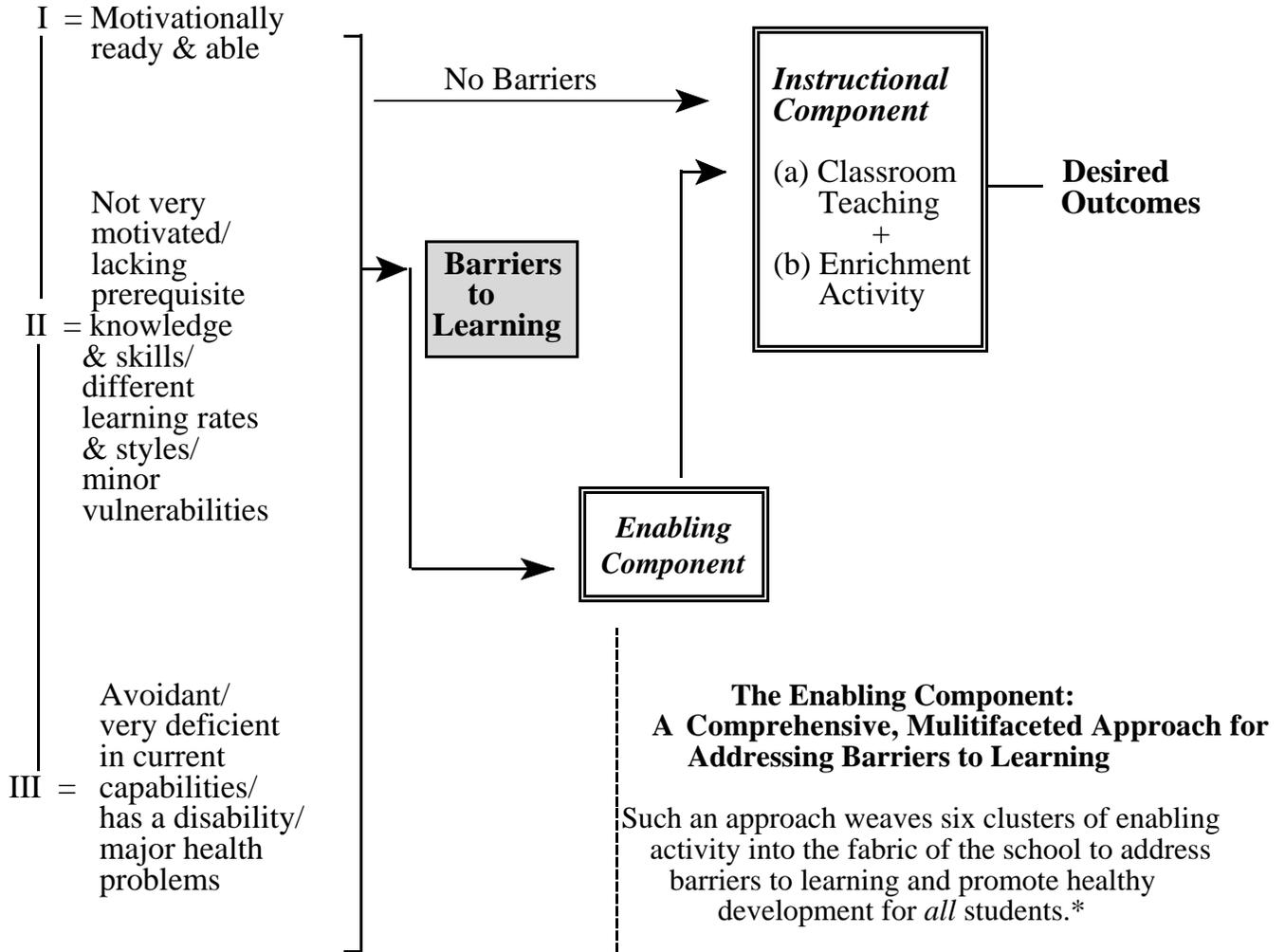
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- Center for Mental Health in Schools (1996). *Policies and practices for addressing barriers to student learning: Current status and new directions*. Los Angeles, CA. Available by contacting the Center at the Dept of Psychology, UCLA, Los Angeles, CA 90095-1563
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- H.S. Adelman & L. Taylor (1999). Mental health in schools and system restructuring. *Clinical Psychology Review*, 19, 137-163.

Figure. Addressing barriers to student learning: A framework.

Range of Learners

(categorized in terms of their response to academic instruction)



*The six program areas outlined here are used throughout this document to guide the sampling of programs.

As indicated in the preface, the purpose of this sampler is to highlight the promise of interventions that may be of value to schools as they design major reforms to better address barriers to student learning.

To accomplish this purpose in ways that support the trend away from piecemeal interventions, the preceding framework for a comprehensive, multifaceted, and integrated approach is used to organize our sampling of intervention efforts.

For each of the six areas outlined in the framework, several facets have been selected as specific arenas for considering outcome findings. These are presented in the following sections. In each section, we offer

- a brief summary analysis of the state of the art
- a table outlining the sample of interventions and outcome findings*

Summary descriptions and related information on the interventions are provided in the appendices.

*Most of the outcomes reported are those that can lead to academic improvements. In a few instances, enhancing grades and test scores already have been found. Where available, we include, in the tables, information about the length of the evaluation done on the project/program, the target population (e.g., age-level) that the program was designed for, and who/what the program was intended to change/impact (students, families, school staff, the school itself, and/or the community).

Michael Fullan

(in Duffy, 2002)

“ What are the ‘big problems’ facing educational reform? They can be summed p in one sentence: School systems are overloaded with fragmented, ad hoc, episodic initiatives- [with] lots of activity and confusion. Put another way, change even when successful in pockets, fails to go to scale. It fails to become systemic. And, of course, it has no chance of becoming sustained.”

Jack Dale

Maryland’s Superintendent of the Year for 2000 comments on the problem of incremental, piece-by piece change.

“Typically we design a new program to meet each emerging need as it is identified and validated... The continual addition of discrete educational programs does not work....Each of the specialty programs developed have, in fact, shifted the responsibility (burden) from the whole system to expecting a specific program to solve the proble,

Scott Thompson

Assistant Executive Director of the Panasonic Foundation, a sponsor of district-wide change. In talking about piecemeal change, says

“The challenge [of school improvement], however, cannot be met through isolated programs; it requires a systemic response. Tackling it will require fundamental changes in the policies, roles, practices, finances, culture, and structure of the school system.”

III. Outcomes Related to Six Major Facets of a Comprehensive Approach to Addressing Barriers to Learning

A. Classroom Focused Enabling

B. Support for Transitions

C. Student and Family Assistance Programs and Services

D. Crisis Assistance and Prevention

E. Home Involvement in Schooling

F. Community Outreach for Involvement and Support



A. Classroom-Focused Enabling

When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. Thus, the purpose of classroom-focused enabling is to enhance classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom. Work in this area requires programs for personalized professional development (for teachers and aides), systems to expand resources, programs for temporary out of class help, and programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning.* Through classroom-focused enabling programs, teachers are better prepared to address problems when they arise in the future. This is accomplished by providing mentoring to increase a teacher's array of strategies for working with a wider range of individual differences (e.g., through use of accommodative and compensatory strategies, peer tutoring and volunteers to enhance social and academic support, resource and itinerant teachers and counselors in the classroom). Two key aims are to increase mainstreaming efficacy and reduce the need for special services.

Our sampling in this area reviewed the following five forms of strategic intervention that have been among the most widely adopted efforts for enhancing immediate student performance in the classroom.

1. **Small classes / small schools**
2. **Prereferral intervention efforts**
3. **Tutoring (e.g., one-to-one or small group instruction)**
4. **Alternative schools**
5. **Health / Mental Health Education**
 - a. **Social Emotional Development, Enhancing Protective Factors, and Assets Building**
 - b. **Promoting Physical Health**



*The range of activity related to classroom-focused enabling is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Classroom-Focused Enabling



The outcome data we reviewed indicate that programs relevant to classroom-focused enabling do make a difference. Programs that reduce class size have been shown to increase academic performance and decrease discipline problems. There are also a number of programs that successfully intervene with learning or behavior problems in ways that reduce behavior problems and referrals for special assistance and special education. While there are many tutoring programs available in schools, and a growing number of alternative schools, few have been evaluated systematically. However, those studies have found positive effects on academic performance. Also, although cooperative learning activity was not covered here, such approaches are relevant to this area and have generated a positive body of evaluative data.*

In general, however, it is clear that not enough attention has been paid to teaching teachers how to design classroom environments and carry out instruction in ways that can have a positive impact on a wide range of learners. In particular, too many teachers are ill-equipped to respond to garden variety learning, behavior, and emotional problems using more than simplistic behavior management strategies. Until teachers are taught many ways to enable the learning of such students and schools develop school-wide approaches to assist teachers in doing this fundamental work, there can be no evaluation of the full impact of classroom-focused enabling.

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table A. Classroom - Focused Enabling

1. Small Classes/Small Schools					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Research Consensus</i>	Synthesis of research over the last twenty years	4th through 12th grade students	Systemic changes	Beneficial effects of class size appear when there is between fifteen to twenty students. Those effects increase as class size decreases. Positive effects from the impact of class size reductions on the quality of classroom activity. Greater results for disadvantaged and minority students.	Increase in student achievement from fiftieth percentile to above sixtieth percentile.
<i>b. Research on Impact of Student/Teacher Ratios</i>	Varied	Various	Systemic changes	Teacher quality (i.e., teacher literacy skills and professional experience) are strongly related to higher student scores, with reduced student-teacher ratios contributing positively.	Achievement fell as student/teacher ratio increased for every student above an 18 to 1 ratio.
<i>c. Review of Research</i>	Varied (100 research studies)	Various	Systemic changes	Class-size reduction especially promising for disadvantaged and minority students. Positive effects less likely when instructional methods and classroom procedures are not improved as well.	Positive effects
<i>d. Burke County Schools, NC</i>	Three years	1st through 3rd grade	Systemic changes	Increased classroom time devoted to instruction (80% to 86%). Non-instructional activities such as discipline decreased 20% to 14%.	Students in smaller classes outperformed comparison groups on reading and math achievement tests.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

1. Small Classes/Small Schools, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>e. Project STAR</i>	Four years	Kindergarten through 3rd grade students	Systemic changes	Students in small classes scored higher on standardized tests than students in regular classes. Fewer number of students were retained in grade. Earlier identification of students' special education needs. A follow-up found that in 4th-grade, students from the small classes were better behaved and continued to do better in all subjects.	Better results on standardized and curriculum-based tests for both white and minority students.
<i>f. Project Challenge</i>	Four years	Kindergarten through 3rd grade students	Systemic changes	Utilized Project STAR findings. In-grade retention of students was reduced. Note: Implemented in 16 of Tennessee's poorest school districts	Project Challenge districts moved from near the bottom of district performance to near the middle for both reading and math in second grade.
<i>g. Student Achievement Guarantee in Education (SAGE)</i>	Four years	Kindergarten through 3rd grade students	Systemic changes	Class size reduction helped those participating perform consistently better than comparison students.	Math, reading, & language arts improved. Achievement gap lessened between white and African-American 1st-grade students.
<i>h. Impact on Expenditures</i>	One year	4th grade and 8th grade students	Systemic changes	Class size served as an important link between school education spending and student mathematics achievement. Best results in math occurred where below-average socioeconomic status students were in situations associated with above-average teacher costs.	Lower student/teacher ratios were positively related to higher math achievement. Largest effects were found with students of low SES.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

2. Prereferral Intervention Efforts					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Teacher Consultation Studies</i>	One year	Teachers and Students	Teachers	Teachers who had long term consultant-driven prereferral intervention with a student, referred fewer students to special education classes.	Fewer referrals to special education.
<i>b. Child Development Project (CDP)</i>	Two years	Elementary school students	Systemic changes	Higher implementation of program showed lower rates of truancy, weapons in the schools and vehicle theft.	Not cited
<i>c. I Can Problem Solve (ICPS)</i>	Follow up evaluation after one to four years	Students from pre-school to sixth grade with parent program	Student, family	Students learn <i>how</i> to think by using cognitive approaches. Boys and girls both scored better on impulsiveness, inhibition, and total behavior problems. Those trained in both kindergarten and first grade were the most well-adjusted group overall.	Not cited
<i>d. Going for the Go</i>	Three years	Middle school students	Student, Special Curriculum	Compared to a control group, students who participated were able to achieve the goals they set. They had better school attendance, a decrease in alcohol use, smoking, other drug use, and problem behaviors.	Not cited
<i>e. Effective Behavior Support (EBS)</i>	One year	All students	Student	Provides behavioral support for students. It resulted in a decrease in referrals to the principal's office by 42% in the first year.	Not cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

2. Prereferral Intervention Efforts, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>f. Behavioral Monitoring and Reinforcing Program</i>	Two years	Students	Students & Teachers	School-based, early intervention program based on prior work in behavior modification and teaching thinking skills. Positive effects were seen after students were in the program for two years. There was less substance abuse and criminal behavior by students in this program eighteen months later. Also, five years later, these students were 66% less likely to have a juvenile record.	Students in this program had significantly better grades and attendance by the end of the program.
<i>g. Seattle Social Development Project</i>	Evaluations at second, fifth, sixth and eleventh grades	Grade school and middle school, with parent training component	Students, Families, Staff	Lower levels of aggression and antisocial behaviors, self-destructive behaviors; Less alcohol and delinquency initiation; Increases in family management practices, communication, and attachment to family; More attachment and commitment to school; Less involvement with antisocial peers; Reduced involvement in violent delinquency, sexual activity, being drunk and drinking and driving.	None cited
<i>h. The Think Time Strategy</i>	1 year	Students and teachers	Systemic changes	Over 1 standard deviation effect size improvement in the social adjustment, academic performance, and school survival skills of highly disruptive students; 85% decrease in expulsions; 75% decrease in suspensions; and 45 percent decrease in emergency removals	Reports general academic improvement

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

3. Tutoring (e.g., one-to-one or small group instruction)					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Success for All</i>	Multiple years	High-poverty Title I schools	Student	Significant increases in achievement. Long term positive effects. Positive results for bilingual and special education students.	CTBS scores exceeded control schools at every grade level. Reading, language, writing, math, science and social sciences improved.
<i>b. Valued Youth Program (VYP)</i>	Multiple years	Students	Student	Pairs academically at-risk teenage tutors with younger children. Has a positive impact on student dropout rates, self-concept and attitude towards school.	Positive impact on reading grades.
<i>c. Memphis Partners Collaborative</i>	Baseline taken before seventeen week intervention; follow-up immediately and one year after treatment	Tenth grade students who were considered academically at-risk	Student	79% of students were employed following completion of the program. Compared to the control group, participants had fewer absences, and higher self-esteem. Over-age, black males were less likely than controls to drop out. Conversely, over-age, black females seemed to drop out at a higher rate than controls.	Reports that there were no significant effects on grade point average.
<i>d. Brief Research Synthesis on Cross-Age Tutoring Programs and the Performance of At-Risk Youth as Tutors</i>	One year	High school tutors; younger children of various ages as tutees	Student	Tutees showed improvements in academics, communication skills, ability to identify long-range goals, self-confidence, and interpersonal skills. Serving as tutors increased self-concept, improved relationships between peers, reduced absenteeism, and improved classroom behavior. At-risk youth who tutor receive fewer disciplinary referrals, and fewer absences.	Tutors perform better than control students on subjects being taught. At-risk youth who tutor receive higher reading grades than the comparison group and higher test scores overall.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

3. Tutoring (e.g., one-to-one or small group instruction), cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>e. Start Making a Reader Today (SMART)</i>	2 years	Students	Students	On most measures of reading, program students performed better than other students at the end of the first and second grades, and there were significant differences in the growth in reading skills.	Improved reading skills.
<i>f. Book Buddies</i>	1 year (3 Cohorts)	Students	Students	Students who attended more sessions of this program made significantly greater gains in reading skills than those attending fewer sessions. The cost per child was 1/6th that of other reading programs.	Improved reading skills.
<i>g. Class Wide Peer Tutoring Program (CWTP)</i>	Varied	Students	Students	Students in the program demonstrate significant academic increases. Compared to their behavior prior to starting CWTP, children are 20-70% more likely to stay on task, remain engaged with their lessons, and respond to teachers.	Increases in reading, spelling and math compared to control groups on nationally standardized tests.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

4. Alternative Schools					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Cooperative Alternative Program</i>	Baseline measures and follow-up taken immediately after the first school year and for the next two years	At-risk ninth through twelfth grade students	Students	Compared to a control group, CAP students had significantly higher GPAs and self-esteem following the first year in the program, and were less likely to drop out of school overall. There were no effects on attendance rates or employment rates.	Students had higher GPAs during the first year of the program (but this difference diminished in following years)
<i>b. Lane School Program</i>	First year evaluation and one year follow-up	Intermediate students with emotional and behavioral problems	Student and Family	Greater attainment of goals; increased achievement; decrease in office referrals; lowered suspension rate; successful transition back into their neighborhood schools, and high rate of success once in neighborhood schools.	Increase in school attendance; Greater attainment of academic goals
<i>c. The Jackson School</i>	Qualitative, case-study evaluation based on a two-day site visit	Sixth through eighth grade students	Student	Student and teacher perspectives of effectiveness are generally satisfactory. The school ensures small classes, maintains student's individual attention and supports families in times of crisis (whereas other alternative schools do not).	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building					
<i>a-1. Seattle Social Development Project</i>	Evaluations at grade two, five, six and eleven.	Grade school and middle school, with parent training component	Students, Families, Staff	Lower levels of aggression and antisocial behaviors, self-destructive behaviors; Less alcohol and delinquency initiation; Increases in family management practices, communication, and attachment to family; More attachment and commitment to school; Less involvement with antisocial peers; Reduced involvement in violent delinquency, sexual activity, being drunk and driving under the influence.	None cited
<i>a-2. Social Competency/Social Problem Solving Program</i>	One year	Sixth grade students making transition to middle school	Student	Students in these programs showed improved ability in using social cognitive problem solving skills, improved coping during school transition, and a significant reduction in self-reported level of difficulty with commonly occurring middle-school stressors.	None cited
<i>a-3. FAST Track Program**</i>	End of grade evaluation plus follow-ups	Grades one through six, with emphasis on transition periods	Students, Families	Better ratings of: Children’s behavior with peers and adults; Children’s aggressive, disruptive, and oppositional behavior in the classroom. More appropriate discipline techniques and greater warmth and involvement of mothers with their children. More maternal involvement in school.	None cited
<i>a-4. Promoting Alternative Thinking Strategies (PATHS)</i>	Pre and post intervention test one year later. Follow-up two years after interventions	Elementary school children	Students	Significant improvements in: self-control, understanding and recognition of emotions, and thinking and planning skills; Increased ability to tolerate frustration and use more effective conflict-resolution strategies; Decreased anxiety/depressive, sadness/depressive symptoms, and conduct problems.	None cited ²¹

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-5. Weissberg's Social Competence Promotion Program (WSCPP)</i>	16-20 sessions	Sixth and seventh grade students	Students	Students improved relative to those in the control classrooms on: problem solving and stress management; teacher ratings on conflict resolution with peers and impulse control; and excessive drinking.	None cited
<i>a-6. The Development Asset Approach</i>	Various Studies	Adolescents	Students	Reports improvements related to 40 external and internal assets identified by the Search Institute as countering risk factors.	None cited
<i>a-7. Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions</i>	One year, end of grade evaluations	Early elementary school children	Students, Staff	Compared to control groups: ML students showed increases in reading achievement. GBG students had less aggressive and shy behaviors, better peer nominations of aggressive behavior, and decreased levels of aggression for males who were rated highest for aggression.	ML students exhibited an increase in reading achievement.
<i>a-8. Be A Star</i>	1 year evaluation	Children (5-12 years old), families, schools	Student, Families, School	Compared to controls, those children who participated showed higher levels in the following areas: family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-9. Project ACHIEVE**</i>	2 years prior to project implementation	Pre-K through middle school	Students, Families, Staff, School, Community	Referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Suspensions dropped to one-third of what they had been three years before. Academic improvements.	Referrals for special education testing decreased 75%. Grade retention, achievement test scores, and academic performance improved.
<i>a-10. Preventive Intervention</i>	Post-intervention evaluation plus one and five year follow-ups	Junior high school students who are experiencing academic or social difficulty	Students	A one-year follow-up study showed that intervention students, had less self-reported delinquency; drug abuse; school-based problems and unemployment. A five-year follow-up found that intervention students had fewer county court records than control students. Improved attendance and grades.	Program students showed higher grades and better attendance when compared to control students.
<i>a-11. Preventive Treatment Program</i>	Post-intervention and 3 and 5 year follow-ups	7-9 year old boys who display problem behavior	Students, Families	Treated boys were less likely to trespass, steal, and fight; were better adjusted in school; showed less serious difficulties in school. At age 15, they were less likely to report gang involvement, having been drunk or taken drugs in the past 12 months, committing delinquent acts, and having friends arrested by the police.	Treated boys were less likely to be held back in school or placed in special education classes compared to controls.
<i>a-12. Primary Intervention Program for At-Risk Students (PIP)</i>	Every year for 3 years	Kindergarten through 3rd grade	Students	Improvements in frustration tolerance, assertive social skills, task orientation, peer sociability, and reduced problem behaviors in the areas of acting out, and shyness/anxiousness. Reduced overall counseling service referrals.	Students showed fewer learning difficulties and had reduced referrals for special education

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-13. Reconnecting Youth Program</i>	Various; usually after the semester long intervention	Adolescents	Students	Significant increases in GPA and attendance; a 60% decrease in hard-drug use; Stronger self-confidence; Decreases in acts of aggression and suicide; Decreased stress, depression, and anger; More positive, connected relationships with teachers, friends, and family than students in the control group.	None cited
<i>a-14. First Step to Success</i>	Pre and post intervention and 2 year follow-up	Grades K-3	Students, Family	Sustained changes in adaptive behavior, aggressive behavior, maladaptive behavior, and time spent engaged in assignments.	None cited
<i>a-15. High/Scope/Perry Preschool</i>	Multiple years	Pre-K through adult	Students, Families	Preschool instruction and regular follow-up monitoring yielded major school and work outcomes.	Improved scholastic achievement and increased high school graduation and post-secondary enrollment rates.
<i>a-16. I Can Problem Solve (ICPS)</i>	Post-intervention evaluations plus follow-ups after 1-4 years	Preschool through 6th grade, with complementary parent	Students, Families	Compared to control group, preschool children who received ICPS training were rated as more adjusted. Those who were previously impulsive or inhibited became better adjusted. Children scored higher on consequential thinking tests.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-17. Community of Caring</i>	Multiple years	Kindergarten to high school	Student	Emphasizes abstinence from early sexual activity, drug use, and alcohol use. Showed promise for reducing substance abuse and academic improvement.	Students in COC schools increased their GPA relative to comparison schools.
<i>a-18. Student Training Through Urban Strategies (STATUS)</i>	1 year	Junior and senior high school students at risk for dropping out of school	Students, Families, Staff	Less delinquency for all students and less serious delinquency for high school students; Less drug involvement for junior high students; Less negative peer influence; Greater social bonding, including greater attachment to school; and Increased self-concept, interpersonal competency, involvement, and less alienation for high school students.	Greater academic success
<i>a-19. Family Skills Training Program</i>	Various	Children and adults	Students, Families	Comprehensive family programs that combine social and life skills training to children and youth improve social and academic competencies. Parent skills training programs to improve supervision and nurturance are the most effective in impacting a broader range of family risk and protective factors.	None cited
<i>a-20. Strengthening Families Program</i>	Pre and post intervention and 5 year follow-up	Ages 6-10; Substance abusing families	Students, Family	Reduction in family conflict; Improvement in family communication and organization	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-21. Rotheram's Social Skills Training (RSST)</i>	Pre and post intervention evaluations with 1 year follow-up	Upper elementary school children	Students	Compared to a control group, students in the social skills condition demonstrated significantly more assertive responses directly after treatment and less passive and aggressive problem-solving. Teacher ratings of students and GPAs improved significantly.	Increases in grade-point average one year after treatment.
<i>a-22. Say It Straight</i>	Various	Middle and high school students	Students	Middle-school students were significantly less likely to have alcohol or drug suspensions compared to a control group. High school students had 4 and ½ times fewer juvenile criminal offenses than comparison students.	None cited
<i>a-23. Children of Divorce Intervention Program (CODIP)</i>	One year	Students K-8	Student	Helps students cope with divorce using interventions performed by a select group of facilitators. A two-year follow-up reports reduced anxiety, negative self-attributions, and school problems.	None cited
<i>a-24 Facing History and Ourselves: Holocaust and Human Behavior</i>	Immediate followup	Students grades 8-11	Students	Greater knowledge of historical concepts than those not enrolled and increased complexity of interpersonal understanding compared with students enrolled in traditional Modern World History courses.	Increased knowledge of historical concepts

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**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-25. Positive Action</i>	One to five years	Students grades K-12, teachers and parents	Systemic changes	Increased reading and math scores, attendance, and student self concept in elementary schools; decreases in discipline referrals and delinquencies.	Increased reading and math scores
<i>a-26. Open Circle Curriculum</i>	Varied	Students (K-5th grade), teachers, principals and parents	Systemic changes	Improved learning environment in participating classrooms and schools (e.g., increased teaching and learning time, greater time on tasks, and creation of a caring and responsive community in the classroom). For students, they report increases in specific interpersonal skills, problem solving skills, and individual responsibility and fewer behavior problems (including less fighting than nonparticipants).	Improved learning environment; increased student time on academics tasks
<i>a-27. The Bridges Project</i>	1 year	Students	Systemic changes	General increases in grades and decreases in problem behavior. Crime and arrests decreased, but average Total Problem and Externalizing Problem scores remained in the clinical range.	Increased grades.
<i>a-28. Raising Healthy Children (RHC)</i>	1.5 years	Students	Students, teachers, and parents	RHC students had a stronger commitment to school, better academic performance, increased social competency, and decreased antisocial behaviors.	Better commitment to school and academic performance.
<i>a-29. Reducing the Risk</i>	1.5 years	Students	Students, teachers, and parents	At 6 months, students had more knowledge about contraception, better communication with parents about abstinence, and communication about birth control. At 18 months, fewer students in the program reported having intercourse.	None cited.

* For more information on each program, project, or article, see Appendix A.

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Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-30. Across Ages</i>	9 months (Academic year)	Students	Students and Community	Students in the mentoring and problem-solving intervention had better skills at reacting to situations involving drug use, higher levels of community service; more positive attitudes about school, older people, and the future. Compared to the problem-solving only intervention, those in the combined intervention group had significantly better school attendance	Better school attendance.
<i>a-31. The Responsive Classroom</i>	Varied	Students	School /Classroom	Teachers and parents reported improved social skills and test scores also rose for children in first through fifth grade.	Improved test scores.
<i>a-32. Skills, Opportunities and Recognition (SOAR)</i>	1.5 to 2 years	Students	Students, Family, and Teachers	Students scored significantly higher on the combined reading, language arts, and math tests. Boys demonstrated higher social skills and less interaction with anti-social peers, while girls had declines in cigarette use. All students reported less drinking, less early sexual behavior (and associated negative outcomes), fewer violent acts, and less misbehavior at school.	Improved reading, language arts, and math.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-33. Social Decision Making and Problem Solving Programs</i>	4 months to 6 years	Students	Students	At 4 months, students had better coping skills. At 6 years, students demonstrated better overall academic achievement, pro-social behaviors, and reduced self destructive behaviors. When the program was fully implemented, students scored higher in language arts and mathematics, had fewer absences; less likely to use alcohol and tobacco, commit acts of vandalism or violence; and displayed lower levels of depression, self-destructive behavior, and delinquency than control groups.	Better overall academic achievement (especially in language arts and math).
<i>a-34. Teenage Health Teaching Modules (THTM)</i>	Varied	Students	Students	One of two studies showed reduced use of tobacco, illegal drugs, and alcohol, and reduced consumption of fried foods.	None Cited
<i>a-35. Tribes TLC</i>	2 years	Students	Students, Teachers, and Family	Students showed a greater increase in the California Test of Basic Skills-5 social studies exam scores, and third graders in fully-implemented classrooms demonstrated greater gains in reading comprehension.	Gains in social studies and reading comprehension.
<i>a-36. Voices: A Comprehensive Reading, Writing and Character Education Program</i>	2 years	Students	Students	Students in the program had significantly greater gains in reading and math achievement.	Gains in reading and math.
<i>a-37. Learning for Life</i>	Post-test	Students	Students, Family, and Community	Students had improved classroom behavior, decision making, class participation, and respect and caring toward peers.	Better classroom behavior and participation.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building, cont.					
<i>a-38. Caring School Community/Child Development Project</i>	Varied	Students	Students, Family, and School	Students showed more pro-social behavior and problem-solving skills. Students also reported less alcohol and marijuana use at post-test. At a later follow-up, students had higher grade point averages and test scores, more involvement in activities and lower levels of school misconduct.	Students had higher GPAs and test scores.
<i>a-39. Peace Works</i>	Academic year	Students	Students and Family	Students in the program may have less aggression / antisocial behavior and more interpersonal and academic skills, but results have been mixed.	May improve academic skills.
<i>a-40. Quest Violence Prevention</i>	Varied	Students	Students	Students had higher scores on the California Achievement Test in Reading as well as decreased violent behavior and misconduct in addition to increased prosocial behavior.	Higher reading scores
<i>a-41. Reach Out to Schools</i>	Academic year	Students	Students, Teachers, and Family	Students had higher levels of assertiveness, cooperative behavior, social skills, and self control; fewer behavioral problems (e.g., aggression, hyperactivity, anxiety, and withdrawal)	None cited
<i>a-42. Productive Conflict Resolution Program</i>	Post-test	Students	Students and Family	Students obtained greater perspective taking skills and competency in dealing with conflict, were more likely to help others, and had reduced personal conflict.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5b. Promoting Physical Health					
<i>b-1. SPARK</i>	2 years	Grades 4-5	Student	Girls had better abdominal strength, and cardio-respiratory endurance.	None cited
<i>b-2. Get Real About AIDS</i>	1 year	4th-12th grade	Student	Participating students were more likely to have bought a condom, use it during intercourse, report having fewer sexual partners, have higher knowledge of HIV, and intend to use safer sexual practices.	None cited
<i>b-3. Project STAR</i>	Multiple years	Junior high to high school students	Student, Family, School, and Community	Significantly less use of drugs, including tobacco and alcohol, than the control schools. Positive long term effects.	None cited
<i>b-4. Reconnecting Youth Program</i>	4 years	9th through 12th grade students	Student	Improved school performance, reduced drug involvement, increased self-esteem, decreased depression.	Improved school performance
<i>b-5. School-Based Tobacco Programs</i>	Varied in each program evaluated	Students	Student	Long term smoking prevalence decreased by 25% when delivered to 6th graders, used peers and booster sessions.	None cited
<i>b-6. Teen Outreach Program</i>	One year	Teens	Student	Positive effects on suspension rates, course failure and female students becoming pregnant.	Decrease in course failure
<i>b-7. 5-a-Day Power Plus</i>	One year	All students	Student	Improved eating habits.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5b. Promoting Physical Health, cont.					
<i>b-8. Gimme 5</i>	Two years	Fourth and fifth grade students	Student	Interviews showed that students improved their fruit intake at home as a result of this nutrition program at school.	None cited
<i>b-9. Healthy for Life</i>	None stated	Teens	Student	By the 9th grade, participants were significantly more likely to eat more meals in a week, significantly less likely to use cigarettes and scored lower on an overall scale of substance abuse.	None cited
<i>b-10 Community of Caring (COC)</i>	Two years	Kindergarten to high school	Student	Fewer non-excused absences and disciplinary action. Decrease in number of pregnancies. Higher GPA.	Improved GPA relative to comparison schools.

* For more information on each program, project, or article, see Appendix A.

**Some multifaceted programs have been include here as well as in Part IV.

A. For additional analyses of the impact of Classroom-focused Programs see:

1. Safe and Sound: An Educational Leaders Guide to Social and Emotional Learning (SEL) Programs.

This guide provides a road map for schools and districts that are launching or adding social, emotional, and academic learning programs. The guide reviews 80 multiyear, sequenced SEL programs designed for use in general education classrooms. *Safe and Sound* also offers guidance to educational leaders on how to integrate typically isolated or fragmented SEL efforts with other school activities and academic instruction by providing a framework for "putting the pieces together."

<http://www.casel.org/pub/safeandsound.php>

2. What Works Clearinghouse Interventions for Preventing High School Dropout Dropout Prevention Abstract

The high school dropout rate continues to be an issue of national concern. The current estimate of the percentage of children who do not complete high school at the end of a 13-year program of study (K—12) is approximately 11 percent of the entire high school population and can be as high as 28 percent among certain segments of the population. The What Works Clearinghouse (WWC) review focuses on interventions in middle school, junior high school, or high school designed to increase high school completion, including techniques such as the use of incentives, counseling, or monitoring.

<http://ies.ed.gov/ncee/wwc/reports/dropout/abstract.asp>

B. Support for Transitions

The emphasis here is on planning, developing, and maintaining a comprehensive focus on the variety of transition concerns confronting students and their families. The work in this area can be greatly aided by advanced technology. Anticipated outcomes are reduced levels of alienation and increased levels of positive attitudes toward and involvement at school and in a range of learning activity.



Work in this area requires (1) programs to establish a welcoming and socially supportive community (especially for new arrivals), (2) programs for articulation (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), (3) before and after-school programs to enrich learning and provide recreation in a safe environment, and (4) relevant education for stakeholders.*

- 1. Readiness to Learn/Early Childhood Programs**
- 2. Before & After School Programs**
- 3. Grade Articulation Programs**
- 4. Welcoming and Social Support Programs**
- 5. To and From Special Education**
- 6. School-To-Career Programs**

*The range of activity related to supporting transitions is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Support for Transitions

Clearly, interventions to enable successful transitions make a significant difference in how motivationally ready and able students are to benefit from schooling. Available evidence supports the positive impact of early childhood programs in preparing young children for school. The programs are associated with increases in academic performance and may even contribute to decreases in discipline problems in later school years. There is enough evidence that before- and after-school programs keep kids safe and steer them away from crime, and some evidence suggesting they can improve academic performance. Evaluations show that well-conceived and implemented programs can successfully ease students' transition between grades, and preliminary evidence suggests the promise of programs that provide welcoming and social support for children and families transitioning into a new school. Programs that aid in the transition in and out of special education need better implementation and related evaluation. The available reports do suggest such interventions will enhance students' attitudes about school and self and will improve their academic performance. Finally, programs providing vocational training and career education are having an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.

It has taken a long time for schools to face up to the importance of establishing transition programs. A good beginning has now been made, but there is much more to do. A major example of need involves the current push for greater inclusion of special education students. Such a policy can only succeed if sophisticated transition programs are developed. Before school programs are another transition point that needs a major programmatic expansion. It is the key to addressing tardiness and enhancing everyday school readiness.*

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.



Table B. Support for Transitions

1. Readiness to Learn / Early Childhood Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Head Start</i>	Three years	Pre-school children	Student, family	Head Start students showed improvement in several areas including cognitive skills, gross and fine motor skills, and social behavior. Head Start parents showed improved parenting skills, and made progress in their educational, literacy, and employment goals.	Improved literacy
<i>b. Long-term Effects of Early Childhood Programs</i>	Age five or six through twenty + years	Pre-school children	Student	Children who attended early childhood programs showed less placement in special education classes, or retainment in a grade later in their education. Also, these children were more likely to graduate from high school, had less delinquent and criminal behavior, fewer out of wedlock births and had higher average earnings.	Varied by program
<i>c. Early Childhood Programs for Low-Income Families</i>	Varied in each program evaluated	Low-income children	Student	Results showed short term benefits for children on IQ, and long term effects on school achievement, grade retention, placement in special education, and social adjustment.	Long term results on school achievement
<i>d. Early Childhood Programs on social outcomes and delinquency</i>	Age seven or eight up to fifteen + years	Low-income families	Student, family, school, community	Programs which combined education and family support showed long term effects on crime and antisocial behavior.	Varied by program
<i>e. Even Start</i>	One year	Low-income children	Student	Even Start children showed higher school readiness. Higher participation resulted in higher learning gains.	Larger learning gains
<i>f. Full-day kindergarten</i>	One year	Kindergarten students	Student	Results show academic and social benefits for students.	Positive academic benefits

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

1. Readiness to Learn / Early Childhood Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>g. Early Head Start</i>	One year	Low-income children aged 0-3 years	Child and family	Moderate, but significant, gains in cognitive and language development	Modest gains in cognitive outcomes and supportive home environments
<i>h. Ready to Learn (RTL) Curriculum</i>	12 weeks	Kindergarten students	Child	Significant difference between experimental and control group in listening comprehension and behavior; greater improvement for experimental group	Listening comprehension better in experimental group
<i>i. Incredible Years</i>	Varies	At-risk children age 2-8	Child	Mothers report less frequent child problem behaviors. Fewer negative behaviors, more positive affect, less aggression, less noncompliance, and better social problem solving skills also reported.	None cited
<i>j. Social-emotional intervention for 4-year-olds</i>	Not clear	At risk 4-year-olds	Child	Improved peer and social skills; decreased negative emotions	None cited
<i>k. Living with a Purpose</i>	Post test following intervention	3-5 year old children	Child	Decrease in problem behaviors, increased adaptive skills and social interaction, decreased maladaptive behavior	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

1. Readiness to Learn / Early Childhood Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>l. PALS: Developing Social Skills Through Language, Communication Skill Builders</i>	Not clear	Preschool aged children	Child	Less likely than control group to engage in “irrelevant” talk; more responsive to problem-solving task	None cited
<i>m. DARE to Be You</i>	Pre, post and 2 year follow up	Children 2-5 years, families	Child, family	Parents reported increased developmental levels, decreased oppositional behavior	None cited
<i>n. Al’s Pals: Kids Making Healthy Choices</i>	1 year	Preschoolers aged 4-5	Child	Improved social skills and problem-solving skills; decreased negative coping compared to control group	None cited
<i>o. First Step to Success</i>	Not clear	At-risk kindergartners	Child	Improved adaptive skills, academic engagement, decreased aggression	None cited
<i>p. The Chicago Child-Parent Center (CPC) Program</i>	15 year follow-up study	3-9 year olds	Child	Higher rate of high school completion, more years of education, lower rates of juvenile arrest, violent arrest and school dropout	Greater high school completion, less grade retention by age 15

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

2. Before & After School Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. ASPIRA Lighthouse Program</i>	Multiple years	Kindergarten through twelfth grade students	Student	Decrease in juvenile crime, improved academics, attendance, improved student self-motivation, higher levels of homework quality and completion, fewer disciplinary referrals, better peer and teacher relationships.	Improved scores on standardized tests in reading and math
<i>b. Beacon Schools</i>	Multiple years	Students	Student, community	Fewer juvenile felonies; improved attendance and academics.	Improved performance on standardized reading tests
<i>c. Effects of after-school care</i>	Varied by program evaluated	Low-income children	Student	Associations were found between formal after school care and better academic achievement and social adjustment.	Grades improved.
<i>d. I.S. 218-- Community learning center and P.S. 5--Before and after-school program</i>	Multiple years	Students	Student	Positive effect on student's attitudes and achievement. The number of students performing at grade level improved from 45 to 59% compared to 42% in similar schools.	Reading and math scores improved
<i>e. Lighted Schools Project</i>	Multiple years	Middle school children	Student, family, community, environment	Students are provided with a safe, supervised environment after school. Community agencies provide services to students and families. At one evaluation, 57% of students improved their school attendance and GPAs.	Thirty-eight percent decrease in the number of participants failing two or more classes
<i>f. STAR and COMET Programs</i>	Multiple years	Middle and high school students	Student	Improved communication, comprehension, and social interaction skills. All STAR students complete high school, 96% go on to college.	Test scores improved

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

2. Before & After School Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Title of Program/Project*
<i>g. Quantum Opportunities Program (QOP)</i>	Baseline plus follow-ups after every school year	High school adolescents from low SES families	Student	Compared to a control group, students were more likely to be high school graduates, to go on to post-secondary schools, to receive an honor or award, and less likely to drop out of high school and become teen parents.	Higher graduation and college rates
<i>h. 4-H After-School Activity Program</i>	Multiple years	Ages seven through thirteen	Student	Improved attitude and behavior. Increased interest in school, fewer children involved with gangs.	None cited
<i>i. L.A.'s BEST (Better Educated Students for Tomorrow)</i>	Multiple years	Kindergarten through sixth grade students	Student	Students increased their self-confidence and got along with others better. Vandalism and school-based crime dropped. Higher grades.	Better grades
<i>j. Milwaukee Project</i>	Fifteen months	School-age children	Student, community	Provides youth with alternative activities during high-risk hours for delinquency. At a 15 month evaluation, crime rate had dropped 20.7% in participating neighborhood areas and the rate of violent offenses also dropped by 46.7%.	None cited
<i>k. START (Students Today Achieving Results for Tomorrow)</i>	Multiple years	School-age children	Student, family	Students showed academic and social improvement. Families moved toward economic self-sufficiency.	
<i>l. San Diego's 6 to 6 Extended School Day Program</i>	Elementary and middle school students	Student	Students	57% of the students increased their Stanford Achievement Test scores in reading and 44% improved their math scores. 99% of parents, and 95% of elementary students rated the program as "good" to "outstanding." Juvenile arrests during the after-school hours went down 13.1%	Improvements in reading and math scores on the Stanford Achievement Test

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

3. Grade Articulation Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. The Transition Project</i>	One year, with evaluations taken at mid-year and after ninth grade	Students entering high school	Student, staff, school environment	Compared to controls, students showed significantly better attendance as well as more stable self-concepts. They also reported perceiving the school environment as having greater clarity of expectations, organizational structure, and levels of teacher support. Higher GPAs.	Significantly better grade point averages by the end of ninth grade
<i>b. Social Support Program</i>	One year	Sixth graders making poor transition to middle school	Student	Full and partial intervention resulted in GPA improvement, lower depression scores, lower anxiety scores, decrease in stress in peer relationships.	Higher GPA
<i>c. Bridge Program</i>	One semester	Ninth grade students	Student	Designed to ease the transition between middle and high school. Participants required less discipline, showed fewer dropouts and transfers, and had higher GPAs.	Improved grades
<i>d. Sixth Grade Transition Groups (SGTG)</i>	Three days	Fifth grade students making transition to middle school	Student	Fifth graders received a social competency/stress reduction program. Ninety-four percent of the students reported the program helpful.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

4. Welcoming and Social Support Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. School Transitional Environment Project (STEP)</i>	One year	Sixth and seventh grade students	Student	More favorable school experiences; more positive student adjustment; lower levels of school transition stress; greater school, family, and general self-esteem; less depressive and anxiety symptoms; less delinquent behavior; higher levels of academic expectations and grades; more favorable teacher ratings of behavioral adjustment; and better school attendance.	Better grades
<i>b. The School Transitions Project</i>	Baseline and follow-ups every year for three years	At-risk elementary students who had an unscheduled school transfer	Student, school	Significant improvements in coping skills, and decreases in social withdrawal and inattentiveness. Improved academics. This was especially the case for students in the school and home tutoring conditions where the parents were highly involved in the tutoring.	Those involved in the tutoring program made significant academic gains compared to control students in reading, spelling and mathematics (depending on the year evaluated)
<i>c. Child Development Project</i>	Two years (but evaluations are ongoing)	Elementary school children	Student, staff, school, community	Children see their classrooms as caring communities, and the more they participate, the more their social, ethical, and intellectual development is enhanced. Children also show an increase in pro-social behaviors, and a decrease in delinquency in schools with the highest level of implementation. They are also less likely to abuse alcohol, and other drugs.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

5. To and From Special Education					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Adaptive Learning Environments Model (ALEM)</i>	Two studies, one year each	Special education students mainstreamed	School	Better student / teacher interactions. Improved student attitudes, improved student self-ratings, improved academics.	Reading and math achievement improved
<i>b. Community-level Transition Teams</i>	Varied in each program evaluated	Youth and adults with learning disabilities	Student, community	Increased student self-esteem and self-worth.	None cited
<i>c. Parallel Alternate Curriculum Program (PAC)</i>	One year	Special education teachers	Teachers, students, schools	Students stay in school.	None cited
<i>d. Transition Programs for the Handicapped</i>	One year	Special education students	Student	Findings revealed weaknesses in transition and special education programs.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions

6. School-To-Career Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Job Corps</i>	Two years	Disadvantaged students ages sixteen and older	Student, community	More than 75% become employed, obtain further training, or join the military. Completion of training is associated with better jobs and higher wages.	None cited
<i>b. Career Education</i>	Varies by study evaluated	Students with low motivation	Student	Students with low motivation to attend school show improved school attendance after participating in career education. The more vocational classes students took, the less likely they were to drop out of school.	None cited
<i>c. Cognitive Career Interventions</i>	Two years	Youth with learning disabilities	Student	Significant increases in self-awareness and career awareness, improved skills in employment writing and interviewing for youth with learning disabilities.	Improved writing
<i>d. Jobs for Ohio's Graduates (JOG)</i>	One year	Students at risk of dropping out	Student	Graduation rate above 91%. Long term results are positive, showing students still working 12 months after graduation.	None cited
<i>e. Mat-Su Alternative School (MSAS)</i>	Multiple years	At-risk youth	Student	Networks with 150 business owners to provide job sites. Students continue their employment after graduation. Students have a 100% job placement.	None cited
<i>f. Stay-in-School</i>	One year	Students	Student	Produced an increase in student retention and performance. 84% of students involved in dropout interventions completed their year.	Enhanced academic performance
<i>g. Career Centered High School Education</i>	Post-test, 2 ½ year follow up	High school seniors	Students	Small but significant effects on psychological aspects of work adaptation	None cited

*For more information on each program, project, or article, see Appendix B

B. For Additional Analyses of the impact of Transition Programs see:

- 1. Durlak, J.A., & Weissberg, R.P. (2007). *The impact of after-school programs that promote personal and social skills*. Chicago, IL: Collaborative for Academic, Social and Emotional Learning.**

A meta-analysis of after-school programs (ASPs) that seek to enhance the personal and social development of children and adolescents indicated that youth improved in three general areas: feelings and attitudes, indicators of behavioral adjustment, and school performance. More specifically, significant increases occurred in youths' self-perceptions and bonding to school, their positive social behaviors, and in their school grades and level of academic achievement. At the same time, significant reductions occurred in problem behaviors and drug use. Substantial differences emerged between programs that used evidence-based approaches for skill training and those that did not.

This document may be retrieved from www.casel.org

- 2. Highly Mobile Children: Addressing Educational Challenges**

This study, designed jointly by the National Center for Homeless Education and the College of William and Mary, explores the critical role of the classroom teacher in contributing to the education of at-risk and highly mobile students. The study includes a review of the literature on the effective teaching of at-risk and highly mobile students and an exploration of the beliefs and practices of six teachers who won national and/or state awards for working with these populations.

http://www.serve.org/nche/ibt/educ_mobile.php

C. Student and Family Assistance Programs and Services



Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activities in an integrated manner. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet

immediate needs, and referral for special services and special education resources and placements as appropriate. Continuous efforts are made to expand and enhance resources. An invaluable context for this activity is a school-based Family and Community Center Service Facility. The work should be supported by multi-media advanced technology. The intent is to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

Work in this area required (1) programs designed to support classroom focused enabling -- with specific emphasis on reducing the need for teachers to seek special programs and services, (2) a stakeholder information program to clarify available assistance and how to access help, (3) systems to facilitate requests for assistance and strategies to evaluate the requests (including use of strategies designed to reduce the need for special intervention), (4) a programmatic approach for handling referrals, (5) programs providing direct service (6) programmatic approaches for effective case and resource management, (7) interface with community outreach to assimilate additional resources into current service delivery, and (8) relevant education for stakeholders.*

- 1. School - Owned and/or School - Based Support Programs**
- 2. School-linked Projects and Services**
 - a. Health and Human Services and Therapies**
 - b. Substance Abuse Prevention**

*The range of activity related to supporting transitions is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the art for Student and Family Assistance Programs and Services

School-owned, based, and linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full services schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. With respect to outcomes, a growing body of data indicates the current contribution and future promise of work in this area. For example, the more comprehensive approaches not only report results related to ameliorating health and psychosocial problems, they are beginning to report a range of academic improvements (e.g., increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, increased graduation rates). An increasing number of targeted interventions are reporting positive results related to the specific problems addressed (e.g., reduced behavior, emotional, and learning problems, enhanced positive social-emotional functioning, reduced sexual activity, reduced rates of referral to special education, fewer visits to hospital emergency rooms, and fewer hospitalizations). Because of the way pupil service professionals are used in schools, there is no recent data on the impact of psychologists, counselors, nurses, social workers, etc. However, clearly all the programs and services in this section can involve such personnel.



Because of all the attention to school-linked services, a few additional points are in order. This movement springs from concern about the fragmented way *community* health and human services are planned and implemented. This concern has led to renewal of the 1960s human service integration movement. The hope of this movement is to better meet the needs of those served and use existing resources to serve greater numbers. To these ends, there is considerable interest in developing strong relationships between school sites and public and private community agencies. In analyzing school-linked service initiatives, Franklin and Streeter (1995) group them as -- informal, coordinated, partnerships, collaborations, and integrated services. These categories are seen as differing in terms of the degree of system change required. As would be anticipated, most initial efforts focus on developing informal relationships and beginning to coordinate services. A recent nationwide survey of school board members reported by Hardiman, Curcio, & Fortune (1998) indicates widespread presence of school-linked programs and services in school districts. For purposes of the survey, school-linked services were defined as “the coordinated linking of school and community resources to support the needs of school-aged children and their families.”

(cont.)

Student and Family Assistance (cont.)

They are used to varying degrees to address various educational, psychological, health, and social concerns, including substance abuse, job training, teen pregnancy, juvenile probation, child and family welfare, and housing. For example, and not surprisingly, the majority of schools report using school-linked resources as part of their efforts to deal with substance abuse; far fewer report such involvement with respect to family welfare and housing. Most of this activity reflects collaboration with agencies at local and state levels. Respondents indicate that these collaborations operate under a variety of arrangements: “legislative mandates, state-level task forces and commissions, formal agreements with other state agencies, formal and informal agreements with local government agencies, in-kind (nonmonetary) support of local government and nongovernment agencies, formal and informal referral network, and the school administrator’s prerogative.” About half the respondents note that their districts have no policies governing school-linked services.*

References cited:

C. Franklin & C. Streeter (1995). School reform: Linking public schools with human services. *Social Work, 40*, 773-782.

P.M. Hardiman, J. Curcio, & J. Fortune (1998). School linked services. *The American School Board Journal, 185*, 37-40.



*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table C. Student and Family Assistance Programs and Services

1. School-Owned and/or Based Support Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Are School-Based Mental Health Services Effective? Evidence from 36 Inner City Schools</i>	Pre- and post treatment measures (after 1 year)	School-aged children from 5-18 years old	Student/child	Students seen at a school-based clinic showed comparable improvements with those seen at a community clinic, even though children at the school clinic were seen for shorter period of time.	None cited
<i>b. California's Healthy Start: Comprehensive support</i>	Range from 18 months to 2 years	Students and families in need	Student and Family	Besides improvements related to health and social/emotional functioning (e.g., decreased parental substance abuse by 12%, decrease in domestic violence by 50%), the most recent reports indicate improved reading test scores by 25%, improved math scores by 50%, improved GPA's by 50%.	Reading and math test score improvements for the lowest quartile.
<i>c. School-Based Health Centers</i>	Multiple years	Teens	Student	Centers with community support and comprehensive programs show decreased substance abuse among students, improved reproductive health attitudes, and reduced sexual activity. School-based clinic users were half as likely as nonusers to drop out of school and were also 2 times more likely to be promoted to the next grade.	Promoted to next grade
<i>d. Primary Mental Health Project</i>	Multiple years	Children with multiple, long-standing problems	Student	Reduction in acting-out, shyness, anxiety and learning problems; increase in competencies including adaptive assertiveness, peer sociability, and frustration tolerance	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

1. School-Owned and/or Based Support Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>e. Project for Attention Related Disorders</i>	1 year	ADHD children and their families	Student and Family	18% of the ADHD children showed great improvement; 45% showed moderate improvement; 11% had small improvement; 16% unchanged; 10% worse than before enrollment.	None cited
<i>f. Social Skills focusing on 1.) Externalizing Behaviors; 2.) Internalizing Behaviors</i>	Varied	All students	Students	Treatment for immediate effects related to targeted behaviors and situations, but generalization and maintenance effects are not commonly found.	None cited
<i>g. Valley Mental Health (VMH) Day Treatment Program</i>	Academic year (9 months)	Students with SED	Students and School	51% of the sample showed overall symptom reduction and 21% scored below clinical cutoff levels on the Youth Outcome Questionnaire (YOQ)	None cited
<i>h. Early Risers “Skills for Success” Program</i>	2 years	Students	Student and Family	Children in the program had gains in general classroom behavior, and later (at 3-year evaluation) gains in social skills and social adaptability.	Gains in academic achievement (especially reading skills)
<i>i. Preventing Substance Use Among Native American Youth: Three-Year Results</i>	3 years	Students	Students and Community	Rates of smokeless tobacco, alcohol, and marijuana use were lower for those who received the skills intervention at follow-up.	None cited
<i>j. Meta-Analysis of School-Based Substance Abuse Prevention Programs</i>	Varied	Students	Students	General prevention programs as effective as targeted high-risk programs. Cognitive-behavioral programs may be better for high-	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies					
<i>a.1. New Jersey's School-Based Youth Services Program</i>	Multiple years	Students	Student, School, and Community	A partnership between schools and community agencies. Users of the program showed improvement in many areas including attendance, GPA, and decreased alcohol use and sexual activity.	Increased GPA
<i>a.2. High/Scope Perry Preschool Project Community Center</i>	20 years	Poor and high-risk children age 2 thru elementary school	Student, Family, and Community	Long term studies showed program users had fewer arrests, out of wedlock births were lower, higher school graduation rates, and higher income levels	Increased graduation rates
<i>a.3. Ventura County comprehensive services</i>	Multiple years	At-risk adolescents in need of multiple services	Student, Family	Increased the percentage of children living with their families. Reduced the rate of state hospitalization. The group home placement rate was significantly and consistently lower in Ventura County than for the state as a whole. Improved school attendance.	At one specific school, students gained an average of 1.6 academic years after one year in the program.
<i>a.4. Vermont's New Directions Program-- Comprehensive services</i>	Multiple years	At-risk children in need of multiple services	Student, Family	Increased the percentage of children living with their families, and decreased the percentage of out-of-state placements. It also increased the stability of placements, and decreased the use of residential treatment center services. Increased the percentage of fully main streamed children.	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies, cont.					
<i>a-5. Local Interagency Services Projects</i>	Multiple years	Students in need of multiple services	Student	Improved functioning of students (global functioning scores). Increased percentage of children attending school; reduced suspensions, expulsions and dropping out.	None cited
<i>a-6. Barry-Gratigny school-linked services program</i>	Not found	New immigrant families	Student and Family	Social workers working in a school helped improve student attendance and language arts grades.	Improved language arts grades
<i>a-7. Decker Family Development Center</i>	Multiple years	Low-income residents	Student and Family	28% of participants used medical, educational, and social support services successfully and no longer needed the services.	None cited
<i>a-8. Family Mosaic program-- Comprehensive services</i>	Multiple years	At-risk children in need of multiple services	Student and Family	Decreased number of hospital admissions for children with histories of hospitalization. Increased parent participation and school attendance and performance.	Increased school performance.
<i>a-9. Parents and Adolescents Can Talk</i>	4 months follow-up	5th - 12th grade students and their parents	Student, Family, and Community	Higher knowledge correlated with lower rates of sexual activity for preadolescent. Higher self-esteem correlated with lower incidence of sexual activity among adolescents.	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies, cont.					
<i>a-10. Positive Adolescent Choices Training</i>	Multiple years	High-risk African American students ages 12-16	Student, School	Students showed a 50% reduction in physical aggression at school and over 50% less overall violence, juvenile court related problems.	None cited
<i>a-11. Functional Family Therapy (FFT)</i>	Unclear from information sources	Youth ages 11-18 with severe conduct problems	Student, family	FFT reports the program effectively treats adolescents with conduct problems, alcohol and drug abuse disorders, and who are delinquent and/or violent; interrupts matriculation into more restrictive, higher cost services; prevents further incidence of the problem; prevents younger children in the family from penetrating the system of care; prevents adolescents from penetrating the adult criminal system. Treatment effects transfer across treatment systems.	None cited
<i>a-12. Multidimensional Treatment Foster Care</i>	Pre and post intervention and 12-month follow-up	Teenagers with history of severe criminal behavior	Students, Family	Compared to controls, students spent 60% fewer days incarcerated; had fewer subsequent arrests; ran away from program 3 times less often; less hard drug use, quicker community placement	None cited
<i>a-13. Multisystemic Therapy</i>	Post - intervention	12 to 17 year old juvenile offenders and their families	Students, Family	25-70% reductions in long-term rates of re-arrest; 47-64% reductions in out-of-home placements; family functioning improvement; decreased mental health problems	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies, cont.					
<i>a-14. Project Taking Charge</i>	Six month follow-up	Students	Student	Students participating tended to delay initiations of sexual activity.	None cited.
<i>a-15. Graduation, Reality and Dual Role Skills Program</i>	Two years	Pregnant teens and teen parents of seventh through twelfth grade students	Student and Family	Reduced number of subsequent pregnancies, 85% retention of pregnant and parenting teens to remain in school.	None cited
<i>a-16. Projects Studying Cognitive-Behavioral Approaches in Schools</i>	Varied	At-risk students	Students	CBT programs with depression showed short term effects for boys. Significant results in reduction of total incidence rates to 14.5% for the active intervention compared to 25.7% for the control group. Tertiary treatment of depression showed statistically significant reduction in depressive symptomatology. A comparison of CBT and art therapy in children with behavior problems showed functional improvement for both conditions. Evaluations showed a decline in attendance in the control group while the treatment students showed no decline in attendance.	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention					
<i>b-1. Life Skills Training</i>	Pre- and post-tests each year, with yearly follow-ups	Middle and junior high school students	Students	Cut tobacco, alcohol, and marijuana use 50% - 75%. Long-term follow-up results show that LST: Cuts polydrug use up to 66%; Reduces pack-a-day smoking by 25%; and decreases use of inhalants, narcotics, and hallucinogens.	None cited
<i>b-2. Child Development Project (CDP)</i>	Assessment conducted each spring	3 rd - 6 th grade students, their families, and school staff	Students, Family, Staff, School	Results show an 11% drop in alcohol use, a 2% drop in marijuana use, an 8% drop in cigarette use (compared to increases in the comparison school). Pro-social behaviors increased and delinquency decreased.	None cited
<i>b-3. Project ALERT</i>	Pre-test and six follow-ups over the next five years	6th-8th grade students	Students	30-60% drop in marijuana initiation, lower consumption of marijuana and cigarettes, it helped casual smokers quit smoking, and reduced drinking level for all participants.	None cited
<i>b-4. Adolescent Alcohol Prevention Trial</i>	Pre-test with a one-year follow-up post-test	5 th graders with 7 th grade booster session	Students	Norm setting component reduced the onset of alcohol use, cigarette smoking, and marijuana use. There were no effects of the resistance skills training component.	None cited
<i>b-5. Project Northland</i>	3 years	6th-8th grade students	Students, Families, Communities	Reduced tobacco and alcohol use by 27%, reduced tobacco use alone by 37%, and reduced marijuana use by 50%. The project also had a significant impact on perceived norms among initial non-drinkers	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention, cont.					
<i>b-6. Social Competence Promotion Program for Young Adolescents</i>	Immediate post-test	Grades 5,6, or 7	not found	Participants in the program show a reduction in heavy alcohol use. The program also had a significant impact on intentions to use alcohol.	None cited
<i>b-7. Focus on Families</i>	1 & 2 year follow-ups	Addicted parents of children ages 3 to 14	Students, Family	Parent outcomes: higher scores than controls on all skill measures (e.g., problem solving; self-efficacy; social support); fewer deviant peers; 65% reduction in heroin use & less likely to use cocaine. Child outcomes: no differences in drug use or delinquency compared to controls.	None cited
<i>b-8. Midwestern Prevention Project (MPP)</i>	Pre-intervention evaluations and annually thereafter	Children ages 10-15 and their parents	Students, Families, Communities	Reductions of up to 40 percent in daily smoking; marijuana use, and smaller reductions in alcohol use maintained through grade 12 and into early adulthood (age 23); increased parent-child communications about drug use.	None cited
<i>b-9. Students Taught Awareness and Resistance (STAR)</i>	3 years	Grades 5-8	Adolescents	Reduction of tobacco, alcohol, and marijuana use by 30% after one year.	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention, cont.					
<i>b-10. Growing Healthy</i>	2 years	Grades K-6	Students	Greater increases in health-related knowledge, healthier attitudes, in application of health skills, and healthier practices compared to comparison classrooms. Students reduced tobacco use 29% by the ninth grade.	None cited
<i>b-11. I'm Special</i>	Multi-year Longitudinal study	4 th grade students	Students	Proportion of substance abusers and incidents of problem behavior were significantly lower for I'm Special graduates in grades 5-7.	None cited
<i>b-12. Know Your Body</i>	6 years	Grades K-6	Students, Families	Participating students reduced tobacco use by 73% in the 9th grade.	None cited
<i>b-13. Michigan Model for Comprehensive School Health Education</i>	Varied	Students grades K-12	Students, parents and teachers	Positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students (designated as one of the top substance abuse and violence prevention programs in US).	None cited
<i>b-14. Early Risers "Skills for Success" Program</i>	2 years	Students	Student and Family	Children in the program had gains in general classroom behavior, and later (at 3-year evaluation) gains in social skills and social adaptability.	Gains in academic achievement (especially reading skills)

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention, cont.					
<i>b-15. Preventing Substance Use Among Native American Youth: Three-Year Results</i>	3 years	Students	Students and Community	Rates of smokeless tobacco, alcohol, and marijuana use were lower for those who received the skills intervention at follow-up.	None cited
<i>b-16. Meta-Analysis of School-Based Substance Abuse Prevention Programs</i>	Varied	Students	Students	General prevention programs as effective as targeted high-risk programs. Cognitive-behavioral programs may be better for high-risk groups. Programs aimed at middle-school students and those using peer-groups were most effective.	None cited
<i>b-17. CASASTART (Striving Together to Achieve Rewarding Tomorrows)</i>	2 years	Students	Students	CASASTART youth were 60% less likely to sell drugs, 30% less likely to use drugs in the past 30 days, 20% less likely to commit a violent crime, and were more likely to be promoted to the next grade.	None cited

* For more information on each program, project or article, see Appendix C.

C. For additional analyses of the impact of Student at Family Assistance Program and services, see:

**1. School-Based Mental Health:
An Empirical Guide for Decision-Makers
by Krista Kutash, Albert J. Duchnowski, and Nancy Lynn**

The guide provides practical information and advice for those engaged in developing and implementing effective evidence-based services in the school setting. This resource (1) describes the principal models and approaches identified in the literature from mental health and education, (2) critiques the empirical support for the approaches described, and (3) suggests how science, policy, and practice can be integrated to achieve effective school-based mental health service systems through the adoption of the public health model.

<http://rtckids.fmhi.usf.edu/rtcpubs/study04/default.cfm>

**2. A Guide to Beneficial Psychotherapy
American Psychological Association, Division 12**

To address consumers' needs for information about benefits of psychotherapy, this website has been developed by the Committee on Science and Practice of the Society of Clinical Psychology, a division of the American Psychological Association, to provide brief descriptions of various psychotherapies that have met basic scientific standards for effectiveness.

http://www.apa.org/divisions/div12/rev_est/

D. Crisis Response and Prevention

The emphasis here is on responding to, minimizing the impact of, and preventing crisis. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in the creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety.



Work in this area requires (1) systems and programs for emergency / crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care), (2) prevention programs for school and community to address school safety/violence reduction, suicide prevention, child abuse prevention and so forth, and (3) relevant education for stakeholders.*

- 1. Crisis Team Response and Aftermath Intervention**
- 2. School Environment changes and School Safety Strategies**
- 3. Curriculum Approaches to Preventing Crisis Events (Personal and Social)**
 - a. Violence Prevention**
 - b. Suicide Prevention**
 - c. Physical/Sexual Abuse Prevention**

*The range of activity related to crisis response and prevention is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Crisis Response and Prevention

The need for crisis response and prevention is constant in some schools. Perhaps because few would argue against the importance of having crisis teams and crisis strategies in place before a crisis occurs, little attention has been given to testing the efficacy of such efforts. Also, relatively ignored has been the need for developing and evaluating aftermath interventions (e.g., for immediate debriefing, longer-term residual effects, PTSD). Most research in this area focuses on (a) programs to make the school environment safe as a key to deterring violence and reducing injury and (b) violence prevention and resiliency curriculum designed to teach children anger management, problem-solving skills, social skills, and conflict resolution. In both instances, the evidence supports a variety of practices that help reduce injuries and violent incidents in schools. However, given the nature and scope of preventable crises experienced in too many schools, greater attention must be devoted to developing and evaluating school-wide and community-wide prevention programs.*

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.



Table D. Crisis Response and Prevention

1. Crisis Teams, Response and Aftermath					
Title of Project/ Program *	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. School Crisis Intervention Teams</i>	1 year	All students	Students, Staff	Previous crisis drills conducted in a crisis intervention program prevented more deaths from occurring during an incident at Cleveland Elementary School where a gunman opened fire, killing 5 students.	None cited
<i>b. School-Based Health Centers and Violence Prevention</i>	Various project evaluations	Early, middle and high schools	Students	Fewer suicide attempts and fights on campus, improved attendance among truant/disruptive students, improvements in students' attitudes and behavior, and greater sense of school safety.	None cited
<i>c. Project Rebound</i>	Aftermath	All students	Students	Those in this short-term crisis therapy program reported that the counselors were supportive and allowed them to develop positive coping skills. Teachers reported greater student readiness to learn.	Teachers found that students who were involved in the program were more prepared to learn.
<i>d. Research Studies</i>					
<i>>Cokeville School Bombing Study</i>	Aftermath	All students	Students	Those students who participated most in group crisis discussion sessions recovered most quickly from a school bombing in Cokeville, WY.	None cited
<i>>Experimental study with High School Seniors</i>	Pre- and post-intervention evaluations plus a 1-year follow-up	Seniors in high school	Students	Those in a crisis coping program had scored significantly higher on self-efficacy and rational beliefs, and used more cognitive restructuring strategies when presented with a scene depicting a potentially traumatic transition.	None cited

* For more information on each program, project, or article, see Appendix D

Table D. Crisis Response and Prevention

2. School Environment Changes and School Safety Strategies					
Title of Project/Program *	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Westerly Rhode Island, School District</i>	Over a 4-year period	Students in all grades	Students, Families, Staff, School, School District	Reduced behavioral problems, schools safer and more productive for all students, dramatic drop in suspensions and other disciplinary incidents.	None cited
<i>b. Center for the Prevention of School Violence</i>	During Spring 1997	High Schools	School	36% of schools surveyed rated physical design and technology as highly effective for preventing violence in their schools. Of all surveyed safe school strategies, implementing school environment changes and/or using technology was rated as the 2nd highest effective strategy for preventing violence.	None cited
<i>c. Playground Safety Studies</i> <i>>Community Intervention</i> <i>>National SAFE KIDS Campaign</i>	Over several years Multiple years	Children, adolescents, families Students	School, Community School, Community	A multifaceted community intervention that refurbished park equipment and included safety programs for a target age group found decreased risk of injuries. Protective surfacing under and around playground equipment prevents and reduces the severity of playground fall-related injuries. Protective equipment, safe play conditions, and safety rules reduce the number and severity of sports- and recreation-related injuries.	None cited None cited
<i>d. PeaceBuilders</i>	3 years	K-5th grade	Students	Preliminary post-test results of ongoing CDC evaluation shows significant reductions in students' fighting-related injury visits to school nurse.	None cited

* For more information on each program, project, or article, see Appendix D

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal)					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention **					
<i>a-1. Second Step: A Violence Prevention Curriculum</i>	Measures at pretest, after two weeks into program, and six-month follow-up	Preschool, elementary, and junior high school students	Students	Overall decrease in physical aggression and an increase in neutral/ prosocial behavior as compared to control groups. Effects persisted six months later.	None cited
<i>a-2. Responding in Peaceful and Positive Ways (RIPP)</i>	25 Weekly Sessions	6 th graders	Students	Lower rate of fighting, bringing weapons to school and in-school suspension.	None cited
<i>a-3. First Step to Success</i>	Initial evaluation plus follow up for two years	K-3rd grade	Students, family, staff	Sustained changes in adaptive behavior, aggressive behavior, maladaptive behavior, and time spent in teacher-assigned tasks. Effects persist up to two-years beyond end of intervention phase.	None cited
<i>a-4. Project ACHIEVE***</i>	Since 1990	Elementary children with below average academic performance	Students, Family, Staff, School System	Dramatic drops in disciplinary referrals, disobedient behavior, fighting, and disruptive behavior. 75% decrease in referrals for at-risk students for special education testing. Suspensions dropped to 1/3 of what they had been three years before.	Reduction in grade retention and referral for special education.

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

*** Some multifaceted programs have been included here as well as in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal), cont.					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention, cont. **					
<i>a-5. Bullying Prevention Program</i>	2 Years	Elementary, middle and junior high school students	Students, Family, Staff	Substantial reductions in boys' and girls' reports of bullying and victimization; in students' reports of general antisocial behavior (e.g., vandalism, fighting, theft and truancy); significant improvements in the "social climate" of the class.	None cited
<i>a-6. Conflict Resolution and Peer Mediation Projects (CR/PM)</i>	Various project evaluations	Various grades (K-12)	Students, Family, Staff	Reduced frequency of fighting and other undesirable behaviors at school, increased knowledge and modified student's attitudes about conflict, improved school discipline, and increased attendance.	None cited
<i>a-7. PeaceBuilders</i>	Three year study	Elementary school children	Students, Families, Staff	Dramatic drops in school suspensions and children arrested for crimes in the community.	None cited
<i>a-8. Positive Adolescent Choices Training (PACT)</i>	Ratings before and after training	At-risk youth ages 12-16	Students (especially African-American students)	Reduction in violence-related behavior, gains in skills predictive of future abilities to avoid violence.	None cited
<i>a-9. Resolving Conflict Creatively Program (RCCP)</i>	1988-1989 school year	Preschool-12th grade students	Students, Staff	Fewer fights and less frequent name-calling.	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal), cont.					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention, cont. **					
<i>a-10. Meditation in the Schools Program</i>	Multiple evaluations, one each year	at-risk students	Students, Staff, Special Curriculum	Students were more in control and empowered, and exhibited higher self-esteem. Staff reported decreases in violence since the program's inception, and teachers witness less violence among students.	None cited
<i>a-11. Lions-Quest Working Toward Peace</i>	Varied	Students grades 6-8, teacher, principals and parents	Systemic changes	Improved school climate, fewer discipline referrals, a safer school environment, and increased family and community involvement.	None cited
<i>a-12. Metropolitan Area Child Study</i>	Two years	Students grade 2-6	Students, parents	Among one subgroup, children who were already somewhat prosocial, children showed a significant increase in prosocial behavior, although findings among other subgroups (e.g. in different experimental conditions) were mixed.	None cited
<i>a-13. Michigan Model for Comprehensive School Health Education</i>	Varied	Students grades K-12	Students, parents and teachers	Positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students (designated as one of the top substance abuse and violence prevention programs in US).	None cited
<i>a-14. Gang Resistance Education and Training (GREAT)</i>	Two years	Grade 8 students	Students	Significant impact on prosocial behaviors compared to non-participants across two evaluation studies; a third study found an increase in resistance to joining a gang and decrease in arguments with parents	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal), cont.					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention, cont. **					
<i>a-14. Gang Resistance Education and Training (GREAT)</i>	Two years	Grade 8 students	Students	Significant impact on prosocial behaviors compared to non-participants across two evaluation studies; a third study found an increase in resistance to joining a gang and decrease in arguments with parents	None cited
<i>a-15. Social Skills Group Intervention (S.S.GRIN)</i>	One year	Third grade students experiencing social problems	Students	Promoted peer liking; fewer antisocial affiliations, greater self-esteem, self-efficacy, and lower social anxiety; no differences observed in efficacy between children with different problems, no gender differences.	None cited
<i>a-16. School-Wide Program for Students with Disruptive or Externalizing Behavior</i>	Two years	Elementary students	School climate, teachers, students	Decrease in number of administrative discipline, increase in student work habits, academic performance and survival skills among students; teachers more open to working with students than control group	No differences in scores but difference in teacher ratings of academic performance
<i>a-17. Linking the Interests of Families and Teachers (LIFT)</i>	Three years	First and fifth graders located in 'high juvenile crime' areas	Parents and children	Immediate reduction in physical aggression, parent aversive behavior, increase in teacher ratings. Less aggression on playground, rated more positive by teachers. Greater delay in exhibition of problem behaviors by fifth greater, less severe behavior problems in first graders	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal), cont.					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention, cont. **					
<i>a-18. Prosocial Coping Skills Training (PCS)</i>	6 months	Aggressive elementary age students	Students	Program was associated with increased general social skills, effective communication, peer acceptance, prosocial behavior, and long-term improvements in effective communication. Results also supported program-related decreases in aggression in the short and long-term	None cited
<i>a-19. Teaching Students to be Peacemakers (TSP)</i>	4 months	1st-12th graders	Students	Increases in conflict resolution skills, negotiation, positive behavior; less antisocial and violent behavior, discipline problems, referrals.	None cited
<i>a-20. Rochester Social Problem Solving (SPS) Program</i>	3 years	2nd-5th graders	Students	Increases in problem solving, problem ID, different thinking styles, positive behavior, peer status	None cited
<i>a-21. Florida State University (FSU) Violence Prevention Program</i>	1 year	At-risk 8 th graders	Students	Decrease in suspensions and infractions on school property	None cited
<i>a-22. Prevention Program for Students with or At Risk for ED</i>	3-4 years	5-13 year olds with or at risk for ED	Students	Reduced aggression, increase in academic engagement and behavioral compliance; better outcomes with stronger intervention	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal), cont.					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3b. Suicide Prevention					
<i>b-1. Suicide Prevention Project 1</i>	12 weeks	8 th graders	Students	Increased empathy, reduced suicidality.	None cited
<i>b-2. Suicide Prevention Project 2</i>	7 weeks	11 th graders	Students	Reduced suicidal tendencies	None cited
<i>b-3. Signs of Suicide (SOS)</i>	3 months	9-12 graders	Students	Lower rates of suicide attempts, greater knowledge and better attitudes about suicide and depression	None cited
<i>b-4. Parenting Adolescents: A Creative Experience (PACE) Suicide Prevention</i>	3 months	8 th graders	Students	Increased maternal care, reduced conflict with parents, less delinquency	None cited
<i>b-5. Counselors Care (C-CARE) & Coping and Support Training (CAST)</i>	9 months	High schoolers at-risk for dropping out	Students	Faster rates of decline of positive attitudes toward suicide and suicidal ideation; improvements in personal control and problem-solving coping	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3c. Physical / Sexual Abuse Prevention					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>c-1. Good Touch/Bad Touch Program</i>	3 sessions	Pre-school to sixth-grade students	Student	Results show significant improvement in children’s ability to recognize abuse and to know what to do if it occurred.	None cited
<i>c-2. Child Abuse Listening and Mediation (CALM)</i>	Quasi-experimental; compared students on basis of participation earlier	High school students	Student	Greater understanding of subtle issues related to abuse, e.g. attribution of blame, understanding that boys and girls can both be victims	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

D. For additional analyses of the impact of Crisis Assistance and Prevention Programs see:

1. The Effectiveness of Universal School-Based Programs for the Prevention of Violent and Aggressive Behavior

Programs targeted to schools in high-risk areas are delivered to all children in a grade or school in those high-risk areas. The results of this review provide strong evidence that universal school-based programs decrease rates of violence and aggressive behavior among school-aged children. On the basis of strong evidence of effectiveness, the Task Force recommends the use of universal school-based programs to prevent or reduce violent behavior.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5607a1.htm>

2. Best Practices Registry (BPR) For Suicide Prevention

The BPR is designed to support program planners in creating effective suicide prevention programs..

http://www.sprc.org/featured_resources/bpr//index.asp

E. Home Involvement in Schooling

The emphasis here is on enhancing home involvement through programs to address specific parent learning and support needs (e.g., ESL classes, mutual support groups), mobilize parents as problem solvers when their child has problems (e.g., parent education, instruction in helping with schoolwork), elicit help from families in addressing the needs of the community, and so forth. The context for some of this activity may be a parent center (which may be part of the Family and Community Service Center Facility if one has been established at the site). Outcomes include specific measures of parent learning and indices of student progress and community enhancement related to home involvement.

Work in this area requires (1) programs to address specific learning and support needs of adults in the home, (2) programs to help those in the home meet basic obligations to the student, (3) systems to improve communication about matters essential to the student and family, (4) programs to enhance the home-school connection and sense of community, (5) interventions to enhance participation in making decision that are essential to the student, (6) programs to enhance home support related to the student's basic learning and development, (7) interventions to mobilize those at home to problem solve related to student needs, (8) intervention to elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs, and (9) relevant education for stakeholders.*

- 1. Parenting education**
- 2. Adult education/Family Literacy**
- 3. Mobilizing the home to support students' basic needs**

*The range of activity related to home involvement in schooling is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)



State of the Art for Home Involvement in Schooling

Parent education classes vary in the outcomes they hope to achieve. Evaluations indicate the promise of such programs with respect to improving parent attitudes, skills, and problem solving abilities; parent-child communication; and in some instances the child's school achievement. Data also suggest an impact on reducing children's negative behavior. *Adult education* is a proven commodity. The question here is how it impacts on home involvement in schooling and on the behavior and achievement of youngsters in the family. Few studies have focused on this matter and even fewer have focused on family literacy approaches. The adult education studies included here report highly positive outcomes with respect to preschool children, and a summary of findings on family literacy reports highly positive trends into the elementary grades. More broadly, efforts to mobilize those in the home to address students' basic needs show effects on a range of behaviors and academic performance.

In general, research findings over the past 30 years have consistently shown home involvement in schooling has a positive impact on youngster's attitudes, aspirations, and achievement. The tasks ahead include expanding the focus beyond thinking only in terms of parents and expanding the range of ways in which schools connect with those in the home. In particular, more intensive efforts must focus on those in the home who have the greatest influence on a student's well being and with whom it has proven difficult to connect. New approaches must be developed and evaluated to clarify how best to involve such hard-to-reach individuals (e.g., perhaps by starting with strategies that address their needs, as contrasted with trying to make them take greater responsibility for their children's problems).*



*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table E. Home Involvement in Schooling

1. Parenting Education					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Adolescent Transitions Program (ATP)</i>	Pre- & post-test with one year follow-up	High-risk teens	Student, Family, Staff, School, School District	Effectively engaged students & parents; taught skills; and improved parent-teen relations. Parent component lowered aggressive & delinquent teen behavior; teen component increased problem behavior.	None cited
<i>b. Iowa Strengthening Families</i>	Post-test; 1 & 2 year follow-ups	Sixth grade and families	Students, Family	Parental improvement in child management; increased parent-child communication; more child involvement in family; lower rates of alcohol initiation; 60% reduction in alcohol use.	None cited
<i>c. MELD Young Moms</i>	Post-test study of 7 sites	Young children and their mothers	Students, Family	Positive shift in parental attitudes about parenting and children; parents showed more appropriate expectations; increased awareness of child's needs; reduced corporal punishment.	None cited
<i>d. Parent Child Development Center Programs</i>	2 year follow-up	Low income families with young children and infants	Students, Family	Compared to controls: more positive mother-child interactions; improved mothers' positive control techniques; improved mothers' use of affection and praise; decreased destructive behavior; enhanced achievement.	Compared to controls: increased IQ and cognitive ability; increased school achievement

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

1. Parenting Education, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>e. Parent to Parent</i>	Post-test and follow-ups	Parents	Students, Family	89% showed greater understanding of role in preventing children's substance use; 91% changed way they communicated with children; 75% community involvement in prevention; 91% talk more with children about drugs	None cited
<i>f. PeaceBuilders</i>	Three year study (currently underway). Pilot data results reported.	Elementary children (K - 5) & parents	Students, Family, Staff	Pilot data indicate reduction in teachers' estimates of aggressive behavior/social skills; referrals to principal; school transfers; playground aggression; suspensions; and fights.	None cited
<i>g. Preparing for the Drug Free Years</i>	Ongoing pre- and post-intervention study. Preliminary results reported.	Parents of children grades 4-8; Low income; Multi-ethnic	Students, Family	Positive effects on parenting behavior; increased parental appreciation for parent-child bonding and providing child with meaningful family role; greater parental understanding about adolescent drug social context; more parents had family meetings.	None cited
<i>h. Syracuse Family Development Research Program</i>	10 year follow-up	Young children and parents	Students, Family	Compared to controls: (1) 6% (compared to 22% for controls) had official delinquent records; (2) fewer serious offenses; (3) girls showed higher self-esteem; (4) parents were more proud of children; (5) higher educational goals and achievement.	Relative to controls, girls showed better grades and had higher teacher ratings of school achievement

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

1. Parenting Education, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>i. Teachers Involve Parents in Schoolwork (TIPS)</i>	One year	Sixth and eighth graders, mostly African American; from low-achieving schools	Students, family	Writing scores and language-arts report card grades improved; parent participation added to writing scores; doing more TIPS homework positively associated with language-arts report card grades; students with lower grades were more positive about the program.	Writing scores and language-arts report card grades improved
<i>j. Home Instruction Program for Preschool Youngsters (HIPPY)</i>	Two years; 1 year follow up	Four and five year old children from poor and immigrant families	Students	Children in one of the cohorts examined scored higher than control group on the Cooperative Preschool Inventory (CPI); in first grade, children in HIPPY cohort 1 had better adjustment than control group. In follow up, Cohort 1 HIPPY children scored higher than controls on the Metropolitan Achievement Test (MAT). Results only found among cohort 1.	At 1 year follow up, program children scored higher than controls on the Metropolitan Achievement Test (MAT).

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

2. Adult Education/Family Literacy					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Family Literacy Research Summary (including Even Start)</i>	Multi program, Multi year, follow-up	Families	Family; Student	Adults show greater gains in literacy than adults in adult education program & are less likely to dropout. Child participants demonstrate greater gains than those in child-focused programs.	Children were rated by teachers as “average or above” on overall academic performance.
<i>b. Family Intergenerational-Interaction Literacy Model (FILM)</i>	Pre- & post intervention	Preschool children and families	Students, Family	Improved teacher reports of parent involvement in their children's education; Scored higher on school readiness indicators than comparisons.	Ranked by teachers as better academically.
<i>c. Mother-Child Home Program (MCHP) of the Verbal Interaction Project, Inc.</i>	2 years; high school graduation follow-up	Ages 2 to 4 and parents	Students, Family	Children at risk for educational disadvantage were no longer so.	Met national achievement test norms in elementary & graduated from high school at normal rate.
<i>d. Parents as Teachers</i>	First year evaluation & 3 year follow-up	Parents of children below age 3	Student, Family	Parents showed more knowledge & better child-rearing practices, were more likely to regard school district as responsive, were more involved in children’s school, and were more likely to have children's hearing tested. Enhanced achievement.	Scored higher than comparison on Kaufman Assessment Battery for Children, Zimmerman Preschool Language Scale, standardized reading/mathematics.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

2. Adult Education/Family Literacy, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>e. Early Access to Success in Education (EASE)</i>	One year	Kindergartners and their parents	Kindergartners	Compared to a control group, participants showed gains in language scores; the more activities the family completed, the greater the gains. Greatest gains were seen among low-achieving students	Showed greater gains in language scores than control group

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Child Development Project (CDP)</i>	Multi-year; Assessment conducted each Spring	Grades 3 to 6, families, & school staff;	Student, Family, Staff	11% drop in alcohol use; 2% drop in marijuana use; 8% drop in cigarette use (compared to increases in the comparison school). Pro-social behaviors increased and delinquency decreased.	None cited
<i>b. Families and Schools Together (FAST)</i>	Pre- & post-program & 3 year follow-up	Parents of children at risk for substance abuse & other problems; Multilingual groups	Student, Family	Improved: parent-child relationships; family functioning; parental school involvement; family networking; child attention span & self-esteem; Decreased child behavior problems. Follow-up showed increased: parental counseling/alcohol treatment; employment/school enrollment; & community/school involvement.	None cited
<i>c. Seattle Social Development Project</i>	Evaluations at grade 2, 5, 6 & 11.	Grade school and middle school, with parent training component	Student, Family, Staff	Lower levels of aggression and antisocial behaviors, self- destructive behaviors; less alcohol and delinquency initiation; increases in family management practices, communication, and attachment to family; more attachment and commitment to school; less involvement with antisocial peers; reduced involvement in violent delinquency, sexual activity, being drunk and drinking and driving.	None cited

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs, cont.					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>d. Project ACHIEVE</i> **	3 year program; Since 1990	Pre-K to Middle School	Student, Family	Academic improvements for those students whose parents were trained in the Parent Drop-In Center; improvement in teachers' perception of school climate; 28% decline in total disciplinary referrals; decline in suspensions from 9% to 3%	75% decrease in referrals to special ed; 67% decrease in special ed placements; reduced student grade retentions; increase in students scoring above 50th percentile in achievement tests.
<i>e. Early Intervention for School Success (EISS)</i>	First year evaluation and 3 year follow-up	Kindergarten	Student	Gains in receptive language, visual motor integration, & achievement after 1 year.	Maintained reading gains through grade 3 & fewer grade retentions.
<i>f. Effective Black Parenting Program (EBPP)</i>	Pre- & post-evaluation	African-American children ages 2 to 12	Student, Family	Compared to controls, showed reduction of parental rejection, improved family quality, improved child behaviors	None cited
<i>g. Enriching a Child's Literacy Environment (ECLE)</i>	Pre- & post-intervention	Ages 6 months to 3 years	Student, Family	Improvements on Mental Development Index & Psychomotor Development Index (Bayley Scales of Infant Development). For every month in program, showed 2 months of growth relative to the normative group.	None cited.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs, cont.					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>h. Perry Preschool Program</i>	Pre- & 15 year follow-up	Ages 3 and 4	Student, Family	Compared to controls showed less delinquency, fewer arrests at age 19, less gang fights and police contact, less antisocial behavior through age 15, less school dropouts (33% vs 51%), higher GPAs, and more high school graduations	Compared to controls, showed higher scores on intellectual ability and high school grades
<i>i. Family Advocacy Network (FAN Club)</i>	Pre- & post-evaluation	Parents of children ages 10 to 12	Student, Family	Greater ability to refuse alcohol, marijuana, and cigarettes; increased knowledge of health consequences of substances	None cited
<i>j. Los Ninos Bien Educados</i>	Initial field test in 1980's	Newly immigrated Latino kindergarten children & parents	Student, Family	Compared to controls, program parents perceived relationship with children as better or much better; teacher & parent rated child behavior improvements	None cited
<i>k. Project P.I.A.G.E.T.</i>	First year evaluation and 2 year follow-up	Preschool and kindergarten children & parents (Limited English Speaking)	Student	After 1 year, higher than comparison on receptive language & reading readiness.	Sustained gains for 2 years in English language reading, language, and mathematics.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs, cont.					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>l. First Step to Success</i>	Pre- & post-intervention & 2 year follow-up	Grades K to 3	Student, family	Sustained changes in: adaptive behavior; aggressive behavior; maladaptive behavior; and time spent engaged in assignments.	None cited
<i>m. Parent-Teacher Intervention Project (P-TIP)</i>	Pre- & post-intervention & 2 year follow-up	Preschool children with social withdrawal or conduct problems	Student, parents	Parents rated experimental children's social skills as improved (although not a significant difference); parents rated both experimental children and controls with decreased problem behaviors (but no significant difference between the groups)	None cited.
<i>n. Preventive Treatment Program</i>	Post-intervention; 3 & 5 year follow-ups	7-9 year old boys who display problem behavior	Student, Family	Treated boys: were less likely to trespass, steal, and fight; were better adjusted in school; showed less serious difficulties in school. At age 15, they were less likely to report: gang involvement; having been drunk or taken drugs in the past 12 months; committing delinquent acts; and having friends arrested by the police.	Treated boys were less likely to be held back in school or placed in special education classes compared to controls.
<i>o. Strengthening Families Program (SFP)</i>	Pre- & post-intervention; 5 year follow-up	Ages 6 to 10; Substance-abusing families	Student, Family	Reduction in family conflict; improvement in family communication and organization	None cited
<i>p. Webster Groves Even Start Program</i>	Pre- & post-intervention	Families with children ages 0-7	Student, Family	Parents showed significant increases in passing GED & parenting knowledge skills; took more responsibility for child's growth and development; and achieved personal goals.	Children showed increased receptive vocabulary; were equal to other children in preschool skills by kindergarten.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs, cont.					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>q. SAFE Children (Schools and Families Educating Children)</i>	pre-test, midtest, posttest, follow up over 24 month period	Low income, At-risk 5-6 year olds	Student, family	Intervention children showed greater academic growth; reading scores at follow-up were 4 months ahead of control group; parents maintained involvement in child's academic life	Intervention children showed greater academic growth; reading scores at follow-up were 4 months ahead of control group

* For more information on each program, project or article, see Appendix E

E. For additional analyses of the impact of Home/Parent Involvement see:

1. Building the Future of Family Involvement

This double issue of The Evaluation Exchange examines the current state of and future directions for the family involvement field in research, policy, and practice. Featuring innovative initiatives, new evaluation approaches and findings, and interviews with field leaders, the issue is designed to spark conversation about where the field is today and where it needs to go in the future.

Harvard Family Research Project

www.hfrp.org

2. Results of Family and Community Involvement for Student Success in School

National Network of Partnership Schools

John Hopkins University

<http://www.csos.jhu.edu/p2000/publications/research.htm>

F. Community Outreach for Involvement and Support

The emphasis here is on outreaching to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (a) public and private community agencies, universities, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. A Family and Community Service Center Facility would be an ideal context for some of this activity. Outcomes include specific measures of community participation and indices of student progress and community enhancement related to use of volunteers and use of additional community resources.



Work in this area requires (1) programs to recruit community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, award, incentives, and jobs; formal partnership arrangements), (2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), (3) outreach programs to hard-to-involve students and families (those who don't come to school regularly--including truants and dropouts), (4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs), and (5) relevant education for stakeholders.*

- 1. Mentor/volunteer programs**
- 2. School-community partnerships**
- 3. Economic development**

*The range of activity related to community outreach is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Community Outreach for Involvement and Support



Mentoring and volunteer programs have increasingly popular. Available data support their value for both students and those from the community who offer to provide such supports. Student outcomes include positive changes in attitudes, behavior, and academic performance (including improved school attendance, reduced substance abuse, less school failure, improved grades).

Also increasing in popularity are programs that outreach to the community to develop school-community collaborations. Indeed, After surveying a variety of school-community initiatives, Melaville and Blank (1998) conclude that the number of school-community initiatives is skyrocketing; the diversity across initiatives in terms of design, management, and funding arrangements is dizzying and daunting. Their analysis suggests (1) the initiatives are moving toward blended and integrated purposes and activity and (2) the activities are predominantly school-based and the education sector plays "a significant role in the creation and, particularly, management of these initiatives" and there is a clear trend "toward much greater community involvement in all aspects" of such initiatives -- especially in decision making at both the community and site levels. They also stress that "the ability of school-community initiatives to strengthen school functioning develops incrementally," with the first impact seen in improved school climate. With respect to sustainability, their findings support the need for stable leadership and long-term financing. Finally, they note

The still moving field of school-community initiatives is rich in its variations. But it is a variation born in state and local inventiveness, rather than reflective of irreconcilable differences or fundamental conflict. Even though communication among school-community initiatives is neither easy nor ongoing, the findings in this study suggest they are all moving toward an interlocking set of principles. An accent on development cuts across them all. These principles demonstrate the extent to which boundaries separating major approaches to school-community initiatives have blurred and been transformed. More importantly, they point to a strong sense of direction and shared purpose within the field.

(cont.)

Community Outreach (cont.)

Many of these collaborations involve efforts to create comprehensive approaches to support and strengthen students, families, and neighborhoods (see Part IV). The complexity of the work is making program evaluation difficult to carry out. Based on her analysis of such programs, Schorr (1997) concludes that a synthesis is emerging that "rejects addressing poverty, welfare, employment, education, child development, housing, and crime one at a time. It endorses the idea that the multiple and interrelated problems . . . require multiple and interrelated solutions."

A reasonable inference from available data is that school-community collaborations can be successful and cost-effective over the long-run. They not only improve access to services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and family involvement. A few have encompassed concerns for economic development and



have demonstrated the ability to increase job opportunities for young people. At the same time, where the primary emphasis of school-community collaborations has been on restructuring community programs and co-locating some services on school sites, one negative side effect is the emergence of a new form of fragmentation as community and school professionals engage in a form of parallel play at school sites.

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Research review of volunteering effects on the young volunteer</i>	Various	Adolescents	Student	Volunteering relates to reduced rates of suspension from school, school dropout, teen pregnancy, improved self-concept, improved achievement, and better attitude toward society. The conditions of volunteering (e.g., number of hours, type of work), and age of volunteer can effect outcomes	Review indicated that volunteering relates to reduced rates of course failure and improvement in reading grades.
<i>b. Big Brothers / Big Sisters of America</i>	18-month experimental evaluation	Young children in need for guidance	Student	Mentored youth were 70% less likely to engage in drug or alcohol use, one-third less likely to hit someone, and skipped fewer classes and half as many days of school. Improved relations with parents and peers. Some achievement gains.	Mentored youth showed modest gains in their grade point averages with the strongest gains among the Little Sisters. They also felt more competent about doing their schoolwork.
<i>c. Juvenile Mentoring Program (JUMP)</i>	2-year evaluation	At-risk young people in need of positive role models	Student	Mentoring reduces anti-social behavior, including alcohol and other drug abuse. 30% of the participants showed improvement in their school attendance and performance, 35% showed improvement in their general behavior, and 48% increased the frequency of appropriate interactions with peers.	30% of the participants showed improvement in their school performance.

* For more information on each program, project, or article, see Appendix F.

Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>d. Volunteers in Maryland's schools</i>	Ongoing	Schools in Maryland	School system, Student	School programs have been positively impacted by volunteer services, including an increase in resources for instructional programs, improvement in students' behaviors, and more use of school facilities after regular school hours. Volunteer services were seen as making a significant contribution to school programs.	None cited
<i>e. Volunteer projects in San Francisco (1) Project Book Your Time, (2) Project Interconnections II, (3) Project Math in Action, (4) Project Think/Write</i>	1.) 1985-1986, 1986-1987 annual evaluations, 2.) 1986-1987 annual evaluation 3.) 3-year project evaluation 4.) 1987-1988 annual evaluation	1.) Immigrant students K-5 in San Francisco 2.) High school students in San Francisco 3.) Math students 4.) Middle and high school students	Student	1.) Questionnaires showed positive reactions to the program by teachers and volunteers. 2.) Volunteer college students were more likely to enter a career of foreign language teaching. 3.) Improvements in attitudes towards mathematics 4.) Data found positive impacts on volunteers and teachers.	1.)The school that implemented the literacy project school wide achieved greater gains in reading and language arts than the school with limited participation. Both schools scored higher than control schools 2.)By the end of the program, participating students were more confident and fluent in the foreign language being learned. 3.) Improvements were seen in student problem-solving performance 4.) Improved critical thinking and writing skills as preparation for future employment

* For more information on each program, project, or article, see Appendix F.

Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>f. Senior citizen volunteers in the schools</i>	None cited	Elementary school children	Student, Senior Citizen	Provided elementary school children with caring and supportive senior citizens while also allowing older adults to engage in meaningful activities in a school setting that proved to be valuable.	None cited
<i>g. Adopt-A-Grandparent Program</i>	1 year evaluation	Dade County Public School students (Miami, FL)	Student	Improved all participating students' self-concepts and at-risk students' attitudes toward the elderly. Some positive impact was noted in senior citizens, particularly with respect to depression, but these changes were not as consistently positive as were those for students	None cited
<i>h. Teen Line</i>	Various; follow-ups up to 10+ years	Troubled adolescents 13-17 years old	Student	Between 1981 and 1992, the hot line serviced over 127,000 calls. In 1991 and 1992 alone, over 33,000 calls were answered. When compared to a matched, non-volunteer peer group, Teen Line volunteers' level of social concern and empathy was significantly higher.	None Cited
<i>i. Teen Outreach Program (TOP)</i>	10 year evaluation	Young people ages 12-17	Student	When compared with non-participants, 8% lower rate of course failure; 18% lower rate of suspension; 33% lower rate of pregnancy; and 60% lower school failure and dropout rate.	8% lower course failure.
<i>j. DAYS La Familia Community Drug and Alcohol Prevention Programs (ATOD)</i>	2 year evaluation, including 6, 12, & 18 month follow-ups	Hispanic families with high-risk youth 6-11 years old	Student, Family	92% retention rate and over 80% attendance per session. Families more willing to discuss alcohol, tobacco, and other drug issues openly and made positive steps toward empowerment.	None cited

* For more information on each program, project, or article, see Appendix F.

Table F. Community Outreach for Involvement and Support

2. School-Community Partnerships					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Alliance School Initiative</i>	multiple years	Community, schools, and students (K-12)	Community, Student	School-community teams have developed neighborhood efforts to counter gang violence and ease racial tensions, introduced tutorial and scholarship opportunities, developed after-school and extended-day programs, and made substantive changes in the curriculum, scheduling and assessment methods.	None cited
<i>b. Avance</i>	Long-term follow-up	Young children from low-income families	Student, Families	Passes literacy from parent to child as well as reduces child abuse, mental health problems, and juvenile crime. Improves school performance.	Long-term follow-up studies show that 90% are graduating from high school and half go on to college.
<i>c. Be A Star</i>	1-year evaluation	Children (5-12 years old), families, schools	Student, Families, School	Compared to controls, participants showed higher levels of family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding.	None cited

* For more information on each program, project, or article, see Appendix F.

Table F. Community Outreach for Involvement and Support

2. School-Community Partnerships, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>d. The Jackson School</i>	Qualitative, case-study evaluation based on a two-day site visit	6 th - 8 th grade students	Student	As contrasted with other alternative schools, student and teacher perspectives of effectiveness are generally satisfactory. The school ensures small classes; maintains student's individual attention and supports families in times of crisis.	None cited
<i>e. Merritt Elementary Extended School</i>	multiple years	Elementary School students (K-5)	Student	Evolved into a community of caring and involved people, maximizing the potential of both its students and staff. Suggests outcome for student educational progress and success.	Suggested
<i>f. Beacon Schools (NY)</i>	multiple years	Students and adults	Students, Families, and Community	Fewer felony arrests among neighborhood youth; improved attendance and academics.	One school rose from 580 th to 319 th in reading achievement three years after the intervention.
<i>g. Young & Healthy</i>	Annual evaluation (5-year period)	Uninsured children needing health care services	Student	During the program's first year, 600 appointments were made. By the 2nd year, 1200 appointments were made. Expanded to the entire school district. By its 5th year, the program made 4800 appointments and has over 400 doctors on their referral list.	None cited
<i>h. Communities in Schools</i>	One year	Mostly middle and high school students (some elementary)	Student	77% of students were still in school or had graduated; improvement in attendance greatest for students with the most attendance problems before the program. Students enrolled in CIS program at alternative schools showed more improvement than those at traditional schools.	Improvement greatest for students with moderate or serious initial grade problems; 49% improved GPA by end of the year.

* For more information on each program, project, or article, see Appendix F.

Table F. Community Outreach for Involvement and Support

3. Economic Development/ Community Rebuilding					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Job Opportunities and Basic Skills (JOBS)</i>	10+ years	Families on welfare	Families, Parents	Employment rates of 66-91% and slightly higher rates for those attending four-year colleges.	None cited
<i>b. Pacoima Urban Village</i>	Ongoing since 1995	Residence of the Pacoima Urban Village and cooperating employers	Community	Has registered over 800 villagers, and has become a focal point for villagers to find employment and develop ways to work together and help each other.	None cited
<i>c. Job Corps</i>	Ongoing	Disadvantaged students ages 16 and older	Students, Community	More than 75% become employed, obtain further training, or join the military. Completion of training is associated with better jobs and higher wages.	None cited
<i>d. Annie E. Casey Foundation's Rebuilding Communities Initiative</i>	Ongoing	All in the community	Community	In it's formative stages: 5 communities have developed neighborhood governance collaborative's, a community-driven comprehensive community building plan, and are developing implementation capacity.	None cited

* For more information on each program, project, or article, see Appendix F.

F. For additional analyses of the impact of Community Outreach for Involvement and support, see:

1. Communities in Schools

Communities In Schools is the nation's largest dropout prevention organization. The mission of Communities In Schools is to champion the connection of needed community resources with schools to help young people successfully learn, stay in school and prepare for life.

<http://www.cisnet.org/>

2. National Service-Learning Clearinghouse

Learn and Serve America's National Service-Learning Clearinghouse (NSLC) operates America's premier website supporting the service-learning efforts of schools, higher education institutions, communities, and tribal nations. We offer timely information and relevant resources, thousands of free online resources, the nation's largest library of service-learning materials, national service-learning email discussion lists, and reference and technical assistance services

<http://www.servicelearning.org/>

IV. Examples of Multifaceted Approaches

» *URBAN LEARNING CENTER: A New American School Model for Comprehensive School Reform*

ELIZABETH LEARNING CENTER

With the full commitment of the school staff, the Los Angeles Unified School District's administration, the teachers's union, and a variety of community partners, a "break-the-mold" school reform initiative was set in motion in the small city of Cudahy, California. In pursuit of this education imperative, the New American Schools Development Corporation and the district's reform movement (called LEARN) played a catalytic role in transforming a former elementary school into the Elizabeth Learning Center. The ongoing, intensive commitment as the various school and community partners is producing a pre-K through 12 urban education model that the U.S. Department of Education recognizes as an important *evolving* demonstration of *comprehensive* school reform. This recognition has resulted in the design's inclusion, as the *Urban Learning Center Model*, in federal legislation for comprehensive school reform as one of 22 outstanding models that schools are encouraged to adopt. Moreover, the design already has contributed to adoption of major new directions by the California state Department of education and by LAUSD Board of Education (e.g., each has adopted the concept of *Learning Support*).

Efforts at Elizabeth Learning Center are pioneering the process of moving school reform from an insufficient two component approach to a model that delineates a third essential component. That is, the design not only focuses on reforming (1) curriculum/instruction and (2) governance/management, it *addresses barriers to learning* by establishing (3) a comprehensive, integrated continuum of *learning supports*. As it evolves, this Learning Support (or Enabling) Component is providing local, state and national policy makers with an invaluable framework and concrete practices for enabling students to learn and teachers to teach. Key to achieving these educational imperatives is a comprehensive and ongoing process by which school community resources are restructured and woven together to address barriers to learning and development.

By calling for reforms that fully integrate a focus on addressing barriers, the concept of an Enabling or "Learning Supports" Component provides a unifying concept for responding to a wide range of psychosocial factors interfering with young people's learning and performance and encompasses the type of models described as full-service schools - and goes beyond them in defining a comprehensive component for addressing barriers to learning and promoting healthy development. That is, besides focusing on barriers and deficits, there is a strong emphasis on facilitating healthy development, positive behavior, and assets building as the best way to prevent problems and as an essential adjunct to corrective interventions. Emergence of a comprehensive and cohesive enabling or Learning Supports component requires policy reform and operational restructuring that allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to programs at the school. Ultimately, this will involve extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs. In the process, mechanisms must be developed to coordinate and eventually integrate school-owned enabling activity and school and community-owned resources. Restructuring must also ensure that the component is well integrated with one developmental/instructional and management components in order to minimize fragmentation, avoid marginalization, and ensure that efforts to address problems (e.g., learning and behavior

problems) are implemented on a school-wide basis and play out in classrooms.

Operationalizing such a component requires formulating a delimited framework of basic programmatic areas and creating an infrastructure to restructure enabling activity. Such activity can be clustered into six interrelated areas: (1) classroom-focused enabling which focuses specifically on classroom reforms that help teachers enhance the way they work with students with “garden variety” learning, behavior, and emotional problems as a way of stemming the tide of referrals for services; (2) support for transitions such as providing welcoming and social support programs for new students and their families, articulation programs, before and after school programs; (3) crisis response and prevention; (4) home involvement in schooling; (5) students and family assistance which encompasses provision of a full range of health and human services offered in the context of a family resource center and a school-based clinic; and (6) community outreach which includes an extensive focus on volunteers.

Progress to Date

Extensive progress has been made in designing the Elizabeth Learning Center. But there is much more to be done, and several critical facets are just being developed. Two integrally related program areas are among the many where a good foundation has been laid, and the site can now make great strides forward. One area encompasses efforts to enhance school readiness (e.g., by adding Head Start); the other area focuses on improving the educational and vocational opportunities of adult family members (e.g., by expanding the nature and scope of adult community on campus). Furthermore, through an integrated approach to these concerns, there will be an increased presence of the adult community on campus. (Early in the reform process the site developed a contract with the local community adult school and began offering ESL classes, pre-GED preparation, citizenship, computer literacy, and parenting and parent leadership training. Over 1000 adults weekly attend classes from 7:30 a.m. to 9:00 p.m. Two parent cooperative child care centers are available day and evening to enable parent attendance.) Such additions should contribute in many ways to the educational mission. For example, it can reduce student misbehavior, and this, along with observation of the commitment to education and career preparation of adults from the community, can allow for greater involvement of students in classroom learning.

Elizabeth Learning Center in Los Angeles began implementation of the Urban Learning Centers design in 1993-94 when it had a population of about 1,600 students in grades K-8. Since then, it has grown to a population of about 2,800 students in grades K-12. Currently, ELC has about 2200 students in grades K-8 and less than 600 students in grades 9-12.

STANFORD 9 TEST RESULTS: Stanford 9 tests measure achievement in reading, mathematics and language in grades 1 through 11, 11th grade testing first having been added in 1998. Scores for each grade level in each subject area are reported as mean scores. To enable comparison to national norms, the scores are calculated as "percentile at the mean" scores, or percentiles in relationship to national norms. Data are taken from LAUSD scores for students proficient in English and Limited English Proficient students who have added English instruction to their curriculum. Between 1997 and 1998, Stanford 9 test scores in reading and math increased at almost all of Elizabeth's grade levels. The scores increased in reading and math at 17 of 20 data points. In 1998, all but 2 classes increased their scores in

(cont.)

(Progress cont.)

DROP OUT RATES: In 1997-98, Elizabeth's drop out rate was 1.22%, a decline from its already low drop out rate of 2.14% in 1996-97. The rate was lower than Elizabeth's cluster's rate of 5.28% and the District's rate of 7.84%.

ABSENTEEISM: Although enrollment at ELC increased by about 100 students between 1993-94 and 1997-98, the dramatic increase did not depress attendance rates as often happens when students and teachers are adjusting to a new environment. Elizabeth's attendance rate remained at or above 92% during the 4 years, slightly exceeding the District's rate of about 91%.

PARENT INVOLVEMENT: Parent presence at ELC increased dramatically. In the past, parents came to campus solely for special occasions. Now, more than 1,000 parents and others attend adult education classes each week. Parents and community members volunteer over 12,000 hours each year. During the 1997-98 school year, 55 volunteers worked 14,807 hours, the equivalent of \$133,281 in free services to the school. In 1996-97, 75 volunteers worked 12,621 hours for a \$113,589 equivalent during 1996-97. In contrast, two neighboring schools do not keep track of the hours spent by only a few random volunteers. An administrator at a neighboring school characterized volunteerism there as "extremely sporadic." Because more parents are learning English at adult school classes offered on campus, Elizabeth Learning Center finds an increasing number of students from Spanish speaking homes enter school already speaking both languages. As a result, fewer bilingual classes are needed in the early grades.

AWARDS: Urban Learning Centers is listed as one of 17 nationally recognized designs eligible for funding through the federal Comprehensive School Reform for Title I School Act. In 1998-99, 30 Elizabeth Learning Center students received Recognition or Honors in California's Golden State Exams. Three students received Honors placing them among the top 10% of California students taking the exams; 27 students received Recognition placing them among the top 30% of California students taking the exams.

References:

Opening the Gates: Learning Supports at Elizabeth Learning Center (1998). School Mental Health Project, Department of Psychology, UCLA, Los Angeles, CA 90095-1563; Phone: (310) 825-3634; Fax: (310) 206-8716; web: <http://smhp.psych.ucla.edu>, Email: smhp@ucla.edu

Urban Learning Center Model (1998). A design for a new learning community. Los Angeles Educational Partnership.

Adelman, H.S. & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full-service schools. *American Journal of Orthopsychiatry*, 67, 408-421.

For more information, contact:

UCLA School Mental Health Project; Phone: (310) 825-3634; Fax: (310) 206-8716;
web: <http://smhp.psych.ucla.edu>; Email: smhp@ucla.edu

» ***ATLAS COMMUNITIES: A New American School Model for Comprehensive School Reform***

The ATLAS Communities project supports schools across the country in becoming extended, democratic learning communities. Schools join a network that is actively engaged in a comprehensive, systemic approach to change. The project is a cooperative effort among four educational organizations: (1) Coalition of Essential Schools (Brown Univ., T. Sizer, Chairman), (2) Education Development Center, Inc. (J. Whitla, President), (3) Project Zero (Harvard Univ., H. Gardner, Co-director), and (4) the School Development Program (Yale University, J. Comer, Director).

As described: "The ATLAS design joins strong organizational and community support with ongoing professional development to improve learning outcomes for all students. A fundamental element of the ATLAS design is a K-12 school pathway that creates a personalized learning environment for all students. Across the pathway, teams of teachers design, implement, and evaluate coherent curriculum and assessment strategies that help students develop essential skills, habits, and understandings. Learning within the ATLAS Pathway is supported by school-based and pathway-wide management and organizational structures that promote sustained professional development and collaboration among school and community stakeholders." Atlas is built on five principles: (1) authentic teaching and learning, (2) ongoing cycles of planning, action, and reflection, (3) relationships matter, because learning is a social activity, (4) shared leadership, commitment, and communication build a collaborative culture for learning, (5) members of ATLAS schools and pathways see themselves as part of broad, integrated learning communities.

A key feature with respect to addressing barriers to learning is the *Community Health Team*. This team "operates on the belief that schools promote high student achievement when they attend to the physical, psychoemotional, and social-interactive development of students." It is made up of health and social service providers "to prevent and address behavior problems and to create a school climate that is safe and supportive." The team works with teachers to "sharpen their observation skills and alter classroom practices to meet all children's needs." It coordinates the work of service providers as they assist individual students. It also tracks and analyzes individual referrals to identify issues of schoolwide concern that the school planning and management team can then address.

In addition, parents and community members are mentors to students working in the community, volunteers in the schools and classrooms, and decision-makers on planning and management teams. They are outreach workers building bridges between school and community, and they are their children's first and most valued teachers.

Does ATLAS work? The program leaders state: "Although ATLAS Communities is a relatively new entity, the four partner organizations who joined together to create ATLAS have long individual histories. They share over eighty years of successful efforts in working with schools across the country. The Coalition of Essential Schools at Brown University, founded in 1984, has grown to a partnership of over 350 schools. The Project Zero Development Group at Harvard has been conducting research and working in schools since 1967. The Comer School Development Program began its work in the New Haven, Connecticut schools in 1968. The oldest of the organizations, Education Development Center, just celebrated its 35th year of working in all areas of school improvement both nationally and internationally. These four organizations are each well known for different aspects of the school improvement process, and the power of ATLAS Communities lies in the synergy of this partnership."

For more information, contact:

ATLAS Communities, Education Development Center, 55 Chapel Street, Newton, MA 02160
Ph: (617) 969-7100

New American Schools Development Corporation, 1000 Wilson Blvd., Suite 2710, Arlington, VA 22209
Ph: (703) 908-9500

» **COMMUNITY SCHOOLS**

Children involved in the Children's Aid Society (CAS) Community Schools' initiative have boosted their reading and math scores each year, even though more than half of them have limited English proficiency. Suspensions are down, and parental involvement is strong. Also, attendance records for teachers and students are among the highest in New York City. CAS is a partnership between the NY City Board of Education, the school district and community organizations. The program serves predominantly new immigrants with low income. Their goal is to develop a model of public schools that combines teaching and learning with the delivery of a variety of social, health and youth services emphasizing community and parental involvement.

Reference:

Learning Together: A Look at 20 School-Community Initiatives. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. <http://www.mott.org>

For more information, contact:

Pete Moses, Children's Aid Society, 105 E. 22nd St. NY, NY 10010. (212) 949-4921.

The West Philadelphia Improvement Corps is a school-community program that provides education, recreation, social and health services for students and neighborhood residents. Thirteen elementary, middle and high schools serve as sites for activities during and after school that focuses on areas such as health, environment, conflict resolution, peer mediation and extended day apprenticeships in the construction trades. This initiative showed a variety of positive effects over a four-year period. Attendance and grade promotion rates improved 3% for students enrolled at Turner Middle School while suspensions dropped by 65%. During the same period, student involvement in school tripled, and parent attendance at school functions increased by 50%.

Reference:

Learning Together: A Look at 20 School-Community Initiatives. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. <http://www.mott.org>

For more information, contact:

Joann Weeks, WEPIC, 133 S. 36th St., Suite 519, Philadelphia, PA 19104-3246. (215) 898-0240.

» A FEW OTHER COMPREHENSIVE MODELS

Families And Schools Together (FAST): This family-based program is designed to reduce causal factors related to three problems: alcohol and drug use; violence and delinquency; and school dropout. It has been implemented at more than 250 sites in 24 states and Canada and has been translated into Spanish and used with multilingual groups. Targets schoolchildren (ages 4 to 9) who have been found in kindergarten to have high rates of aggression, noncompliance, and behavior problems. Evaluations indicate that families participating in the first phase (8 weeks) of the program demonstrated an increase in children's attention spans and self-esteem; decrease in children's problem behaviors; stronger parent-child relationships; enhanced overall family functioning; greater family networking; and greater level of comfort in families' dealings with schools and other community resources.

Contact & Resources:

FAST: Families And Schools Together, Family Service America, 11700 West Lake Park Dr., Milwaukee, WI 53224-3099; (800) 221-3726.

McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January 1991). Families And Schools Together: An innovative substance abuse prevention program. *Social Work in Education: A Journal of Social Workers in School*, 13 (2), 118-128.

FAST Track Program: This comprehensive and long-term prevention program aims to prevent chronic and severe conduct problems for high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. Its content areas include parent training, home visitations, social skills training, academic tutoring, and a classroom intervention. Spanning grades 1 through 6, it is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school. An evaluation of 3 cohorts who have completed first grade has been performed, and follow-up studies are underway. Compared to controls, participants have shown the following positive effects: Better teacher and parent ratings of children's behavior with peers and adults. Better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom. Less parental endorsement of physical punishment for children's problem behaviors. More appropriate discipline techniques and greater warmth and involvement of mothers with their children. More maternal involvement in school activities. Children in FAST Track classrooms nominated fewer peers as being aggressive and indicated greater liking and fewer disliking nominations of their classmates.

For more information, see:

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1996). Abstract: An Initial Evaluation of the Fast Track Program. *Proceedings of the Fifth National Prevention Conference*, Tysons Corner, VA, May.

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST Track Program. *Development & Psychopathology*, 4, 509-527.

For program information, contact:

Kenneth Dodge, John F. Kennedy Center, Box 88 Peabody College, Vanderbilt University, Nashville, TN 37203, (615) 343-8854, URL: www.fasttrack.vanderbilt.edu

Project ACHIEVE: This school-wide reform process is designed to improve the academic and social progress of at-risk and underachieving students in Chapter I schools. It provides training in problem-solving, social skills and anger management, effective teaching, curriculum based assessment, parent education, social and academic behavior, organizational planning, organizational development and evaluation. Studies report a 75% decrease in student referrals for special education assessment and a decline in the number of students placed in special education from 6% to 2% after the third year of the program. Also, a 28% decline in total disciplinary referrals to the principal's office; a decline in student grade retention from 6% to 1% in the third year; and a decline in out-of-school suspensions from 9 incidents per 100 students to 3 incidents during the third year was observed. The number of suspensions and the intensity of problem behaviors declined and achievement test scores improved.

For more information, see:

Knoff, H.M., Batsche, G.M. (1995). *Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. School Psychology Review*, 24(4), 579-603.

Knoff, H.M., Batsche, G.M. (1995). *Project ACHIEVE: A collaborative, school-based school reform process to improve the academic and social progress of at-risk and underachieving students. Information packet*. Tampa, Florida: University of South Florida. Submission to Program Effectiveness Panel, NDN, December 1994.

For program or evaluation information, contact:

Drs. Knoff & Batsche, Institute for School Reform, Integrated Services and Child Mental Health and Educational Policy, School Psychology Program, University of South Florida, FAO 100U, Room 268, Tampa, FL 33620-7750, (813)974-3246 / fax: (813)974-5814; www.projectachieve.info

Project PATHE: Project PATHE is a comprehensive program implemented in secondary schools that reduces school disorder and improves the school environment to enhance students' experiences and attitudes about school. More specifically, it increases students' bonding to the school, self-concept, and educational and occupational attainment which, in turn, reduce juvenile delinquency. Project PATHE helps all students attending middle and high schools that serve high numbers of minority students in both inner-city and rural, impoverished areas. It provides additional treatment for low-achieving and disruptive students. The program's success derives from its ability to effect school change in a number of ways:

- Staff, students, parents, and community members work together to design and implement improvement programs.
- School-wide academic weaknesses and discipline problems are diagnosed and strengthened through innovative teaching techniques and student team learning, as well as the development of clear, fair rules.
- The school climate is enhanced through added extra-curricular activities, peer counseling services, and school pride campaigns.
- Career attainment is emphasized by adding job-seeking skills programs and career exploration programs.
- At-risk students receive additional monitoring, tutoring, and counseling aimed at improving their self-concept, academic success, and bonds to the social order.

Outcomes -- Evaluations conducted after one year for high schools and two years for middle schools demonstrate significant improvement for PATHE schools, compared to control schools:

- Self-reported delinquency (serious delinquency, drug involvement, suspensions, and school punishments) declined for PATHE high schools, while it increased in the comparison school;
- School alienation (individuals' sense of belonging) decreased in all treatment schools;
- Attachment to school increased in the treatment middle schools, while decreasing in the comparison school; and
- School climate and discipline management improved in all the treatment schools.

The PATHE program also showed positive effects for the at-risk students, compared to control students, including:

- Higher rates of graduation for high school seniors;
- Higher scores on standardized tests of achievement; and
- Increased school attendance.

References:

- Gottfredson, D. C. (1990). Changing school structures to benefit high-risk youths. *Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives*. Newbury Park, CA: Sage.
- Gottfredson, D.C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology*, 24, 705-731.

For more information, contact:

Center for the Study and Prevention of Violence, University of Colorado, Boulder Institute of Behavioral Science, Campus Box 442, Boulder, CO 80309-0442. Phone: (303) 492-8465, Fax: (303) 443-3297, E-mail: cspv@colorado.edu <http://www.colorado.edu/cspv>

Where's It Happening? Examples of New Directions for Student Support & Lessons Learned

This document describes major examples of trailblazing and pioneering efforts that are playing a role in designing new directions for student support. The work is being carried out at school, district, & state levels. We provide examples of broad-based systemic designs and initiatives, and examples and lessons learned from some specific innovations reported in recent years. Other examples will be added as soon as they are identified and relevant descriptive materials are gathered.

To download the report, click [here](#). To view materials from the sites included, select the relevant link below.

To order a hard copy version of the report, contact the Center.

IOWA: A particularly important document exemplifying New Directions thinking is seen in the recent design for a system of learning supports developed by the State Department of Education in Iowa entitled: "*Developing Our Youth: Fulfilling a Promise, Investing in Iowa's Future - Enhancing Iowa's Systems of Supports for Learning and Development.*" Click [here](#) to download a Brief Summary of the document. Click on "Iowa" below for the full document. Click [here](#) to go to the Learning Supports section of the Iowa Collaboration for Youth Development. Click [here](#) to see excerpts from the Executive Summary of an American Institutes for Research (AIR) evaluation that gathered data related to Iowa's first implementation steps.

Compendium of Initiative Materials

After reading the overview about a particular place (see above [report](#)), take a look at the related materials provided by each.

Examples of Broad-based Systematic Designs and Initiatives

- [Urban Learning Center Design](#) (a comprehensive school reform model included as part of a federal initiative)
- [Hawai'i](#) (at state, district, school levels)
- Iowa (state department of education initiative)
 - [Iowa Design for a "System of Learning Supports"](#)
 - [Implementing Learning Supports: An Action Framework](#)
- Ohio (state department of education)
 - [A Comprehensive System of Learning Supports Guidelines](#)
- Berkeley, CA (at district and school levels)
 - [Universal Learning Supports System](#) (Board Policy-5030 & District Guidelines) - February, 2008
 - [Documents previously prepared by the Berkeley Integrated Resources Initiative](#) (January 2007)
- [Harrisburg, PA](#) (at district and school levels)
- [Madison, WI](#) (at district and school levels)
- [St. Paul, MN](#) (at district and school levels)
- California

- [Proposed legislation for a comprehensive pupil learning supports system](#)
- [Prevention and Early Intervention School Initiative, Mental Health Services Act](#)
- [Multnomah, OR](#) (at district and school levels)
- New York (state department of education)
 - [Making a Case for Supportive Learning Environments](#) (Supportive Learning Environment standards)
 - Also See: [Toward Safe and Supportive Learning Environments](#)
- Minnesota (Department of Education)
 - [Learning Support Topics](#)

Examples of Places Where Specific Innovations Have Been Reported in Recent Years

- [California](#) (at the state level)
- [Washington](#) (at the state level)
- [Los Angeles, CA](#) (at district and complex levels)
- [Detroit, MI](#) (at district and school levels)
- [Somerset County, MD](#) (at the school level)
- [Richland 2, Columbia, SC](#) (at the district level)

Example of a Formal Proposal for Moving in New Directions

(e.g., proposal to a Superintendent, Student Support Director, Principal, Board, etc. about Integrating a Comprehensive Approach for Addressing Barriers to Learning into School Improvement Planning)

Click [here](#) to download this report which provides a draft of a design proposal that emphasizes integrating a comprehensive approach for addressing barriers to learning into school improvement planning.

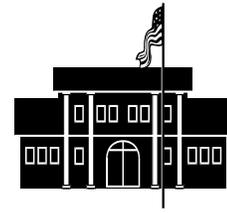
Two recent books to aid the New Directions for Student Support Initiative

*[The School Leader's Guide to Student Learning Supports:
New Directions for Addressing Barriers to Learning](#)*

*[The Implementation Guide to Student Learning Supports:
New Directions for Addressing Barriers to Learning](#)*

[About the National Initiative for New Directions for Student Support](#)

V. A Few Thoughts about the State of the Art



Available Data Support the Need for and Value of a Comprehensive, Multifaceted Approach for Addressing Barriers to Learning

As stressed in the first part of this document, we approach mental health activity in schools as one facet of a comprehensive approach to addressing barriers to learning and enhancing healthy development. The intent of all such activity, of course, is to enhance outcomes for children and adolescents.

It should be clear from the sample of work reviewed throughout this document that an extensive literature reports positive outcomes for a wide range of interventions that schools can draw on to address barriers to learning and enhance healthy development. Outcomes indicate benefits not only for schools, but for society. At the same time, it must be recognized that school interventions reporting strong outcomes usually are evaluated under special conditions. The best outcomes tend to come from those that are narrowly focused, implemented with considerable fidelity in tightly structured situations, and which report outcomes from evaluations conducted over a relatively short period of time. It remains an unanswered question whether the results of many of these "projects" will hold up when long-range follow-up data are gathered or when the prototypes are translated into widespread applications. Indeed, the implications from research exploring these matter have not been heartening and underscore the reality that those who set out to enhance outcomes for large numbers of young people must make major changes in the systems that determine development and learning. In particular, this involves changing schools and schooling. Such changes encompass three enormous tasks. The first is to develop prototype interventions. The second is to combine prototypes for different concerns into comprehensive approaches to promoting healthy development and addressing barriers to learning. The third involves large-scale replication. One without the others is insufficient. Yet, it remains the case that attention is paid mainly to developing and validating narrow prototype interventions.

It is a truism that the limitations of any program evaluation will be evident to most researchers. No intervention included in this document is beyond criticism -- some more than others. Nevertheless, a reasoned analysis of the growing body of evidence offers invaluable guidance for the future. From our perspective, the work reviewed in this document is best appreciated as a case where the whole is greater than the sum of the parts and where implications should be inferred from the total picture and from analyses of what's still missing.

When viewed through the lens of addressing barriers to learning and promoting healthy development, we suggest that, taken as a whole, the interventions reviewed in this document underscore the following points.

Each intervention:

- underscores matters of considerable concern to the school(s) involved that need to be addressed on a regular basis,
- points to some positive outcomes,
- by itself had a rather small overall impact compared to the nature and scope of the concern addressed,
- raises the question of how much greater the impact might have been if the most promising approaches for different areas of concern had been combined into a comprehensive, multifaceted, and integrated approach.

It is unfortunate that no formal studies have yet been done to determine the impact of truly comprehensive approaches for addressing barriers to learning. There are some natural experiments going on however that suggest the promise of ensuring that all youngsters are provided with a full and comprehensive continuum of such interventions. These are playing out in schools and neighborhoods where families are affluent and can purchase whatever additional programs and services they feel will maximize their youngsters' well-being. One positive impact of such interventions is suggested by the achievement test scores of such youngsters as compared to those whose families, schools, and neighborhoods cannot provide a comprehensive package of programs and services. Such natural experiments highlight the simple truth that those who can afford the interventions clearly understand their value and are not demanding better evidence of outcomes. The absence of such approaches in many schools and neighborhoods underscores profound societal inequities that reflect some unfortunate socio-economic facts of life. Any focus on differences in intervention outcomes *among* schools must take such inequities into account, and policy makers who want to achieve better outcomes for the many youngsters whose families cannot afford to buy additional programs and services need to do more than demand results.

A Few Other Cautions About a Results Orientation

The process of evaluating results is costly in terms of financial investment, the negative psychological impact on those evaluated, and the ways it can inappropriately reshape new approaches.

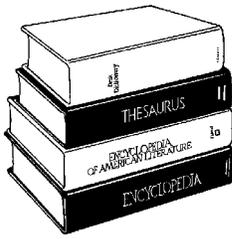
(1) Available evidence is insufficient to support any policy that restricts schools to use of empirically supported interventions. The simple truth is that we don't know enough, and those practices that have the best data are too not sufficient to address the concerns confronting schools. The search for better practices remains a necessity. At best, the work accomplished to date provides a menu of promising prevention and corrective practices.

(2) *Short-range objectives do not ensure long-range outcomes.* Because of the increased interest in accountability, many complex aims are broken down into specific objectives. Indeed, short-range *objectives* stated in measurable terms generally assume a central role in planning. However, short-range objectives are not ends in themselves; they are a small part of a particular goal and aim and sometimes are prerequisites for moving on to a goal. It is essential not to lose sight of the fact that many specific objectives are relatively small, unrepresentative, and often unimportant segments of the most valued aims society has for its citizens -- and that citizens have for themselves. Unfortunately, as accountability pressures increase, we find that school interventions are guided more by what can be measured than by long-range aims. That is, demands for immediate accountability reshape practices so that the emphasis shifts to immediate and readily measured objectives and away from fundamental purposes. Over time, this inappropriately leads to radical revision of the underlying rationale for an intervention. The problem is well exemplified by the narrow focus found in reviews, analyses, and reanalyses of data on interventions to enhance school readiness.

(3) *Overemphasis on evaluating the efficacy of underdeveloped prototypes draws resources away from formative evaluation.* In implementing a program, the first accomplishment is implementation itself: Have all facets been implemented? How completely has each been implemented? With specific respect to replication on a large scale, at how many locations has the program been well-implemented? The next set of results are any indications of progress for students, such as improvements in attitudes toward school, health, attendance, behavior, and academic achievement. A final set of evaluation concerns is the degree to which student outcomes approximate societal standards. Cost-effective outcomes cannot be achieved in the absence of effective prototype development and research. *Premature* efforts to carry out comprehensive summative evaluations clearly are not cost-effective. Any reading and writing program will show poor results if it is evaluated before teachers have mastered its application.

(4) *The psychology of evaluation suggests that an overemphasis on "accountability" tends to produce negative reactions.* Once a prototype is established, care must be taken to avoid developing outcome evaluation as an adversarial process. One possible way to counter this may be to conceive evaluation as a way for every stakeholder to self-evaluate as a basis for quality improvement and as a way of getting credit for all that is accomplished. Because of the political realities related to accountability, one of the most perplexing facets to negotiate is the time frame for summative evaluation. The more complex the prototype, the longer it takes and the costlier it is to implement and evaluate. Schools usually want quick processes and results and, of course, rarely can afford costly innovations or lengthy diffusion activity. Compromises are inevitable but must arrived at with great care not to undermine the substance of proposed changes.

None of this, of course, is an argument against evaluating results. Rather, it is meant to underscore concerns and encourage greater attention to addressing them.



VI. References & Resources

A. On Outcomes Findings from Interventions relevant to Addressing Barriers to Learning

1. Books, book chapters, compendia, articles, briefs, reports*

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- Center for Effective Collaboration and Practice, *Systems of Care: Promising Practices in Children's Mental Health*. American Institutes for Research 1000 Thomas Jefferson St., NW, Suite 400, Washington, D.C. 20007 (888) 457-1551 / (202) 944-5400 email: center@air-dc.org <http://www.air-dc.org/cecp/promisingpractices/documents.htm#6>
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*See the appendices for references related to each program cited in the Tables. Also, see the references in Parts I, II, and IV.

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2... Agencies and Websites

Relevant to Addressing Barriers to Learning and Development

The Academic Development Institute works with families, schools, and communities so that all children may become self-directed learners, avid readers, and responsible citizens, respecting themselves and those around them. ADI's vision is of an American landscape filled with distinct school communities reflecting the hopes and dreams of the people intimately attached to them. To this image of the school as a community, ADI is devoted. When the school functions as a community, its constituents (students, parents, teachers, staff) associate with one another and share common values about the education of children. At the root, members of the school community assume responsibility for one another. Those children become our children, and parents are not external agents, but full partners in the education of their children and of each other's children. Teachers are not isolated practitioners of pedagogy, but professionals integrated into the web of community and buoyed by common purpose.

<http://www.adi.org/>

Advocates for Youth is dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual health. We provide information, training, and advocacy to youth-serving organizations, policy makers, and the media in the U.S. and internationally.

<http://www.advocatesforyouth.org/>

American Institute for Research is one of the largest behavioral and social science research organizations in the world. Our overriding goal is to use the best science available to bring the most effective ideas and approaches to enhancing everyday life. For us, making the world a better place is not wishful thinking. It is the goal that drives us.

<http://www.air.org/>

The American Psychological Association (APA)'s Healthy LGB Students Project is working to strengthen the capacity of the nation's schools to prevent risky behaviors and improve health outcomes of lesbian, gay and bisexual youth.

<http://www.apa.org/ed/hlgbshr.html>

American Speech-Language-Hearing Association promotes the interests of and provide the highest quality services for professionals in audiology, speech-language pathology, and speech and hearing science, and to advocate for people with communication disabilities.

<http://www.asha.org/>

Annie E. Casey Foundation "promotes action-oriented learning for the field at-large by creating a body of materials and learning opportunities that can help ALL neighborhoods, cities and states strengthen families and transform communities."

<http://www.aecf.org/>

The **Bazon Center for Mental Health Law** is a nonprofit legal advocacy organization based in Washington D.C. Our name honors the federal appeals court judge whose landmark decisions pioneered the field of mental health law, and our advocacy is based on the principle that every individual is entitled to choice and dignity.

<http://www.bazon.org/>

The **Board on Children, Youth, and Families** The Board on Children, Youth, and Families addresses a variety of policy-relevant issues related to the health and development of children, youth, and families. It does so by convening experts to weigh in on matters from the perspective of the behavioral, social, and health sciences. The Board's Committee on Adolescent Health and Development focuses attention on critical national issues of importance to youth and their families. The Board operates under the National Research Council and the Institute of Medicine of the National Academies.

<http://www.bocyf.org/>

Bright Futures aims to respond to current and emerging preventive and health promotion needs of infants, children, adolescents, families, and communities through the website and guidelines available online.

<http://www.brightfutures.org/>

California Adolescent Health Collaborative is a public-private partnership to promote investment in California's youth. The AHC is composed of 40 organizations committed to improving the health and well-being of California's rapidly growing adolescent population. Formed in 1996, the AHC brings together individuals and organizations concerned with a broad range of adolescent health issues to promote a common agenda that emphasizes positive youth development and crosses categorical and disciplinary boundaries.

<http://www.californiateenhealth.org/>

The **Center for Collaborative Strategies in Health** aims to help partnerships, funders, and policy makers realize the full potential of collaboration to improve community health and the functioning of health systems.

<http://www.cacsh.org/>

Center for Prevention Research and Development is a unit within the University of Illinois dedicated to the application of research to public service. The mission of CPRD is to improve the lives of children and families, especially those in disadvantaged environments, by serving as a resource for local communities, state and national agencies, and foundations.

<http://www.cprd.uiuc.edu/>

Center for Research on Effective Schooling for Disadvantaged Students seeks to improve the education for disadvantaged students through research and development of guiding concepts, effective practices and programs in early and elementary education, and also in middle and high school education.

<http://www.csos.jhu.edu/otherlinks/cds/cds.html>

Center for School Change works with educators, parents, business people, students, policy-makers and other concerned people throughout the United States to: increase student achievement, raise graduation rates, improve students' attitudes toward learning, their schools, and their communities, and strengthen communities by building stronger working relationships among educators, parents, students and other community members.

<http://www.hhh.umn.edu/centers/school-change/>

Center for Substance Abuse Prevention Model Programs is involved in preventing substance abuse and creating positive change in the lives of youth.

<http://prevention.samhsa.gov/>

Child Care Plus+: Center on Inclusion in Early Childhood “offers technical assistance and training to support programs that include children who have medical, physical, and developmental disabilities in child care, preschool, or other early childhood settings.”

<http://www.ccplus.org/Index.htm>

Child Welfare Information Gateway is a comprehensive resource on all aspects of adoption.

<http://www.childwelfare.gov/>

Coalition for Cohesive Policy in Addressing Barriers to Development and Learning is "a policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching" with the goals of increasing policy integration and reducing policy gaps.

<http://smhp.psych.ucla.edu/coalitin.htm>

The **Community Toolbox** contains how-to sections with simple, friendly language to explain how to do the different tasks necessary for community health and development.

<http://www.communitytoolbox.org/>

Council of Chief State School Officers is an organization that works on behalf of the state agencies that serve pre K-12 students throughout the nation.

<http://www.ccsso.org/>

Educational Testing Service A nonprofit ETS, our mission is to advance quality and equity in education for all people worldwide. We help teachers teach, students learn, and parents measure the educational and intellectual progress of their children.

<http://www.ets.org/>

Edvantia is a nonprofit corporation committed to helping client-partners improve education and meet federal and state mandates. Schools, districts, and state education agencies—as well as publishers and service providers—rely on Edvantia’s core capabilities in research, evaluation, professional development, and technical assistance to help them succeed.

<http://www.edvantia.org/>

The **Elementary and Middle Schools Technical Assistance Center's** mission is to identify and meet the technical assistance needs of elementary and middle schools to improve educational outcomes for children with disabilities.

<http://www.emstac.org/>

ERIC Clearinghouse EC gathers and disseminates the professional literature, information, and resources on the education and development of individuals of all ages who have disabilities and/or who are gifted.

<http://www.eric.ed.gov/>

Families and Schools Together Program builds protective factors on multiple levels around children identified by teachers as being at risk of failure in school.

<http://www.wcer.wisc.edu/fast/>

Family Education Network is dedicated to helping children succeed in school.

<http://www.familyeducation.com/sitemap/0,1181,,00.html>

Girls Incorporated is a national youth organization dedicated to "inspiring all girls to be strong, smart and bold". Today, innovative programs help girls confront subtle societal messages about their value and potential, and aim to prepare them to lead successful, independent and complete lives.

<http://www.girlsinc.org/>

Healthy Families is a state and federal funded health coverage program for children with family incomes above the level eligible for no cost Medi-Cal and below 250% of the federal income guidelines

<http://www.healthyfamilies.ca.gov/>

Institute of Medicine-Board on Children, Youth and Families advances and disseminates scientific knowledge to improve human health by providing objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions and the public.

<http://www.nas.edu/iom>

Knowledge Loom is a place for educators worldwide to do the following: review research that identifies best practices related to various themes, view stories about the practices in real schools/districts, learn to replicate the success of these practices in your own organization, add your own stories, knowledge, questions to the collections, participate in online events and discussions, and discover supporting organizations and resources.

<http://knowledgeloom.org/>

The **Laboratory for Student Success** works with teachers, parents, schools, state departments of education, community agencies, professional groups, and policymakers, learning from and building on their diverse expertise and strategies for student achievement so that their successes are known and utilized by others in widespread efforts in the service of all students in the mid-Atlantic region--Delaware, Maryland, New Jersey, Pennsylvania, and Washington, DC--and nationally.

<http://www.temple.edu/lss/>

The **Learning Point Associates** is a nonprofit educational organization with more than 20 years of direct experience working with and for educators and policymakers to transform education systems and student learning. Our vision is an education system that works for all learners, and our mission is to deliver the knowledge, strategies, and results to help educators make research-based decisions that produce sustained improvement.

<http://www.learningpt.org/>

Maternal and Child Health Library: Knowledge Paths Knowledge paths on maternal and child health-related topics contain selections of recent, high quality resources and tools for staying abreast of new developments and conducting further research. Components of a knowledge path include links to Web sites, electronic publications, databases, and discussion groups, and citations for journal articles and other print resources.

<http://www.mchlibrary.info/knowledgepaths/>

Mental Health America's information and referral center serves people seeking mental health information for themselves, family members or friends, provides guidance on how to become an advocate for mental health rights and offers resources for professionals.

<http://www.nmha.org/>

Mid-Continental Research for Education and Learning works as a vital partner with state and local educators, community members, and policymakers in using research to tackle the difficult issues of education reform and improvement. McREL serves Colorado, Kansas, Missouri, Nebraska, North and South Dakota, and Wyoming.

<http://www.mcrel.org/>

National Adolescent Health Information Center aims to improve the health of adolescents by serving as a national resource for adolescent health information and research and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

<http://nahic.ucsf.edu/>

National Center for Children in Poverty identifies and promotes strategies that prevent young child poverty in the United States, and that improves the life chances of the millions of children under age six who are growing up poor.

<http://cpmnet.columbia.edu/dept/nccp/>

National Center for Education in Maternal and Child Health provides national leadership to the maternal and child health community in three key areas--program development, policy analysis and education, and state-of-the-art knowledge--to improve the health and well-being of the nation's children and families.

<http://www.ncemch.org/>

National Center for Learning Disabilities provides national leadership in support of children and adults with learning disabilities by providing information, resources, and referral services; developing and supporting innovative educational programs, seminars, and workshops; conducting a public awareness campaign; and advocating for more effective policies and legislation to help individuals with learning disabilities.

<http://www.nclld.org/>

National Center for Mental Health Juvenile Justice The Center has four key objectives: (1) Create a national focus on youth with mental health and co-occurring substance use disorders in contact with the juvenile justice system (2) Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth. (3) Conduct new research and evaluation to fill gaps in the existing knowledge base. (4) Foster systems and policy changes at the national, state and local levels to improve services for these youth

<http://www.ncmhjj.com/>

National Center to Improve Practice Its purpose is to promote the effective use of technology to enhance educational outcomes for students with sensory, cognitive, physical and social/emotional disabilities.

<http://www2.edc.org/NCIP/>

Southwest Educational Development Laboratory exists to challenge, support, and enrich educational systems in providing quality education for all learners, enabling them to lead productive and fulfilling lives in an ever-changing, increasingly interconnected world.

<http://www.sedl.org/>

Technical Assistance ALLIANCE for Parent Centers "supports a unified technical assistance system for the purpose of developing, assisting and coordinating Parent Training and Information Projects and Community Parent Resource Centers under the Individuals with Disabilities Education Act (IDEA)... assistance helps parents to participate more effectively with professionals in meeting the educational needs of children and youth with disabilities."

<http://www.taalliance.org/>

TeensHealth was created for teens looking for honest, accurate information and advice about health, relationships, and growing up. We offer a safe, private place that's accessible 24 hours a day to get the doctor-approved info you need to understand the changes that you (or your friends) may be going through - and to make educated decisions about your life.

<http://www.teenshealth.org/>

WestEd is a non-profit research, development and service agency dedicated to improving education and other opportunities for children, youth and adults. Drawing on the best from research and practice, we work with practitioners and policymakers to address critical issues in education and other related areas: from early childhood intervention to school-to-work transition; from curriculum, instruction and assessment to safe schools and communities.

<http://www.wested.org/>

Yale University - Child Study Center is committed to the total development of all children by creating learning environments that support children's physical, cognitive, psychological, language, social, and ethical development.

<http://www.info.med.yale.edu/chldstdy/>

Positive Social/Emotional Development and Prevention of Psychosocial/MH Problems

The **Center for Effective Collaboration and Practice** has resources on improving services to children and youth with emotional and behavioral problems.

<http://cecp.air.org/>

Center for Mental Health in Schools approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.

<http://smhp.psych.ucla.edu/>

Center for the Research on the Education of Students Placed at Risk is a research and development center, that has launched an important comprehensive school initiative designed to enhance the achievement, academic environment, and quality of life for students, teachers, and parents. Site includes descriptions of current research projects. CRESPAR at **Howard University** and **John Hopkins University**

<http://www.howard.edu/schooleducation/programs/CRESPAR.htm> and
<http://www.csos.jhu.edu/crespar/index.htm>

Center for Social & Emotional Education brings together the fields of education, medicine, child development, research science and human behavior, to focus on the many ways that we can promote social and emotional learning and literacy in pre-Kindergarten through 12th grade children.

<http://www.csee.net/>

Center for School Mental Health provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs. It strives to support schools and community collaboratives in the development of programs that are accessible, family-centered, culturally sensitive, and responsive to local needs.

<http://csmh.umaryland.edu/>

Children and Family Futures is a non-profit firm providing technical assistance and training, strategic planning, evaluation and development of effectiveness measures. We provide services to government agencies, community based organizations, and schools.

<http://cffutures.com/>

Children Now is a nonpartisan, independent voice for children, working to translate the nation's commitment to children and families into action. Children Now uses communications strategies to reach parents, lawmakers, citizens, business, media and community leaders, creating attention and generating positive change on behalf of children.

<http://www.childrennow.org/>

Children's Safety Network provides resources and technical assistance to maternal and child health agencies and other organizations seeking to reduce unintentional injuries and violence to children and adolescents.

<http://www.childrenssafetynetwork.org/>

Coalition for Community Schools works toward improving education and helping students learn and grow while supporting and strengthening their families and communities.

<http://www.communityschools.org/>

Collaborative for Academic, Social, and Emotional Learning 's mission is to establish social and emotional learning (SEL) as an integral part of education from preschool through high school.

<http://www.casel.org/>

Developmental Research & Programs was founded in 1984 to translate current research findings into programs and services for promoting the healthy development of children and families in communities. DRP is a pioneer in using the principles of prevention science to guide the development of programs and tools that help families, schools and communities ensure positive outcomes for children

<http://www.drp.org/>

Education Development Center seeks to bring researchers and practitioners together to create tools and conditions for learning, reaching people of all ages, backgrounds, and abilities.

<http://www.edc.org/>

Georgetown University Child Development Center was established over four decades ago to improve the quality of life for all children and youth, especially those with, or at risk for, special needs and their families. Located in the Nation's capital, the CDC is the only center that serves both vulnerable children and their families as well as influences local, national, and international programs and policy.

<http://www.georgetown.edu/research/gucdc/>

Hamilton Fish National Institute on School and Community Violence was founded in 1997 to serve as a national resource to test the effectiveness of school violence prevention methods and to develop more effective strategies.

<http://www.hamfish.org/>

Higher Education Center for Alcohol and Other Drug Prevention provides support to all institutions of higher education in their efforts to address alcohol and other drug problems and is funded by the U.S. Department of Education.

<http://www.edc.org/hec/>

Institute for Educational Leadership aims to improve education -- and the lives of children and their families -- through positive and visionary change.

<http://www.iel.org/>

Institute for the Study of Students At Risk serves as a center for research and policy analysis on broad-based issues and concerns involving children, youth, and their families at risk. Site includes brief descriptions of projects and publications.

<http://www.umaine.edu/issar/>

Konopka Institute for Best Practices in Adolescent Health promotes the adoption and adaptation of strategies, policies and systems that show the greatest promise of supporting healthy youth development.

<http://www.konopka.umn.edu/>

Light for Life Foundation-Yellow Ribbon Program is a suicide prevention program with chapters around the world, presenting workshops and support for teens in trouble.

<http://yellowribbon.org/>

National Center for Mental Health Promotion and Youth Violence Prevention provides training and technical assistance for more than 160 Federally funded projects that engage school districts, mental health centers, community agencies, and Native American tribes who are working to promote mental health and prevent youth violence among children, youth, their families, and other adults. A core belief of the Center is that people's lives can be enhanced through effective programs that foster healthy development and resiliency for individuals, families, and communities.

<http://www.promoteprevent.org/>

National Mental Health and Education Center works to provide support for children and families and improve the professional training and practices of school psychologists and pupil service providers. It is dedicated to ensuring children receive the optimum services in their schools and communities.

<http://www.nasponline.org/families/index.aspx>

National Network for Youth is dedicated to ensuring that young people can be safe and lead healthy and productive lives. The National Network informs public policy, educates the public and strengthens the field of youth work.

<http://www.nn4youth.org/>

National Resource Center for Infants and Toddlers with Special Health Care Needs and Their Families' aim is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers.

<http://www.zerotothree.org/>

National Resource Center for Safe Schools works with schools, communities, state and local education agencies, and other concerned individuals and agencies to create safe learning environments and prevent school violence.

<http://www.safetyzone.org/>

National School Safety Center aims to serve as a catalyst and advocate for the prevention of school crime and violence by providing information and resources and identifying strategies and promising programs which support safe schools for school children worldwide.

<http://www.nssl.org/>

National Youth Gang Center expands and maintains the body of critical knowledge about youth gangs and effective responses to them.

<http://www.iir.com/nygc/>

North Carolina Center for the Prevention of School Violence serves as a primary point of contact for dealing with the problem of school violence. The Center focuses on ensuring that schools are safe and secure so that every student is able to attend a school that is safe and secure, one that is free of fear and conducive to learning.

<http://www.ncdjjdp.org/cpsv/>

Partnership for a Drug Free America is a private non-profit, non-partisan coalition of professionals from the communications industry. Our mission is to reduce demand for illicit drugs in America through media communication.

<http://www.drugfreeamerica.org/>

Policy Leadership Cadre for Mental Health in Schools seeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.

<http://smhp.psych.ucla.edu/policy.htm>

Prevention Research Center aims to promote the well-being of children and youth and to reduce the prevalence of high-risk behaviors and poor outcomes in children, families and communities.

<http://www.psu.edu/dept/prevention/>

Primary Mental Health Project Inc. ensures that children experience success in school and in life. The prevention programs and interventions we develop, evaluate, and distribute enhance children's social and emotional adjustment and strengthen their adaptive skills.

<http://www.childrensinstitute.net/programs/primaryProject/>

Regional Resource & Federal Centers (RRFC) Network supports a nationwide technical assistance network to respond to the needs of students with disabilities, especially students from under-represented populations. The FRC provides a national perspective for establishing technical assistance activities within and across regions by identifying and synthesizing emerging issues and trends.

<http://www.rrfcnetwork.org/>

Safe Schools/Healthy Students Action Center assists and supports the Safe Schools/Healthy Students and School Action Grantees in the development and sustainability of peaceful and healthy communities.

<http://www.sshs.samhsa.gov/>

School Health Resources Services is a network of services designed as a coordinating link between you and the information available from school health, maternal and child health, education and other disciplines. SHRS provides you with technical information, resource materials, and research assistance.

http://www.uchsc.edu/schoolhealth/res_pages/res_index.htm

School Psychology Resources On-line is a directory of information available on the web for school psychologists, school counselors, teachers, parents, and other professionals.

<http://www.schoolpsychology.net/>

The **School of the 21st Century** is a national school-based or school-linked program providing early care, education, and family support services.

<http://www.yale.edu/21C/>

The **Yale Bush Center in Child Development and Social Policy** aims to to bring research-based knowledge of child development to the federal and state policy arenas in an effort to improve social policy affecting the lives of children and families.

<http://www.yale.edu/bushcenter/>

B. On Evaluating Outcomes

I. Books, book chapters, articles, briefs, reports, etc.

Adelman, H.S. & Taylor, L. (1993). *Learning Problems and Learning Disabilities: Moving Forward*. Pacific Groves, CA: Brooks/Cole.

The chapter entitled "Evaluating Effectiveness" (pp. 253-267) provides a general introduction covering the importance of focusing on specific results and choosing appropriate measures. Also included is an overview of Robert Stake's evaluation framework.

Burchard, J.D. & Schaefer, M. (1992). Improving accountability in a service delivery system in children's mental health. *Clinical Psychology Review*, 12, 867-882.

Discusses increasing concern for public agency accountability and limitations of traditional evaluation methods for meeting this need. Three methods are described to monitor the progress of children receiving services within a public service delivery system ... measurement of daily adjustment, residential and educational service tracking, and an approach for integrating and displaying individual case information related to child behavior, life and family events, services received, and service costs. Also discussed are methods to track units of service and youth and parent satisfaction.

Essock, S. & Goldman, H. (1997). Outcomes and evaluation: System, program and clinician level measures In K. Minkoff & D. Pollack (Eds.) *Managed Mental Health Care in the Public Sector: A Survival Manual*. Singapore: Harwood Academic Publishers. (pp. 295-307).

Focuses on measurement of outcomes relevant to managed care mental health service systems. Topics include a framework for evaluating mental health services, what should be measured, and how outcome data are collected.

Hargreaves, W., Shumway, M., Hu, T., & Cuffel, B. (1998). *Cost-Outcome Methods for Mental Health*. (242 pp.) San Diego CA: Academic Press.

Discusses various approaches to cost-outcome studies, especially cost-effectiveness and cost-utility analysis as they apply to mental health services; designing cost-outcome studies; measuring costs interventions, and outcomes; analyzing study results; and using findings to guide policy and practice.

Herman, J.L., Morris, L.L., & Fitz-Gibbon, C.T. (1987). Evaluator's Handbook: Vol. 1 (160 pgs.), In *Program Evaluation Kit*. Thousand Oaks, CA: Sage. (phone: 805/499-9774)

This volume provides a broad overview of evaluation planning and a practical guide to designing and managing programs. Attention is given to establishing an evaluation's parameters, the how-to's of formative and summative evaluation, and combining quantitative and qualitative approaches. Also covered are user needs and socio-political factors influencing an evaluation.

Weiss, H.B. & Jacobs, F.H. (1988). *Evaluating family programs*. (556 pp.) Hawthorne, NY: Aldine de Gruyter.

Presents a broad developmental framework for evaluation applicable to both small community programs and large research and demonstration programs. Reviews and recommends measures for assessing effectiveness at multiple levels, including child, parent-child interaction, parent, family system, family stress and coping, and intra- and extrafamilial social support.

Yates, B.T. (1996). *Analyzing Costs, Procedures, Processes, and Outcomes in Human Services*. Thousand Oaks, CA: Sage. (161 pp.)

Introduces techniques for performing cost-effectiveness analysis and cost-benefits analysis in mental health and other human services.

In addition, our Center has a variety of resources, such as:

Mental Health in Schools: Quality Control, Evaluating Outcomes, and Getting Credit for All You Do

A brief discussion emphasizes viewing children and children's services from a holistic perspective (e.g., viewing children in the context of families and communities). States that in order to provide services that enhance outcomes for many clients, it often is necessary also to evaluate the systems that determine such outcomes (e.g., family education support programs, school-based health centers, off-site services, the community at large). Reviews issues and possible solutions concerning evaluation for improving systems and processes, evaluation of outcomes (e.g., student outcomes), and evaluating the impact on families and the community.

Evaluation, Accountability, and Mental Health in Schools

A brief discussion reviewing the different interested parties that have a stake in accountability

(e.g., society, the institution of schooling, and youngsters and their families) and the different indicators and measures that each party requires. Also explores the need for sampling and appropriate standards for comparison.

Both brief papers are included in our Center's introductory packet on *Evaluation and Accountability: Getting Credit for All You Do*. Available at cost (\$3.50).

2. Guidebooks and models

Evaluating the Outcome of Children's Mental Health Services: A Guide for the Use of Available Child and Family Outcome Measures (1995) -- by T.P. Cross & E. McDonald

Discusses ways to use available standardized child and family outcome measures in the development of an outcome measurement plan. Describes the process used to select a standard instrument; discusses criteria used as the basis for instrument selection; presents basic information on a selected set of instruments suitable for use in measuring child and family outcomes.

Contact: The Technical Assistance Center for the Evaluation of Children's Mental Health Systems Judge Baker Children's Center, 295 Longwood Ave., Boston, MA 02115 Phone: (617) 232-8390/ Fax: (617) 232-4125

Center for the Study of Evaluation: Program Evaluation Kit (1987)

This nine volume kit offers a step-by-step guide to planning and conducting program evaluations. Titles include: *Evaluator's handbook*, *How to focus on evaluation*, *How to design a program evaluation*, *How to use qualitative methods in evaluation*, *How to assess program implementation*, *How to measure attitudes*, *How to measure performance and use tests*, *How to analyze data*, and *How to communicate evaluation findings*.

Contact: Sage Publications, Inc., P.O. Box 5084, Thousand Oaks CA 91359-9924 Telephone: (805) 499-9774 Fax: (805) 499-0871
Web: order@sagepub.com

How Good is Your Drug Abuse Treatment Program? A Guide to Evaluation (1993) -- by the National Institute on Drug Abuse (NCADI #BKD104)

Outlines a 52 week evaluation plan and steps necessary to meet each week's goals. The model encompasses developing a program plan, with concrete objectives and goals; organizing resources; operationalizing measures; developing a research design; collecting and analyzing data; and reporting and using findings. Also outlined is how to use the developments from earlier steps as stepping stones to later ones. Although the model pertains to drug treatment programs, the basic strategies can be applied to various intervention programs.

Contact: The National Technical Information Service order desk, 5285 Port Royal Road Springfield, VA 22161 Phone: 703-487-4650 FAX: 703-321-8547 (To verify receipt of fax, call 703-487-4679) For RUSH service: 1-800-553-NTIS

K. Hoagwood, P. S. Jensen, T. Petti, & B. J. Burns (1996). **Outcomes of Mental Health Care for Children and Adolescents: I. A Comprehensive Conceptual Model.** *Journal of the American Academy of Child and Adolescent Psychiatry*, 35.

Outlines a dynamic and interactional model of outcomes that broadens the range of intended consequences of care. It comprises five domains: Symptoms, functioning, consumer perspectives, environmental contexts and systems. The model reflects the changeable interaction between children's evolving capacities and their primary environments (home, school, and community).

A. Rosenblatt & C. Attkinsson (1993). **Assessing outcomes for sufferers of severe mental**

disorder: a conceptual framework and review. *Evaluation and Program Planning*, 16, 347-363.

Presents a conceptual framework to classify the outcomes of services (and thus outcome measures). The classification framework integrates three dimensions: (1) respondent type, which reflects a range of social perspectives: client, family, social, clinician, and scientist; (2) social context of measurement, which states that measures must be taken in the context of all areas of functioning: individual/self, family, work/school, community; (3) treatment outcomes, is based on the need for multiple measures and approaches to measuring outcomes for persons suffering from severe mental disorders.

3. Agencies and Websites

In addition to our Center and the Center for School Mental Health Assistance (University of Maryland at Baltimore <http://csmha.umaryland.edu>) -- which provide technical assistance support and put out a variety of publications -- the following agencies and websites can also be of assistance. Internet websites can be goldmines of information. They have reports, publications, online resources (e.g., catalogs, technical assistance), model programs, and links to other resources.

American Evaluation Association

An international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation. Evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness.

<http://www.eval.org/>

Buros Institute of Mental Measurements

Provides professional assistance, expertise, and information to users of commercially published tests. The Institute promotes meaningful and appropriate test selection, utilization, and practice. The Buros Institute encourages improved test development and measurement research through thoughtful, critical analysis of measurement instruments and the promotion of an open dialogue regarding contemporary measurement issues. The Institute's goals of serving the public interest and contributing positively to the measurement field are accomplished through several avenues: publication of the Mental Measurements Yearbook and Tests in Print series, presentation of the Buros-Nebraska Symposium on Measurement and Testing, sponsorship of the journal *Applied Measurement in Education*, and direct professional consultation. Subjects covered include: Achievement, Behavior Assessment, Developmental, Education, Intelligence and Scholastic Aptitude, Mathematics, Multi-Aptitude Batteries, Neuropsychological, Reading, Science, and Speech and Hearing.

<http://www.unl.edu/buros/subbuos.html>

Harvard Family Research Project

Focuses on family support programs and policies; provides technical assistance to a nationwide network of practitioners, policy makers, and educators. Publishes "The Evaluation Exchange," a quarterly newsletter; their website links to agencies, foundations and think tanks involved in child and family issues and research.

Contact: Harvard Family Research Project, 38 Concord Avenue, Cambridge, MA 02138 Phone: (617) 495-9108 Email: hfrp@hugse1.harvard.edu

Website: <http://gseweb.harvard.edu/~hfrp/index.html>

National Center for Educational Outcomes (NCEO)

Specializes in the identification of outcomes, indicators, and assessments to monitor educational results for all students including students with disabilities. Has an extensive publication list, a directory of assessment projects, a national network of technical assistance providers.

Contact: University of Minnesota, 350 Elliott Hall, 75 East River Road

Minneapolis, MN 55455
Phone: (612) 626-1530 Fax: (612) 624-0879
Website: <http://www.education.umn.edu/nceo/>

C. Other Relevant Resources from our Center

If you need additional assistance, we have the following resources:

1. Documents from our Clearinghouse

Our Center has compiled an extensive clearinghouse on a variety of topics relevant to addressing barriers to learning. The attached list summarizes our current holdings related to evaluation.

2. Consultation Cadre

Sometimes the best way to get information is to talk with someone who has successfully done what you want to do. Our center has compiled a list of professionals from all parts of the country who are willing to provide free informal consultation. See our website and search by topic to find cadre members who have identified themselves as having evaluation expertise.

3. Center staff who can provide additional technical assistance

Our center is continually updating and expanding resources. If you need additional information regarding this or any other issue that pertains to mental health in schools, please feel free to contact us.

A Set of Surveys to Map What a School Has and What it Needs to

Address Barriers to Learning

Every school needs a learning support or “enabling” component that is well-integrated with its instructional component. Such an enabling component addresses barriers to learning and promotes healthy development.

The School Mental Health Project at UCLA has developed a set of self-study surveys covering six program areas and the leadership and coordination systems every school must evolve to enable learning effectively. In addition to an overview Survey of System Status, there are status surveys to help think about ways to address barriers to student learning by enhancing

- classroom-based efforts to enhance learning and performance of those with mild-moderate learning, behavior, and emotional problems
- support for transitions
- prescribed student and family assistance
- crisis assistance and prevention
- home involvement in schooling
- outreach to develop greater community involvement and support--including recruitment of volunteers

This type of self-study is best done by teams. For example, a group of teachers could use the items to discuss how the school currently supports their efforts, how effective the processes are, and what’s not being done. Members of the team initially might work separately in filling out the items, but the real payoff comes from discussing them as a group. The instrument also can be used as a form of program quality review. In analyzing the status of the school’s efforts, the group may decide that some existing activity is not a high priority and that the resources should be redeployed to help establish more important programs. Other activity may be seen as needing to be embellished so that it is effective. Finally, decisions may be made regarding new desired activities, and since not everything can be added at once, priorities and timelines can be established.

The surveys are available from: Center for Mental Health in Schools, UCLA, Box 951563, Los Angeles, CA 90095-1563 Phone: (310) 825-3634 Fax: (310) 206-8716 E-mail: smhp@ucla.edu

They may also be downloaded from the Center’s Website: <http://smhp.psych.ucla.edu>

Appendix A: Classroom-Focused Enabling

The following are brief summaries and related information on the classroom-focused enabling programs listed in Table A.



1. Small Classes / Small Schools

- a. *Research Consensus*: A consensus of research indicates that class size reduction in the early grades leads to higher student achievement. Researchers are more cautious about the question of the positive effects of class size reduction in 4th through 12th grades. The significant effects of class size reduction on student achievement appear when class size is reduced to a point somewhere between 15 and 20 students, and continue to increase as class size approaches the situation of a 1-to-1 tutorial. The research data from the relevant studies indicate that if class size is reduced from substantially more than 20 students per class to below 20 students, the related increase in student achievement moves the average student from the 50th percentile up to somewhere above the 60th percentile. For disadvantaged and minority students the effects are somewhat larger. Students, teachers, and parents all report positive effects from the impact of class size reductions on the quality of classroom activity.

For more information, see:

Pritchard, I., (1999). *Reducing Class Size What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Department of Education. http://www.ed.gov/pubs/ReducingClass/Class_size.html

To obtain copies of *Reducing Class Size: What Do We Know?* (SAI 98-3027), or ordering information on other U.S. Department of Education products, call toll-free 1-877-4ED-Pubs (877-433-7827) or write to the Education Publications Center (ED Pubs), U.S. Department of Education, P.O. Box 1398, Jessup, MD 20794-1398. TTY/TTD 1-877-576-7734 / FAX 301-470-1244.

- b. *Research on Impact of Student/Teacher Ratios*: Analyzed a substantial database about the Texas educational system (from over 800 districts containing more than 2.4 million students). For first through seventh grades, it was found that district student achievement fell as the student/teacher ratio increased for every student above an 18 to 1 ratio. Measures of teacher quality (that is, teacher literacy skills and professional experience) were even more strongly related to higher student scores.

For more information, see:

Ferguson, R. F. (1991). Paying for public education: New evidence on how and why money matters. *Harvard Journal on Legislation*, 28 (2): 465-498.

- c. *Review of Research*: Review of more than 100 studies using a related cluster analysis approach to group together similar kinds of research studies (e.g., same grade level, subject area, student characteristics). Reducing class size was found especially promising for disadvantaged and minority students. At the same time, researchers caution that positive effects were less likely if teachers did not change their instructional methods and classroom procedures in the smaller classes.

For more information, see:

Robinson, G. E. and Wittebols, J H. (1986). *Class size research: A related cluster analysis for decision-making*. Arlington, VA: Education Research Service.

- d. *Burke County Schools, NC*: In 1990, Burke County, North Carolina pilot-tested and then phased in a class size reduction project in the county school district. Compared to a matched group of students in classes that had not been phased into the smaller class initiative, students in the smaller classes outperformed the comparison group in first, second, and third grades on both reading and mathematics achievement tests. Based on independent observations of classroom activity, the percentage of classroom time devoted to instruction in the smaller classes increased from 80% to 86% compared to the larger classes, while the percentage of time devoted to non-instructional activities such as discipline decreased from 20% to 14%.

For more information, see:

Egelson, P., Harman, P., and Achilles, C. M. (1996). *Does Class Size Make a Difference? Recent Findings from State and District Initiatives*. Washington, DC: ERIC Clearinghouse. ED 398644.

- e. *Project STAR*: The U.S. Department of Education views the following two studies as providing the strongest evidence available to date regarding the positive effects of class size reduction. The evidence from student testing in STAR showed that the students in the smaller classes outperformed the students in the larger classes, whether or not the larger class teachers had an aide helping them. Project STAR found that:
- Smaller class students substantially outperformed larger class students on both standardized (Stanford Achievement Tests) and curriculum-based tests (Basic Skills First). This was true for both white and minority students in smaller classes, and for smaller class students from inner city, urban, suburban, and rural schools.
 - The positive achievement effect of smaller classes on minority students was double that for majority students initially, and then was about the same.
 - A smaller proportion of students in the smaller classes was retained in-grade, and there was more early identification of students' special educational needs.

The Lasting Benefits Study began a follow-up study to examine whether the effects of the smaller class size experience persisted when students were returned to normal size classes. The study is still ongoing. To date, the research findings include:

- In fourth grade, students from the smaller classes still outperformed the students from the larger classes in all academic subjects.
- In fourth grade, students from the smaller classes were better behaved than students from the larger classes (i.e., student classroom effort, initiative, and disruptiveness).

For more information, see:

I. Pritchard, *Reducing Class Size: What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Dept of Education. March 1999. 1-877-4ED-Pubs. <http://www.ed.gov/pubs/ReducingClass/>

Nye, B., Hedges, L., & Konstantopoulos, S. (2001). Are effects of small classes cumulative? Evidence from a Tennessee experiment. *Journal of Educational Research*, 94(6): 336-345.

Nye, B., Hedges, L., & Konstantopoulos, S. (2002). Do low-achieving students benefit more from small classes? Evidence from the Tennessee Class Size Experiment. *Educational Evaluation & Policy Analysis*, 24(3): 201-217.

- f. *Project Challenge*: Beginning in 1990, Tennessee implemented the findings of Project STAR in 16 of the state's poorest school districts. They phased in smaller classes at the kindergarten through third-grade levels in districts with the lowest per capita income and highest proportion of students in the subsidized school lunch program. To evaluate the results of this effort, school district rankings based on student performance as measured on a statewide achievement test were compared. Project Challenge districts moved from near the bottom of school district performance to near the middle in both reading and mathematics for second grade. In addition, in-grade retention of students was reduced in those districts where smaller classes were implemented.

For more information, see:

Pritchard, I. *Reducing Class Size: What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Dept of Education. March 1999. 1-877-4ED-Pubs. <http://www.ed.gov/pubs/ReducingClass/>

- g. *Student Achievement Guarantee in Education (SAGE)*: Beginning in 1996-97, Wisconsin began a class size reduction program called the Student Achievement Guarantee in Education (SAGE) Program. SAGE first-grade students performed consistently better than comparison students in mathematics, reading, language arts, and total scores for the Comprehensive Test of Basic Skills. The achievement gap lessened between white and African-American students in the SAGE smaller classes in the first grade, in contrast to a widening of the gap between white and African-American students in the larger classes of the comparison schools.

For more information, see:

Molnar, A., Percy, S., Smith, P., and Zahorik, J. (December 1998). *1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program*. Milwaukee, WI: University of Wisconsin-Milwaukee. URL: <http://www.asu.edu/educ/eps/sage.htm>; <http://www.dpi.state.wi.us/dpi/oea/sage>

- h. *Impact on Expenditures*: Based on an analysis of data on fourth-graders in 203 districts and eighth-graders in 182 school districts from across the United States, studies found that class size served as an important link between school education spending and student mathematics achievement. At the fourth-grade level, lower student/teacher ratios are positively related to higher mathematics achievement.

At the eighth-grade level, lower student/teacher ratios improve the school social environment, which in turn leads to higher achievement. The largest effects for mathematics achievement gains occurred in districts where there were below-average socioeconomic status students, accompanied by above-average teacher costs.

For more information, see:

Wenglinsky, H. (1997). *When money matters: How educational expenditures improve student performance and how they don't*. Princeton, NJ: The Educational Testing Service, Policy Information Center., URL: www.ets.org/research/pic/wmm.pdf.

Additional References related to Class Size Reduction

1. Achilles et al. 1996 and AIR, RAND, PACE, and EdSource. 1998. Evaluating California's Class Size Reduction Initiative: The Year 1 Data Collection Component. Grant proposal submitted to the Koret Foundation, Palo Alto, CA.
2. Achilles, Charles M., Barbara A. Nye, Jayne B. Zaharias, B. DeWayne Fulton, and C. Cain. 1996. "Education's Equivalent of Medicine's Framingham Heart Study." Washington, DC: ERIC Clearinghouse. ED 402677. See also Mosteller, Frederick. 1995. "The Tennessee Study of Class Size in the Early School Grades." *The Future of Children* 5 (2): 113-127.
3. California Senate. "Class Size Reduction." S.B. 804. Chaptered August 18, 1997.
4. Egelson, Paula, Patrick Harman and Charles M. Achilles. 1996. Does Class Size Make a Difference? Recent Findings from State and District Initiatives. Washington, DC: ERIC Clearinghouse. ED 398644. See also Finn 1998.
5. Ferguson, Ronald F. 1991. "Paying for public education: New evidence on how and why money matters." *Harvard Journal on Legislation* 28 (2): 465-498.
6. Finn, Jeremy D. 1998. *Class size and students at risk: What is known? What is next?* Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Institute on the Education of At-Risk Students.
7. Finn 1998 and Charles M. Achilles, 1996. "Students achieve more in smaller classes." *Educational Leadership* 53 (5): 76-77.
8. Finn 1998. Nye, Barbara, B. DeWayne Fulton, Jayne Boyd-Zaharias, and Van A. Cain. 1995. *The Lasting Benefits Study, Eighth Grade Technical Report*. Nashville, TN: Center of Excellence for Research in Basic Skills, Tennessee State University.
9. Florida Department of Education. Office of Policy Research. 1998. "The relationship of school and class size with student achievement in Florida: An analysis of statewide data." www.firn.edu/doe/bin00048/home0048.htm.
10. Glass, Gene V., Leonard S. Cahen, Mary L. Smith, and Nikola N. Filby. 1982. *School class size: Research and policy*. Beverly Hills, CA: Sage.
11. Greenwald, Rob, Larry V. Hedges, and Richard D. Laine. 1996. "The effect of school resources on student achievement." *Review of Educational Research* 66 (3): 361-396. See also Hanushek, Eric A. 1996. "A more complete picture of school resource policies." *Review of Educational Research* 66 (3): 397-409 and Greenwald, Rob, Larry V. Hedges, and Richard D. Laine. 1996. "Interpreting research on school resources and student achievement: A rejoinder to Hanushek." *Review of Educational Research* 66 (3): 411-416.
12. Krueger, Alan. March 1998. *Experimental Estimates of Education Production Functions*. Princeton University and NBER.
13. Mitchell, Douglas, Christi Carson, and Gary Badarak. 1989. *How Changing Class Size Affects Classrooms and Students*. Riverside, CA: California Educational Research Cooperative, University of California.
14. Molnar, Alex, Stephen Percy, Phillip Smith, and John Zahorik. December 1998. "1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program." Milwaukee, WI: University of Wisconsin-Milwaukee.
15. Mosteller 1995, Finn 1998, and Kickbusch, Ken. 1996. "Class Size." Madison, WI: Wisconsin Education Association Council, Professional Development Division. www.weac.org/resource/may96/classize.htm
16. Mosteller, Frederick, Richard J. Light, and Jason A. Sachs. 1996. "Sustained Inquiry in Education: Lessons from Skill Grouping and Class Size." *Harvard Educational Review* 66 (4): 797-842.
17. Mueller, Daniel J., Clinton I. Chase, and James D. Walden. 1988. "Effects of Reduced Class Size in Primary Classes." *Educational Leadership* 45 (7): 48-50.
18. Odden, Allan. 1990. "Class size and student achievement: Research-based policy alternatives." *Educational Evaluation and Policy Analysis* 12 (2): 213-227.
19. Robinson, Glen E. and James H. Wittebols. 1986. *Class size research: A related cluster analysis for decision-making*. Arlington, VA: Education Research Service.
20. Sturm, Pepper. 1997. "Nevada's Class-Size Reduction Program." Carson City, NV: Senate Committee on Human Resources. www.leg.state.nv.us/lcb/research/bkground/97-07.HTM. See also Egelson et al. 1996.
21. Texas Education Agency. 1998. "Update on Class Size Waivers, Bilingual Education Exceptions, and Waivers for English as a Second Language." www.tea.state.tx.us/sboe/schedule/9801/dppez010.html
22. Tomlinson, Tom. 1988. *Class size and public policy: Politics and panaceas*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement.

23. Wenglinsky, Harold. 1997. When money matters: How educational expenditures improve student performance and how they don't. Princeton, NJ: The Educational Testing Service, Policy Information Center.
24. Wright, Edgar N., Stanley M. Shapson, Gary Eason, and John Fitzgerald. 1977. Effects of Class Size in the Junior Grades: A Study. Toronto, Ontario: Ontario Ministry of Education, Ontario Institute for Studies of Education. See also Molnar et al. 1998

Reference List from: http://www.ed.gov/pubs/ReducingClass/Class_size.html

2. Prereferral Intervention Efforts

- a. *Teacher consultation studies*: Two studies examined the effects of behavioral consultation on pre-referral practices (service-related outcome) and reduction in problem behaviors (symptom reduction).

One study (Fuchs & Fuchs, 1989) assessed the effectiveness of three increasingly inclusive versions of behavioral consultation (BC) on problem behaviors in regular education classrooms. Subjects were 48 teachers, their 48 most difficult-to-teach non-handicapped students, and 12 school consultants. Half of the teachers were randomly assigned to one of three BC variations: problem identification and analysis (BC1); problem identification, problem analysis, and plan implementation (BC2); and problem identification, problem analysis, plan implementation, and evaluation (BC3). The remaining 24 teachers were in the control group. Teacher ratings indicated that the more inclusive variants of BC were more effective than the less inclusive versions in reducing problem behaviors. However, direct observation of student behavior at pre-intervention and post-intervention failed to corroborate these results.

Fuchs, Fuchs, & Bahr (1990) compared a shorter and longer version of a consultant-driven pre-referral intervention to determine if the intervention could be shortened to improve its efficiency without reducing effectiveness. Consultants recruited 92 teachers, 48 of whom were randomly assigned to an experimental (short or long versions) or control condition. The intervention employed a behavioral consultation approach. The longer version included more teacher monitoring whereas the shorter version used more self-monitoring. There was a significant relationship between group membership and referral status. Of the 24 students in both the long and short consultation groups, 5 were referred to special education at the end of the school year. Among the controls, half were referred to special education. Due to interest generated from the initial study, the school system implemented the experimental model into their system.

For more information, see:

Fuchs, D. and Fuchs, L. S. (1989). Exploring effective and efficient prereferral interventions: A component analysis of behavioral consultation. *School Psychology Review*, 18, 260-279.

Fuchs, D., Fuchs, L. S., and Bahr, M. W. (1990). Mainstream assistance teams: Scientific basis for the art of consultation. *Exceptional Children*, 57, 128-139.

- b. *Child Development Project (CDP)*: This is a multi-year, comprehensive elementary school program to reduce risk and bolster protective factors among children. A longitudinal, quasi-experimental study measured the impact of the CDP on students' involvement in drug use and delinquent behaviors. Analysis showed that between 1992 and 1994 alcohol use declined significantly. Marijuana use showed a similar but not statistically different from control decline. Tobacco-use declined in program and control schools. No significant differences appeared between program and control groups for any other delinquent behaviors. Program effects were strongest for students in the schools with highest levels of implementation. In addition to changes in drug use, students at the high-implementation schools showed significantly lower rates of skipping school, carrying weapons and vehicle theft than did comparison students in year 2.

For more information, see:

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early Findings from an ongoing multisite demonstration trial. *J. Adolescent Research*, 11, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M.M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and students' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal*, 32, 627-658.

Developmental Studies Center, *Child Development Project Replication Manual*, prepared for the Center for Substance Abuse Prevention. center for Substance Abuse prevention, 1995.

The Child Development Project: Summary of findings in Two Initial Districts and the First Phase of an Expansion to Six Additional Districts Nationally. Oakland, CA.: Developmental Studies Center, 1994.

For evaluation information, contact:

Dr. Victor Battistich, Deputy Director of Research, Developmental Studies Center 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300 (510)533-0213 / fax: (510)464-3670

Contact information:

Sylvia Kendzior, Director of child Development Project Staff Development, Developmental Studies Center 2000 Embarcadero, suite 305, Oakland, CA 94606-5300 (510)533-0213 / fax: (510)464-3670, URL:

www.devstu.org/cdp, email: info@devstu.org.

- c. *I Can Problem Solve (ICPS)*: The ICPS program is both a preventive and rehabilitative program to help children in preschool to grade six, resolve interpersonal problems and prevent antisocial behavior. The program uses a cognitive approach that teaches children how to think. The behaviors most affected by the program were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others. The skills with the greatest impact were identifying alternative solutions and predicting consequences. The behaviors most affected were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others. By year five, both boys and girls who received two years of training scored better than the controls on impulsiveness, inhibition and total behavioral problems. In another study, more children who received the training in pre-kindergarten were rated as “adjusted” than those not exposed (71% vs. 54%, $p > .01$). Program results have been replicated in demonstration sites in a variety of urban, suburban and rural settings, with different ages (through age 12) and racial and ethnic groups and with children from different socioeconomic strata.

For more information, see:

Shure, M.B. *Interpersonal Problem Solving and Prevention: Five Year Longitudinal Study*. Prepared for Department of Health and Human Services, Public Health Service, National Institute of Mental Health, 1993.

Shure, M.B., Spivack, G. Interpersonal cognitive problem solving. In Price, R.H., Cowen, E.L., Lorion, R.P., Ramos-McKay, J. (Eds.) pp.69-82. *Fourteen Ounces of Prevention: A Casebook for Practitioners*. Washington, DC: American Psychological Association, 1988.

Shure, M.B., Spivack, G. Interpersonal cognitive problem solving and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical and Child Psychology*. 1979; Summer:89-94.

Contact information:

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- d. *Going for the Goal*: This is a “life skills” program for middle school students designed to teach young adolescents a sense of personal control and confidence about their future. The program assists youth in identifying positive life goals and developing skills to attain these goals. Compared to a control group, the self-report survey findings indicated that participants learned the program information, were able to achieve the goals they set, and found the process of setting and attaining goals easier than they expected. Compared to a control group, students who participated in *GOAL* had better school attendance and reported a decrease in alcohol use, frequency of getting drunk, smoking cigarettes, other drug use, and violent and other problem behaviors.

Contact information:

Steven J. Danish, PhD, Director, The Life Skills Center, Virginia Commonwealth University, 800 W. Franklin Street, Box 842018, Richmond, VA 23284-2018. (888) 572-1572, URL: <http://www.lifeskills.vcu.edu/goal.htm>, email: lifeskills@vcu.edu

For evaluation information, contact:

Todd C. O’Hearn, Department of Psychology, University of Southern California, Los Angeles, CA 90089-1061. (310) 470-4063 / fax: (213) 746-5994.

- e. *Effective Behavior Support (EBS)*: EBS is a school-wide prevention approach that schools adopt as a means of addressing the behavior of all students of all ages. EBS provides behavioral support for students, including students who exhibit chronic behavior problems. The program resulted in a decrease in referrals to the principal’s office by an average of 42% in the first year of the program. At one elementary school, the implementation of EBS has corresponded with a decrease in the number of discipline referrals, from 7,000 in 1993 - 1994 to fewer than 2,000 projected from 1997-1998.

Contact information:

George Sugai & Rob Horner, Co-Directors, Effective Behavior Support Project, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403. (541)346-3591.

- f. *Behavioral Monitoring and Reinforcing Program*: This is a school-based, early intervention program born from earlier work on behavior modification and teaching thinking skills. Compared to the control group, experimental students had significantly better grades and attendance at the end of the program. However, these positive effects did not appear until the students had been in the program for two years. In the year after the intervention ended, experimental students displayed significantly fewer problem behaviors at school than did controls. Eighteen months following the intervention, experimental students

reported significantly less substance abuse and criminal behavior. Five years after the program ended, experimental youth were 66% less likely to have a juvenile record than were controls.

For more information, see:

Bry, B.H., & George, F.E. (1979). Evaluating the improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning*, 2: 127-136.

Bry, B.H., & George, F.E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional Psychology*, 11: 252-260.

Bry, B.H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One and five year follow-up. *American Journal of Community Psychology*, 10:265-276.

Contact information:

Brenna H. Bry, Graduate School of Applied and Professional Psychology, Rutgers University, 152 Frelinghuysen Rd., Piscataway, NJ 08854-8085. Ph: (732)445-2189

- g. *Seattle Social Development Project*: This universal, multidimensional intervention is designed to decrease juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The program can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school. It combines parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. These techniques are intended to minimize classroom disturbances by establishing clear rules and rewards for compliance, increase children's academic performance, and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training. Parents receive optional training programs throughout their children's schooling. When children are in 1st and 2nd grade, 7 sessions of family management training is provided to help parents monitor children and provide appropriate and consistent discipline. When children are in 2nd and 3rd grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress. When children are in 5th and 6th grade, 5 sessions focus on helping parents create family positions on drugs and encourage children's resistance skills. Evaluations have demonstrated that the approach improves school performance, family relationships, and student drug/alcohol involvement at various grades. As compared to controls, Project student, at the end of grade 2 showed: (a) lower levels of aggression and antisocial, externalizing behaviors for white males, and (b) lower levels of self-destructive behaviors for white females; at the beginning of grade 5 showed (a) less alcohol and delinquency initiation, (b) increases in family management practices, communication, and attachment to family, and (c) more attachment and commitment to school; at the end of grade 6, high-risk youth were more attached and committed to school, and boys were less involved with antisocial peers; at the end of grade 11, Project students showed (a) reduced involvement in violent delinquency and sexual activity, and (b) reductions in being drunk and in drinking and driving.

For more information, see:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent* 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.

Contact information:

Karl G. Hill, SSDP Integrational Study, School of Social Work, University of Washington, 9725 3rd Avenue, NE Suite 401, Seattle, WA 98115, Ph: (206)685-3859, email: khrill@u.washington.edu,

URL: <http://depts.washington.edu/tip/index.html>

- h. The Think Time Strategy:* This is a cognitive-behavioral time-out strategy designed to enable a teacher and student to stop a negative social exchange and provide the student with feedback and an opportunity to plan. The Think Time strategy requires teamwork between two or more teachers -- the homeroom teacher and a cooperating teacher(s) who provides the Think Time area. Teachers prepare their class for implementation of the strategy by actively teaching students the steps which are: catching disruptive behavior early, moving to and entering the designated Think Time classroom, debriefing process, checking students debriefing responses, rejoining the class, and use of other consequences. Reported results indicate a 85% decrease in expulsions, 75% decrease in suspensions, and 45% decrease in emergency removals.

For more information, see:

Nelson, J.R., Carr, B.A., & Smith, D.J. (1997). Managing Disruptive Behaviors in School Settings: The THINK TIME Strategy. *Communique*, 25, 24-25.

Nelson, J.R. (1998, April). The Think Time Strategy: Responding effectively to disruptive behavior. Paper presented at the International Conference of The Council for Exceptional Children, Minneapolis, MN.

For program information contact:

J. Ron Nelson, Arizona State University, College of Education, PO Box 872011, Tempe, AZ 85287

Ph: (480)965-0488, email: ron.nelson@asu.edu

3. Tutoring

- a. *Success for All*: Success for All is a school-wide project that promotes reading, writing and language arts skills for students. A key facet focuses on tutoring. Statistically significant ($p=.05$ or better) positive effects of Success for All (compared to controls) were found on every measure at every grade level, 1-5. For students in general, effect sizes averaged around a half standard deviation at all grade levels. Effects were somewhat higher than this for the Woodcock Word Attack scale in first and second grades, but in grades 3-5 effect sizes were more or less equivalent on all aspects of reading. Consistently, effect sizes for students in the lowest 25% of their grades were particularly positive, ranging from $E'SS=+1.03$ in first grade to $E'SS=+1.68$ in fourth grade. Again, cohort-level analyses found statistically significant differences favoring low achievers in Success for All on every measure at every grade level. A follow-up study of Baltimore schools found that positive program effects continued into grade 6 ($E'SS=+0.54$) and grade 7 ($E'SS=+0.42$), when students were in middle schools. Studies found that schools implementing all program components obtained better results (compared to controls) than did schools implementing the program to a moderate or minimal degree. Similarly, a strong relationship between ratings of implementation quality and student achievement gains compared to controls was found. Cooper, Slavin, & Madden (1998), in an interview study, found that high-quality implementations of Success for All depended on many factors, including district and principal support, participation in national and local networks, adequacy of resources, and genuine buy-in at the outset on the part of all teachers. A longitudinal study in Baltimore from 1987-1993 collected CTBS scores on the original five Success for All and control schools. On average, Success for All schools exceeded control schools at every grade level. The differences were statistically and educationally significant. By fifth grade, Success for All students were performing 75% of a grade equivalent ahead of controls ($E'S=+0.45$) on CTBS Total Reading scores (see Slavin, Madden, Dolan, Wasik, Ross, & Smith, 1994). An Arizona study (Ross, Nunnery, & Smith, 1996) compared Mexican-American English language learners in two urban Success for All schools to those in three schools using locally-developed Title I reform models and one using Reading Recovery. Two SES school strata were compared, one set with 81% of students in poverty and 50% Hispanic students and one with 53% of students in poverty and 27% Hispanic students. Success for All first graders scored higher than controls in both strata. Hispanic students in the high-poverty stratum averaged three months ahead of the controls (1.75 vs. 1.45). Hispanic students in the less impoverished stratum scored slightly above grade level (1.93), about one month ahead of controls (1.83). In the Success for All schools, first graders who had been assigned to special education were tutored one-to-one (by their special education teachers) and otherwise participated in the program in the same way as all other students. Special education students in Success for All were reading substantially better ($E'S=+.77$) than special education students in the comparison school (Ross et al., 1995). In addition, Smith et al. (1994) combined first grade reading data from special education students in Success for All and control schools in four districts: Memphis, Ft. Wayne (IN), Montgomery (AL), and Caldwell (ID). Success for All special education students scored substantially better than controls (mean $E'S =+.59$).

For more information, see:

Cooper, R., Slavin, R.E., & Madden N.A. (1998). Success for All: Improving the quality of implementation of whole-school change through the use of a national reform network. *Education and Urban Society*, 30, (3), 385-408.

Ross, S.M., Nunnery, J., & Smith, L.J. (1996). *Evaluation of Title I Reading Programs: Amphitheater Public Schools. Year 1: 1995-96*. Memphis: University of Memphis, Center for Research in Educational Policy.

Slavin, R.E., Madden, N.A., Dolan, L., Wasik, B.A., Ross, S.M., Smith, L.J. & Dianda, M. (1996). Success for All: A summary of research. *Journal of Education for Students Placed at Risk*, 1, 41-76.

Smith, L.J., Ross, S.M., & Casey, J.P. (1994). *Special education analyses for Success for All in four cities*. Memphis: University of Memphis, Center for Research in Educational Policy.

Contact information:

Success For All Foundation, 200 West Towsontown Blvd., Baltimore, MD 21204-5200, Ph: (800) 548-4998, Fax: (410) 324-4444; URL: <http://www.successforall.net>, email: sfainfo@successforall.net

- b. *The Valued Youth Program (VYP)*. VYP is a tutoring program designed to prevent school dropout among students who were not proficient in English. VYP pairs academically at-risk teenage tutors with younger children. The results of an evaluation of VYP indicates higher reading grades from tutors than comparison students. The tutors showed a reduced number of disciplinary referrals after participation in the program compared to the comparison group who had an increased rate. Tutors also gained in their self-concept as measured by the Piers-Harris Children's Self Concept Scale and Quality of School Life Scale and maintained the self-concept and positive attitude toward school. The VYP program also had a positive impact on student dropout rates.

For more information, see:

Supik, J. D. (1991). Partners for valued youth: The final report. *IDRA Newsletter*, 18, 1-4.

Contact information:

Linda Cantu, Program Director, Intercultural Development Research Association, 5835 Callaghan suite# 530, San Antonio, TX 78228-1190. (210)684-8180 / fax: (210)684-5389.

For evaluation information, contact:

Jose A. Cardenas, PhD, Intercultural Development Research Association, 5835 Callaghan suite# 350, San Antonio, TX 78228-1190, URL: <http://www.idra.org/ccvyp/default.htm>.

- c. *Memphis Partners Collaborative (MPC)*: MPC was a Saturday program for at-risk 10th graders, which was held for six hours every Saturday (for 17 weeks) at several local college campuses. Approximately 40% of an average project day was devoted to academic enrichment, another 40% focused on job readiness and employability skills, and the remaining 20% focused on self-esteem building, problem solving skills, stress management, and health and drug counseling. Transportation, lunch, and daily rewards were offered to increase participation. For both the 1989-90 and the 1990-91 cohorts, appropriate baseline and follow-up data (one year after completing program) were collected from the program and comparison students. About 79% of MPC students were employed following completion of the program (most of those unemployed were underage). There was no employment data provided for the comparison group. MPC students had fewer absences compared to the control group. There was also tentative evidence that MPC students had higher self-esteem at follow-up, but not all data was available from the comparison group. Finally, MPC's effect on rate of graduation depended on the type of student. MPC seemed to have a positive effect on over-age, black males, who were less likely than controls to drop out. Conversely, the program seemed to have a negative effect for over-age, black females, who seemed to drop out at a higher rate than controls; however, this difference diminishes over time. There were no significant effects of the MPC program on grade point average.

For more information, see:

Rossi, R. J. (1995). *Evaluation of projects funded by the School Dropout Demonstration Assistance Program: Final evaluation report, Volume I: Findings and recommendations*. Prepared by: American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.

- d. *Brief Research Synthesis on Cross-Age Tutoring Programs and the Performance of At-Risk Youth as Tutors*: Cross-age tutoring has been shown to be one of the most cost-effective strategies used to enhance the academic performance of struggling students (e.g., Martino, 1994). First, there are a number of positive benefits for the students being tutored. Tutees improve not only academically, but they also show improvements in communication skills, ability to identify long-range goals, self-confidence, and interpersonal skills. The tutors themselves benefit academically, and have been shown to perform better than control students on subjects being taught (Cohen, Kuklik, & Kuklik, 1982). Serving as tutors also increases children's self-concept, improved relationships between peers, reduced absenteeism, and improved classroom behavior (Giesecke, et al., 1993). At-risk youth who tutor receive higher reading grades than the comparison group, higher test scores overall, fewer disciplinary referrals, and fewer absences.

For more information, see:

Duckenfield, M. The performance of at-risk youth as tutors. National Dropout Prevention Center, College of Health, Education and Human Development, Clemson University, 209 Martin Street, Clemson, SC 29631-1555, Ph: (864) 656-2599, email: ndpc@clemson.edu, URL: http://www.dropoutprevention.org/resource/feat_article/perform_tutors.htm.

Giesecke, D., Cartledge, G., & Gardner III, R. (1993). Low-achieving students as successful cross-age tutors. *Preventing School Failure*, 37, 34-43.

Martino, L. R. (1994). Peer tutoring classes for young adolescents: A cost-effective strategy. *Middle School Journal*, 25, 55-58.

- e. *Start Making A Reader Today (SMART)*: Start Making A Reader Today (SMART) is a volunteer reading tutor program in Oregon for children in kindergarten through second grade. It specifically focuses on the students teachers identify as having difficulty learning the basics. Currently, 144 schools statewide have SMART programs in operation and each year 7,100 adults work one-on-one with children. The program is entirely a private-sector enterprise that is a low cost, serves predominantly low income schools and requires minimal training. Students receive 30 minute tutoring sessions twice a week during the school year and the program provides up to two books per month for the student to read at home. Training for volunteer tutors consists of a volunteer handbook and a 1-2 hour training session at the beginning of the year or at sessions organized by a school coordinator once the school year has started. The half-time school coordinator is generally an Americorps volunteer. A 2-year study conducted on the SMART program compared 43 students in the program to 41 students assigned to a matched control group across 24 first-grade classrooms in six schools. There were no differences between student groups at Pre-test. On most measures of reading, program students performed better than other students at the end of the first and second grades, and there were significant differences in the growth in reading skills.

For more information, see:

Baker, S., Gersten, R., & Keating, T. (2000). When less may be more: A 2-year longitudinal evaluation of a volunteer tutoring program requiring minimal training. *Reading Research Quarterly*. Vol 35 (4), 494-519.

Contact information:

Scott Baker, Research Associate, Eugene Research Institute, 132 East Broadway, Suite 747, Eugene, OR 97401. URL: <http://www.eugeneresearch.org>, E-mail: sbaker@oregon.uoregon.edu

- f. *Book Buddies*: This is a low-cost volunteer program in Charlottesville, Virginia, that tutors to children in reading. The program and curriculum were based on the Reading Recovery intervention for literacy (i.e., reading text, studying words, writing sounds, and then reading a new book). This program seeks to implement the intervention with non-professional volunteers. The study examined the effectiveness of tutoring by community volunteers, outcomes in reading achievement, and cost-effectiveness of the program. Three cohorts of students in six elementary schools participated over three years (N=358). Most students were first graders referred by teachers as having scored poorly on a screening test and most were from low-income backgrounds. Skills were tested before and after program implementation. Students who attended more sessions of this program made significantly greater gains in reading skills than those attending fewer sessions, and the program itself improved during the three year period. The total cost per child was found to be one-sixth of the cost of traditional Reading Recovery interventions.

For more information, see:

Invernizzi, M., Rosemary, C., Juel, C. & Richards, H.C. (1997). At-risk readers and community volunteers: A 3-year perspective. In Lawrence Erlbaum Associates, Inc., *Scientific Studies of Reading*, 1(3), 277-300.

Contact information:

Marcia Invernizzi, Professor, McGuffey Reading Center, Curry School of Education, 125 Ruffner Hall, P.O. Box 400266, Charlottesville, VA 22903. (804) 924-0844.

- g. *Class Wide Peer Tutoring Program (CWTP)*: Class wide peer tutoring developed during the 1980's at the Juniper Garden's Children's projects at the University of Kansas. It is a community based program that seeks to improve developmental outcomes of children, living in low income areas. This program is an instructional model based on reciprocal tutoring. It has been evaluated primarily for children in kindergarten through sixth grade. More than thirty evaluations have been done of the CWTP, several using treatment versus control designs. Many of the studies focus primarily on minority and inner-city students, although some include children from other backgrounds. Students in the CWTP program demonstrate significant increases in reading, spelling and math compared to control groups on nationally standardized tests. Compared to their behavior prior to starting CWTP, children are 20-70% more likely to stay on task, remain engaged with their lessons, and respond to teachers. One group of students from an economically depressed area performed almost as well as children from higher socioeconomic groups. More than thirty evaluations were done on the program.

For more information, see:

Promising Practices Network: Proven and Promising Programs. Class Wide Peer Tutoring Program. Promising Practices Network on Children, Families and Communities. Accessed 4/24/2004.
<http://www.promisingpractices.net/program.asp?programid=99>

Contact information:

Barbara Terry, Ph.D., 650 Minnesota Avenue, 2nd Floor, Kansas City, KS 66101, Phone: (913) 321-3143, Fax: (913) 371-8522, E-mail: terryb@ukans.edu. <http://www.lsi.ukans.edu/jg/Terry/>

4. Alternative Schools

- a. *Cooperative Alternative Program (CAP)*: The Cooperative Alternative Program was aimed at demonstrating the willingness of seven school districts to create a unique governance and fiscal structure to respond to the needs of students at risk. The CAP High School offered an alternative for at-risk students in seven cooperating districts in rural Texas. Its primary purpose was to provide remediation in basic skills and job-specific vocational training. It featured small classes, individualized instruction, individual and group counseling, and a student assistance program of tutorials. Many of the CAP students included in the pool for this evaluation, who ranged in age from 14 to 22 years, were designated as at risk on almost every dimension, including over-age for grade, high truancy or suspension rates, below grade level on basic courses, substance abuse, and pregnancy. Students who attended CAP High School stayed an average of 30 weeks and received all-day, every-day services during that time. In 1989-90, the implementation study concluded that increased self-esteem and improved attendance and academic performance were possible short-term outcomes of the CAP program. CAP students significantly outperformed comparison students academically.

For more information, see:

Rossi, R. J. *Evaluation of projects funded by the school dropout demonstration assistance program: Final evaluation report, Vol. 1: Findings and recommendations*. American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.

- b. *Lane School Program*: The Lane School Program is an alternative for students with emotional and behavioral problems who require intensive, targeted intervention programs and consultation. This program consists of two major components: a teacher consultation program and a self-contained day-school. The consultation program provides school districts with access to services of highly qualified behavioral consultants who help teachers and staff with creative problem solving and implementation of classroom interventions. The four-classroom day school serves between 36-42 adolescents who have long-standing behavior problems. Students participate in a level system, token economy and a schedule of core courses that include academics as well as social skills. Typical outcomes for students completing the program include: increase in school attendance; Greater attainment of behavioral and academic goals; Decrease in office referrals; Lowered suspension rate. More than 90% of the students who complete the program are successful during their first year of transition back to their neighborhood schools; of those 74% continue to be successful 12 months after leaving Lane School.

For more information, see:

George, M.P., Valore, T., Quinn, M.M., & Varisco, R. (1997). Preparing to go home: A collaborative approach to transition. *Preventing School Failure, 41*, 168-172.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact information:

Michael George, Supervisor, Lane School, 1200 Highway 99 North, P.O. Box 2680, Eugene, OR 97402, Ph: (541) 461-8200

- c. *The Jackson School*: Is a community-based, temporary placement behavior-modification alternative school serving 6th through 8th grades (ages 10-15 years). The school is designed to serve students whose disruptive behavior problems prevent them from functioning successfully in a regular classroom. This article presents a case study that was part of a larger state-wide evaluation of alternative schools. The evaluation consisted of site visits, school tours, classroom observations, and interviews. The hope was to accumulate information from teachers, students, administrators, counselors, parents, and community members. Student and teacher perspectives of effectiveness were generally satisfactory. For example, The Jackson School ensures small classes; maintains students' individual attention and supports families in times of crisis (whereas alternative schools do not); and conceptualizes the student as part of a larger socio-economic system, thereby helping the student to learn to negotiate with a world of complex power dynamics.

For more information, see:

Bauman, A. (1998). Finding experts in unexpected places: Learning from those who have failed. *High School Journal, 81*, 258-267.

5. Health / Mental Health Education

a. Social/Emotional Development, Enhancing Protective Factors and Assets Building

- a1. Seattle Social Development Project:* This universal, multidimensional intervention decreases juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The program can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school. The Project combines parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. When implemented, these techniques minimize classroom disturbances by establishing clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training. Parents receive optional training programs throughout their children's schooling. When children are in 1st and 2nd grade, 7 sessions of family management training help parents monitor children and provide appropriate and consistent discipline. When children are in 2nd and 3rd grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress. When children are in 5th and 6th grade, 5 sessions help parents create family positions on drugs and encourage children's resistance skills. Evaluations have demonstrated that the Project improves school performance, family relationships, and student drug/alcohol involvement at various grades. At the end of grade 2, Project students, compared to control students, showed: (a) Lower levels of aggression and antisocial, externalizing behaviors for white males, and (b) Lower levels of self-destructive behaviors for white females. At the beginning of grade 5, Project students, compared to control students, showed (a) Less alcohol and delinquency initiation; (b) Increases in family management practices, communication, and attachment to family; and (c) More attachment and commitment to school. At the end of grade 6, high-risk youth, compared to control youth, were more attached and committed to school, and boys were less involved with antisocial peers. At the end of grade 11, Project students, compared to control students, showed (a) Reduced involvement in violent delinquency and sexual activity, and (b) Reductions in being drunk and in drinking and driving.

For more information, see:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Doueck, Howard J., & Lishner, Denise M. (1988). Changing teacher practices in mainstream classrooms to improve bonding and behavior of low achievers. *American Educational Research Journal*, 25, 31-50.

Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent Psychiatry*, 30, 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.

Contact information:

J. David Hawkins, Social Development Research Group (SDRG), University of Washington – School of Social Work, 130 Nickerson, Suite 107, Seattle, WA 98109, (206) 286-1805, E-mail: sdrg@u.washington.edu.

- a2. The Social Competency/Social Problem Solving Program:* This program's goal is to ameliorate the stress and difficulty encountered by children during transition to middle school. The theory stems from a social

problem solving framework, which focuses on interpersonal sensitivity, means-end thinking, and planning and anticipation. One hundred fifty eight elementary students received either a 1 year, a ½ year (instructional phase only), or no social problem solving program. Results showed that both groups (in comparison with a no-treatment group), improved their ability in using social cognitive problem solving skills; improved coping during the transition to middle school; and a significant reduction in self-reported level of difficulty with commonly occurring middle-school stressors.

For more information, see:

Elias, M.J., Gara, M., Ubriaco, M., Rothman, P.A., Clabby, J.F., & Schuyler, T. (1986). Impact of a preventive social problem solving intervention on children's coping with middle-school stressors. *American Journal of Community Psychology, 14*(3), 259-275.

- a3. *FAST Track Program*: Is a comprehensive and long-term prevention program that aims to prevent chronic and severe conduct problems for high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. FAST Track's main goals are to increase communication and bonds between these three domains, enhance children's social, cognitive, and problem-solving skills, improve peer relationships, and ultimately decrease disruptive behavior in the home and school. The Program spans grades 1 through 6, but is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school. Currently, an evaluation of 3 cohorts who have completed first grade has been performed, and follow-up studies are underway. Compared to control groups, participants have shown the following positive effects: Better teacher and parent ratings of children's behavior with peers and adults. Better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom. Less parental endorsement of physical punishment for children's problem behaviors. More appropriate discipline techniques and greater warmth and involvement of mothers with their children. More maternal involvement in school activities. Children in FAST Track classrooms nominated fewer peers as being aggressive and indicated greater liking and fewer disliking nominations of their classmates.

For more information, see:

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1996). Abstract: An Initial Evaluation of the Fast Track Program. Proceedings of the Fifth National Prevention conference, Tysons Corner, VA, May.

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST Track Program. *Development & Psychopathology, 4*, 509-527.

Contact information:

Kenneth Dodge, John F. Kennedy Center, Box 88 Peabody College, Vanderbilt University, Nashville, TN 37203, (615) 343-8854, URL: <http://www.fasttrack.vanderbilt.edu>.

- a4. *Promoting Alternative Thinking Strategies (PATHS)*: The PATHS Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. The PATHS Curriculum provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. The PATHS Curriculum has been shown to improve protective factors and reduce behavioral risk factors. Evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf) compared to control youth in the following areas: Improved self-control, Improved understanding and recognition of emotions; Increased ability to tolerate frustration; Use of more effective conflict-resolution strategies; Improved thinking and planning skills; Decreased anxiety/depressive symptoms (teacher report of special needs students); Decreased conduct problems (teacher report of special needs students); Decreased symptoms of sadness and depression (child report—special needs); and Decreased report of conduct problems, including aggression (child report).

For more information, see:

Greenberg, M., Kusché, C. & Mihalic, S.F. (1998). *Blueprints for Violence Prevention, Book Ten: Promoting Alternative Thinking Strategies (PATHS)*. Boulder, CO: Center for the Study and Prevention of Violence.

Contact information:

Mark T. Greenberg, Ph.D., Prevention Research Center, Human Development and Family Studies, Pennsylvania State University, 110 Henderson Building South, University Park, PA 16802-6504, (814) 863-0112 /fax (814) 865-2530, E-mail: prevention@psu.edu.

- a5. *Weissberg's Social Competence Promotion Program (WSCPP)*: The WSCPP is a school-based social competency training program. The program combines general skills training with domain-specific instruction and application to substance use prevention. WSCPP targets sixth and seventh grade students, and includes 16-29 sessions (depending on the version). The 20 session version is a highly structured curriculum comprised of the following units: stress management, self-esteem, problem-solving skills, substances and health information, assertiveness training, and social networks. Overall, the program was found to be beneficial for both inner-city and suburban students. Students in the program classes improved relative to those in the control classrooms on: Problem solving and stress management; teacher ratings on conflict resolution with peers and impulse control (both important protective factors for later delinquency and popularity); excessive drinking (although there were no significant differences in self-report measures of frequency of cigarette, alcohol, and marijuana use).

For more information, see:

Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., & Jacoby, C. (1992). Social competence promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology, 60*, 56-63.

Contact information:

Roger P. Weissberg, University of Illinois–Chicago, Department of Psychology M/C285, 1009 Behavioral Sciences Building, 1007 West Harrison Street, Chicago, IL 60607-7137, (312) 413-1008.

- a6. *The Development Asset Approach*: According to Scales and Leffert (1999): “Since 1989, Search Institute has been conducting research- grounded in the vast literature on resilience, prevention, and adolescent development- that has illuminated the positive relationships, opportunities, competencies, values, and self-perceptions that youth need to succeed. The institute’s framework of ‘developmental assets’ grows out of that research, which has involved more than 500,000 6th- to 12th- grade youth in more than 600 communities across the country (for more complete descriptions of the framework and its conceptual and research origins, see Benson, 1997; Benson, Leffert, Scales, & Blyth, 1998). Developmental assets are the building blocks that all youth need to be healthy, caring, principled, and productive. The developmental asset framework includes many of the ‘core elements of healthy development and ...community actors (family, neighborhood, school, youth organizations, congregations, and so on) needed to promote these essential building blocks’ (Benson, 1997, p.27).”

“The original framework identified and measured 30 assets. Subsequent research (including focus groups to deepen understanding of how the developmental assets are experienced by urban youth, youth living in poverty, and youth of color) led to a revision of the framework to its current 40-asset structure. The 40 assets are grouped into eight categories representing broad domains of influence in young people’s lives: support, empowerment, boundaries and expectations, and constructive use of time are external assets (relationships and opportunities that adults provide); commitment to learning, positive values, social competencies, and positive identity are internal assets (competencies and values that youth develop internally that help them become self-regulating adults). (See Table 2.)”

“The developmental assets have been measured using Search Institute’s *Profiles of Student Life: Attitudes and Behaviors*, a 156-item self-report survey that is administered to 6th- to 12th- grade students in public and private schools. The instrument measures each of the 40 developmental assets as well as a number of other constructs, including developmental deficits (e.g., whether youth watch too much television or are the victims of violence), thriving indicators (e.g., school success and maintenance of physical health behaviors), and high-risk behaviors (e.g., alcohol, tobacco, and other drug use, sexual intercourse, and violence). Communities or school districts self-select to complete the survey, the data from which are then used to generate a report on the community’s youth...research has shown that the more of these assets young people have, the less likely they are to engage in risky behavior...and the more likely they are to engage in positive behaviors...These relationships between assets and youth well-being remain fairly consistent for adolescents across differences of race and ethnicity, gender, age, socioeconomic background, community size, and region.”

For more information, see:

P.C. Scales & N. Leffert (1999). *Developmental assets: A synthesis of the scientific research on adolescent development*. Minneapolis, MN: Search Institute.

- a7. *Baltimore Mastery Learning and Good Behavior Game Interventions*: The Mastery Learning (ML) and Good Behavior Game (GBG) interventions seek to improve children’s psychological well-being and social task performance. The former focuses on strengthening reading achievement to reduce the risk of

depression later in life, while the latter aims to decrease early aggressive and shy behaviors to prevent later criminality. Both are implemented when children are in early elementary grades in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Evaluations of both programs have demonstrated beneficial effects for children at the end of first grade, while an evaluation of the Good Behavior Game has shown positive outcomes at grade 6 for males displaying early aggressive behavior. At the end of first grade, GBG students, compared to a control group, had: less aggressive and shy behaviors according to teachers, and better peer nominations of aggressive behavior. At the end of first grade, ML students, compared to a control group, showed: increases in reading achievement. At the end of sixth grade, GBG students, compared to a control group, demonstrated: decreases in levels of aggression for males who were rated highest for aggression in first grade.

For more information, see:

S.G. Kellam, G.W. Rebok, N. Ialongo, and L.S. Mayer (1994). "The Course and Malleability of Aggressive behavior from Early first Grade into Middle School: Results of a Developmental Epidemiologically-Based Preventive Trial." *Journal of Child Psychology and Psychiatry* 35, 259-282.

Contact information:

Sheppard G. Kellam, Prevention Research Center, Department of Mental Hygiene, Johns Hopkins University - School of Hygiene and Public Health, Mason F. Lord Building, Suite 500, Francis Scott Key Medical Center, 4940 Eastern Ave, Baltimore, MD 21224, URL: <http://www.bpp.jhu.edu>.

- a8. *Be A Star*: The Be A Star program is a once-a-week community-based intervention designed to improve the life outcomes of high-risk youth (ages 5-12 years) in poor communities with high incidents of violence. The focus of this program is to improve decision-making skills and interpersonal competence, increase cultural awareness (participants were predominantly African-American) and self-esteem, and increase unfavorable attitudes toward alcohol and drug abuse. Support groups for parents were also developed. This program was implemented through community-based centers which also worked with community residence to create safer environments for children. While the 1993-1994 evaluation yielded mixed results, the 1994-1995 evaluation showed important differences between the older (8-12-year-olds) treatment and comparison groups ($p = .05$). The experimental group scored significantly higher on family bonding, prosocial behavior, self-concept, self-control, decision making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding, as measured by the Revised Individualized Protective Factors Index (RPFI).

For more information, see:

Pierce, L.H. & Shields, N. (1998). The Be A Star community-based after-school program: Developing resiliency factors in high-risk preadolescent youth. *Journal of Community Psychology*, 26, 175-183.

- a9. *Project ACHIEVE*: Project ACHIEVE is a school wide prevention and early intervention program, that targets students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program has reduced aggression and violence in Project ACHIEVE schools. Disciplinary referrals decreased by 67%, Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for at-risk students for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Grade retention, achievement test scores, and academic performance have improved similarly, and, during the past four years, no student has been placed in the county's alternative education program. The project's success has led to the adoption of the Project ACHIEVE model in over 20 additional sites across the United States.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review*, 24, 579-603.

Knoff, H.M. & Batsche, G. M. Project ACHIEVE: A collaborative, school-based school reform process improving the academic and social progress of at-risk and underachieving students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students*. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact information:

Howard M. Knoff, Director, Project ACHIEVE, 8505 Portage Avenue, Tampa, FL 33647, Ph (813) 978-1718/ fax (813) 972-1392, Email: knottprojectachieve@earthlink.net, URL: <http://www.projectachieve.info>.

- a10. *Preventive Intervention*: This school-based intervention helps prevent juvenile delinquency, substance use, and school failure for high-risk adolescents. It targets juvenile cynicism about the world and the accompanying lack of self-efficacy to deal with problems. The two year intervention begins when

participants are in seventh grade and includes monitoring student actions, rewarding appropriate behavior, and increasing communication between teachers, students, and parents. Each week, 3-5 students meet with a staff to discuss their recent behaviors, learn the relationship between actions and their consequences, and role-play prosocial alternatives to problem behaviors. Evaluations of the Preventive Intervention program have demonstrated short- and long-term positive effects. At the end of the program, program students showed higher grades and better attendance when compared to control students. Results from a one-year follow-up study showed that intervention students, compared to control students, had less self-reported delinquency; drug abuse (including hallucinogens, stimulants, glue, tranquilizers, and barbiturates); school-based problems (suspension, absenteeism, tardiness, academic failure); and unemployment (20% and 45%, respectively). A five-year follow-up study found that intervention students had fewer county court records than control students.

For more information, see:

Bry, B. H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One- and five-year follow-up. *American Journal of Community Psychology, 10*, 265-276.

Bry, B. H., & George, F. E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional psychology, 11*, 252-260.

Bry, B. H., & George, F. E. (1979). Evaluating and improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning, 2*, 127-136.

Contact information:

Brenna Bry, Graduate School of Applied & Professional Psychology, 152 Frelinghuysen Road, Rutgers University, Box 819, Piscataway, NJ 08854, (732) 445-2189.

- a11. *Preventive Treatment Program:* The program is designed to prevent antisocial behavior of boys who display early, problem behavior. The Preventive Treatment Program combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. The training utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills. Evaluations of the program have demonstrated both short- and long-term gains for youth receiving the intervention. At age 12, three years after the intervention: Treated boys were less likely to report the following offenses: trespassing, taking objects worth less than \$10, taking objects worth more than \$10, and stealing bicycles. Treated boys were rated by teachers as fighting less than untreated boys. 29% of the treated boys were rated as well-adjusted in school, compared to 19% of the untreated boys. 22% of the treated boys, compared to 44% of the untreated boys, displayed less serious difficulties in school. 23.3% of the treated boys, compared to 43% of the untreated boys, were held back in school or placed in special education classes. At age 15, those receiving the intervention were less likely than untreated boys to report: Gang involvement; Having been drunk or taken drugs in the past 12 months; Committing delinquent acts (stealing, vandalism, drug use); and Having friends arrested by the police.

For more information, see:

Tremblay, Richard E., Masse, Louise, Pagani, Linda, & Vitaro, Frank (1996). From childhood physical aggression to adolescent maladjustment: The Montreal Prevention Experiment. In R. D. Peters & R. J. McMahon (eds.), *Preventing childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks: Sage Publications.

Tremblay, Richard E., Vitaro, Frank, Bertrand, Lucille, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset of delinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Tremblay, Richard E., McCord, Joan, Bioleau, Helene, Charlebois, Pierre, Gagnon, Claude, LeBlanc, Marc, & Larivee, Serge (1991). Can disruptive boys be helped to become competent? *Psychiatry, 54*, 149-161.

Contact information:

Richard E. Tremblay, University of Montreal, School of Psycho-Education, 750, boulevard Gouin Est. Montreal, Quebec, Canada H2C 1A6, (514) 385-2525.

- a12. *Primary Intervention Program (PIP):* PIP is a school-based, community-linked integrated services program to help children with school adjustment problems such as shyness, aggression, or

inattentiveness. The program incorporates play techniques and reflective listening to help children learn better coping skills. Evaluation results indicated improvements in frustration tolerance, assertive social skills task orientation, peer sociability, and reduced problem behaviors in the areas of acting out, shyness/anxiousness, and learning difficulties. These changes across time were statistically significant during the first two years of evaluation (during the third year, changes occurred but were not significant). Overall, the program was successful in reducing problem behaviors and increasing competencies for school success. In addition, PIP reduced overall referrals for counseling services and special education referrals.

For more information, see:

PIP program is more than just child's play (1991). *Fremonitor*, 27 (4), pp 1 -2.

Allen, J. M. TIPS from PIP--Primary Intervention Program for at-risk students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students*. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

- a13. *Reconnecting Youth (RY)*: Reconnecting Youth is a school-based, peer-group approach to building life skills. The program is designed to reduce risk factors and enhance protective factors that are linked with adolescent problem behaviors in general, and with adolescent drug involvement specifically. RY is a comprehensive, semester-long intervention that integrates small-group work, life skills training models, and a peer-group support model. Students who participated in this program demonstrated the following: Significant increases in GPA and attendance; A 60% decrease in hard-drug use; Stronger self-confidence; Decreases in acts of aggression and suicide; Decreased stress, depression, and anger; More positive, connected relationships with teachers, friends, and family than students in the control group. The RY program was originally implemented and evaluated in a public high school. Since then, it has been successfully implemented in alternative schools, private schools, and many other educational settings.

For more information, see:

Eggert, L.L., Thomson, E.A., Herting, J.R., & Nicholas, L.J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior*, 25, 276-296.

Eggert, L.L., et al. (Jan/Feb. 1994). Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. *American Journal of Health Promotion*, 8, 208-210.

Contact information:

Leona L. Eggert, Ph.D., R.N., Psychosocial and Community Health Department, Box 358732, University of Washington School of Nursing, Seattle WA, 98195-8732, Ph: (206) 543-9455/ (800) 733-6786, Fax: (206) 221-3674; To order materials, contact: Susan Dunker or Peter Brooks, National Education Service, PO Box 8, Bloomington, IN 47420, URL: <http://www.son.washington.edu/departments/pch/ry/>.

- a14. *First Step to Success*: The goal of this program is early prevention for at-risk kindergartners who show early signs of antisocial behavior (e.g., aggressive, oppositional-defiant, severe tantrums, victimizing others). Through universal screening of all kindergartners, school intervention, and parent/caregiver training, the program hopes to divert the children from the pathway to problematic behaviors. In one study post-test results for children in the program showed significant improvements on four measures as compared with the control group. Children in the program significantly improved on adaptive behaviors, reduced maladaptive behaviors, and reduced aggressive behaviors according to teacher reports. Time spent engaged with academics also increased for students in the program.

For more information see:

Walker, H.M., Kavanaugh, K., Stiller, B., Golly, A., Severson, H.H., & Feil, E. (1998). First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

Contact information:

Jeff Sprague & Hill Walker, Co-Directors, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403, Phone: (541) 346-3591.

- a15. *The High/Scope Educational Research Foundation 's Perry Preschool Project*: The High/Scope project is part of a long-term follow-up evaluation of intervention programs which targeted poor children (ages 3-4). The High/Scope model emphasized active child-initiated learning, problem-solving, decision-making, planning, and a high degree of interaction between adults and children and among children themselves. In addition, teachers conducted weekly home visits and encouraged

parents to be involved as volunteers in the classroom. In one study (Berruta-Clement, et al, 1984), children who participated in the program showed the following outcomes at age 19 compared to a control group: Improved scholastic achievement during the school years; Increases in high school graduation rate, post-secondary enrollment rate, and employment rate; Decreases in crime/delinquency, violent behavior, drug use and teen pregnancy. At age 27, project participants made the transition into adulthood far more successfully than adults from similar backgrounds: They committed fewer crimes; they had higher earnings; and had a greater commitment to marriage (Weikart & Schweinhart, 1993).

For more information, see:

Berruta-Clement, J., Schweinhart, L., Barney W., Epstein, A., & Weikart, D. (1984). *Changed lives: The effects of the Perry Preschool Program on youth age 19*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L. & Weikart, D. (1986). Consequences of three preschool curriculum models through age 15. *Early Childhood Research Quarterly, 1, 15-45*.

Schweinhart, L. & Weikart, D. (1997). The High/Scope preschool curriculum comparison study through age 23. *Early Childhood Research Quarterly, 12, 117-143*.

Weikart, D. & Schweinhart, L. (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Ypsilanti, MI. High/Scope Press.

Contact information:

High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898, Ph: (734) 485-2000, Fax: (734) 485-0704, email: info@highscope.org, URL: <http://www.highscope.org/Research/PerryProject/perrymain.htm>.

- a16. *I Can Problem Solve (ICPS)*: ICPS uses a cognitive approach to preventing early high risk behaviors in children--such as impulsivity, social withdrawal, poor peer relations, and inability or unwillingness to share and cooperate with others. It teaches children how to think in ways that help them solve typical interpersonal problems with peers and adults. Children as young as 4-years old can learn the ICPS curriculum. One study found that after only four months, preschool children who received ICPS training were rated as more adjusted (71%) compared to a control group (54%). Children who were previously rated as impulsive or inhibited became better adjusted after training (50% and 75% respectively) compared to those who did not receive training (21% and 35% respectively). Children who received training scored higher on alternative-solution thinking and consequential thinking tests compared to the control group. Statistical analyses suggest that these gains were due to the training and not to other factors such as teacher attention. Furthermore, children trained in kindergarten and retrained in first grade were showing the best adjusted behaviors three years later.

For more information, see:

Shure, M. B. (1993). *Interpersonal problem solving and prevention. A comprehensive report of research and training (a five year longitudinal study)*. Grant #MH40801 Washington, DC: National Institute of Mental Health.

Shure, M. B., Aberson, B., & Fiber, E. *I Can Problem Solve (ICES): A cognitive approach to preventing early high risk behaviors*. In: Ronda C. Talley & Garry R. Wad (Eds) *Safe Schools, Safe Students*. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Shure, M. B., & Spivack, G. (1982). *Interpersonal problem-solving in young children: A cognitive approach to prevention*. *American Journal of Community Psychology, 10, 341-356*.

Contact information:

Myrna B. Shure, Ph.D., Allegheny University, Department of Clinical/Health Psychology, Broad & Vine, Mail Stop 626, Philadelphia, PA 19102-1192, Ph: (215)762-7205, Fax: (215)762-4419, URL: <http://www.thinkingpreteen.com/icps.htm>

- a17. *The Community of Caring*: This values education program for students in kindergarten through high school focuses on prevention and emphasizes the importance of abstinence from early sexual activity and deferring childbearing until marriage. It also encourages abstinence from alcohol and other drug use and stresses the importance of personal health. The program's goal is to strengthen students' ethical decision-making skills by promoting the values of caring, family, respect, trust and responsibility. COC in Richmond was most successful in influencing students to adopt the core sexual values of the

COC program. The Kansas COC program was most successful in promoting some secondary values of COC -- helping others and valuing school, personal health and one's family. At all sites, students are reported to have improved their grade point average relative to comparison schools. At the end of the 2-year period, more Richmond students, including at-risk students (compared to control schools) reported significantly fewer not-excused absences and fewer disciplinary actions. Also in Richmond, the one school that documented pregnancies, the number of pregnant students dropped from 14 in 1988 to two in 1990. COC did not influence self-esteem or locus of control.

For more information, see:

Balicki, B.J., Godlenberg, D., Keel, K.S., Burnette, J., Yates, T. *An evaluation of the community of caring-in-schools initiative. Draft final report.* Columbia, Md: The Center for Health Policy Studies, July 7, 1991.

Contact information:

Wendy Hirsch, Program Coordinator, Community of Caring, 1325 G. St. NW, suite 500, Washington, DC 20005-3104. (202) 393-1251 /fax: (202) 824-0200.

For evaluation information, contact:

Rebecca Anderson Executive Director, Community of Caring, 1325 G. St. NW, suite 500, Washington, DC 20005-3104. (202) 393-1251 /fax: (202) 725-1146, email: contact@communityofcaring.org, URL: <http://www.communityofcaring.org>.

- a18. *Student Training Through Urban Strategies (STATUS)*: Project STATUS is a school-based program that helps students become active, responsible members of their community. It increases students' prosocial behaviors by providing contact with positive adult role models, enhancing stakes in conformity, and altering peer relationships. Targeted at Junior and Senior high students and students at risk, the Project STATUS program combats youths' anti-social behavior through two main strategies: improving the school's climate and implementing a year-long English/Social Studies class that focuses on key social institutions. An evaluation of Project STATUS showed significant beneficial effects for intervention students, compared to control students, including the following: Less total delinquency for all students and less serious delinquency for high school students; Less drug involvement for junior high students; Less negative peer influence; Greater academic success including higher grades and perceptions of schools as less punishing; Greater social bonding, including greater attachment to school for junior high students; and increased self-concept, attachment to school, interpersonal competency, involvement, months on roll, and less alienation for high school students.

For more information, see:

Gottfredson, Denise C. (1990). *Changing school structures to benefit high-risk youths. Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives.* Newbury Park, CA: Sage.

Gottfredson, Denise C., and Cook, Michael S. (1986). *Increasing school relevance and student decisionmaking: Effective strategies for reducing delinquency?* Center for Social Organization of Schools, The Johns Hopkins University.

Contact information:

Denise Gottfredson, Center for Social Organization of Schools, Johns Hopkins University, 3003 N Charles St. Suite 200, Baltimore, MD 21218, Ph: (410)516-8800, Fax: (410)516-8890, Email: ddiggs@csos.jhu.edu, URL: <http://scov.csos.jhu.edu>.

- a19. *Family Skills Training Programs*: Family skills training involves multi-component interventions, including behavioral parent training, social skills training for children, behavioral family therapy, and family role plays with coaching by the trainer. These are usually selective interventions targeting high-risk families, and they tend to have a positive impact on a large number of family and youth risk and protective factors. According to Dr. Kumpfer, "comprehensive family programs that combine social and life skills training to children and youth to improve their social and academic competencies with parent skills training programs to improve supervision and nurturance are the most effective in impacting a broader range of family risk and protective factors for drug use." Some examples of family skills training programs are: Strengthening Families Program (see this section), Focus on Families, Families and Schools Together (FAST), Family Effectiveness Training (FET), and The Nurturing Program.

For more information, see:

Kumpfer, K.L. (1993). *Strengthening America 's families: Promising parenting and family strategies for delinquency prevention. A user's guide*. Washington, DC: U.S. Department of Justice, Grant No. 87-J.-C.-K495. Office of Juvenile Justice and Delinquency Prevention, Office of Juvenile Programs.

- a20. *Strengthening Families Program*: The Strengthening Families Program is for parents and youth, ages 10-14, and utilizes a parent, youth and family skills-building curriculum designed to prevent teen substance abuse and other behavior problems, strengthen parenting skills, and build family strengths. The program involves seven 2-hour sessions plus 4 boosters. Parents and youth meet separately for the first hour, and then families practice skills and have fun together during the second hour. This curriculum is designed and used with ethnically diverse families in rural and urban settings. This program was tested with 442 families who live in areas with a high percentage of economically-stressed families. Participants were randomly assigned and comparisons were made between program participants and control families. Data have been analyzed from pretest, posttest, and one- and two-year follow-ups. Results show that compared to the control youth, youth in the program: were better than control youth in resisting peer pressure and avoiding antisocial peers; showed a 66% relative reduction in new use of alcohol without parental permission between 6th and 7th grade (Post test and 1-year follow-up). Parents showed specific gains in parenting skills including setting appropriate limits and building a positive relationship with their youth.

For more information, see:

URL: <http://www.extension.iastate.edu/sfp/sfpback.html>.

- a21. *Rotheram 's Social Skills Training (RSST)*: RSST is a social skills training intervention for upper elementary school youth designed to improve interpersonal problem-solving ability and increase assertiveness. RSST targets fourth through sixth graders. Students meet in groups of six, led by one trained facilitator. Within each group, a drama simulation game is conducted during one-hour sessions twice a week for 12 weeks. Each session teaches assertiveness, presents a problem situation, encourages group problem solving, and rehearses behaviors and provides feedback on performance. Compared to a control group, students in the social skills training condition demonstrated the following results: Significantly more assertive responses directly after treatment; Significantly fewer passive and aggressive problem-solving responses directly after treatment; Increases in grade-point averages one year after treatment. Teacher ratings of student conduct also improved significantly from pretreatment to immediately following the treatment, as well as one year after the treatment.

For more information see:

Rotheram, M.J. (1982). Social skills training with underachievers, disruptive, and exceptional children. *Psychology in the Schools, 19*, 532-539.

Contact information:

Mary Jane Rotheram, Department of Psychiatry, University of California, 740 Westwood Plaza, Los Angeles, CA 90095, (310) 794-8280.

- a22. *Say it Straight (ISIS)*: Youth Centered Communication Skills Training: SIS focuses on building honest, assertive communications skills through extensive role-playing of interpersonal situations in which students find themselves (e.g., how to say "no" to a friend, how to resist peer pressure). The training is action-oriented and uses visual, auditory, and kinesthetic modalities to involve people with different learning styles. SIS has been used effectively in the prevention of alcohol and drug abuse, HIV/AIDs, violence, and delinquency. In one study, SIS-trained 6th-9th graders were significantly less likely to have alcohol or drug suspensions compared to a control group. Also, in another study, SIS trained high school students had 4 ½ times fewer juvenile criminal offenses than untrained comparison students.

For more information, see:

Englander-Golden, P., Elconin, J., & Miller, K. (1986). Brief Say It Straight training and follow-up in adolescent substance abuse prevention. *Journal of Primary Prevention, 219-230*.

Englander-Golden, P. & Satir, V. (1991). *Say it Straight: From compulsions to choices*. Palo Alto: Science and Behavior Books.

Contact information:

Say it Straight, 6254 Paseo Elegancia, Carlsbad, CA 92009, Ph: (760)431-1147, Fax: (509)278-7009, email: sayitstraight-info@sayitstraight.org, URL: <http://www.sayitstraight.org>.

- a23. *Children of Divorce Intervention Program*: Helps children in grades K-8 cope with divorce by utilizing timely interventions performed by a group of facilitators who are usually a male or female team selected for their interest, skills and sensitivity, as well as training. *CODIP* was shown to be effective in reducing anxiety and negative self-attributions as well as reducing school problems at a two-year follow-up.

Contact information:

Geri Cone, Children's Institute, 274 N. Goodman Street, Suite D103, Rochester, NY 14607, PH (585) 295-1000/ fax (585) 295-1090/ toll free (877) 888- 7647, URL: <http://www.childrensinstitute.net/programs/CODIP/>.

- a24. *Facing History and Ourselves: Holocaust and Human Behavior*: This is designed to address complex issues of citizenship and social justice. The aim is to engage adolescent students of diverse backgrounds in an examination of racism, prejudice, and antisemitism. Within an interdisciplinary framework drawing upon adolescent development theory, the program encourages students to make the essential connection between history and the moral choices they confront in their own lives as citizens in a democracy. The (3-12 weeks) program can be adapted to enhance existing courses. Teachers are expected to attend a one- or two-day workshop or a six-day summer institute before using the program. Participating students are reported as displaying: (1) greater knowledge of historical concepts than those not enrolled and (2) increased complexity of interpersonal understanding compared with students enrolled in traditional Modern World History courses.

Contact information:

Marc Skvirsky, Alan Stoskopf, or Margot Stern Strom, Facing History and Ourselves National Foundation, 16 Hurd Road, Brookline, MA 02146. Ph: (617)232-1595, URL: <http://www.ed.gov/pubs/EPTW/eptw8/eptw8b.html>

- a25. *Positive Action (K-12)*: This program is designed to "teach individuals, families, schools, and communities principles that lead to success and happiness." It is currently in about 2,500 schools. The goals are: (1) to improve individuals, families, schools, and communities; (2) to increase positive behaviors among students, such as academic achievement, attendance, self-control, problem-solving skills, conflict resolution, and community service; and (3) to decrease negative behaviors like drug, alcohol, and tobacco use; actions leading to discipline referrals, suspensions, or expulsions; and delinquency and gang membership. School administrators, with assistance from Positive Action Company, guide adoption, implementation, and evaluation. Upon adoption, the School Positive Action Coordinator (principal or designee) organizes the Positive Action Committee (of school, home, and community members). Together, they monitor and promote school activities and link the school, home, and community programs. The premise of Positive Action is that academic achievement will improve as students' self-concept and behavior improve. Data from a number of different types of schools (rural, urban, and suburban; high and low poverty; small and large minority populations) indicate improved student achievement following the implementation of the program.

Contact information:

Carol Gerber Allred, President/Developer ,Positive Action Company 264 4th Ave. SouthTwin Falls, ID 83301 Ph: 800-345-2974, Fax: 208-733-1590, E-mail: info@positiveaction.net, URL: <http://www.posaction.com>.

- a26. *Open Circle Curriculum*: At the core of the Reach Out to Schools: Social Competency Program is a year-long, grade-differentiated, social and emotional curriculum for K-5th grade called the Open Circle. It is designed to foster positive relationships, a cooperative classroom environment, and skills in solving interpersonal problems. Since 1987, 2,850 teachers have been trained and they have worked with over 200,000 children in over 200 schools in New England and New Jersey. Core lessons cover listening, calming down, speaking up, dealing with teasing, recognizing discrimination, expressing anger appropriately, reaching consensus, and a six-step problem solving process. Classroom lessons are taught in an open circle format, twice a week for 15 to 30 minutes throughout the year. Evaluations indicate an impact on participating teachers, students and parents. Specifically, the program reports increased teaching and learning time, greater time on tasks, and creation of a caring and responsive community in the classroom. For students, they report increases in specific interpersonal skills, problem solving skills, and individual responsibility and fewer behavior problems (including less fighting than nonparticipants).

For more information, see

Open Circle Program, The Stone Center, Wellesley College, 106 Central Street, Wellesley, MA 02481, Ph: (781)283-3277, URL: <http://www.open-circle.org/landing.asp>

Contact information:

Reach Out to Schools: Social Competency Program Lisa Sankowski, lsankows@wellesley.edu.

- a27. *The Bridges Project*: This program is a federally funded initiative designed to enhance the existing school-based mental health services in eastern Kentucky. It is composed of a three-tiered model providing prevention, early intervention, and short-term and intensive services in over twenty schools. Sites include pre-kindergarten through high school, as well as alternative school campuses. The goal of the program is to promote partnerships among schools, families, and mental health agencies. The Bridges Project provides mental health staff as consultants to existing school staff to enhance or establish school-wide prevention and interventions for students with or at risk of mental health challenges. A regional specialist was also available to consult on the development of Positive Behavior Supports. Fifteen student service teams and three regional behavior consultants serve twenty-one schools throughout three regions. An outcome evaluation examined results from over 300 students with the majority of evaluations assessing changes in youth with the most serious needs. Outcomes were assessed at six-months and one year including data on academics, functioning, symptomatology, strengths, etc. This sample showed general increases in grades and decreases in problem behavior (but average Total Problem and Externalizing Problem scores remained in the clinical range). The Bridges Project also decreased crime and arrests.

For more information see:

Armstrong, B.J., Robbins, V., Collins, K., & Eber, L. (2004). The Bridges Project - Meeting the academic and mental health needs of children through a continuum of positive supports. In Robinson, K.E. (Ed.) *Advances in School-Based Mental Health Interventions: Best Practices and Program Models*. Kingston, NJ: Civic Research Institute.

Contact information:

Beth Jordan Armstrong, M.S., Bridges Project Director, Kentucky Division of Mental Health, 100 Fair Oaks Lane, 4W-C, Frankfort, KY 40621, Phone: (502) 564-7610, Fax: (502) 564-9010, E-mail: Beth.Armstrong@mail.state.ky.us

- a28. *Raising Healthy Children (RHC)*: This program is a comprehensive, school-based prevention program that focuses on promoting positive youth development and preventing problem behaviors in adolescents by targeting risk and protective factors. The program involves teachers, parents, and students. Teachers participate in a series of workshops on improving classroom management through evidence-based strategies. Parents might receive five-session parenting workshops, workshops on select topics, and in-home problem-solving sessions. Students with academic or behavioral problems (referred by teachers or parents) attend summer camps and receive other services as indicated. Participants in the study included 938 elementary school students from first to second grade who were enrolled in 10 schools in the northwest. An evaluation, focusing on academic and behavioral improvements at school, was conducted 18 months after program implementation. Results indicated that, compared to peers who did not receive the intervention, RHC students had a stronger commitment to school, better academic performance, increased social competency, and decreased antisocial behaviors.

For more information, see:

Catalano, R.F., Mazza, J.J., Harachi, T.W., Abbott, R.D., Haggerty, K.P., & Fleming, C.B. (2003). Rasing healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology, 41*, 143-146.

Contact information:

Richard F. Catalano, Social Development Research Group, University of Washington School of Social Work, 9725 3rd Avenue Northeast, Suite 401, Seattle, WA 98115-2024, E-mail: catalano@u.washington.edu

- a29. *Reducing the Risk*: This intervention program combines cognitive-behavioral skills training, role modeling, and organizational strategies to delay sexual activities in youth and promote effective contraception by targeting associated factors. The program entails 15 class periods for children, structured parent involvement with homework assignments, and a three-day training for teachers. An evaluation was conducted using a pre- and post-test design with 23 classes of students enrolled in health education at 13 schools in California (Total N = 1,033). Some classes were randomly assigned to the program or a control group (that received standard sexual health instruction), but some classes were not randomly assigned. Likewise, half of the program and control classes were taught by the same teachers and the other half had different teachers for the two groups. After six months, students

in the program had more knowledge about contraception, better communication with parents about abstinence, and communication about birth control when compared to students in the control group. Compared to students in the control group, fewer students in the program reported having intercourse at the 18-month follow-up. The program appeared to have the most significant effects on contraception use among females.

For more information, see:

Catalano, R.F., Berglund, M.L., Ryan, J.A.M., Lonczak, H.S., & Hawkins, J.D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment, 5*(15). Available online. Accessed 3/29/2004. <http://journals.apa.org/prevention/volume5/pre0050015a.html>

Contact information:

Richard F. Catalano, Social Development Research Group, University of Washington School of Social Work, 9725 3rd Avenue Northeast, Suite 401, Seattle, WA 98115-2024, E-mail: catalano@u.washington.edu

- a30. *Across Ages*: This program supports inter-generational mentoring approaches to drug prevention for young, high risk students. The multi-component program includes twice weekly 2-hour mentoring sessions by adults 55-years old and older during the school year, community service with the mentor, 26 sessions of a social problem-solving curriculum, and Saturday workshops for parents to increase parental involvement and strengthen parent-child bonds. In a pre- and post-test evaluation, classes were randomly selected and assigned to one of two program conditions (problem-solving and parent support with or without mentoring) or a control condition. Data were collected across three academic years for a total of 562 predominantly ethnic minority students in high poverty areas with a high incidence of substance abuse who completed both pre- and post-tests. Compared to the control group, students in the mentoring and problem-solving intervention had better skills at reacting to situations involving drug use and higher levels of community service. Additionally, they had more positive attitudes about school, older people, and the future. Compared to the problem-solving only intervention, those in the combined intervention group had significantly better school attendance, and the level of mentor involvement was positively associated with improved school attendance.

For more information, see:

Catalano, R.F., Berglund, M.L., Ryan, J.A.M., Lonczak, H.S., & Hawkins, J.D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment, 5*(15). Available online. Accessed 3/29/2004. [Http://journals.apa.org/prevention/volume5/pre0050015a.html](http://journals.apa.org/prevention/volume5/pre0050015a.html)

Contact information:

Richard F. Catalano, Social Development Research Group, University of Washington School of Social Work, 9725 3rd Avenue Northeast, Suite 401, Seattle, WA 98115-2024, E-mail: catalano@u.washington.edu

- a31. *The Responsive Classroom*: The approach of this method is to create a classroom environment that is responsive to children's physical, emotional, social, and intellectual development. As opposed to using structured lessons, the Responsive Classroom is a philosophy of education based on six components: classroom organization, morning meetings, rules based on respect for self and others, logical consequences of breaking rules, academic choice, guided discovery, and family communication strategies. The program provides opportunities to practice self-awareness, self-management, relationship management, decision making, and social awareness. School-wide, family, and community involvement are promoted through frequent family letters, occasional student presentations to parents, and an emphasis on school-wide collaborations. Academic achievement is promoted through interconnected and caring learning environments. Several unpublished evaluations of the program with Caucasian, African American, and Latino students in grades pre-K through 6 have yielded positive results; teachers and parents reported improved social skills and test scores also rose for children in first through fifth grade. These studies did not include a follow up and the longest of these studies focused on six months of intervention.

For more information, see:

Elliot, S.N. (1993). *Caring to learn: A report on the positive impact of social curriculum*. Greenfield, MA: Northeast Foundation for Children.

Elliot, S.N. (1995). *Final evaluation report. The Responsive Classroom approach: Its effectiveness and acceptability*. Washington, DC: District of Columbia Public Schools.

Elliot, S.N. (1997). *The Responsive Classroom approach: Its effectiveness and acceptability in promoting social and academic competence*. University of Wisconsin, Madison.

Contact information:

Northeast Foundation for Children, 39 Montague City Road, Greenfield, MA 01301, Ph: (800) 360-6332, Ext. 150, Email: diane@responsiveclassroom.org, URL: <http://www.responsiveclassroom.org>

- a32. *Skills, Opportunities, and Recognition*: SOAR is a school-wide program designed to strengthen instructional practices and increase family involvement. An eight step model is used for teaching social and emotional skills and provides educators with information, guided practice, and opportunities for application. Students are provided with the skills to recognize risk factors at home and at school, while parents and educators are helped to communicate healthy belief and clear standards for behavior and to increase young people's bonds to their families, schools and communities. Academic achievement at SOAR is promoted through adopted pro-school attitudes and behaviors of others in the school context, and through pro-active classroom management activities. Two studies have evaluated SOAR. One study conducted with Asian American, Caucasian, and African American students who began the intervention program during grades 1-6 found positive academic, socioemotional learning, and health outcomes at post tests conducted after two years. Boys from low income families who were part of the full intervention group scored significantly higher on the combined reading, language arts, and math tests. Teachers reported that boys also demonstrated higher social skills and less interaction with anti-social peers. A decline in cigarette use was reported in girls. Six years after the intervention had ended, students reported engaging less drinking, sexual intercourse, fewer sex partners, engaging in violent acts, and misbehavior at school. At age 21, positive health outcomes included later onset of first sexual experience, fewer sexual partners, higher condom use and fewer diagnoses of sexually transmitted diseases, and among women, fewer pregnancies and births. A second study with a 1 ½ year intervention period but no follow up showed increased parent and teacher ratings on reading, language arts and math performance among the intervention group. Larger gains were also seen in cooperation and problem resolution, and less anti-social behavior was reported among students in the intervention group.

For more information, see:

Hawkins, J.D., Catalano, R.F., Kosterman, R., Abbott, R., & Hill, K.G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153, 226-234.

Lonczak, H.S., Abbot, R.D., Hawkins, J.D., Kosterman, R., & Catalano, R.F. (2002). Effects of the Seattle Social Development Project on sexual behavior, pregnancy, births, and sexually transmitted disease outcomes by age 21 years. *Archive of Pediatrics and Adolescent Medicine*, 156, 438-447.

Contact information:

Channing Bete Company, One Community Place, Deerfield, MA 01373-0200, Ph: (877) 896-8532, Email: PrevSci@channing-bete.com, URL: www.preventionscience.com.

- a33. *Social Decision Making and Problem Solving Programs*: The Social Decision Making and Problem Solving Program is designed to help children in grades K-6, recognize and use their emotions in effectively solving problems in real life situations inside and outside the classroom. Using a problem-solving approach, the program teaches children how to use emotions as a guide in identifying and solving problems. Students are encouraged to practice acquired skills throughout the year, and students are encouraged to maintain a "Problem Diary" to record situations they have encountered and how they used problem-solving skills to address them. Two unpublished studies have evaluated the program with fourth and fifth graders. Students demonstrated better coping skills with stressors and better adjusted than compared to control students four months after completing the program and upon entering middle school. Six years after completing the program students displayed overall greater academic achievement, pro-social behaviors, and reduced self destructive behaviors. Among classrooms where teachers most fully implemented the program, students scored higher in language arts and mathematics, had fewer absences, were less likely to use alcohol and tobacco, commit acts of vandalism or violence, and displayed lower levels of depression, self-destructive behavior, and delinquency than control groups.

For more information, see:

Elias, M., Gara, M., Schuyer, T., Branden-Muller, L., & Sayette, M. (1991). The promotion of social competence: Longitudinal study of a preventive school-based program. *American Journal of Orthopsychiatry*,

61, 409-417.

Elias, M. J., Gara, M., Ubriaco, M., Rothbaum, P.A., Clabby, J.F., & Schuyler, T. (1986). Impact of preventive social problem solving intervention on children's coping with middle-school stressors. *American Journal of Community Psychology*, 14, 259-274.

Contact information:

Social Decision Making and Problem Solving, Center for Applied Psychology, Rutgers University, 41A Gordon Rd.-Livingston Campus, Piscataway, NJ 08854-8067, Ph:(732) 445-7795, Email: crino@rci.rutgers.edu, <http://www.eqparenting.com>.

- a34. *Teenage Health Teaching Modules (THTM)*: THTM aims to develop the skills of self-assessment, communication, decision making, goal setting, risk assessment, health advocacy, and self-management in youth grades 6-12. The program is organized as a series of learning modules with 41-91 lessons per year, and coordinates prevention programs across five behavioral areas: drug prevention, violence prevention, healthy sexual development, other health topics, and citizenship. Academic achievement is promoted through skills such as literacy, communication, and technology. Two studies have evaluated the program. In a published study, significant health effects included reduced use of tobacco, illegal drugs, and alcohol, and reduced consumption of fried foods. A second, unpublished study showed mixed and mostly non-significant or marginally significant results among a sample of 237 mostly African-American students designated as high risk for violence.

For more information, see:

Errecart, M.T., Walberg, H.J., Ross, J.G., Gold, R.S., Fiedler, J.L., & Kolbe, L.J. (1991). Effectiveness of Teenage Health Teaching Modules. *Journal of School Health*, 61, (Special Insert), 26-30.

Slaby, R.G., Wilson-Brewer, R., & DeVos, E. (1994). *Aggressor, victims, & bystanders: An assessment-based middle school violence prevention curriculum*. Newton, MA: Education Development Center.

Contact information:

Education Development Center, 55 Chapel Street, Newton, MA 02458, Ph: (800) 255-4273/ (617) 618-2215, URL: <http://www.thtm.org>.

- a35. *Tribes TLC: A New Way of Learning and Being Together*: The goal of Tribes TLC is to promote learning and human development through creative school and classroom environments. The program strives to help students to feel included, respected for their differences, involved in their own learning, and confident. The curriculum focuses on skills important to group work, including understanding and respecting other's perspectives, active listening, being reliable and helpful, setting goals, making decisions, and negotiating solutions to conflict. Many opportunities are presented to students during which they can reflect on their feelings, values, and interests. No formal lesson plans are provided; teachers are encouraged to tailor their teaching strategies according to the developmental stage of their learning groups, called "tribes." School-wide, family, and community involvement is promoted through workshops for teachers and staff. The program also includes guidelines for initiating parent networks, parent recruitment meetings, and establishing faculty and administrative planning groups. In one published 2-year study, Caucasian and ethnic minority second through fourth graders were evaluated. In comparison to students in partial-implementation classrooms, students in which Tribes TLC was fully implemented showed a greater increase in the California Test of Basic Skills-5 social studies exam scores, and third graders in fully-implemented classrooms demonstrated greater gains in reading comprehension.

For more information, see:

Kieger, D. (2000). The Tribes Process TLC: A preliminary evaluation of classroom implementation and impact on Student achievement. *Education*, 120, 586-592.

Kieger, D. (2000). *The Tribes Process: Phase III evaluation*. School District of Beloit, WI.

Contact information:

CenterSource Systems, LLC., Carrol Rankin, 7975 Cameron Drive, Bldg. 500, Windsor, CA 95492, (800) 810-1701/ (707) 838-1061, Email: tribes@tribes.com, <http://www.tribes.com>.

- a36. *Voices: A Comprehensive Reading, Writing, and Character Education Program*: The Voices program is a literature-based reading and writing curriculum focused on character education for students in

grades K-6. The six core social skills and values promoted through the program are identity awareness, perspective taking, conflict resolution, social awareness, love and freedom, and democracy. The program also includes a broad coverage of violence prevention and citizenship. The mechanism of education is through daily workshops, activities such as role playing, class discussions, journal-writing and through language arts lessons based on multicultural literature. Students also participate in projects that encourage school and community involvement. The Voices program ideally involves training for school personnel, family involvement, and service-learning projects to apply skills in the community. An unpublished study suggests that 3-5 grade students who participated in the program for at least two years demonstrated significantly greater gains in reading and math achievement and that Voices students scored above the 50th percentile in math (fourth grade) and reading (fifth grade) as compared with other students in the district.

For more information, see:

Calaway, F. (2001). *Evaluation of the comprehensive school reform models in the Memphis City Schools*. TN: Memphis City Schools.

Contact information:

John Bluthardt, Voices of Love and Freedom, 51 Sewall Avenue, Brookline, MA 02446, (617) 232-1184, Email: VLFBoston@aol.com, <http://www.aboutvlf.com>.

- a37. *Learning for Life*: Learning for Life, a general social skills program for grades K-12, is designed to enhance youth confidence, motivation, and self-esteem. The program includes 35-60 lessons per year and also includes opportunities for socioemotional growth in nonacademic and experiential settings. Academic achievement is promoted through the lessons, including school readiness skills, job readiness skills and career exploration. School-wide, family, and community involvement includes at home activities suggested to parents by teachers, student mentoring conducted by community representatives through career seminars in the schools, and coordination and participation of community service projects by students. No published studies have evaluated the program, although an unpublished study compared second-fourth and sixth grade students in rural, urban and suburban areas who received the intervention for eight weeks with a control group. The study reported improved classroom behavior, decision making, class participation, and respect and caring toward peers. There was no follow up of this study.

For more information, see:

Syndics Research Corporation & Ryan, K. (2000). *Character Building with Learning for Life*. Irving, TX: Learning for Life.

Contact information:

Peggy Chestnutt, Learning for Life, 1325 West Walnut Hill Lane, Irving, TX 75015-2079, Ph (972) 580-2000, Email: pchestnu@netbsa.org, <http://www.learning-for-life.org>

- a38. *Caring School Community/Child Development Project*: The Caring School Community (formerly known as the Child Development Project) program includes four components (class meetings, peer mentoring, school-wide activities and home/family involvement) that are designed to build a positive school community through relationships among all participants (students, teachers, and families). The program does not have lesson plans, but has many activities that support the four program components. The Caring School Community includes optional academic programs focused on reading comprehension, speaking, writing and analytical skills, and also on real-life math skills. Numerous components of the program focus on involving school personnel, family and community members such as a coordination team that involves both school staff and parents. A published evaluation of 5000 ethnically diverse students grades K-6 who participated in the Caring Schools Community program. Teachers reported that program participants showed more pro-social behavior and more problem-solving skills than control group students. In addition, students in the program reported less alcohol and marijuana use at the post-test than control participants. A follow-up study of 525 students in middle school demonstrated that participants had higher grade point averages and test scores, more involvement in activities and lower levels of school misconduct.

For more information, see:

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Early Adolescents, 11, 12-35*.

Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the Child Development Project on students' drug use and other problem behaviors. *The Journal of Primary Intervention*.

Solomon, D., Battistich, V., Watson, M., Schape, E., & Lewis, C. (2000). A six-district study of educational change: Direct and mediated effects of the Child Development Project. *Social Psychology of Education, 4*, 3-51.

Contact information:

Developmental Studies Center, 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300, Ph (800) 666-7270, Email: pubs@devstu.org, URL: www.devstu.org

- a39. *Peace Works*: Peace Works is a program with grade-specific curricula focused on conflict resolution. The curriculum includes between 16-48 lessons per year for students in pre-Kindergarten through twelfth grade, as well as a peer mediation component for students in fourth through twelfth grade. The program is based on Marzano's Dimensions of Learning and emphasizes responsibility, anger and stress management, respect for others, and negotiating conflict. Academic achievement is not a major aspect of this program, although literature is used to reinforce program concepts. School-wide, family, and community involvement is coordinated via staff development of teachers and administrators, and parents learn conflict resolution strategies and are encouraged to practice them with their children. Empirical research supporting the program is unclear; while positive effects such as less aggression and antisocial behavior and more interpersonal and academic skills have been reported among groups of third and sixth graders, the findings were mixed and potentially confounded by participation in the program by the control group.

For more information, see:

LeBlanc, P. & Lacey, C. (2000) *Evaluation report on the Allegany Foundation Grant "Making peace work in the Miami-Dade County Public Schools."* Miami, FL.: Peace Education Foundation.

LeBlanc, P. & Lacey, C. (2001) *Evaluation report on the Allegany Foundation Grant "Making peace work in the Miami-Dade County Public Schools."* Miami, FL.: Peace Education Foundation..

Contact information:

Peace Education Foundation, 1900 Biscayne Boulevard, Miami, FL 33132-1025, Ph (800) 749-8838, URL: www.peaceeducation.com

- a40. *Quest Violence Prevention*: The Quest Violence Prevention program consists of a series of 10-22 lessons per year focused on violence prevention for grades K-12. To help develop socioemotional learning, the curriculum emphasizes developing the ability to identify the feelings and point of view of a bully, a victim, and a bystander of a bullying situation. Anger management strategies and conflict negotiations are learned and practiced. A distinctive feature of the program are the specific lessons of the curricula addressing "recognizing bias" and respecting diversity." School-wide, family, and community involvement is promoted through letters to families, parent meetings, and frequent homework assignments involving families. Community members are used as guest speakers and students are provided with opportunities to interact with community members. Evaluations of the Quest Violence Prevention Program include one published study evaluating middle school students in one module with those in another Quest curriculum and a control group. In the first trial students receiving the most intervention demonstrated significantly higher scores on the California Achievement Test in Reading than the control group. A second trial showed that students in the experimental group had declines in violent behavior and misconduct and an increase in prosocial behavior than the control group.

For more information, see:

Laird, M., Syropoulos, M., & Black, S. (1996). *What works in violence prevention: Findings from an evaluation study of Lions-Quest Working Toward Peace in Detroit schools.* Newark, OH: Quest International.

Contact information:

Quest International, 1984 Coffman Road P.O. Box 4850, Newark, OH 43058-4850, Ph: (740) 522-6400, Email: info@quest.edu

- a41. *Reach Out to Schools: Social Competency Program*: The goal of Reach Out to Schools is to promote ethics among children in grades K-5 and to foster learning through three major areas: creating a cooperative classroom environment, solving interpersonal problems, and building positive relationships. Two key themes of this program are problem solving (taught by the STOP-THINK-GO method) and relationship building, in which teachers emphasize cooperation. School-wide, family, and community involvement is promoted through staff training and implementation of program concepts, frequent newsletters to parents, homework activities involving family members, and parent workshops

led by school mental health staff to help parents apply program concepts at home. Reach Out to Schools was evaluated and assessed during one school year of the program. Participants of the program included fourth grade Caucasian students in urban and suburban classrooms. This unpublished study reported that participating students had more positive outcomes such as higher levels of assertiveness, cooperative behavior, social skills, and self control. Teachers also reported that students had fewer behavioral problems, including aggression, hyperactivity, anxiety, and withdrawal than students in a control group.

For more information, see:

Hennessey, B.A., & Seigle, P. (submitted). Promoting social competency in school-aged children: The effect of the Reach Out to School Social Competency Program. Manuscript submitted for publication.

Contact information:

Wellesley College, Lisa Sankowski, The Stone Center, 106 Central St., Wellesley, MA 02481, Ph: (781) 283-2861, email: isankows@wellesley.edu, URL: www.open-circle.org

- a42. ***Productive Conflict Resolution Program:*** The Productive Conflict Resolution Program is designed to enable students to resolve conflicts without using violence, develop their emotional intelligence, instill a sense of social justice, become responsible citizens, and take part in creating a healthy environment. Based on a program teaching group problem solving skills, the program consists of 32-69 lessons per year. Violence prevention program includes peer mediation training, conflict management, and understanding the role of the media in violence perception. Parents are sent weekly information about teaching curricula at school and ideas could be reinforced at home in order to promote school-family relations. Two unpublished studies with elementary (grades 4-5), middle (6-8), and high school students (9-12) have been conducted. Results showed that students trained as peer mediators obtained greater perspective taking skills and competency in dealing with conflict, were more likely to help others, and experienced reduced personal conflict. The same results applied to students of the general conflict training curriculum, although not as robustly.

For more information, see:

Greenwald, D. (1987). Conflict Resolution in the Schools: Finals evaluation report. Boulder, CO: The Colorado School Mediation Project..

Contact information:

Randy Compton, School Mediation Center, 5485 Conestoga Court, Suite 101, Boulder, CO 80301, Ph: (303) 444-7671, E-mail: rcomptom@schoolmediationcenter.org, <http://www.schoolmediationcenter.org>

b. Promoting Physical Health

- b1. ***SPARK:*** Is a health-related physical education program for fourth and fifth-grade students, was designed to increase physical activity during physical education classes and outside of school. Students spent more minutes per week being physically active in specialist-led and teacher-led physical education classes than in control classes. After 2 years, girls in the specialist-led condition were superior to girls in the control condition on abdominal strength and endurance and cardio-respiratory endurance.

For more information, see:

Sallis, J.F., et al. (1997). The Effects of a 2-Year Physical Education Program (SPARK) on Physical Activity and Fitness in Elementary School Students. *American Journal of Public health*, 87, 1328-1334.

School Health Starter Kit, CCSSO Council of Chief State School Officers, One Massachusetts Avenue, NW - Suite 700, Washington, DC 20001-1431, PH (202) 336-7000, fax (202) 408-8072, URL: www.ccsso.org/projects/School_Health_Project/School_Health_Starter_Kit/

Contact information:

The Spark Program, 438 Camino del Rio South, Suite 110, San Diego, CA 92108, toll free (800)sparkpe/ fax (619) 293-7992, email: sparkpe@sparkpe.org, URL: www.sparkpe.org.

- b2. ***Get Real About AIDS:*** An HIV prevention curriculum for students in grades 4-12. Participating students were more likely than students in the control group to report they had purchased a condom. Compared to the control, sexually active students in the program reported having fewer sexual partners within the past two months and using a condom more often during sexual intercourse. Students in the program scored significantly higher on a knowledge test of HIV and expressed greater intention to engage in safer sexual

practices than comparison students. Program students were more likely to be aware that someone their age who engaged in risky behaviors could become infected with HIV.

For training information, contact:

CHEF (800) 323-2433; 22419 Pacific Hwy S., Seattle, WA 98198-5106 or Julie Taylor, ETR, Fax (206) 824-2907, email: info@chef.org, URL: www.chef.org/prevention/aids.php.

Contact information:

United Learning, 1560 Sherman Ave., Suite 100, Evanston, IL 60201. (800) 323-9084 /fax: (847) 328-6706, URL: www.unitedlearning.com/curriculum_programs/curriculum_programs.cfm?refresh=true.

For evaluation information, contact:

Deborah S. Main, PhD. Department of Family Medicine, University of Colorado Healthy Sciences Center, 1180 Clarmont St. Campus Box B- 155, Denver, CO 80220. (303) 270-5191.

- b3. Project STAR:* A universal drug abuse prevention program that reaches the entire community population with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. Research results on this project have shown positive long-term effects: Students who began the program in junior high, and whose results were measured in their senior year of high school, showed significantly less use of marijuana (approximately 30% less), cigarettes (about 25% less), and alcohol (about 20% less) than children in schools that did not offer the program. The most important factor found to have affected drug use among students was increased perceptions of their friends' intolerance of drug use.

For more information, see:

Preventing Drug Use Among Children and Adolescents: A Research Based Guide. 2nd Ed. National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services, URL: www.nida.nih.gov/prevention/prevopen.html.

School Health Starter Kit, CCSSO Council of Chief State School Officers, One Massachusetts Avenue, NW - Suite 700, Washington, DC 20001-1431, PH (202) 336-7000, fax (202) 408-8072, URL: www.ccsso.org/projects/School_Health_Project/School_Health_Starter_Kit/.

- b4 Reconnecting Youth Program (grades 9-12):* A school based prevention program. Research shows that this program improves school performance; reduces drug involvement; increases self-esteem, personal control, school bonding, and social support; and decreases depression, anger and aggression, hopelessness, stress, and suicidal behaviors.

For more information, see:

Preventing Drug Use Among Children and Adolescents: A Research Based Guide. 2nd Ed. National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services, URL: www.nida.nih.gov/prevention/prevopen.html.

School Health Starter Kit, CCSSO Council of Chief State School Officers, One Massachusetts Avenue, NW - Suite 700, Washington, DC 20001-1431, PH (202) 336-7000, fax (202) 408-8072, URL: www.ccsso.org/projects/School_Health_Project/School_Health_Starter_Kit/ 9090.

- b5. School-Based Tobacco Programs:* A meta-analysis of 90 programs from 1974-1989 showed that social influence programs that were most effective at 1-year follow-up had the following components: they were delivered to sixth-grade students, used booster sessions, concentrated the program in a short time period, and used an untrained peer to present the program. Under these conditions, long-term smoking prevalence was about 25% lower.

For more information, see:

Lynch, B.S. & Bonnie, R.J. (eds) (1994). *Growing up Tobacco Free: Preventing Nicotine Addiction in Children and Youths.* National Academy Press, Washington D.C.

School Health Starter Kit, CCSSO Council of Chief State School Officers, One Massachusetts Avenue, NW - Suite 700, Washington, DC 20001-1431, PH (202) 336-7000, fax (202) 408-8072, URL: www.ccsso.org/projects/School_Health_Project/School_Health_Starter_Kit/

- b6. The Teen Outreach Program:* A nationally replicated and evaluated program sponsored by the Junior League, which includes health education and exploration of life options was found to have a positive

impact on suspension rates, course failure and female students becoming pregnant. Suspension rates: Control group at entry 23.8%, Intervention group at entry 17%; at exit, CG - 28.7%, and IG -13%; Failing: At entry CG -37.8%, IG - 30.3%; at exit CG - 48.8%, IG - 25.6%, Pregnancy - At entry CG - 10%, IG - 6.1 %; at exit, CG - 9.8%, IG - 4.2%.

For more information, see:

Allen J., Philber S., Herrling, S., and Kupermic G. (1997). Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach. *Child Development* 64, 729-742.

School Health Starter Kit, CCSSO Council of Chief State School Officers, One Massachusetts Avenue, NW - Suite 700, Washington, DC 20001-1431, PH (202) 336-7000, fax (202) 408-8072, URL: www.ccsso.org/projects/School_Health_Project/School_Health_Starter_Kit/

- b7. *The 5-a-Day Power Plus*: This program increased lunch time fruit consumption and combined fruit and vegetable consumption among all children, lunchtime vegetable consumption among girls, and daily fruit consumption and the proportion of total daily calories attributable to fruits and vegetables.

For more information, see:

Perry, C.L., et al., (1998). Changing Fruit and Vegetable Consumption Among Children: The 5-a-Day Power Plus Program in St. Paul, Minnesota. *American Journal of Public Health*, 88 (No.4), 603-609.

- b8. *Gimme 5*: A nutrition program for students in 4th and 5th grades based on social cognitive theory. Findings revealed increased vegetable consumption at year two in the treatment group compared to decreased consumption in the control group. Parent interviews suggested a positive increase in the availability of fruit and vegetables at home as a result of program.

For more information, see:

Domel SB, Baranowski, T. Davis HC, Thompson WO, Leonard SB, Baranowski J. A measure of stages of change in fruit and vegetable consumption among 4th and 5th grade school children: Reliability and validity. *Journal of Amer. College of Nut.* 1996;15(1):56-64.

Domel SB, Baranowski T. Davis HC, Thompson WO, Leonard SB, Baranowski J. A measure of outcome expectations for fruit and vegetable consumption among 4th and 5th grade children: reliability and validity. *Health Education Research: Theory & Practice.* 1995;10(1):65-72.

Domel SB, Baranowski T. Davis HC, et al. Development and evaluation of a school intervention to increase fruit and vegetable consumption among 4th and 5th grade students. *Journal of Nutrition Education.* 1993,25(6):345-349.

Contact information:

Janice Baranowski, MPH, RD, LD. Project Manager, Department of Behavioral science, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Box 243, Houston, TX 77030-4095, Ph (713)745-2383.

For evaluation information, contact:

Tom Baranowski, PhD, Department of Behavioral Science, University of Texas, M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030-4095. (713)745-2682. E-mail: tbaranow@notes.mdacc.tmc.edu

- b9. *Healthy for Life*: The Healthy for Life program uses the social influence theory to address five high-risk health behaviors of middle school students, including nutrition habits, tobacco, alcohol and marijuana use, and sexual behavior. By the ninth grade, students in the intensive version were significantly more likely to eat more meals in a week, significantly less likely to use cigarettes and scored lower on an overall scale of substance abuse. Males were less likely to use smokeless tobacco than students in control schools. Students in the age-appropriate intervention scored higher on alcohol and smokeless tobacco use than those in the control group suggesting short-term negative effects. Trend data for the intensive intervention indicated immediate negative effects characterized by increases in high-risk behaviors, but positive effects by the following year.

For more information, see:

Piper, D.L. The healthy for life project: A summary of research findings. Final report to NIDA. Madison: Pacific Institute for Research and Evaluation, 1993.

Contact information:

Monica King, Program Coordinator, Pacific Institute, 617 North Segoe Road, Madison, WI 53705, (608) 231 - 2334/ fax: (608) 231 -3211. <http://www.ed.gov/pubs/EPTW/eptw9/eptw9c.html>

For evaluation information, contact:

Douglas Piper, PhD, Pacific Institute, 617 North Segoe Road, Madison, WI 53705, (608)231 -2334 / fax: (608) 231-3211.

- b10. *Community of Caring (COC)*: COC is a values education program for students in kindergarten through high school. The program focuses on prevention and emphasis on the importance of abstinence from early sexual activity and deferring childbearing until marriage. It also encourages abstinence from alcohol and other drug use and stresses the importance of personal health. The program's goal is to strengthen students' ethical decision-making skills by promoting the values of caring, family, respect, trust and responsibility. COC in Richmond was most successful in influencing students to adopt the core sexual values of the COC program - sexual abstinence until marriage, marriage is the best circumstance for having a baby, postponing sex is as good as is preparing for the future. The Kansas COC program was most successful in promoting some secondary values of COC -helping others and valuing school, personal health and one's family. students in COC schools at all sites improved their grade point average relative to the comparison schools. At the end of the 2-year period, more Richmond students, including at-risk students, compared to those in the control school reported significantly fewer not-excused absences and fewer disciplinary actions. Also in Richmond, the one school that documented pregnancies, the number of pregnant students dropped from 14 in 1988 to two in 1990. COC did not influence self-esteem or locus of control.

For more information, see:

Balicki, B.J., Godlenberg, D., Keel, K.S., Burnette, J., Yates, T. *An evaluation of the community of caring-in-schools initiative. Draft final report.* Columbia, Md: The Center for Health Policy Studies, July 7, 1991.

Contact information:

Wendy Hirsch, Program Coordinator, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005-3104, (202) 393-1251 /fax: (202) 712-1146, <http://www.communityofcaring.org>

For evaluation information, contact:

Rebecca Anderson, Executive Director, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005, (202)393-1251 /fax: (202) 712-1146.

Appendix B: Support for Transitions

The following are brief summaries and related information on the support for transitions programs listed in Table B.



1. Readiness to Learn / Early Childhood Programs

- a. *Head Start Program:* The ultimate goal of Head Start is children's social competence. This refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs. Social competence has five objectives which support it. (1) Enhance Children's Growth and Development, (2) Strengthen Families as the Primary Nurturers of Their Children, (3) Provide Children with Educational, Health and Nutritional Services, (4) Link Children and Families to Needed Community Services, and (5) Ensure Well-Managed Programs that Involve Parents in Decision-making.

For more information, see:

First Progress Report on the Head Start Program Performance Measures, May 15, 1997, Prepared for: Administration on Children, Youth and Families, Head Start Bureau, Prepared by: Caliber Associates, Ellsworth Associates, Westat, Mathematica Policy Research.

Abbott-Shim, M., Lambert, R., & McCarthy, F. (2003). A comparison of school readiness outcomes for children randomly assigned to a Head Start Program and the program's wait list. *Journal of Education for Students Placed at Risk*, 8(2): 191-214.

Contact information:

URL: www.acf.dhhs.gov/programs/hsb.

- b. *Long-term Effects of Early Childhood Programs:* Long term studies of early childhood programs such as preschool, Head Start, child care, and pre-kindergarten found enhancements in cognitive achievements and social outcomes. Children who attended early childhood programs showed less placement in special education classes, or grade retainment later in their education. Children who attended these programs were also more likely to graduate from high school, and less likely to be involved in future delinquent and criminal behavior. Model programs which combined home visits with center-based child development services were associated with less aggressive behavior. Two criminal justice studies showed that program children had fewer contacts with the criminal justice system. One study that followed its subjects through age 27 also found that preschool participants had fewer out-of-wedlock births, relied less on social services as adults, and had higher average earnings than individuals in the control group.

For more information, see:

Gomby, D.S., Lerner, M.B., Stevenson, C.S., Lewit, E.M., and Behrman, R.E. (1995) Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations. *The Future of Children*, 5(3), 6-24. www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=77657.

- c. *Early-childhood programs for low income families:* Thirty-six studies of both model demonstration projects and large-scale public programs were reviewed to examine the long-term effects of early-childhood programs on children from low-income families. Results indicate that some early childhood programs can produce large short-term benefits for children on intelligence quotient (IQ) and sizable long-term effects on school achievement, grade retention, placement in special education, and social adjustment.

For more information, see:

Barnett, W.S. (1995). Long-Term Effects of Early Childhood Programs: Cognitive and School Outcomes. *The Future of Children*, 5(3), 25-50. URL: www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=77657.

- d. *Early-childhood programs on social outcomes and delinquency:* Early-childhood programs which seek to ameliorate factors associated with later antisocial or delinquent behavior can prevent these factors. These programs have in common a combination of intensive family support and early education services, and effect a broad range of child and family risk factors for delinquency. There is also promising evidence of their cost effectiveness. The programs that demonstrated long-term effects on crime and antisocial behavior tended to be those that combined early-childhood education and family support services. Four programs were evaluated: High/Scope Perry Preschool Project, Syracuse University

Family Development Research Program, Yale Child Welfare Project, and Houston Parent Child Development Center. Overall, results indicated that the program participants committed fewer delinquent or criminal acts with less later involvement with the juvenile justice system. Antisocial behavior was decreased in the Yale Project and the Houston Center.

For more information, see:

Yoshikawa, H. (1995) Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children*, 5(3), 51-75.
URL: www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=7765.

- e. *Even Start*: The goal of Even Start is to help break the cycle of illiteracy and poverty by improving the educational opportunities available to low-income families with limited educational experiences. After one year of participation, Even Start children scored significantly higher on the Preschool Inventory (PSI), a test of school readiness, than children in a randomly assigned control group. Children who remained in Even Start more than one year may grow at a faster-than-expected rate both on the PSI and on the Preschool Language Scale (PLS). A substantial body of research shows that gains are enhanced by exposure to a high-quality, center-based program. Research supports this finding in that adults and children with high levels of participation in Even Start's core services had larger learning gains than those with low levels of participation. Children in projects that emphasize center-based programs had larger learning gains than children in projects that emphasize home-based services. Findings from the first national evaluation showed a positive relationship between the amount of parenting education received and children's vocabulary test scores.

For more information, see:

Even Start: Evidence from the Past and a Look to the Future. Planning and Evaluation Service Analysis and Highlights. <http://www.ed.gov/pubs/EvenStart/highlights.html>.

Contact information:

URL: www.evenstart.org

- f. *Full-day Kindergarten*: Research studies confirm that attendance in developmentally appropriate full-day kindergarten results in academic and social benefits for students, at least in the primary grades. Those in full-day kindergarten programs (compared to half-day or alternate day programs) exhibited more independent learning, classroom involvement, productivity in work with peers, and reflectiveness than half-day kindergartners. They were also more likely to approach the teacher and expressed less withdrawal, anger, shyness, and blaming behavior.

For more information, see:

Cryan, J., Sheehan, R., Weichel, J., and Bandy-Hedden, I.G. (1992). Success Outcomes of Full-day Kindergarten: More Positive Behavior and Increased Achievement in the Years After. *Early Childhood Research Quarterly*, 7(2, June), 187-203. EJ 450 525.

Holmes, C.T., and McConnell, B.M. (1990). Full-day versus Half-day Kindergarten: An Experimental Study. Unpublished paper. ED 369 540.

Karweit, N. (1992). The Kindergarten Experience. *Educational Leadership*, 49 (6, Mar), 82-86. EJ 441 182.

Rothenberg, D. (1995). Full-Day Kindergarten Programs. *ERIC Digest*: ED 382410.

- g. *Early Head Start*: The program works with new mothers and children up to three years of age by providing home-based supports in a variety of areas. Families were randomly assigned to a program or control group. Mothers in the program receive parenting education, comprehensive health and mental health services, nutrition education and family support while children receive early education services. Study results were reported based on the first two interview cycles, at up to 15 months post-enrollment and 24 months of age for children. Children in the program had greater gains than control group children (on items measuring cognitive and language development as well as absence of behavior problems), though such gains were only moderate. The home environments for children in the intervention group were also more supportive of cognitive and language development compared to the control group, though only moderately so.

For more information, see:

Building Their Futures: How Early Head Start Programs are Enhancing the Lives of Infants and Toddlers In Low-Income Families. http://www.acf.dhhs.gov/programs/core/ongoing_research/ehs/ehs_reports.html

Henderson, A.T. & Mapp, K.L. (Eds.) (2002). *A New Wave of Evidence: The Impact of School, Family, and Connections on Student Achievement, Annual Synthesis 2002*. National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory.

- h. *Ready to Learn (RTL) Curriculum*: This program provides training to kindergarten teachers to help them increase the prerequisite learning skills in their students. The identified skills have been cited in the research literature as predictors of long-term school success. Teachers were trained to teach three main skills: attending, listening comprehension, and social skills. The program provided teachers with specific training and materials to be used over 12 weeks. A study evaluated the program's effectiveness in 12 kindergarten classes in 3 demographically similar elementary schools (N = 260). Teachers successfully incorporated the program without changing their existing curriculum. Compared to students in the control group, students in the program scored significantly higher on listening, comprehension, and social skills.

For more information, see:

Brigman, G.A. & Webb, L.D. (2003). Ready to learn: Teaching kindergarten students school success skills. *Journal of Educational Research*, 96(5), 286-292.

Contact information:

Greg A. Brigman, College of Education, Room 272, Florida Atlantic University, 777 Glades Road, Boca Raton, FL 33431, E-mail: gbrigman@fau.edu

- i. *Incredible Years*: The Incredible Years program targets children ages 2-8 who are at risk for, or who are already having, conduct problems. There are three components that aim to promote emotional and social competence among the children: parent-training, child-training and teacher-training. The parent-training program has three sub-components. The "BASIC" component (12 to 14 weekly two-hour sessions) emphasizes parenting skills; the "ADVANCE" component (8 to 10 two-hour sessions) promotes interpersonal social skills for parents; and the "SCHOOL" component promotes skills specific to helping children with academic areas. The child-training program uses the "Dina Dinosaur Curriculum" to teach effective communication, empathy for others, friendship development, obedience of school rules and interpersonal problem solving. It is offered to groups of five to six children in weekly two-hour sessions for 18 to 20 weeks. The teacher-training program (six-day, 42 hour workshops) emphasizes classroom management skills, and positive relationships with students. The BASIC component has been evaluated since 1982, with most studies using random assignment to the program or wait-list control groups. Compared to the control group, mothers in the program report less frequent child problem behaviors, while independent observations report fewer negative behaviors and more demonstration of positive affect. Two studies have evaluated the child-training series and report that, compared to control groups, children in the program had fewer problem behaviors, less aggression toward peers, less noncompliance, and better social problem solving skills. Other components have not been evaluated.

For more information, see:

Incredible Years. Promising Practices Network: Proven and Promising Programs. Available online. Accessed 4/24/2004. <http://www.promisingpractices.net/program.asp?programid=134>

Contact information:

Lisa St. George, Administrative Director, The Incredible Years, 1411 8th Avenue West, Seattle, WA 98119, Phone and Fax: (206) 285-756, Toll-free Phone and Fax: (888) 506-3562, E-mail: incredibleyears@seanet.com, URL: <http://www.incredibleyears.com>

- j. *Social-emotional intervention for 4-year-olds at risk*: This program focuses on improving relationship building, attachment, and emotion recognition in preschool children. It was implemented 4 days a week for 32 weeks and used methods such as "floor time" to enhance relationships between the children. Lessons were also given in understanding and regulating emotions. Compared to children in the control group, those in the program demonstrated improved social and peer skills, as well as increases in productive involvement. Children in the program also appeared to have decreases in negative emotions such as anger, hostility, and sadness. However, the groups were not randomly assigned and both observers and teachers were aware of condition assignments.

For more information, see:

Denham, S.A. & Burton, R. (1996). A social-emotional intervention for at-risk 4-year olds. *Journal of School Psychology*, 34(3), 225-245.

Contact information:

Susanne Denham, Department of Psychology, George Mason University, MSN 3F5, 4400 University Drive, Fairfax, VA 22030, Phone: (703) 993-4081, E-mail: sdenham@gmu.edu

- k. *Living with a Purpose: Self-Determination Curriculum*: This program focuses on teaching children the

skills they need to make self-determined choices about their learning and future life outcomes. The 12-week intervention involves two 3-hour sessions per week that address three adaptive skill areas: direction following, sharing, and problem solving. Skills are demonstrated to preschool children, ages 3-5, through stories and opportunities to act out the skills. Program components are available in both English and Spanish. Preliminary results showed an increase in adaptive skills and decreases in problem behaviors, inattention, and overactivity for children in the program as compared to children in a control group. However, children were not randomly assigned to groups and the study had a relatively small sample size.

For more information, see:

Serna, L.A., Nielsen, E., & Forness, S. (1997). Social competence and self-determination skills. In E. Polloway & J.R. Patton (Eds.), *Strategies for teaching learners with special needs* (pp 458-487). Austin, TX: PRO-ED.

Contact information:

Loretta Serna, Professor, College of Education, 1 University of New Mexico, Albuquerque, NM 87131-0001, Phone: (505) 277-0119, Messages: (505) 277-5018, E-mail: rett@unm.edu

- l. *PALS: Developing Social Skills Through Language, Communication Skill Builders:* The purpose of this program is to teach children interpersonal problem-solving skills. Basic principles addressed are language concepts, empathy, goal identification, generating alternatives, evaluating consequences, etc. The lessons are presented to preschool children in the form of puppet shows that teach and model a skill. Afterwards, teachers ask questions about the puppet's behavior, students then role-play the problem situation and practice the skills. In a small evaluation study, the program was implemented for 10 weeks with 20-minute sessions 5 days per week. Children had been identified as being aggressive. Children were randomly assigned to the program or to a control group (where they participated in reading sessions during the comparable 20-minute time). The program group showed significant increases in generating relevant solutions to interpersonal problems but there was no difference in empathy compared to the control group.

For more information, see:

Vaughn, S.R., Ridley, C.R., & Dungan-Bullock, D. (1984). Interpersonal problem-solving skills training with aggressive young children. *Journal of Applied Developmental Psychology*, 5, 213-223.

Vaughn, S.R., Ridley, C.R., & Levine, L. (1986). *PALS: Developing social skills through language*. Chicago, IL: Science Research Associates.

Vaughn, S., Levine, L., & Ridley, C.A. (1990). *Teaching social skills through language*. Tucson, AZ: Communication Skillbuilders.

Contact information:

Sharon Vaughn, Department of Special Education, College of Education, The University of Texas at Austin, TX, Center for Reading & Language Arts, 1 University Station, Stop D4900, Austin, TX 78712, Phone: (512) 232-2320/(512) 471-5716, Fax: (512) 232-2322, E-mail: srvaughnum@aol.com

- m. *DARE to Be You:* This is a multilevel, primary prevention program, which includes family, school, and community components for children ages 2 to 5. The family component offers parent, youth, and family training activities for teaching self-responsibility, communication, decision-making and other social skills. Parents undergo 30 hours of training during a 12-week workshop and receive follow-up support semiannually to reinforce the concepts. Both the school and community components involve 15 hours of training. The school component provides training and support for teachers and childcare providers. Finally, the community component trains local community members and service providers who interact with target families. Children and their families were randomly assigned to the program or a control group and assessed over a 5-year period. Parents completed pre-, post-, and 2-year follow-up surveys of satisfaction with support systems and self-efficacy, as well as other aspects of the program. Teachers and childcare providers also completed pre- and post-program surveys on child development and problematic child behavior. Compared to children in the control group, those in the program demonstrated improvements in general developmental targets and decreased oppositional behavior.

For more information, see:

Miller-Heyl, J., MacPhee, D., & Fritz, J. (1998). DARE to be you: A family-support, early prevention program. *Journal of Primary Prevention*, 18, 257-285.

Contact information:

David MacPhee, The Department of Human Development and Family Studies, 106 Gifford Building, Colorado State University, Fort Collins, CO 80523, Phone: (970) 491-5503, E-mail: macphee@cahs.colostate.edu

- n. *Al's Pals: Kids Making Healthy Choices*: This program aims to prevent substance abuse and violence by targeting preschool children, ages 4 to 5. The two major components are teacher training sessions and implementation of a resiliency-based preschool curriculum implemented by trained teachers. Teachers are instructed about the effects of substance abuse and violence on children as well as skills to better guide the children's problem solving, communication, decision making, and prosocial behavior. The program consists of 43 20-minute lessons that address precursors to substance abuse and violence through activities such as games, creative play, puppetry, children's books, and original songs. Activities communicate health-promoting concepts and prosocial life skills. Two evaluation studies have been conducted, with the longest study examining data over a complete school year. According to teacher reports, children in the program showed improved social skills and problem-solving abilities, as well as decreased negative coping behaviors compared to children in the control group. However, teachers in the program had significantly more education and training than teachers in the control group, and that may have contributed to study results.

For more information, see:

Geller, S. (1999). *Al's Pals: Kids making healthy choices*. Richmond, VA: Wingspan LLC.

Contact information:

Susan R. Geller, President, Wingspan LLC, 4196-A Innslake Dr., Glen Allen, VA 23060, Phone: (804) 967-9002, Fax: (804) 967-9003, Email: sgeller@wingspanworks.com, URL: <http://www.wingspanworks.com>

- o. *First Step to Success*: The goal of this program is early prevention for at-risk kindergartners who show early signs of antisocial behavior (e.g., aggressive, oppositional-defiant, severe tantrums, victimizing others). Through universal screening of all kindergartners, school intervention, and parent/caregiver training, the program hopes to divert the children from the pathway to problematic behaviors. In one study post-test results for children in the program showed significant improvements on four measures as compared with the control group. Children in the program significantly improved on adaptive behaviors, reduced maladaptive behaviors, and reduced aggressive behaviors according to teacher reports. Time spent engaged with academics also increased for students in the program.

For more information see:

Walker, H.M., Kavanaugh, K., Stiller, B., Golly, A., Severson, H.H., & Feil, E. (1998). First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

Contact information:

Jeff Sprague & Hill Walker, Co-Directors, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403, Phone: (541) 346-3591.

- p. *The Chicago Child-Parent Center (CPC) Program*: CPC provides comprehensive education, family, and health services to low-income, predominantly Black families in Chicago, IL. The program includes half-day preschool and half- or full-day kindergarten, as well as other services in linked elementary schools. Parents participate in various components such as educational workshops and reading groups. General outreach activities include home visitation, ongoing staff development, health screening, speech therapy, nursing services, and meal services. A 15-year follow-up study compared children from families that participated in the program (N = 989) to matched controls who were enrolled in alternative early childhood programs during the same period (N = 550). Compared to the control group, children who were in the CPC program had completed more years of education and had significantly higher rates of high school completion by age 20. Participation in the program was also associated with significantly lower rates of grade retention, time spent in special education, and juvenile arrests.

For more information, see:

Reynold, A.J., Temple, J.A., Robertson, D.L., Mann, E.A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest. *JAMA: Journal of the American Medical Association*, 285(18), 2339-2346.

Contact information:

Arthur J. Reynolds, Ph.D., Waisman Center on Mental Retardation and Human Development, University of Wisconsin-Madison, 1500 Highland Ave., Madison, WI 53705, E-mail: ajreynol@facstaff.wisc.edu

2. Before & After-School Programs

- a. *The ASPIRA Lighthouse Program:* The ASPIRA Lighthouse Program, an educational and recreational program, serves children in grades K-12 three hours a day, five days a week, and all day during the summer. In providing educational enrichment, cultural awareness, and recreational activities, the program offers children a range of options from karate and dance to reading skills and math and science programs. Volunteers, including parents, teach special classes, car-pool students, read with children, and help with homework. The program is well connected to the schools: each site coordinator is a teacher in the school. The principal, other teachers, and community agencies manage the program with the cooperation of families, students, school custodians, and security guards. The chief of police credits the Lighthouse program with the decrease in crime, especially in juvenile crime, throughout the city. Lighthouse children outperformed other students on standardized tests in reading and math, and they showed better attendance rates. Parents, teachers, and students also reported improved student self-motivation, higher levels of homework quality and completion, fewer disciplinary referrals, and better peer and teacher relationships.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: <http://www.ed.gov/pubs/SafeandSmart/>.

Contact information:

ASPIRA of CT Inc., 1600 State Street, Connecticut, Ph (203) 336-5762/ fax (203) 336-5803.
URL: www.ctaspira.org/lighthouseprograms.html.

- b. *The Beacon Schools:* The Beacon schools in New York City were designed to create safe, drug-free havens where children, youth, and families could engage in a wide range of positive activities. Community-based organizations work collaboratively with community advisory councils and schools to develop and manage the 40 Beacon schools. At least 75% of the schools are open 13-14 hours a day, seven days a week; the rest are open at least 12 hours a day, six days a week. Typical ongoing enrollment at the Beacons averages 1,700 community residents. Beacons offer sports and recreation, arts and culture, educational opportunities, vocational training, health education, and the opportunity for community meetings and neighborhood social activities. Each Beacon receives \$400,000 annually, along with \$50,000 for custodial services. Several private foundations also provide funds to enhance programming. A Teen Youth Council launched a community beautification effort, sponsored workshops on job readiness and employment skills, and organized a peer mediation program to prevent youth violence. Narcotics Anonymous, the Boy Scouts, a meal program, cultural studies, and supervised sports also take place at the community center. Through the center's Family Development Program, case managers work with families to keep children out of the foster care system, to help students with remedial academics, and to support parents as the primary educators of their children. The Beacon Program has increased youth access to vocational arenas, therapeutic counseling, and academic enrichment. Students' performance on standardized reading tests has improved, and police report fewer juvenile felonies in the community.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: <http://www.ed.gov/pubs/SafeandSmart/>.

Contact information:

Jennie Soler-McIntosh (212-676-8255) or Michelle Cahill (212-925-6675), Beacon School-Based Community Centers, New York, NY.

- c. *Effects of after-school care:* Four types of after-school care (formal after-school programs, mother care, informal adult supervision, and self-care) were examined for 216 low-income children (M age = 9.1 years). Attending a formal after-school program was associated with better academic achievement and social adjustment in comparison to the other types of after-school care. Children's activities and experiences also varied in different after-school settings. Children in formal programs spent more time in academic activities and enrichment lessons and less time watching TV and playing outside unsupervised than other children. They also spent more time doing activities with peers and adults and less time with siblings than did other children. The time that children spent in these activities was correlated with their academic and conduct grades, peer relations, and emotional adjustment.

For more information, see:

Posner, J.K., and Vandell, D.L. (1994). Low-Income Children's After-School Care: Are There Beneficial Effects of After-School Programs? *Child Development*, 65, 440-456.

Seppanen, P.S, and others. (1993). *National Study of Before- and After-School Programs: Final Report*.

- d. *I.S. 218: & P.S. 5:* When I.S. 218 in New York City decided to become a community learning center, the school created an after-school program with the help of the Children's Aid Society and other community partners. A parent survey indicated concern about homework, so the after-school program initially focused on providing homework assistance. Within months, two computer labs, dance classes, arts and crafts, band, and some entrepreneurial programs were also added, with learning and homework always central. The after-school program gradually evolved into an extended day program in which, for example, non-English speaking children can attend Project Advance for special instruction in Spanish and English as a Second Language. Evaluations show that I.S. 218 positively affected both the school's and children's attitudes. When compared to a school with similar characteristics, I.S. 218 students performed, on average, 15% higher on reading and math exams.

Before- and after-school activities have been a part of P.S. 5 from its opening day as a community school. Half of the students at P.S. 5 participate in the breakfast program, which begins at 7:30 a.m. The extended day program organizes students by classes, and the daily schedule includes academics and homework help, fine arts, gym, dramatics, and recreation. The Broadway Theater Institute helps children put on musicals. Teachers in the extended day program communicate daily with regular teachers about homework and special help that students may need. Parents serve as assistants in the program, and over 300 adults participate in the Adult Education program, which offers classes in English as a Second Language, GED preparation, literacy, and arts and crafts. Students and families also have access to physical and mental health services and an on-site Head Start program. Since 1995, the school has shown impressive gains in reading and math achievement. In math, the number of students performing at grade level improved from 45 to 59%, compared to 42% in similar schools. Thirty-five percent of students now read at grade level, compared to only 21% in 1995 and just 17% in similar city schools.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998.
<http://www.ed.gov/pubs/SafeandSmart/aid.htm>.

Contact information:

C. Warren Moses, 212-949-4921, I.S. 218 and P.S. 5, Children's Aid Society Community Schools, New York City, NY.

- e. *The Lighted Schools Project:* The Lighted Schools Project provides over 650 middle school youth with a safe, supervised environment during after-school hours four days a week from 3:45 p.m. to 6:30 p.m. Children are transported home at the end of the program each night. Communities in Schools case management and social work staff oversee operations at each site. Thirteen community agencies provide all after-school services and programs for students and families at the sites. While the program targets at-risk youth, all middle school youth can participate in free activities, including sports, crafts, special events, and art instruction. Students have access to primary health care if it is needed, and may also participate in small group activities addressing issues such as building self-confidence, making positive choices, violence prevention, dangers of drug and alcohol abuse, and conflict resolution. Some of the schools provide children with tutoring and homework assistance, and participate in community volunteer projects. Additionally, a number of students each year are matched with a Baylor University mentor, who commits to mentoring a student for the entire year while participating in a college course on mentoring skills. Other community partners include local school districts, a hospital, the city recreation department, the community arts center, and a local council on alcohol and drug abuse prevention. In a 1997 evaluation, 57% of students at four of the sites improved their school attendance. Two sites experienced a 38% decrease in the number of participants failing two or more classes.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998.
<http://www.ed.gov/pubs/SafeandSmart/lighted.html>

Contact information:

Sheela Vast, 254-753-6002 X 10, The Lighted Schools Project, Communities in Schools, McLennan Youth Collaboration, Inc., 3425 Hillcrest, Waco, TX 76708.
 URL: www.type.state.tx.us/prevention/lighted.html.

- f. *STAR and COMET Programs:* The Institute for Student Achievement provides a school-based program of counseling and academic assistance to middle and high school students who are having trouble in

school. The program, which has both after-school and summer components, operates in six school districts in New York State, including Long Island, New York City, Mt. Vernon, and Troy. STAR (Success Through Academic Readiness) supports high school students through academic enrichment and counseling for at least two hours a day after school. COMET (Children of Many Educational Talents) addresses the special needs of middle school students, helping them to improve communication, comprehension, and social interaction skills and to make the transition to high school smooth. Every STAR student has graduated from high school, and 96% have gone on to college. Test scores at participating Hempstead High School on Long Island improved so much that the state removed the school from its list of low-performing schools a year ahead of schedule.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: <http://www.ed.gov/pubs/SafeandSmart/>.

Contact information:

Institute for Student Achievement, New York. Lavinia T. Dickerson, 516-562-5440.

- g. *Quantum Opportunities Program (QOP)*: QOP is a youth development program designed to serve disadvantaged adolescents by providing education, service, and development activities, as well as financial incentives, from 9th grade through high school graduation. Services include: computer-assisted instruction, peer tutoring and other forms of academic assistance, cultural enrichment, acquiring life/family skills, and help planning for college or advanced vocational training. Students also participate in community service projects and volunteering. The program is run in small groups and tailored to each individual student. Young people are provided with adult mentors who kept track of them, making home visits, and sticking with the youth for their four years in high school. An evaluation was conducted at four QOP sites. Relative to a control group, QOP students: graduated from high school more often (63% vs. 42%); dropped out of school less often (23% vs. 50%); went on to post-secondary education more often (42% vs. 16%); attended a four year college more often (18% vs. 5%); attended a two-year institution more often (19% vs. 9%); and became teen parents less often (24% vs. 38%). QOP students were also more likely: to take part in community projects in the 6 months following QOP (28% vs. 8%); to volunteer as tutors, counselors, or mentors (28% vs. 8%); and to give time to non-profit, charitable, school or community groups (41% vs. 11%).

For more information, see:

Lattimore, C.B., Mihalic, S.F., Grotmeter, J.K., & Taggart, R. (1998). *Blueprints for Violence Prevention, Book Four: The Quantum Opportunities Program*. Boulder, CO: Center for the Study and Prevention of Violence; URL: www.colorado.edu/cspv/blueprints/model/programs/QOP.html.

Contact information:

C. Benjamin Lattimore, Opportunities Industrialization Centers of America, Inc., 1415 Broad Street, Philadelphia, PA 19122, (215) 236-4500, Ext. 251, Fax: (215) 236-7480.
URL: www.oicofamerica.org/programs.html.

- h. *4-H After-School Activity Program*: Through the U.S. Department of Agriculture's Cooperative Extension Service in conjunction with the University of California, business, education, and government join together in a local partnership to run the 4-H After-School Activity Program. It provides hands-on learning to over 1,000 children, ages 7-13, in 20 public housing and school sites. The program offers students a safe haven after school, caring adult mentors, assistance with school work, extended learning activities, and encouragement and reinforcement of positive attitudes and healthy living. Other activities include reading, computer literacy, conflict resolution, community service, and career exploration. In an evaluation of the program in Los Angeles, many parents reported that the 4-H program had a positive effect on the attitude and behavior of their child. Over 85% of parents claimed that the program has kept their children out of gangs, and over 83% noted that their children's interest in school has increased.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids-June 1998.
<http://www.ed.gov/pubs/SafeandSmart/4hafter.html>.

Contact information:

Don MacNeil, 4-H After-School Activity Program (4-H ASAP), Los Angeles, California; 805-498-3937.

- i. *L.A.'s BEST (Better Educated Students for Tomorrow)*: LA's BEST is an after school education, enrichment and recreation program for children in grades K-6 in the city of Los Angeles. Independent evaluations have found that students in this program increased their self-confidence and were better able

to get along with others. Vandalism and school-based crime decreased by 64%. Children who participate in LA's BEST also get better grades, have greater enthusiasm for regular school and show positive changes in behavior. Schools running an LA's BEST program have shown a 40-60% reduction in reports of school-based crime.

For more information, see:

Fletcher, A.J. 1999. After School Learning and Safe Neighborhood Partnerships: Implementation Approaches. www.wwlc.org.

Safe and Smart: Making After-School Hours Work for Kids - June 1998.

<http://www.ed.gov/pubs/SafeandSmart/> or contact: Carla Sanger, 213-847-3681, LA's BEST (Better Educated Students for Tomorrow), Los Angeles, CA.

Contact information:

L.A.'s Best, Office of the Mayor, 200 N. Spring Street, Suite A-120,
Los Angeles, CA 90012, Ph (213) 978-0801/ fx (213) 978-0800, URL: www.lasbest.org.

- j. *The Milwaukee Project:* This project is a U.S. Department of Justice Weed and Seed site, in which law enforcement, community-based organizations, and residents work together to improve their neighborhood. The Milwaukee Public Schools system collaborates with local groups to provide Safe Havens at three neighborhood sites. Approximately 8,300 youth participate in Safe Haven after-school programs. The programs provide homework and tutoring assistance, recreational activities, games, choir, arts and crafts, and computer skills. The Safe Havens involve the police department in program planning and also encourage students to participate in the Police Athletic League. The programs have played a role in the reduction in the crime rate in areas with a Safe Haven by providing youth with alternative activities during high-risk hours for delinquency. In the 15 months following inception of the program, the crime rate dropped by 20.7% in the areas with the neighborhood sites. The rate of violent offenses in these areas dropped by 46.7% during the same time period.

For more information, see:

Safe and Smart: Making After-School Hours Work for Kids - June 1998.

<http://www.ed.gov/pubs/SafeandSmart/milwaukee.html>.

Contact information:

Sue Kenealy, 414-935-7868, The Milwaukee Project, Milwaukee, WI.

- k. *START (Students Today Achieving Results for Tomorrow):* 5,000 children attend Sacramento's START, an afterschool program which places a high priority on academic improvement. Eighty-three percent were racial and ethnic minorities, 56% lived in households where English was not the primary language, and 87% were members of families that were transitioning from welfare to work or had annual incomes of less than \$25,000. Seventy-five percent began the program with reading, writing and math national test scores below the 30th percentile. More than 80% of these students showed academic and social improvement significantly greater than their peers not enrolled in the program. Priority was placed on providing resources, opportunities, and guidance that in combination result in improvements in: reading, writing, and math skills; grades; positive social relationships; and enthusiasm for learning. Families involved with the program moved more quickly toward economic self-sufficiency than those who were not. Parents reported that knowing their children were well supervised reduced stress and increased their job productivity and 98% of primary care givers stated that the program benefitted them as well as their children. A strong correlation was found between the length of time in the program and a decline in absences during the regular school day.

For more information, see:

Fletcher, A.J. (1999). After School Learning and Safe Neighborhood Partnerships: Implementation Approaches. URL: www.wwlc.org.

- l. *San Diego's 6 to 6 Extended School Day Program:* This program serves 25,000 children and youth in San Diego each year. The program seeks to provide activities for students during the hours before and after school when most parents are working. It combines academic and developmental resources such as homework assistance, targeted tutoring, visual and performing arts, science labs, computer training, sports leagues, leadership development, and character education. Credentialed teachers are part of the program team in each school to ensure that high-quality academic assistance is provided. The strategy of the program is to involve kids with extracurricular activities, and then slowly incorporate the core curriculum of tutoring and home-work assistance. Different organizations have evaluated the effects of this program in recent years. Research indicated that 57 percent of the students sampled increased their Stanford Achievement Test scores in reading and 44 percent improved their math scores. Ninety nine percent of parents, and 95 percent of elementary students rated the program as "good" to "outstanding."

In addition, the program increased public safety by keeping kids busy and off the streets until their parents came home. In San Diego, crime went up 8.8 percent compared to 2000, but juvenile arrests during the after-school hours went down 13.1 percent. Parents of the students were positively affected as well because the program enabled them to work full-time and save money on costly after-school child care.

For more information, see:

Ferrin, D. & Amick, S. (2002). San Diego's 6 to 6: A community's commitment to out-of-school time. *New Directions for Youth Development*, 94, 109-117.

Contact information:

San Diego City Schools, Extended Learning Opportunities Department, 4100 Normal Street, Room 2140, San Diego, CA 92103-2682, Phone: (619) 725-714, Fax: (619) 692-3504, Email: mklika@mail.sandi.net or mengle@mail.sandi.net, URL: http://www.sdcs.k12.ca.us/extended_learning/6to6/.

A Fact Sheet on Children and Youth in Out-of-School Time

National Institute on Out-of-School Time, Center for Research on Women,
Wellesley College

January 2004, www.niost.org

(Excerpted)

Children and Youth Spend Time After School in a Variety of Ways

Forty-four percent of families do not have any regular after-school care for their children.

Source: Barnett, R.C., & Rivers, C. (2002, Sept. 2). Out-of-sync work shifts, out-of-sync families. *The LA Times*, p. B13.

This results in approximately 3.3 million children between the ages of 6 and 12 regularly spending time without adult supervision. Ten percent of all children between the ages of 6 and 12 use self-care as their primary child care arrangement.

Source: Urban Institute (2003). Unsupervised time: Family and child factors associated with self-care. Washington, DC: Author.

During the school year, more than 1 in 10 children regularly spend time alone or with a sibling under 13; but these children spend twice as much time unsupervised in the summer — 10 hours a week more on average— compared to the school year

Source: Capizzano, J., Adelman, S., & Stagner, M. (2002). Who's taking care of the kids now that school's out? Washington, DC: Urban Institute.

Lack of adult supervision and participation in self-care for both children and adolescents have been linked to: increased likelihood of accidents, injuries, lower social competence, lower GPAs, lower achievement test scores, and greater likelihood of participation in delinquent or other high risk activities such as experimentation with alcohol, tobacco, drugs and sex .

Sources:

- Kerrebrock, N., & Lewit, E.M. (1999). Children in self-care. *Future of Children*, 9(2): 151-160
- Colwell, M.J., Pettit, G.S., Meece, D., Bates, J.E., & Dodge, K.A. (2001). Cumulative risk and continuity in nonparental care from infancy to early adolescence. *Merrill-Palmer Quarterly*, 47(2): 207-234.
- Patten, P. & Robertson, A.S. (2001). Focus on after-school time for violence prevention. Washington, DC: Office of Educational Research and Improvement.
- Synder, H.N., & Sickmund, M. (1999). *Juvenile*

offenders and victims: 1999 national report. Washington, DC: Office of Juvenile Justice and Delinquency Programs.

Teens who are unsupervised during after school hours are 37% more likely to become teen parents...

Source: United States Department of Education. (2002). *No Child Left Behind: The facts about 21st Century Learning*. Retrieved from: <http://www.nochildleftbehind.gov/start/facts/21centlearn.html>.

Children and Youth Benefit from Participation in Afterschool Programs

In a two year study examining literacy goals and practices in afterschool programs in three cities, Halpern concluded that programs that were exemplary in strengthening literacy were intentional about planning to integrate literacy activities into program life; create a rich literacy environment with book displays and dedicated areas for reading and writing, purposefully integrate literacy into other program activities; and strengthen children's motivation for reading and writing.

Source: Halpern, R. (2003). Supporting the literacy development of low-income children in afterschool programs. New York, NY: The Robert Bowne Foundation.

There is growing evidence that quality out-of-school opportunities matter — that they complement environments created by schools and families and provide important “nutrients” that deter failure and promote success — and that they matter in ways that are observable and measurable ...

Source: Forum for Youth Investment. (2003). *Out-of-school research meets after-school policy*. Washington, DC: Author

Afterschool programs can increase engagement in learning by providing middle school students with opportunities to meet needs that schools often can't, e.g., personal attention from adults, a positive peer group, and activities that hold their interest and build their self-esteem (Vandell, et al. 1996; Garmezy, 1991; Rutter, 1987; Clark, 1987; Masten, et al. 1990; Comer, et al., 1984; Werner, 1993; Halpern, 1992)

Source: Miller, B. (2003). *Critical hours*. Boston, MA: Nellie Mae Foundation

In a meta-analysis of 56 studies of out-of-school time programs researchers at McREL found that out-of-school time strategies can have positive effects on the achievement of low-achieving or at-risk students in reading and mathematics; that the time-frames for delivering OST programs (i.e., after school or summer) do not influence their effectiveness; and that OST strategies need not focus solely on academic activities to have positive effects on student achievement.

Source: Lauer, P.A., Akiba, M., Wilkerson, S.B., Apthorp, H.A., Snow, D., & Martin-Glenn, M. (2003). The effectiveness of out-of-school time strategies in assisting low-achieving students in reading and mathematics. Aurora, CO: Mid-continent Research for Education and Learning.

Strengthening the Field

The delivery of program activities and opportunities to high school age youth during out-of-school time would be enhanced by a systemic approach with infrastructure elements, such as

(a) funding collaborations; (b) planning and cooperation among stakeholders; (c) formal linkages between high schools, community, and local government organizations; (d) high school age program standards; (e) an agreed upon set of objectives; and (f) designated citywide leadership.

Source: National Institute on Out-of-School Time. (2003). Afterschool for high school age youth. Manuscript in progress.

Available evidence suggests that the best program and policy ideas are unlikely to be effective if they do not include proper staff training, a well-developed infrastructure, and buy-in from parents and teens, including involving teens in program development.

Source: Moore, K., & Zaff, J. (2002). Building a better teenager: A summary of “what works” in adolescent development. Washington, DC: Child Trends.

3. Grade Articulation Programs

- a. *The Transition Project:* The Transition Project sought to increase the levels of peer and social support during the transition to high school and to reduce the difficulties of mastering the transition tasks students encountered. The Project had two primary components: (1) restructuring the role of homeroom teachers to include guidance and counseling; and (2) reorganizing the regularities of the school environment to reduce the flux of the social setting confronting the student. Midyear and end of ninth grade assessments were collected on Project and a matched control sample measuring students' self-concepts, their perceptions of the school environment, and their eighth- and ninth-grade attendance and grade averages. By the end of ninth grade, Project participants showed significantly better attendance records and grade point averages as well as more stable self-concepts than controls. Further, by the final evaluation point, Project students also reported perceiving the school environment as having greater clarity of expectations and organizational structure and higher levels of teacher support and involvement than did non-project controls.

For more information, see:

Felner, R.D., Ginter, M. & Primavera, J. (1982). Primary prevention during school transitions: Social support and environmental structure. *American Journal of Community Psychology, 10*, 277-289.

- b. *The Social Support Program:* This program provides teacher support, group support, and parental support to poor academic transition students. Sixty-six first year sixth graders were put into one of three groups: no-intervention group; group receiving Components A, B, and C; or group receiving Component A only). Results showed that for the full and partial intervention groups, the mean GPA improved from pre-intervention to post-intervention and from pre-intervention to follow up (only significant for full intervention group). The no intervention group maintained a higher mean GPA than both intervention groups at post-intervention. The full intervention group had lower depression scores at post-intervention and follow up than pre-intervention. Both groups did not significantly differ from the no intervention group at post-intervention and follow up. Full and partial intervention groups had lower anxiety scores at post-intervention and follow up than pre-intervention. Both groups did not significantly differ from the no-intervention group at post-intervention and follow up. Full and partial intervention groups' stress decreased over time on peer relationships only. Pre-intervention differences between no intervention and intervention groups on academic pressures were gone at follow up. Pre-intervention differences between no intervention and intervention groups on behavior factor of the self concept were gone at post-intervention and follow up. The partial intervention group showed significantly greater teacher reported problems on socialized aggression and anxiety/withdrawal at post-intervention and follow up than full intervention and no intervention groups. Pre-intervention differences between no intervention and full intervention groups on socialized aggression were gone at post-intervention and follow up.

For more information, see:

Greene, R.W., & Ollendick, T.H. (1993). Evaluation of a multidimensional program for sixth-graders in transition from elementary to middle school. *Journal of Community Psychology, 21*, 162-176.

- c. *The Bridge Program:* The Bridge Program is designed to ease the transition between middle school and high school. It is a one-semester transitional program for all incoming ninth grade students and provides ninth graders with a variety of activities that promote academic achievement, responsibility, school spirit, fellowship, acceptance, and empowerment. Bridge ninth grade students had 70.7% of their grades in core classes at or above C, whereas the previous non-Bridge ninth grade class had 68.5% of grades at or above C. As tenth graders, Bridge students averaged 75.8% of their grades above C, compared to the non-Bridge tenth graders who averaged 68% of grades above C. Also, non-Bridge ninth graders had a 22% withdrawal rate from school (dropouts and transfers) while only 5% of Bridge ninth graders withdrew. Regarding discipline, Bridge freshmen were disciplined less (22%) compared to non-Bridge freshmen (34%). The majority of students and staff supported the Bridge program and thought it was effective.

For more information, see:

Sheets, R.A., Izard-Baldwin, G., & Atterberry, P. (December, 1997). Bridge: A Program Designed to Ease the Transition from the Middle Level to the High School. *Bulletin*, 81(593). The National Association of Secondary School Principals. For more information about the Bridge program, contact Gloria Izard-Baldwin at gizard@cks.ssd.k12.wa.us.

- d. *Sixth Grade Transition Groups (SGTG)*: The goal of the Sixth Grade Transition Groups (SGTG) are to increase students' ability to cope with transition to middle school. The positive effects will create a new confidence allowing kids to successfully negotiate the academic, social, and emotional challenges that accompany the school transition. Three hundred eight fifth graders received a social competency/stress reduction program. Results showed that 94% of the students said they found the group helpful, 72% said that Day 3 was most helpful, and 92% would recommend it to fifth grade students next year.

For more information, see:

Hellem, D.W. (1990). Sixth grade transition groups: An approach to primary prevention. *Journal of Primary Prevention*, 10(4), 303-311.

4. Welcoming and Social Support

- a. *School Transitional Environment Project (STEP)*: STEP is designed to: (a) reduce exposure to high risk circumstances and increase exposure to developmentally enhancing conditions; (b) reduce adaptive demands imposed by school transitions by reorganizing the regularities of the school environment to reduce the degree of flux and complexity; and (c) increase resources for students during this time by restructuring the roles of homeroom teachers and guidance staff so they provide greater support. One thousand four students in four STEP schools and 761 in four non-STEP schools (all made transition in sixth or seventh grade) participated. Results showed that participation in STEP was associated with: more favorable school experiences (Perceived Climate Scale); more positive student adjustment; lower levels of school transition stress; greater school, family, and general self-esteem; less depressive and anxiety symptoms (CDI, CMAS); less delinquent behavior (Delinquency scale of the YSR); higher levels of academic expectations; more favorable teacher ratings of behavioral adjustment; and better grades and school attendance.

For more information, see:

Felner, R.D., Brand, S., Adan, A.M., Mulhall, P.F., Flowers, N., Sartain, B., & DuBois, D.L. (1993).

Restructuring the ecology of the school as an approach to prevention during school transitions: Longitudinal follow-ups and extensions of the School Transitional Environment Project (STEP). In Jason, L.A., Danner, K.E., & Kurasaki, K.S. (Eds.) *Prevention and School Transitions: Prevention in Human Services, 10(2)*. New York: The Haworth Press.

- b. *The School Transitions Project*: The School Transitions Project sought to offer a cost-effective, secondary prevention program for high-risk elementary school students undergoing an unscheduled school transition. The primary goals were to boost high-risk transfers' academic achievement to at least the average achievement level of non-transfer students and to promote transfer students' social adjustment in the classrooms. The program was implemented in 20 inner-city, parochial elementary schools in Chicago. Schools were matched in size and ethnic composition. Then one member of the pair was randomly assigned to either the experimental or control group. All transfer students initially received an orientation program, some children received no further intervention, others were provided tutoring in the school, and others were provided school tutoring plus parent tutoring. School tutoring was conducted twice weekly by project staff. In the school plus home tutoring condition, parents were trained in tutoring techniques and the use of special academic materials. Evaluations were conducted each year for the first three years of the study. In general, those involved in the tutoring program (either at school or at school and at home) made significant academic gains compared to control students whose scores did not improve over time. During the first and second year, gains were made in reading, spelling, and mathematics. However, during the third year, significant gains were found only in reading and spelling. Students in the program also showed significant improvements in coping skills and decreases in social withdrawal and inattentiveness. This was especially the case for students in the school and home tutoring conditions where the parents were highly involved in the tutoring.

For more information, see:

Jason, L.A., Weine, A.M., Johnson, J.H., Danner, K.E., Kurasaki, K.S., & Warren-Sohlberg, L. The School Transitions Project: A comprehensive preventive intervention. *Journal of Emotional and Behavioral Disorders, 1*, 65-70.

- c. *Child Development Project (CDP)*: The CDP is a multi-year, comprehensive school-change program that aims to help elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program strengthens children's tendencies to be caring and responsible, their motivation to learn, and their higher-order cognitive development. The program involves parent involvement activities, staff training, school-wide community building activities, and a cross-grade buddy program. In CDP children become integrated into a school community in which the members are mutually supportive, concerned about one another's welfare, and interested in contributing to the life of the community. Program outcomes show that CDP children do see their classrooms as caring communities and that the more they do, the more their social, ethical, and

intellectual development are enhanced. CDP children show an increase in pro-social behaviors among students in grades K-4; and decreased delinquency in schools with the highest level of implementation. They are also less likely to abuse alcohol, and other drugs.

For more information, see:

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

Contact information:

Developmental Studies Center, 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300,
PH (510) 533-0213/ fx (510) 553-0213. To order materials, call (800) 666-7270. E-mail: info@devstu.org,
URL: www.devstu.org/cdp/index.html.

5. To and From Special Education

- a. *Adaptive Learning Environments Model (ALEM)*: ALEM is a full-time mainstreaming program for exceptional students (learning disabled, socially and emotionally disturbed, visually impaired, and gifted). Evaluations showed that students in the ALEM mainstreaming classes initiated interactions with teachers more often (32.4%) than students in the non-ALEM classes (4%). Also, they interacted with their teachers significantly more for instructional purposes (95.2% vs. 88.1% for the non-ALEM students), and they interacted more frequently with peers for instructional purposes (45% vs. 13% for the non-ALEM classes.) Students in the ALEM classes spent less time on teacher-prescribed activities (63.6% vs. 91% for the non-ALEM classes). At the same time, students in the ALEM situation spent nearly equal percentages of time in group settings (group interactive, 22.3%; group parallel, 25.1%; total, 47.4%) as in individual settings (52.6%). Positive changes in behavior from October to April during the a.m. sessions were transferred to the p.m. sessions only for the ALEM students. Students attitudes improved, self-ratings of the handicapped students were slightly higher than those of their regular peers. Handicapped students in the ALEM classes tended to rate their cognitive competence, social competence, and general self-esteem significantly higher than did the handicapped non-ALEM students. Achievement gains for the mainstreamed special education students in the ALEM classrooms were 1.08 in math and 1.04 in reading. Scores were not found to be significantly beyond the national norm, however they were significantly greater than the expected gains in both reading and math for students with comparable special education classifications.

For more information, see:

Wang, M.C. & Birch, J.W. (1984). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children*, Sept. 51(1): p.33-40.

Contact information:

Tools for Schools: Adapting Learning Environments Model- April 1998.

URL: www.ed.gov/pubs/ToolsforSchools/alem.html.

- b. *Community-level Transition Teams*: Transition teams assist youth and adults with learning disabilities in preparation for attending a post-secondary institution or determining a career direction, living independently, establishing social support networks, and in establishing transportation options. Outcomes of these teams in Oregon included the creation of new instructional programs, better communication and collaboration among local service providers, and increased student self-esteem and self-worth.

For more information, see:

Blalock, G. (1996). Community transition teams as the foundation for transition services for youth with learning disabilities. *Journal of Learning Disabilities*, Feb 29 (2), 148-159.

- c. *Parallel Alternate Curriculum (PAC) Program*: PAC is a teacher training program in which teachers learn to use classroom methods to ensure academic success for mainstreamed, low-achieving students. Data shows that student achievement is improved in classes in which teachers utilize PAC methods. Both teachers and students like PAC classes. Potential drop-outs are staying in PAC classes they otherwise would drop. The PAC program has been successful in two areas: teacher training and the establishment of a successful setting for mainstreamed handicapped students.

For more information, see:

Smith, G. & Smith, D. (1985). A mainstreaming program that really works. *Journal of Learning Disabilities*, Jun-Jul, 18(6), 369-372.

- d. *Transition Programs for the Handicapped*: These programs were developed to evaluate the impact and effectiveness of transition services for special education students in Maine. The study contributed the following major findings among others: (1) a significant number of local education agencies are not addressing transition needs in a formalized way; (2) successful transition programming shares some components with special education, such as referral and assessment, interagency collaboration, use of

functional curricula, and active participation of parents and students; and (3) components unique to transition programs are not as successfully implemented, including community involvement, quantity and quality of job placements, student follow-up, post-secondary educational placements, and adjustment to community living.

For more information, see:

Maine State Department of Educational and Cultural Services, Augusta Div. of Special Education. (1987). Transition Programs for the Handicapped: Impact and Effectiveness. Executive Summary.

6. School to Career Programs

- a. *Job Corps*: Job Corps is the nation's largest and most comprehensive residential education and job training program for at-risk youth, ages 16 through 24. Since 1964, the program has provided more than 1.7 million disadvantaged young people with the integrated academic, vocational, and social skills training they need to gain independence and get quality, long-term jobs or further their education. Job Corps is a public-private partnership, administered by the U.S. Department of Labor. Job Corps works for the disadvantaged youth who attend the program, for communities where Job Corps centers are located, and for employers who hire Job Corps students. It also works for other individuals—like educators and school and peer counselors who may want to refer a young person to Job Corps. More than 75% of those who enroll in Job Corps become employed, obtain further training, or join the military. For young people who come from economically disadvantaged backgrounds, who are high school dropouts, and who read at an elementary school level, Job Corps offers an opportunity to become productive, taxpaying members of society. The longer a Job Corps student stays in the program to complete training, the greater the chance he or she has at getting a better job and a higher wage.

For more information, contact:

Job Corps: 1-800-733-JOBS (1-800-733-5627), or visit their website at www.jobcorps.org.

- b. *Career Education*: Students with low motivation to attend school have shown improvement in school attendance and retention after participating in Career Education, and vocational students who have participated in Career Education are more likely to complete the vocational program they have selected. Other studies show that, all else being equal, the more vocational classes students took, the less likely they were to drop out of school.

For more information, see:

Mertens, D.M., Seitz, P., and Cox, S. (1982). *Vocational education and the high school dropout*. Columbus: The National Center for Research in Vocational Education, The Ohio State University, ED 228397.

Miller, J.V., and Imel, S. "Some Current Issues in Adult, Career, and Vocational Education." In: *Trends and Issues in Education*, 1986, edited by E. Flaxman. Washington, DC: Council of ERIC Directors, Educational Resources Information Center, Office of Educational Research and Improvement, U.S. Department of Education, 1987. ED 281 897.

Naylor, M. (1987). Reducing the Dropout Rate through Career and Vocational Education. Overview. *ERIC Digest* ED 282094.

Weber, J.M. (1986). *The Role of Vocational Education in Decreasing the Dropout Rate*. Columbus: The National Center for Research in Vocational Education, The Ohio State University. ED 264 444.

- c. *Cognitive Career Interventions*: Career counseling group interventions using cognitive instruction have been recommended for youth, especially those with learning disabilities. Studies evaluating Cognitive Career Interventions for youth with learning disabilities demonstrated significant increases in self-awareness and career awareness, improved skills in employment writing and interviewing, and advanced strategies in problem solving and anger management.

For more information, see:

Billier, E.F. (1987). *Career Decision Making for Adolescents and Young Adults with Learning Disabilities: Theory, Research and Practice*. Springfield, IL: Charles C. Thomas.

Hutchinson, N.L. (1995). Career Counseling of Youth with Learning Disabilities. *ERIC Digest*: ED 400470.

Hutchinson, N.L., Freeman, J.G., & Fisher, C. (1993). "A Two-Year Cohort Study: Career Development for Youth with Learning Disabilities." Paper presented at the annual meeting of the American Educational Research Association, Atlanta, GA.

- d. *Jobs for Ohio's Graduates (JOG)*: JOG's mission is to identify students who are at greatest risk of dropping out of school before graduation and provide them with a support system that not only keeps these young people in school, but also helps them adjust to the transition from school to work after graduation. Launched in the 1986-87 school year, JOG has achieved a graduation rate in excess of 91 percent. More than 80 percent of students identified as at-risk when they entered JOG are on the job, in the military, or in post-secondary education 12 months following graduation. Eighty percent of those working are in full-time placement. This is accomplished at a cost of less than \$1,000 per student, \$750 of which comes from State funds. The remainder of the funding comes from a combination of private and federal sources.

For more information, see:

Jobs for Ohio's Graduates, 65 South Front Street Room 912, Columbus, OH 43215-4183. 614-466-5718

Keeping Young People in School: Community Programs That Work. By Sharon Cantelon and Donni LeBoeuf. Published in *OJJDP Bulletin*, June 1997. <http://www.ncjrs.org/txtfiles/dropout.txt>.

- e. *Mat-Su Alternative School (MSAS)*: MSAS has worked closely with businesses, government, and nonprofit agencies to provide at-risk youth with the academic and vocational skills needed to make the successful transition from school to work. Mat-Su is a Tier I school for acceptance of graduates into the military. Graduates have gone on to colleges and vocational schools and have earned places on the dean's list at the University of Alaska. Students continue their employment after graduation. MSAS networks with 150 business owners to provide job sites. Mat-Su students have 100% job placement.

For more information, contact:

Mat-Su Alternative School, Matanuska-Susitna Borough School District, 1775 West Parks Highway, Wasilla, AK 99654. 907-373-7775.

- f. *Stay-in-School*: Stay-in-School is a Canadian government initiative launched in the early 1990s encouraging young Canadians to build a solid foundation for the future by finishing high school and by acquiring the skills needed for the labor force of tomorrow. The Stay-in-School initiative produced a noticeable increase in student retention. In-school coordinators of Stay-in-School projects reported that 84% of students involved in dropout interventions in 1992-93 completed their year. Of those students, less than 25% would have finished the scholastic year if a Stay-in-School intervention had not been in place. Fifty percent of school contacts noted enhanced academic performance in over half of the Stay-in-School participants. Improved life skills were reported by 70% of respondents. Almost all contacts stated that the Stay-in-School initiative was extremely cost-effective. Students reported improvement in self-confidence, work habits, life and academic skills, and expressed a desire to continue with and succeed in school.

For more information, see:

Hackett, H. & Baron, D. (1995). Canadian Action on Early School Leaving: A Description of the National Stay-in-School Initiative. *ERIC Digest*. ED399481.

Renihan, F., Buller, E., Desharnais, W., Enns, R., Laferriere, T., & Therrien, L. (1994). "Taking Stock: An Assessment of The National Stay-In-School Initiative." Hull, PQ: Youth Affairs Branch, Human Resources Development Canada.

- g. *Career Centered High School Education*: The study examines the quality of transition into employment roles among 1,143 high school seniors who were interviewed as seniors in 1998 and 2.5 years after. The study compared graduating high school students with career-oriented majors to students with traditional academic majors to determine which experience would provide better work-life. The results showed a small but significant benefit for career-centered high school majors on the psychological aspects of work. There was not a significant difference in unemployment, work status, income, or benefits on the current job.

For more information, see:

Gore, S., Kadish, S., & Aseltine, R.H. Jr. (2003). Career centered high school education and post-high school career adaptation. *American Journal of Community Psychology*, 32(1-2), 77-88.

Contact information:

Susan Gore, Center for Survey Research, University of Massachusetts at Boston, 100 Morrissey Blvd./Healy 10th, Boston, MA 02125, E-mail: susan.gore@umb.edu

Appendix C: Student and Family Assistance Programs and Services

The following are brief summaries and related information on the student and family assistance programs listed in Table C.



1. School-Owned and/ or Based Support Programs

- a. *Are school-based mental health services effective? Evidence from 36 inner city schools:* In an effort to bridge the gap between service need and service utilization, an urban-based, university-affiliated children's psychiatric outpatient clinic implemented a program which provides mental health services in inner city schools. A clinic sample of children was compared with a sample served in the urban schools. The findings reveal that both sets of children showed improvements as indicated by the Children's Global Assessment Scale and Global Assessment of Functioning Scale. The improvement was comparable, even though the school children were seen for a slightly shorter period of time (an average of 5 versus 8 months), but had an equal frequency level of services (3 sessions per month in each setting). Also, school personnel report that the school-based services have enhanced the overall functioning of the students receiving services, and that academic performance, attendance, and behavior have improved. The results indicate that school-based mental health services show improvements comparable to clinic-based services.

For more information, see:

Armbruster, P., & Lichtman, J. (1999). Are school-based mental health services effective? Evidence from 36 inner city schools. *Community Mental Health Journal*, 35(6): 493-504.

- b. *California's Healthy Start:* Healthy Start is a major education reform in which schools, families, neighborhoods, and public and private agencies and businesses work together to meet student and family needs. The evaluation of 65 Healthy Start sites from 1992 to 1995 showed better grades for students in grades K-3; improved attendance in grades K-3, especially for students absent most often; school-wide increases in standardized test scores in reading and math increased by 3% after 2 years of involvement with Healthy Start; increased parent involvement in school; decrease in student mobility by 12%; decrease in reported need for child care, food clothing, and emergency funds; better family access to health and dental care; decreases in use of emergency room care for illness or injury; improved mental health. Employment increases ranged from 3% to 7% for high school age and older.

Further evaluations from data collected in 1997 showed academic results from students most in need had increased appreciably. Test scores for schools in the lowest quartile improved substantially with reading scores for the lowest performing elementary schools increasing by 25% and math scores by 50%. Individual students in the lowest quartile showed similar improvement. Middle and High school students who were most in need improved their GPA's by almost 50% from .8 to 1.2. Students' health issues, especially preventive care, are being addressed where they had been ignored before. Parent's ability to rear their children improved by a 17% increase. Parental substance abuse decreased 12%. Students receiving Healthy Start services are decreasing their drug use, improving their self-esteem and increasing their perception of support from parents, classmates, teachers, and friends. Family violence is decreasing and parents have greater awareness of the different stages of a child's developments and the different needs that correspond to these stages. Results showed a dramatic reduction in suspensions among students with prior discipline problems. Cases of domestic violence decreased by more than 50%. The most recent data indicates achievement gains for students in the lowest quartile of the evaluation sample.

For more information, see:

Healthy Start Works. A Statewide Profile of Healthy Start Sites. California Department of Education, Healthy Start and After School Partnerships Office, March 1999. Contact (916) 657-3558.

Healthy Start Works. Newsmagazine, Spring 1999. Healthy Start Field Office, UCD-Educ. / CRESS Center, Davis, CA 95616-8729. ID# 879Y. (530) 754-6343 or (530) 752-1277.

California's Healthy Start: Strong Families, Strong Communities for Student Success. By Rachel D. Lodge. Produced by the Healthy Start Field Office, University of California, Davis, under contract with the California Department of Education. 1998. To request copy call (530) 754-6343.

Contact information:

Lisa Villarreal, Healthy Start, CRESS, Div. of Ed. Center, UC Davis, 2050 Academic Surge, Davis CA 95616, (530) 752-1277 / (530) 752-3754 (fax), lvillarreal@ucdavis.edu, URL: [//hsfo.ucdavis.edu](http://hsfo.ucdavis.edu).

- c. *School-Based Health Centers*

The movement to establish SBHC reports over 1100 sites (most of which are school-based). Below are a few indicators of their impact.

c-1 Oregon School Based Health Centers: These centers offer students access to general medical services, reproductive health services, mental and emotional health services, and health promotion. Of 3,667 students, almost 50% used the SBHC at least once. Ninety-percent of those who had used it reported trusting the clinic staff and agreed that the SBHC made access to health care easier. Twelve-percent had no other place to go for health care. Compared to those who used outside health care providers, users of SBHCs had higher percentages of risk indicators, although only differences in emotional health indicators reached significance. Three times as many sexually-active students sought care from outside providers as from SBHCs. One of the three program schools - the one with the most community support and most comprehensive program - showed that students decreased in substance abuse, improved reproductive health attitudes and reduced sexual activity more between baseline and follow-up measures than did those in the control school. In schools with SBHCs, more students had received complete immunization; care for emotional, personal or substance abuse problems; care for sexually transmitted diseases; and reproductive health services.

For more information, see:

Stout, J.W., White, L.C., Alexander, T. *Oregon School-Based Health Centers: A Follow-up Report.* Portland, Oregon: Oregon Health Division, Department of Human Resources, 1996.

Contact information:

Kathy Lovrien, School Health Services Development Specialist, Oregon Dept. of Human Services, 800 NE Oregon St., Suite 825, Portland, OR 97232. (503) 731-4021 / fax: (503) 731-4091, email: kathy.lovrien@state.or.us.

For evaluation information, contact:

Tammy Alexander, Adolescent Health Coordinator, Oregon Department of Human Resources, Oregon Health Division, 800 NE Oregon St., #21, Suite 825, Portland, OR 97232. (503) 731-4021 / fax: (503) 731-4083.

c-2 Multnomah County, Oregon, School Based Health Centers (SBHC): These centers provides treatment for minor illnesses and injuries, routine physical exams, immunizations, health promotion programs, crisis and mental health counseling, and reproductive health services. Compared to non-users, students who used the SBHC had more financial need for services and reported more health problems and risk behaviors. Nearly 80% of sexually active students who reported seeking reproductive health services used a SBHC.

For more information, see:

Daniels, J.A. *2000-2001 School Based Health Centers: Annual Report.* Portland, Oregon: Multnomah County Health Department, 1996, URL: www.mchealth.org/sbhc/.

Contact information:

Jill A. Daniels, CHN, School Based Health Centers Program, Multnomah County Health Department, 426 SW Stark, 160/9, Portland, OR 97204. (503) 248-3674 / fax: (503) 306-5847.

For evaluation information, contact:

Dr. Barbara Glick, Principal Investigator, Program Design and Evaluation Services, Multnomah County Health Department, School Based Health Centers, 426 SW Stark, Eight floor, Portland, OR 97204. (503) 248-3663, ext. 28271.

c-3 San Fernando High School: At San Fernando High School (California), school-based clinic users were half (9%) as likely to drop out of school as nonusers (18%). Students who enrolled in the school clinic were twice as likely to stay in school (44% versus 29%) and more likely to be promoted to the next grade (31% versus 20%) than non-registered students. The more visits the students made to the clinic, the higher the rates. Students who were graduated or promoted

averaged eight clinic visits compared with three visits made by students who were retained.

For more information, see:

Bureau of Primary Health Care: *School-Based Clinics that Work*. Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.

c-4 Three California SBHCs: A cost-benefit analysis: A cost-benefit analysis of three California school-based clinics compared the costs of maintaining school services with estimated costs in the absence of the school clinic. Variables used included reduced emergency department use, pregnancies avoided, early pregnancy detection and treatment of chlamydia (a prevalent sexually transmitted disease). The ratios of savings to costs ranged from \$1.38 to \$2.00 in savings per \$1.00 costs, suggesting that the school clinic services were a good investment for the health system.

For more information, see:

Brindis, C., Starbuck-Morales, S., Wolf, A.L., McCarter, V. *Annual Report to the Carnegie Corporation of New York and the Stuart Foundations July 1, 1991-June 3, 1992*. San Francisco: Institute for Health Policy Studies, University of California, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*. Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus.

c-5 School-Based Health Programs in Florida: This study showed a high percentage of students who were returned to class after being seen in the health room. Only 10% of elementary students and 18% of high school students were unable to return, much lower rates than in routine school nursing practices. The Full Service School Coordinator of Northeast High School reported that the school had won an attendance award for the greatest percentage improvement in attendance following the addition of health services to the school site.

The presence of a clinic where students can obtain prescriptions for contraceptives at Glades Central High School in Park Beach, Florida, dramatically influenced a drop in teen pregnancy by 73%. At the school, a family practice physician is available three days a week.

For more information, see:

Emihovich, C., Herrington, C.D. *Florida's Supplemental School Health Services Projects: An Evaluation*. Tallahassee: Florida State University, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*. Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus, Inc.

Institute for At-Risk Infants, Children and youth, and their Families: *The effect of putting health services on site, Example 1. A Full Services School Assembly*, Tallahassee, Florida Department of Education, Office of Interagency Affairs, 1994.

c-6 Teen Health Centers in Michigan: In a survey of 500 teens who attended the *Teen Health Centers* in Michigan, 21% of respondents indicated they would not have received health care if the Center did not exist. The main reasons given were lack of transportation and no family physician. Thirty-eight percent of the students reported learning of new health problems during the visit, including cancer symptoms, penicillin allergy, ear trouble, and high cholesterol. Sixty-five percent indicated their behavior had changed as a result of their contact with the Teen Health Centers.

For more information, see:

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. 1996. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*, Vol. 7, No.2, June 1996.

c-7 Lincoln High School in Denver: This school offers students who commit a drug offense, a treatment contract for seven sessions at the school-based clinic rather than suspension. This component has resulted in an 80% reduction in suspensions.

For more information, see:

Bureau of Primary Health Care: *School-Based Clinics that Work*. Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. 1996. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*, Vol. 7, No.2, June 1996.

d. *The Primary Mental Health Project (PMHP)*: PMHP seeks to deter later adjustment difficulties by early recognition and referral. The program's focus is strengthening children's adaptive abilities and encouraging them to seek and utilize successful strategies for dealing with life's stressors. PMHP most often serves children with multiple, long-standing problems. Evaluations of the program revealed a reduction in acting-out, shyness, anxiety, and learning problems and promotion in competencies including adaptive assertiveness, peer sociability, and frustration tolerance. Acting out behavior was the least affected by the program. A separate longitudinal study found that a PMHP group maintained the gains established during the initial intervention period. There were no significant differences by gender or in academic achievement scores.

For more information, see:

An Evaluation of the Early Mental Health Initiative's Primary Intervention Program and enhanced Primary Intervention Program for the 1994-95 Academic Year. Submitted to the State of California Department of Mental Health, Rochester, NY: Primary Mental Health Project, Inc., November 1995.

Chandler, C.L., Weissberg, R.P., Cowen, E.L., Guare, J. 1984. Long-term effects of a school-based secondary prevention program for young maladapted children. *Journal of Counseling and Clinical Psychology*, 52(2):165-170.

Cowen, E.L. The Primary Mental Health Project. *Clinician's Research Digest*: Supplemental Bulletin. December, 1991.

Contact information:

Deborah Johnson, Director of Community Services, Primary Mental Health Project. 685 South Ave. Rochester, NY 14620-1345, (716) 262-2920 / fax: (716) 262-4761.

For evaluation information, contact:

A. Dirk Hightower, Ph.D., Director, Primary Mental Health Project. University of Rochester Center for Community Study. 575 Mt. Hope Ave. Rochester, NY 14620, (716) 273-5957 / fax: (716) 232-6350.

e. *Project for Attention-Related Disorders (PARD)*: PARD is a school-based system that coordinates the medical, psychosocial, behavioral, and educational programs for children with ADHD and their families. Eighteen percent of children with ADHD improved greatly, 45% improved moderately, 11% improved slightly, 16% were unchanged, and 10% were worse than before enrollment. Effectiveness of the program is difficult to determine primarily because of incomplete or missing data, high attrition rates, and lack of parental follow-up with a physician.

For more information, see:

Williams, R.A., Horn, S., Daley, S.P., Nader, P.R. Evaluation of access to care and medical and behavioral outcomes in a school-based intervention program for attention-deficit hyperactivity disorder.

Contact information:

Susie Horn, RN, San Diego Unified School District, San Diego City Schools, Health Services Dept., 2716 Marcy Ave., San Diego, CA 92113-2395, (619) 525-7370.

For evaluation information, contact:

Laura Aird, Community Health Services, American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927. (708) 228-5005 / fax: (708) 228-5097.

f. *Social Skills Training*: The movement for social skills training is widespread. Below are a few that have been studied.

f-1 Focused on Externalizing Behaviors

- Researchers evaluated the effects of a social skills cognitive training program on locus of control for middle school students with behavior problems. Sixth and seventh grade students were randomly selected from three middle schools based on the following criteria: receipt of one or more disciplinary referrals which reflected problems with school authority figures or peers and two or more conduct reports from teachers. They were then randomly assigned to a social skills training program or to a control group within each school. Significant differences were found between the pre- and post-test scores on the measure of locus of control (functioning) and on teacher's ratings of self-control (symptoms). The subjects that participated in the treatment experienced a significant shift in locus of control and were better able to restrict their behaviors than the control group.

For more information, see:

Dupper & Krishef (1993). School-based social-cognitive skills training for middle school students with school behavior problems. *Children and Youth Services Review*, 15, 131-142.

- A school-based social skills training model that incorporated cognitive-behavioral strategies was evaluated with African American aggressive, rejected, and nonaggressive rejected children. Children were randomly assigned to the social skills intervention or to a control group. Posttreatment and 1-year follow-up assessments indicated that the social relations intervention was effective with the aggressive and rejected children but not with the nonaggressive children in promoting nonimpulsive problem solving (functioning).

For more information, see:

Lochman, J.E., Coie, J., Underwood, M., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology*, 61, 1053-1058.

- **Anger Coping Program:** Described as involving 18 sessions that teach affect identification, self-control, and problem-solving skills. Children role-play and practice skills in a small group setting and under conditions of affective arousal. Goal setting and reinforcement are incorporated to support skill acquisition. Data indicate the program lowers boys' observed disruptive and aggressive behavior in the classroom, and in some cases, improves parent ratings of aggressive behavior.

For more information, see:

Lochman, J.E., Burch, P.R., Curry, J.F. & Lampron, L.B. (1984). Treatment and generalization effects of cognitive behavioral and goal-setting interventions with aggressive boys. *Journal of Consulting and Clinical Psychology*, 52, 915-916.

URL: www.emstac.org/registered/topics/posbehavior/early/anger.htm.

- **Brainpower Program:** In one study, aggressive 10 to 12 year old boys were paired with nonaggressive peers and exposed to a 12-lesson school-based intervention focusing on improving the accuracy of children's perceptions and interpretations of others' actions. Compared to a randomized control group, teacher ratings indicated that the Brainpower program was successful at reducing their aggressive behavior immediately following the intervention.

For more information, see:

Hudley, C. & Graham, S. (1993). An attributional intervention to reduce peer-directed aggression among African-American boys. *Child Development*, 64, 124-138.

Hudley, C., & Graham, S. (1995). School-based interventions for aggressive African-American boys. *Applied & Preventive Psychology*, 4, 185-195.

URL: www.hamfish.org/programs/id/50.

- **Peer Coping Skills Training Program:** Targeted 94 first to third grade students with high teacher-rated aggression ratings. Students were randomly assigned to either a treatment group or control. In the treatment condition, integrated teams of children were taught prosocial-coping skills in 22 weekly 50-minute sessions. The teams progressed through different skills and levels of difficulty; new skills were not introduced until the team had demonstrated mastery of the previous skills. This format encouraged and reinforced peer support. Outcomes measured at post-test and 6 months following the intervention supported its positive effects. Children in the PCS program were rated by teachers as significantly less

aggressive than controls at post-test ($p < .02$) and follow-up ($p < .01$). Significant improvements were also noted in the intervention children's prosocial coping and teacher-rated social skills.

For more information, see:

Prinz, R.J., Blechman, E.A., & Dumas, J.E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology, 23*, 193-203. <http://www.hamfish.org/programs/id/15>

- *Social Relations Program* : described as consisting of 26 social skills training sessions on improving the skills needed for entrance into peer groups and positive peer play. In one study, children were also trained in social problem solving and anger management. The majority of the sessions were held individually but eight were conducted in small groups and provided the children with some time to practice the skills they were learning. The program was evaluated on a sample ($n=52$) of 9 to 11-year-old, African-American children. Results indicated that compared to matched controls, the aggressive-rejected children were rated as significantly less aggressive by teachers and more socially accepted by peers at post-test. The effects of the intervention were maintained at one-year follow-up. The students in the aggressive-rejected intervention group were rated by teachers as significantly less aggressive ($p < .03$) and more prosocial ($p < .03$) compared to aggressive-rejected students in the control group.

For more information see:

Coie, J.D., Lochman, J.E., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology, 60*, 783-792.

f-2 Focused on Internalizing Behaviors

- Disliked first-, second-, and third-grade boys who showed high levels of negative social behavior during pretreatment observations were randomly assigned to one of four conditions: instructions and coaching in positive behaviors; prohibitions and response cost for negative behaviors; a combination of instructions and prohibitions; and no treatment. Interventions were implemented during 10 half-hour, supervised, small group play sessions, and treatment effects were assessed using behavioral observations, and peer and teacher ratings. A comparison was made between the effects of positive instructions and negative inhibitions in a social skills training program for boys with negative social behavior and were rejected by their peers. Results showed that the boys who received the combined program showed immediate post treatment decreases in negative initiations, later decreases in negative peer responses, and stable positive peer interactions (symptom reductions and functional improvements).

For more information, see:

Bierman, Miller & Stabb (1987). Improving the social behavior and peer acceptance of rejected boys: Effects of social skill training with instructions and prohibitions. *Journal of Consulting and Clinical Psychology, 55*, 194-200.

- Investigation of an interactive videodisc social skills training program on peer acceptance was performed. Children in six elementary school resource rooms were randomly assigned to participate in the treatment or to continue their resource room program. Experimental group students scored significantly higher on a post-training measure of peer acceptance than did control group students (functioning).

For more information, see:

Thorkildssen (1985). Using an interactive videodisc program to teach social skills to handicapped children. *American Annals of the Deaf, 130*, 383-385.

- In a study evaluating the effectiveness of a stress management program on children's locus of control orientation, self-concept and acquisition of appropriate coping strategies (functional outcomes). Sixty-five students from an inner-city school were randomly assigned to the stress management program or control group. The children in the stress management program demonstrated a more

internal locus of control and a higher self concept on school-related tasks and behavior problems.

For more information, see:

Henderson, Kelbey, & Engebretson (1992). Effects of a stress-control program on children's locus of control, self-concept, and coping behavior. *School Counselor*, 40, 125-131.

- Researchers used a social learning approach to teach the acquisition of behavioral skills to resist the pressures to misuse alcohol (symptom and functioning). A total of 5,635 students from 213 classrooms were assigned randomly by school building to one of three experimental conditions: social skills training, social skills training plus follow-up training, and no training control. Students in the treatment groups showed significantly greater awareness of the curriculum content than did the control group at the 8-week follow-up. Alcohol use and misuse were not significantly different between treatment and control groups due to the low prevalence in both groups.

For more information, see:

Dielman, Shope, Butchart, and Campanelli (1986). Preventions of adolescent alcohol misuse: An elementary school program. *Journal of Pediatric Psychology*, 11, 259-282.

- Penn Prevention Program -- is described as altering the cognitive distortions and improving coping skills in at-risk youth. Results from a quasi-experimental evaluation study suggested that the program resulted in clinically significant reductions in depressive symptoms immediately post-treatment and at a 6-month follow-up.

For more information, see:

Gillham, J.E., Reivich, K.J, Jaycox, L.H, & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow-up. *Psychological Science*, 6, 343-351.

- g. **Valley Mental Health (VMH) Day Treatment Program:** This program involves day treatment conducted in public school classrooms for children with serious emotional disorders (SED). VMH combines two services: academic instruction and mental health treatment. The academic curriculum follows guidelines from the Utah State Office of Education. The mental health component is provided by a treatment team with pediatric psychiatrists, psychologists, and social workers, with most implementation carried out by bachelor-level aides. Each classroom also has a special education teacher and an academic aide from the school district. Other specialists are available for consultation as needed. Treatment focuses on reducing undesirable behaviors while teaching and reinforcing desirable behaviors using research-based behavioral interventions within the context of public school classrooms. An outcome evaluation was conducted over the course of an academic year (9 months) for 142 children (aged 15-19 yrs). At the initial evaluation, 97% of the children were classified as having a SED. At the 9 month follow-up, children demonstrated significantly improved behavioral symptoms compared to baseline, with 50.7% of the sample showing overall symptom reduction, and 20.8% scoring below clinical cutoff levels on the Youth Outcome Questionnaire (YOQ).

For more information, see:

Robinson, K.E. & Rappaport, L.J. (2002). Outcomes of a school-based mental health program for youth with serious emotional disorders. *Psychology in the Schools*, 39(6), 661-675.

Contact information:

Kristin E. Robinson, Ph.D., Valley Mental Health, 668 S. 1300 E., Salt Lake City, UT 84102, Email: krsir@vmh.com, URL: <http://www.vmh.com/Introduction.asp>

- h. **Early Risers "Skills for Success" Program:** Early Risers "Skills for Success" is a prevention program that is designed to alter the developmental trajectory leading to drug use and abuse in children at high-risk; indicated by the presence of early aggressive behavior. Social development and social ecology theories, CORE and FLEX, provided the conceptual foundation for content of the major intervention

components. CORE is a coordinated set interventions, lasting 2 or more years after kindergarten, that promote healthy development by teaching skills for emotion regulation, pro-social peer relationships, and school adjustment. FLEX is an individually tailored family support component, with a minimum of 3 annual contacts, focusing on strengths/needs assessments, family empowerment, and service-brokerage. An 2-year evaluation study was conducted with a semi-rural, predominantly Caucasian sample. As compared to children in the control group, children in the program made significant gains in academic achievement (especially reading skills) and general classroom behavior. A year later (3 years after baseline), children in the program had significant gains in social skills and social adaptability as compared to the control group, in addition to continued academic progress. Ongoing evaluations are planned to replicate findings with more diverse samples.

For more information, see:

Early Risers: Skills for Success. SAMHSA Model Programs: Information on Model Programs.
http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=36

August, G.J., Realmulto, G.M., Winters, K.C. & Hektner, J.M. (2001). Prevention of adolescent drug abuse: Targeting high-risk children with a multifaceted intervention model - The Early Risers "Skills for Success" Program. *Applied and Prevention Psychology, 10*, 135-154.

Contact information:

Gerald J. August, Ph.D., University of Minnesota, F256/2B West, 2450 Riverside Avenue, Minneapolis, MN 55454-1495, Phone: (612) 273-9711, Fax: (612) 273-9779, Email: augus001@tc.umn.edu

- i. *Meta-Analysis of School-Based Substance Abuse Prevention Programs:* A meta-analysis of 94 school-based prevention programs was conducted to examine alcohol or other drug use outcomes. The report addressed (1) which populations (high-risk vs. general population) should be targeted by such programs, (2) what is the best age to be exposed to such programs, (3) whether program duration matters, and (4) whether who enforces the program has any effect. Results showed that general prevention programs are as effective as those targeting high-risk populations. However, a small number of studies demonstrate that cognitive-behaviorally based programs are more effective when used for high-risk populations than for general populations. The study also found that middle school students tend to respond better to prevention programs than elementary or high school students, but the difference was not statistically significant. Middle school programs were the only ones that demonstrated evidence for the effective reduction of alcohol and other drugs. Further, results indicated that longer programs were not necessarily better. Programs lasting less than 4.5 months tended to be more effective than those lasting more than 4.5 months. Generally, differences in the person delivering a presentation did not change the effectiveness of programs, although those using only peer involvement were particularly effective.

For more information, see:

Gottfredson, D.C. & Wilson, D.B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science, 4*(1), 27-38.

Contact information:

Denise C. Gottfredson, Department of Criminology and Criminal Justice, 2220D LeFrak Hall, University of Maryland, College Park, MD 20742, E-mail: dgottfredson@crim.umd.edu

2. School-Linked Projects & Services

2-a Health and Human Services and Therapies

a-1 New Jersey's School-Based Youth Services Program (SBYSP): This program created partnerships between schools and community agencies to provide students with services and support. The program reaches 15,000 youth annually at 48 sites located primarily at high schools. Every site provides crisis intervention, health and employment services, and recreational activities. Five core areas are addressed in the activities and services: recreation, health, mental health, employment counseling and preparation, and substance abuse treatment and prevention. Users of New Jersey's School-Based Youth Services Program (SBYSP) showed greater improvement from the baseline to the follow-up survey than nonusers in average daily attendance, grade point average, being sent to the office for discipline, multiple suspensions, and use of tobacco and alcohol. Also the greater a student's use of SBYSP, the greater the student's improvement (or the smaller the decline) in several outcome areas. Program users showed improvement (or smaller declines) in hitting others with the intention of hurting, becoming sexually active, drinking beer and wine, feeling positive emotions, feeling too tired to do things, and expressing positive self-efficacy. It was found that participation in positive youth activities was a statistically significant predictor of worrying too much, suicidal thoughts, and class-credit accumulation. A two-year period at one site, the *Plainfield Teen Parenting Program*, showed 84% of the program's mothers graduated from high school compared to 41% of non-program mothers. The study also found 11% of the participants had another child after entering the program compared with 33% of the nonparticipant mothers.

For more information, see:

Warren, C. (1999). *Lessons from the Evaluation of New Jersey's School-Based Youth Services Program*. Prepared for the National Invitational Conference on Improving Results for Children and Families by Connecting Collaborative Services with School Reform Efforts.

Learning Together: A Look at 20 School-Community Initiatives. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. <http://www.mott.org>.

Contact information:

Roberta Knowlton, New Jersey School-Based Youth Services program - Capital Place One, 222 S. Warren St. P.O. Box 700, Trenton, NJ 08625.

a-2 High/Scope Perry Preschool Project: This project serves as a community center as well as a school for children between the ages of 2-5 years who live in poverty and are at high risk of school failure. The program has since expanded to elementary schools. Thirty-five percent of the no-program group had been arrested five or more times by age 27 and 25% at least once for drug dealing - compared with 7 percent of the program group in both categories. Out of wedlock births were high in both groups (program and no program groups) but far fewer in the program group, 57% vs. 83%, respectively. Seventy-one percent of the program group completed 12 or more years of school compared with 54% of the control group. Significantly more females in the program completed high school compared to no-program females (84% vs. 35%). Twenty-nine percent of the program group, compared with 7% of the no-program group, earned at least \$2,000 a month. Eighty-percent of the no-program group received welfare as an adult, compared with 59% of the program group.

For more information, see:

Henderson, A.T., Berla, N. *A New Generation of Evidence: The Family is Critical to Student Achievement*. National Committee for Citizens in Education, 1994.

Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27*. Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

Contact information:

High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-200 / fax: (313) 485-0704, email: info@highscope.org, URL: www.highscope.org/research/perryproject/perrymain.htm

For evaluation information, contact:

Lawrence J. Schweinhart, PhD, Chair, Research Division, High/Scope Educational Research

Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-2000 / fax: (313) 485-0704.

- a-3 Ventura County (CA) Comprehensive Services:* In Ventura County a reduction in out-of-home placements increased percentage of children living with their families from 13% at referral to 32% after approximately one year of services. A reduction in utilization of inpatient services reduced rate of state hospitalization of youth by 58% from baseline period 1978-1980 (average census of 14) to 1992 (average census of 5.9). A reduction of length of stay in inpatient settings decreased average length of stay in hospital from 14.3 months in 1986 to 6.3 months in 1991 (56% decline). Due to a reduction in utilization of residential treatment center services, group home placement rate for wards per 10,000 was significantly and consistently lower in Ventura County (6.0) than for state as a whole (18.9). The Ventura County system of care also improved school attendance with significant gains in school attendance of youth treated at Phoenix School with students present approximately 90% of possible school days. Significant gains in school performance for youth treated at Phoenix School were found with students gaining an average of 1.6 academic years after one year in the program (242% increase in rate of academic progress over previous year).

For more information, see:

Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202) 687-8635.

- a-4 Vermont's New Directions Program:* This program implemented a reduction of out-of-home placements and increased the percentage of children living with their families from 13% at referral to 32% after approximately one year of services. The program decreased out-of-state placements from 39 in 4/91 to 18 in 9/92 (54%). The program also reduced the utilization of residential treatment center services. Improved school placement status showed an increase in fully mainstreamed children by 10% and mainstreamed with support by 7%. Also the program showed decreased children in separate school settings by 16% from intake to 3/93 update.

For more information, see:

Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202)687-8635.

- a-5 Local Interagency Services Projects:* These projects, in VA, found improved functioning of youngsters from admission to discharge based upon average increases in global functioning scores (GAF). In four separate reporting periods (1990-1991), average GAF scores increased by 3.6, 3.0, 5.4, and 7.6 points from admission to discharge. About 87% of the students in this program were diagnosed with disruptive disorder. 41% qualify for special education. Evaluations found increased percent of children attending school from time of admission to discharge and reduced suspensions, expulsions and dropping out.

For more information, see:

Beth A. Stroul, M.Ed., September 1993. *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center (202)687-8635. Georgetown University Child Development Center 3800 Reservoir Road, N.W., Washington, DC 20007.

- a-6 Barry-Gratigny School-Linked Services Program:* A field unit of social workers collaborated with the school's full-services personnel to develop an intensive home-based family outreach and treatment unit. The social workers worked with new immigrants and students whose families could not be reached by the school. Qualitative results revealed the value of social workers as mediators between home and school and the effect of culture and immigration on attachment to school. Results showed a significant increase in attendance and language arts grades. These measures were made without the inclusion of a comparison group.

For more information, see:

Bronstein, L.R. & Kelly T.B. 1998. A Multidimensional Approach to Evaluating School-Linked Services: A School of Social Work and County Public School Partnership. in *Social Work in Education*, Vol. 20, No. 3. July 1998.

Contact information:

Laura Bronstein, and Timothy Kelly, School of Social Work, Barry University, Shores 11300 NE 2nd Ave, Miami, FL 3161. E-mail: bronstein@bu4090.barry.edu.

- a-7 The Decker Family Development Center (DFDC):* DFDC provides holistic “one-stop” medical, educational, and social support services to low-income residents. The goals of *DFDC* are to help parents become more involved in helping their children reach their developmental potential and ensure that they stay in school. The *DFDC* provides many services including child care, health care, and employment services. This study shows promise in that 28% of participants have left because of success, and of the remaining 72%, 37% are improving in at least one domain of functionality.

For more information, see:

Ahern, M.F., Baker, T., DeGeorge, V., et al. *Decker Family Development Center: FY Program Evaluation*. Barberton, Ohio. Decker Family Development Center, 1995.

School linked Comprehensive Services for Children and Families: The Decker Family Development Center (DFDC)- April 1995, URL: www.edu.gov/pubs/compre/apple.html.

Contact information:

Mary Frances Ahern, Director, Decker Family Development Center, 633 Brady Ave., Barberton, OH 44203. (330)848-4264 / fax: (330)848-0884.

For evaluation information, contact:

Brian Pendleton, Ph.D. Department of Sociology, University of Akron, Akron, OH 44325-0604.

- a-8 The Family Mosaic Program:* An evaluation of this program showed a decreased number of hospital admissions by 46% from the year prior to the year following enrollment for children with histories of hospitalization. Parent participation also increased: over 90% of parents and/or family member-guardians attended a comprehensive planning meeting for their children. Nearly half of the adolescents in these programs have multiple diagnoses, the majority of students are behind educationally (ranging from 60-82%) and are performing below the appropriate grade level. Results showed an increased percent of children with fair, good, or excellent attendance records from 60.3% to 73.4% and decreased percent with poor attendance records or not attending from 39.7% to 26.6%. Also found was an increased percent of children judged to have fair, good, or excellent school performance from 50.9% to 70.3% and decreased percent judged to have poor performance or not attending from 49.1% to 29.7%.

For more information, see:

Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, CD 20007, (202) 687-8635.

- a-9 The Parents and Adolescents Can Talk (PACT):* The PACT program is a community-based, sexuality and communication education program for fifth- through 12th-grade students and their parents. *PACT* strives to encourage the postponement of premature sexual activity by “building resiliency” using a value-oriented curriculum for youth and their parents. The evaluation found significant increases in knowledge of sexuality and reproductive health for pre-adolescents, adolescents and parents at the post-tests, but much of the gain disappeared by the four-month follow-up measure. Increases in self-esteem measures held up for both groups of youth. Among pre-adolescents, higher knowledge and more talking with parents correlated with lower rates of sexual activity. Among adolescents there was a positive correlation between higher self-esteem and a lower incidence of intimate sexual behaviors. Parents in both groups significantly increased the amount of time they talked to their adolescent children about sexuality at the post-test.

For more information, see:

Kohl, J.B., Cate, R.M., Picton, J. *Parents and Adolescents Can Talk*. Project final report. Bozeman: Montana State University, 1989.

Contact information:

Joye B. Kohl, Ed.D., Project Director, Parents and Adolescents Can Talk, 5727 Blackwood Rd., Bozeman,

MT 59715. (406) 586-4743.

For evaluation information, contact:

Rodney M. Cate, PhD, Child and Family Studies, University of Arizona, 1600 E. University Blvd., Tucson, AZ 85721.

a-10 Positive Adolescent Choices Training (PACT): The PACT program is a school-based, violence-prevention program for high-risk African-American students (between the ages of 12 and 16), and is rooted in social learning and anger control theories. *PACT* students showed: a 50% reduction in physical aggression at school; behavior improvement during the course of the training which was maintained beyond participation in the program; and had over 50% less overall violence - related juvenile court charges and a lower per-person rate of offending than students who did not receive training.

For more information, see:

Hammond, W.R., Yung, B.R. Preventing violence in at-risk African-American youth. *J. Health Care for the Poor and Underserved*. 1991; 2(3):359-373.

Yung, B.R., Hammond, W.R. Breaking the cycle: a culturally sensitive violence prevention program for African American children and adolescents. In Lutzkes, J. (Ed.) *Handbook of Child Abuse Research and Treatment*. New York: Plenum Publishing, (1996).

Hammond, W.R., Yung, B.R. Psychology's role in the public health response to assaultive violence among young African-American men. *American Psychologist*. 1993;48(2):142-154.

Upshaw, W., Giles-Reynolds, V., Kawahara, N., et al. *School Safety: Promising Initiatives for Addressing School Violence*. Report to the ranking minority member, Subcommittee on Children and Families, Committee on Labor and Human Resources, U.S. Senate.

For program and evaluation information, contact:

Janeese Warfield, Wright State University, Center for Child and Adolescent Violence Prevention, Ellis Institute, 9 N. Edwin C. Moses Blvd., Dayton, OH 45407. (513) 873-4300 / fax: (513) 873-4323. *For materials, contact:* Research Press, Dept. 204, P.O. Box 9177, Champaign, IL 61826. (217) 352-3273 / fax: (217)352-1221.

a-11 Functional Family Therapy (FFT): FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. This program targets youth ages 11-18 who are at-risk for/or presenting delinquency, violence, substance abuse, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. A wide range of interventionist (e.g., mental health workers, social workers, probation officers) provide a flexible delivery of services in one or two person teams to clients and their families in the home, clinic, juvenile court, and at the time of re-entry from institutional placement. FFT's effectiveness derives from emphasizing factors which enhance protective factors and reduce risk. FFT is a phasic program with steps which build upon each other, and requires as few as 8-12 house visits, and no more than 26 hours of direct service time for the most severe problem situations. Clinical trials have demonstrated that FFT is cable of: effectively treating adolescents with conduct disorder, oppositional defiant disorder, disruptive behavior disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent; interrupting the matriculation of these adolescents into more restrictive, higher cost services; reducing the access and penetration of other social services by these adolescents; generating positive outcomes with the entire spectrum of intervention personnel; preventing further incidence of the presenting problem; preventing younger children in the family from penetrating the system of care; preventing adolescents from penetrating the adult criminal system; and effectively transferring treatment effects across treatment systems.

For more information, see:

Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). *Blueprints for Violence Prevention, Book Three: Functional Family Therapy*. Boulder, CO: Center for the Study and Prevention of Violence.

Contact information:

James F. Alexander, PhD, Program Director and Principle Investigator, Department of Psychology, University of Utah, 380 S 1530 E, Room 502, Salt Lake City, UT 84112, (801) 581-6538. Or contact:

Kathleen Shafer, Project Coordinator at (801) 585-1807/ fx (801) 581-5841, email: jfafft@psych.utah.edu.

a-12 Multidimensional Treatment Foster Care: This is an alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. MTFC parents learn behavior management, attend weekly group meetings, and have daily telephone check-in calls. Family therapy is provided for the youth's biological family, with the ultimate goal of returning the youth back to the home. Twelve-month follow-up indicates that, compared to controls, program youth spent 60% fewer days incarcerated, had significantly fewer arrests, ran away from their programs three times less often, had less hard drug use, and had quicker community placement.

Contact information:

A Social Interactional Approach, Vol. 5. Family Connections: A Treatment Foster Care Model for Delinquent Youth by Patricia Chamberlain, Ph.D., Clinic Director, Oregon Social Learning Center, 160 E Th Street, Eugene, OR 97401, (541) 485-2711, URL: www.oslc.org.

a-13 Multisystemic Therapy: This is an intensive family and community based treatment that addresses multiple determinants of antisocial behavior in juvenile offenders. The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Intervention strategies include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. Post-program outcomes indicate 25-70% reductions in long-term rates of arrest, reductions of 47-64% in out-of-home placements, family functioning improvement, and decreased mental health problems.

For more information see:

Schoenwald, S.K., Brown, T.L., & Henggeler, S.W. (2001). Inside multisystemic therapy: therapist, supervisory, and program practices. In Walker, H.M. & Epstein, M.H. (Eds.), *Making schools safer and violence free: Critical issues, solutions, and recommended practices*, Austin, TX: Pro-Ed, pp. 99-113.

Contact information:

Scott W. Henggeler, Ph.D., Family Services Research Center
Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, 171 Ashley Avenue, Charleston, SC 29425-0742, (843) 876-1800; Keller Strother, MST Inc., 268 West Coleman Blvd, Suite 2E, Mount Pleasant, SC 29464, (843) 876-1800/ fax (843) 876-1808, URL: www.mstservices.org.

a-14 Project Taking Charge: This is a combined sexuality and vocational education program that promotes abstinence from sexual activity. There were significant differences in knowledge gain between students in the program and control classes. There were no significant changes in self-esteem and students' understanding of the complications to their educational and employment future caused by teenage pregnancy. There were also no differences between students receiving the curriculum and the controls in acceptability of adolescent sexual intercourse, behavioral intentions, improvements in communication between parents and their adolescent children. The six-month follow-up indicated that most of the knowledge gain was retained and those in the program tended to delay initiation of sexual activity more often than those in the control group, but the difference was not statistically significant.

Contact information:

American Association of Family and Consumer Sciences, 1555 King Street, Suite 400, Alexandria, VA 22314. (800) 424-8080, (703) 706-4600 / fax: (703) 706-4663.

For evaluation information, contact:

Stephen R. Jorgensen, Dept. of Human Development and Family Studies, Texas Tech University, Lubbock, TX 79409.

a-15 Graduation, Reality and Dual-Role Skills Program: This is an in-school family and consumer sciences education program for pregnant and parenting adolescents, both male and female, in seventh to 12th grades. *GRADS*' primary goal is to keep teens in school while they learn parenting skills and explore vocational goals. Ohio *GRADS* had a retention rate of 85% compared to retention rates of pregnant and parenting teens of 67% to 91% in other states. It was also shown that there was an increase in participants' knowledge of positive parenting practices and in participants' likelihood of delivering a healthy baby. In 1995, 79.6% of Ohio *GRADS* received prenatal care in the first trimester of pregnancy, compared to the national rate of 53.1% among pregnant teens. *GRADS* mothers gave birth to fewer low-birth weight babies than did other Ohio mothers 18 or younger who did not participate in the program (7.6% versus 10.3%). Finally, between 1994-95, only 11.9% of *GRADS* participants had a subsequent pregnancy compared to nearly 50% nationally two years postpartum.

Contact information:

Sharon G. Enright, Project Director, Family and Consumer Sciences, Ohio Department of Education, Division of Adult and Vocational Education, 65 South Front St., Room 909, Columbus, OH 43215-4183. (614) 466-3046 / fax: (614) 644-5702.

For evaluation information, contact:

Richard Hill, William L. Hull, Principal Investigators, The Ohio State University Research Foundation, Department of Home Economics Education, 1960 Kenny Road, Columbus, OH 43210-1063. (614) 292-1993.

a-16 Projects Studying Cognitive-Behavioral Approaches in Schools:

Several studies employing cognitive-behavioral approaches (Cognitive-behavioral therapy, CBT) as a targeted intervention are highlighted here. The general focus was on the primary prevention of depression, substance use, and school adjustment among teens. The effectiveness of these techniques delivered in schools for depressed children has a cumulative base of support. However, there is an absence of studies applying CBT to other disorders, particularly anxiety disorders, in school settings. Four of the seven studies examined the efficacy of CBT for depression, while the remaining three studies investigated its effects on substance use and school adjustment. The primary outcome domains that were targeted in these studies were symptom reduction and improvement in functioning.

- One study conducted primary prevention research of depression within the schools by systematically varying the components of CBT and the targeted population. They examined the efficacy of an educationally-based intervention for 9th and 10th grade adolescents, unselected for elevated risk of depressive disorder. Separate analyses were conducted for boys and girls. There were no effects for female students in knowledge acquisition (i.e., functioning). There were short term efforts for boys, but these effects did not persist through the 12-week follow-up.

In a related study, evaluators minimized the educational content and substantially increased skill training. There was no significant effect for boys or girls on depression knowledge, treatment seeking, or attitudes about depression (i.e., improvement in functioning).

For more information, see:

Clarke, Hawkins, Murphy, & Sheeber 1993. School-based primary prevention of depressive symptomatology in adolescents: Findings from two studies. *Journal of Adolescent Research*, 8, 183-204.

- In a prevention program, with a focus on reducing the prevalence of affective disorders 150 adolescents at risk for future depressive disorders were randomly assigned to either a 15-session cognitive group prevention intervention or a control condition. Results showed a significant 12-month advantage for the prevention program. Affective disorder had a total incidence rate of 14.5% for the active intervention and 25.7% for the control condition (i.e., symptom reduction).

For more information, see:

Clarke, Hawkins, Murphy, Sheebe, Lewinsohn & Seeley (1995). Targeted prevention of unipolar depressive disorders in an at-risk sample of high school adolescents: A randomized trial of a group

cognitive intervention. *Journal of American Academy of Child and Adolescent Psychiatry*, 34, 312-321.

- In a study on the tertiary treatment of depression in the schools, 30 high school students were randomly assigned to one of three conditions: cognitive behavioral, relaxation training, and a wait list control. Analyses completed on 21 participants showed a substantial and statistically significant reduction in depressive symptomatology in both treatment groups, as assessed by self-report and clinical interview rating scales.

For more information, see:

Reynolds & Coats (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *Journal of Consulting and Clinical Psychology*, 54, 653-660.

- A comparison of the efficacy of CBT and art therapy in modifying locus of control and adaptive classroom behavior of children with behavior problems showed that neither treatment was more effective than the control group in changing locus of control perceptions. Thirty-six students in grades 4, 5, and 6, with moderate to severe behavior problems, were randomly assigned to one of three conditions: cognitive behavioral therapy; art as therapy; and a control group. Significant effects (functional improvement) were found for both treatment conditions in terms of increasing adaptive behavior skills as measured by the Conners Teacher Rating Scale.

For more information, see:

Rosal (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*, 20, 231-241.

- An attendance program for adolescents at risk of dropping out of school was evaluated. Twenty high school students in special education were randomly assigned to a behavior modification program or a control group. Students in the behavior modification group earned points for attendance which could be redeemed for prizes at the end of the week. An evaluation of this attendance program for adolescents at risk of dropping out of school showed that students in the control group had significant linear decline in attendance (functional outcome) in comparison to the treatment students, who showed no significant decline over the course of the semester.

For more information, see:

Licht, Gard, & Guardino (1991). Modifying school attendance of special education high school students. *Journal of Educational Research*, 84, 368-373.

2-b Substance Abuse Prevention

- b-1 Life Skills Training:* The results of over a dozen studies consistently show that the Life Skills Training (LST) program dramatically reduces tobacco, alcohol, and marijuana use. These studies further show that the program works with a diverse range of adolescents, produces results that are long-lasting, and is effective when taught by teachers, peer leaders, or health professionals. LST is a primary intervention that targets all middle/junior high school students (initial intervention in grades 6 or 7, depending on the school structure, with booster sessions in the two subsequent years). LST is a three-year intervention designed to prevent or reduce gateway drug use (i.e., tobacco, alcohol, and marijuana), primarily implemented in school classrooms by school teachers. The program is delivered in 15 sessions in year one, 10 sessions in year two, and 5 sessions in year three. Sessions, which last an average of 45 minutes, can be delivered once a week or as an intensive mini-course. The program consists of three major components which teach students (1) general self-management skills, (2) social skills, and (3) information and skills specifically related to drug use. Skills are taught using training techniques such as instruction, demonstration, feedback, reinforcement, and practice. Using outcomes averaged across more than a dozen studies conducted with LST, it has been found to cut tobacco, alcohol, and marijuana use 50% - 75%. Long-term follow-up results observed six years following the intervention show that LST cuts polydrug use up to 66%, reduces pack-a-day smoking by 25%; and decreases use of inhalants, narcotics, and hallucinogens. LST can be implemented at a cost of approximately \$7 per student per year (curriculum materials averaged over the three-year period). This does not include the cost of training which is a minimum of \$2,000 per day for one or two days.

For more information, see:

Botvin, G.J., Mihalic, S.F., & Grotzinger, J.K. (1998). Blueprints for Violence Prevention, Book Five: Life Skills Training. Boulder, CO: Center for the Study and Prevention of Violence.

Botvin, G.J., Griffin, K.W., Diaz, T., & Ifill-Williams, M. (2001). Drug abuse prevention among minority adolescents: posttest and one-year follow-up of a school-based preventive intervention. *Prevention Science*, 2(1): 1-13.

Contact information:

Gilbert Botvin, Ph.D., Developer of Life Training Program, National Health Promotion Associates, Inc., 711 Westchester Avenue, White Plains, NY 10604, email: 1stinfo@nhpanet.com, toll free (805) 293-4969, Ph (914) 421-2525/ fx (914) 683-6998, URL: www.lifeskillstraining.com.

- b-2 Child Development Project (CDP):* The CDP is a multi-year, comprehensive school-change program that aims at helping elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program involves staff training, parent involvement activities, school-wide community building activities, and a school-wide, cross-grade buddy program. Results from evaluations of CDP schools show: an 11% drop in alcohol use (compared to a 2% increase in comparison schools); a 2% drop in marijuana use (compared to a 2% increase in comparison schools); an 8% drop in cigarette use (compared to a 3% decline in comparison schools); Pro-social behaviors among students in grades K-4 increased; In the schools with the highest level of implementation, delinquency decreased.

For more information, see:

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research*, 11, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal*, 32, 627-658.

Contact information:

Sylvia Kendzior, Developmental Studies Center, 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270/ fax (510) 464-3670, www.devstu.org/cdp.

- b-3 Project ALERT:* Project Alert is a middle school drug prevention program developed by the RAND Corporation. It is a two-year classroom curriculum with 11 lessons in 7th grade and 3 reinforcing lessons in 8th grade. The activities are designed to help students identify and resist pro-drug pressures. The program also seeks to help students understand the social, emotional, and physical consequences of substance use or abuse. Researchers evaluated the program with a randomized, controlled study in 55 middle schools in South Dakota. More than 4,000 students were assigned to either the ALERT classes or control group classes that received any drug abuse prevention measures already in place at the schools. At the end of the 18 month evaluation, the ALERT students, including those at high-risk based on early results, had made major improvements in their substance use compared with control students (results reported on alcohol, cigarettes, and marijuana).

For more information, see:

RAND Corporation Research.(2004) Classroom Drug Prevention Works: But Left Unchecked, Early Substance Use Haunts Older Teens and Young Adults. Available online. Accessed 4/24/2004. <http://www.rand.org/publications/RB/RB4560/>

Contact information:

Project ALERT, 725 S. Figueroa Street, Suite 1825, Los Angeles, CA 90017, Phone: (213) 623-0580, Fax: (213) 623-0585, Toll-Free Phone: 1-800-ALERT-10, E-mail: info@projectalert.best.org, URL: <http://www.projectalert.best.org/>

- b-4 Adolescent Alcohol Prevention Trial (AAPT):* Designed for fifth grade students to prevent the onset of alcohol misuse, marijuana use, and use of cigarettes. This project used normative training and resistance skills training as part of the classroom curriculum. Using an experimental design, schools were randomly assigned to receive (a) information about the consequences of alcohol and drug use,

(b) resistance skills training alone, (c) normative education alone, (d) both resistance skills training and normative education. Results show that the norm setting component reduced the onset of alcohol use, cigarette smoking, and marijuana use. There were no effects of the resistance skills training component.

For more information, see:

Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology*, 63, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

Contact information:

Thomas J. Dishion, Ph.D., Oregon Social Learning Center, Inc., 207 East Fifth Ave. , Suite 202, Eugene, OR 97401, (541) 485-2711.

- b-5 Project Northland:* This program focuses on primarily on alcohol use and abuse. There are eight sessions per year with many clever activities that emphasize resistance techniques and decision making. The 6th grade curriculum is well integrated with family take-home assignments. The entire program works to set a norm that drinking is not cool. Results from evaluations indicate that students participating in Project Northland reduced tobacco and alcohol use by 27%, reduced tobacco use alone by 37%, and reduced marijuana use by 50%. Results also indicate a significant impact on perceived norms among students who did not drink at baseline.

For more information, see:

Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., McGovern, P.G., Finnegan, J.R., Forster, J.L., Wagenaar, A.C., & Wolfson, M. Outcomes of a community-wide alcohol use prevention program during early adolescence: Project Northland. *American Journal of Public Health*, In press.

Contact information:

Project Northland, University of Minnesota, Division of Epidemiology, School of Public Health, 1300 South Second Street, Suite 300, Minneapolis, MN 55454-1015, (612) 624-0057. Fax: 612-624-0057, www.epi.emn.edu/projectnorthland

- b-6 Social Competence Promotion Program:* This is a twenty-seven session program based on a strong interpersonal cognitive problem-solving model. It also contains 9 additional sessions on drug abuse prevention. The curriculum goes carefully through skills training with more opportunities for practice as curriculum progresses. Children who participate in the program show a reduction in heavy alcohol use. The program also has a significant impact on intentions to use alcohol.

For more information, see:

Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., Jacoby, C. (1992). Social Competence Promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, 60, 56-63.

Contact information:

The Social Competence Promotion Program, Department of Psychology (M/C 285), The University of Illinois at Chicago, 1007 West Harrison Street, Chicago, IL 60607-7137, (312) 413-1012.

- b-7 Focus on Families:* A parenting program for methadone treatment patients that aims to reduce parental illegal drug use and improve parents' family-management skills, thereby decreasing their children's adoption of behaviors that put them at risk for poor health outcomes. The intervention includes parent training focusing on: family goal-setting, relapse prevention, family communication, family management, creating family expectations about alcohol/drugs, teaching children skills such as problem solving and resisting drug offers, and helping children succeed in school. Parent outcomes included higher scores than controls on all skill measures (e.g. problem solving, self-efficacy, social support), fewer deviant peers, a 65% reduction in heroin use, and a

lower likelihood (6 times) of using cocaine. Child outcomes showed no significant differences from controls in drug use or delinquency.

For more information, see:

Catalano, R.F., Haggerty, K.P., Fleming, C.B., & Brewer, D.D. Focus on Families: Scientific findings from family prevention intervention research. *NIDA Research Monograph*, in press.

Program evaluation: http://www.whitehousedrugpolicy.gov/publications/prevent/parenting/r_focus.html

Contact information:

Kevin Haggerty, M.S.W., Social Development Research Group, 9725 3rd Ave. NE, Suite 401, Seattle, Wa 98115: (206) 685-1997; (206) 543-4507 (fax), haggerty@u.washington.edu, <http://www.depts.washington.edu/sdrg/FOF.htm>

- b-8* **Midwestern Prevention Project (MPP):** The Midwestern Prevention Project is a comprehensive, community-based, multi-faceted program for adolescent drug abuse prevention. The MPP involves an extended period of programming. Although initiated in a school setting, it goes beyond this setting into the family and community contexts. The MPP strives to help youth recognize the tremendous social pressures to use drugs and provides training skills in how to avoid drug use and drug use situations. These skills are initially learned in the school program and reinforced through the parent, media, and community organization components. Evaluations of the MPP have demonstrated for program youth, compared to control youth: reductions of up to 40 percent in daily smoking; similar reduction in marijuana use, and smaller reductions in alcohol use maintained through grade 12; effects on daily smoking, heavy marijuana use, and some hard drug use have been shown through early adulthood (age 23); and increased parent-child communications about drug use. Further, these evaluations have demonstrated that the MPP facilitated development of prevention programs, activities, and services among community leaders.

For more information, see:

Pentz, M.A., Mihalic, S.F., & Grotper, J.K. (1998). *Blueprints for Violence Prevention, Book One: The Midwestern Prevention Project*. Boulder, CO: Center for the Study and Prevention of Violence.

Contact information:

Mary Ann Pentz, Ph.D., USC Norris Comprehensive Cancer Center, University of Southern California, Norris Comprehensive Cancer Center, 3414 Topping Tower, 1441 Eastlake Avenue, MS-44, Los Angeles, CA 90033-0800, (323) 865-0330.

- b-9* **Students Taught Awareness and Resistance (STAR):** STAR is a two-year program with 10-13 sessions in the first year and 5 in the second, focusing primarily on the development of resistance skills. It involves powerful material on normative education, detailed instructions for role play, and includes extensive discussions of problems teachers may encounter while implementing the curriculum. STAR has been shown to reduce tobacco, alcohol, and marijuana use by 30% after one year. It also had a significant impact on beliefs about drug use and norms at a one and one-half year follow-up.

For more information, see:

Johnson, C.A., Pentz, M.A., Weber, M.D., Dwyer, J.H., Baer, N., MacKinnon, D.P., Hansen, W.B., & Flay, B.R. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology*, 58, 447-456.

Pentz, M.A., Dwyer, J.H., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Wang, E.Y.I., & Johnson, A. (1989). A multicomunity trial for primary prevention of adolescent drug abuse. *Journal of the American Medical Association*, 261, 3259-3266.

Contact information:

STAR, Institute for Prevention Research, USC, 1540 Alcazar Street, CHP 207, Los Angeles, CA 90033, (213) 342-2600.

- b-10* **Growing Healthy:** Growing Healthy is a curricular program for students in grades K-6 that

promotes healthful behaviors among young people. With 42-56 lessons per year, this comprehensive health program integrates drug information and resistance skills into health units. There is also material on conflict resolution and violence prevention, as well as components on family, community involvement, and HIV/AIDS prevention. Classrooms that used the growing healthy curriculum demonstrated greater increases in health-related knowledge, healthier attitudes, greater increases in application of health skills, and healthier practices compared to comparison classrooms. Students who received the Growing Healthy curriculum demonstrated a reduction in tobacco use of 29% by the ninth grade.

For more information, see:

Connell, D.B., Turner, R.R., & Mason, E.F. (1985). Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health, 55*, 316-321.

Immarino, N., Heit, P., & Kaplan, R. (1980). School Health Curriculum Project: Long-term effects on student cigarette smoking and behavior. *Health Education, 11*, 29-31.

Smith, D.W., Redican, K.J., & Olsen, L.K. (1992). The longevity of growing healthy: An analysis of the eight original sites implementing the school health curriculum project. *Journal of School Health, 62*, 83-87.

Contact information:

National Center for Health Education, 375 Andson St., New York, NY 10014, (212) 463-4060, fax: (212) 463-4060, www.nche.org

- b-11 I'm Special:* I'm special is a school-based drug prevention program for 4th graders that is designed to reduce or delay the onset of students' drug use by enhancing students' sense of uniqueness and self-worth, and improving group cooperation and decision making skills. Nine, highly interactive sessions are held once per week in the classroom by trained teachers. Longitudinal data show that the proportion of current substance abusers and the incidents of their related problem behavior were significantly lower among the I'm Special graduates compared to those who had not been exposed to the program. This was especially the case in grades 5-7. However, the impact of the I'm Special program seemed to significantly diminish after the 8th grade. Another short-term study shows that I'm Special is capable of generating significant attitudinal changes.

For more information, see:

Kim, S., McLeod, J.H., & Palmgren, C.L. (1989). The impact of the "I'm Special" program on student substance abuse and other related student problem behavior. *Journal of Drug Education, 19*, 83-95.

Kim, S., McLeod, J.H., & Shantzis, C. (1990). A short-term outcome evaluation of the "I'm Special" drug abuse prevention program: A revisit using SCAT Inventory. *Journal of Drug Education, 20*, 127-138.

For substance abuse prevention services, contact:

Helen Harril, 117 East Morehead Street, Suite 200, Charlotte, NC 28204, (704) 375-3784, fax (704) 333-3785, harril@preventionservice.org

- b-12 Know Your Body:* This is a 10-module curriculum to be taught for 40 minutes a week throughout the school year. It contains a skill-builder unit promoting self-esteem, goal setting, decision making, communication, assertiveness and stress management at the beginning of each grade level. It emphasizes resistance skills training within the context of personal and social skills training, while providing age-appropriate information on tobacco, alcohol, marijuana, and cocaine. Evaluations indicate that participating students reduced tobacco use by 73% in the 9th grade.

For more information, see:

Walter, H. J., Vaughan, R. D., & Wynder, E. L. (1989). Primary prevention of cancer among children: Changes in cigarette smoking and diet after six years of intervention. *Journal of the National Cancer Institute, 81*, pp. 995-998.

Contact information:

The American Health Foundation, 675 3rd Ave, 11th Floor, New York, NY 10017, (212) 551-2509.

- b-13 Michigan Model for Comprehensive School Health Education.* This is implemented in over 90% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). Stated advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized, research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Grade", designated the Michigan Model as one of the top substance abuse prevention programs in the United States. The Michigan Model was the only comprehensive health program to receive this "A" designation. They also rated the Michigan Model as one of the best violence prevention programs in the United States.

For more information, see:

Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs *Journal of School Health*, August 1997, 67, (6).

Contact information:

The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building, Central Michigan University, Mt. Pleasant, MI 48859, Ph: 800/214-8961, fax: 989-774-3943, email: emc@cmich.edu, web: <http://www.emc.cmich.edu/>.

- b-14 Preventing Substance Use Among Native American Youth: Three-Year Results:* Native Americans have the highest rates of tobacco, alcohol, and other drug use when compared to other racial-ethnic groups in America. A sample of 1,396 third-through fifth-grade Native American students from 27 elementary schools in five different states were asked to report on their drug use before and after implementation of preventive measures. Youth were randomly assigned to three conditions by school: life skills training, life skills and community intervention, and a control group. Children who received the intervention were taught culturally adapted cognitive and behavioral skills for substance abuse prevention in 15 weekly 50-minute sessions. The community intervention mobilized other Native American community members through various activities and informational campaigns. Measures were collected 6 months after the intervention and annually for three years thereafter. Over the course of 3.5 years there were increases in rates of tobacco and marijuana use reported in both the intervention and control groups. Although cigarette use did not decrease, follow up rates of smokeless tobacco, alcohol, and marijuana use were lower for those who received the skills intervention. Community intervention components appeared to have no additional effect on substance use.

For more information, see:

Schinke, S.P., Tepavac, L.C., & Kristin, C. (2000). Preventing Substance Use Among Native American Youth: Three-year results. *Addictive Behaviors*, 25(3), 387-397.

Contact information:

Steven Schinke, Ph.D., Professor of Social Work, 710 McVickar Hall, Mail Code 4600, 622 West 113th Street, New York, NY 10025, Phone: (212) 854-8506, Fax: (212) 854-1570, E-mail: schinke@columbia.edu

- b-15 CASASTART (Striving Together to Achieve Rewarding Tomorrows): CASASTART is a community-based program targeting substance abuse and involvement in crime among high-risk 8-13 year olds. Intervention occurs at multiple levels, with features such as multiagency collaboration, school mentoring, family psychoeducation and therapy, and a case-management approach that also involves afterschool curricula. The Urban Institute conducted an evaluation of the program, using a randomly assigned sample of over 300 students from five cities. This evaluation found that, compared to a control group, CASASTART youth were 60% less likely to sell drugs, 30% less likely to use drugs in the past 30 days, 20% less likely to commit a violent crime, and were more likely to be promoted to the next grade. CASASTART also reported increased protective factors such as positive peer influence and support and participation in after-school programs than control children.

For more information, see:

Murray, L. (1999). Preventing substance abuse using a community-based collaborative alternative. *Georgia Academy Journal*, 6(3), 8-11.

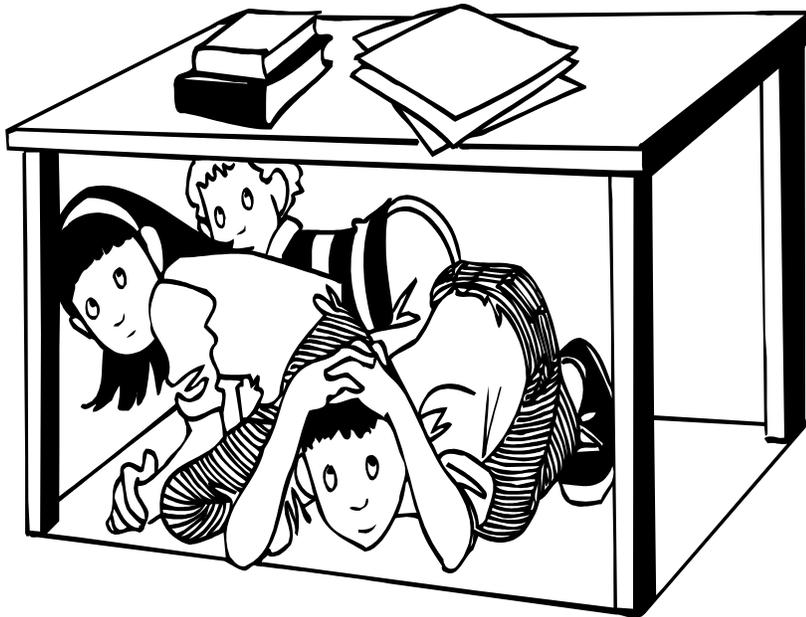
Roth, J., Murray, L., Brooks-Gunn, J., & Foster, W. (1999). Youth development programs. In D. J. Besharov (Ed.), *America's Disconnected Youth: Toward a preventive strategy*. Washington, DC: CWLA

Contact information:

Lawrence Murray, CSW, CASA Fellow, National Center on Addiction and Substance Abuse at Columbia University, 633 Third Avenue, 19th Floor, New York, NY 10017, Phone: (212) 841-5208, Fax: (212) 956-8020, Email: lmurray@casacolumbia.org, url: www.casacolumbia.org

Appendix D: Crisis Response and Prevention

The following are brief summaries and related information on the crisis response and prevention programs listed in Table D.



1. Crisis Teams, Response and Aftermath

- a. *School Crisis Intervention Team*: Poland and Pitcher (1990) described how conducting crisis drills legitimized the crisis intervention program. Also, they emphasize crisis drills because students are not going to do what you need them to do in a moment of crisis unless you have practiced it with them and have clearly emphasized the need for students to follow the directives of an adult with no questions asked. For example, Cleveland Elementary School had a policy of conducting crisis drills on their playground. In 1989, a gunman opened fire on students and teachers on the playground, killing 5 students. Researchers report that the crisis drills conducted on that very playground prevented more deaths from occurring. The school also provided facts to everyone involved and were able to accommodate cultural and language barriers in their debriefing procedures.

For more information, see:

Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review*, 23, 175-189.

Poland, S. & Pitcher, G. (1990). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology* (Vol. 2, pp. 259-275). Washington, DC: National Association of School Psychologists.

- b. *School-Based Health Centers and Violence Prevention*: Three community health centers--in West Virginia, Maryland, and California--developed projects to improve and increase violence prevention and mental health services through school-based health clinics. Each site developed its own package of mental health/violence prevention services to meet the need of its clients and community, and address local issues related to violence. Since the mental health centers were implemented, all three sites reported fewer suicide attempts, fewer fights on campus, and improved attendance among previously truant students or those with discipline problems. Teachers and staff also report general improvements in students' attitudes and behavior, and a greater use of conflict resolution tools by students. Both teachers and students also report a greater sense of school safety.

For more information, see:

Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care. Bureau of Primary Health Care, U.S. Department of Health and Human Services.

- c. *Project Rebound*: Project Rebound is a 10 week art therapy program designed to help children who have experienced a crisis express concerns, fears, anxieties, anger and helplessness in a safe and supportive environment. Student report that the counselors are supportive and allowed them to develop positive coping skills. Teachers found that students who were involved in the program were more prepared to learn.

Contact information:

The Psychological Trauma Center, 8730 Alden Drive, Room C-106A, Los Angeles, CA 90048, (310) 855-3506.

- d. *Research Studies*

Cokeville School Bombing Study: Following a school bombing in Cokeville, WY, the school administrator took steps to manage the crisis and provide leadership to the community. Students returned to school the next day, and attended meetings with other students and parents where they had an opportunity to discuss their feelings and concerns in an open, safe forum. Those students who participated most in the group sessions recovered most quickly.

For more information, see:

Sandall, N. (1986). Early Intervention in a disaster: The Cokeville hostage/bombing crisis. *Communique*, 15, 1-2.

Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and

trauma. *School Psychology Review*, 23, 175-189.

Experimental Study with High School Seniors: Fifty-seven high school seniors were provided with graded crisis experiences to work through under circumstances that favored successful outcomes. Three types of coping strategies, including relaxation, cognitive restructuring, and problem solving, were provided to help them deal with the crisis experiences. Following participation in the 6-week program, participants, as opposed to those in a control group, evidenced significantly higher scores on tests measuring self-efficacy and rational beliefs. When presented with a scene depicting a potentially traumatic transition at the end of the program, participants (compared to controls) used significantly more cognitive restructuring strategies.

For more information, see:

Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research*, 7, 79-91.

2. School Environment Changes and School Safety Strategies

- a. *Westerly School District (RI)*: The Westerly school district went from having 100 Office of Civil Rights violations to becoming a model program for students who are receiving a continuum of support services for behavioral problems. Policies were restructured to emphasize both prevention and intervention. Over a 4-year period, behavioral problems were reduced, self-contained classrooms for students with emotional and behavioral problems were reduced from 13 in 1990 to only 2 in 1994, and the schools became safer and more productive for all students, at all levels: elementary, middle and high schools. Compared to other Rhode Island districts, when one divides the total number of suspensions by the total student enrollment, Westerly's index is .038, compared to the state index of .232. Similarly, the index for disciplinary incidents in Westerly is .05 compared to .09 and .31 for other Rhode Island districts similar to Westerly in size and demographics.

For more information, see:

Keenan, S., McLaughlin, S., & Denton, M. (1995). *Planning for inclusion: Program elements that support teachers and students with emotional/behavioral disorders*. Highlights from the Second Working Forum on Inclusion. Reston, VA: Council for Children with Behavioral Disorders.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact information:

Mark Hawk, Director of Special Education, Westerly Public Schools, 44 Park Ave, Westerly, RI 02891-2297, (401) 596-0315.

- b. *Center for the Prevention of School Violence (CPSV)*: According to the CPSV, preventing school violence through assessing physical design and, if necessary, using technology (like metal detectors or cameras) offers a strategy that enables school officials to provide safe and secure learning environments in which students can achieve and succeed. The CPSV conducted a telephone survey of all high schools in North Carolina during Spring, 1997, to determine which safety and security strategies are being used in these schools. Almost 74% of schools participating in the survey have performed assessments of their physical layouts. In addition to controlling access to school, 80% implement some kind of parking lot security. In terms of maintaining control, various types of policies exist with hall monitoring, occurring at 88% of the schools, and campus identification tags and book-bag policies, newer forms, in place at 19% of the schools. 60% of the schools have metal detectors with 64% using one or two of them. Of the schools with metal detectors, 90% have portable ones, 16% have stationary ones located at the entrances of football stadiums. The frequency of use varies with 4% using them daily and 62% using them randomly. 12% have them but never use them. Most schools do not have surveillance cameras; only 24% use such cameras. Other technologies applied to make schools safe and secure include two-way radios, identified by 22% of the schools, and alarm systems, identified by 10% (These numbers may be low given that the other technologies were not specifically asked about.). Two schools indicated that they have Breathalysers. Using a seven-point scale with "one" representing a perceived highest level of effectiveness and "seven" a perceived lowest level, improving safety through changes in the physical design of the school and use of technology was rated by respondents. Almost thirty-six percent of respondents rated physical design and technology a "one" or "two" indicating their perception that, for their schools, effectiveness on preventing violence is high with reference to this strategy. Only sixteen percent rated it "six" or "seven," reflecting low effectiveness. Also, of all of the safe school strategies surveyed, implementing changes in the physical school environment and/or utilizing technology was rated as the second highest effective strategy out of six strategies (including peer mediation & conflict management, S.A.V.E., law-related education, teen/student court, and having a school resource officer). Having a school resource officer was listed as the most effective strategy.

For more information, contact:

Center for the Prevention of School Violence, Dr. Pamela L. Riley, Executive Director, 20 Enterprise Street, 2, Raleigh, North Carolina 27607-7375, 1-800-299-6054 or 919-515-9397, Fax: 919-515-9561 or download a summary from www.ncdjjdp.org/cpsv

c. Playground Safety Studies

A multi-faceted community intervention (starting in 1989) including: repair of all playgrounds major capital improvements in 5 playgrounds and parks, painting of building murals, development of recreational programs for target age group, traffic safety programs and bicycle helmet promotion was implemented in Central Harlem and Washington Heights. Across time, this program showed a decrease in the risk of all injuries in the target age group in Central Harlem and in Washington Heights (compared to a younger, non-targeted group). However, there was no decrease in outdoor fall injuries in the target age group.

For more information, see:

Davidson, L.L., Durkin, M.S., Kuhn, L., O'Connor, P., Barlow, B., & Heagarty, M.C. (1994). The impact of the Safe Kids/Health Neighborhoods Injury Prevention Program in Harlem, 1988 through 1991. *American Journal of Public Health, 84*, 580-586.

National SAFE KIDS Campaign: Reports that protective surfacing under and around playground equipment can reduce the severity of and even prevent playground fall-related injuries. In addition, protective equipment, safe play conditions (e.g., field surfacing, maintenance) and development and enforcement of safety rules help reduce the number and severity of sports and recreation-related injuries.

For more information, see:

The National SAFE KIDS Campaign, 1301 Pennsylvania Ave, NW, Suite 1000, Washington, DC 20004-1707, (202) 662-0600, (202) 393-2072 Fax, <http://www.safekids.org>, info@safekids.org

d. PeaceBuilders: PeaceBuilders, is a K-5 program of Heartsprings, Inc. in Tucson, AZ. The program emphasizes praising others, avoiding negative comments, being aware of injustices, righting wrongs and seeking out "wise people." The program offers excellent classroom management suggestions, particularly for handling discipline and "unruly" kids. The program also contains many extras including an intensive peace building program for especially disruptive students, a family program, playground program, planning guides for teachers, a leadership guide for administrators, manuals for school staff, bus drivers, cafeteria workers, etc. Preliminary post-test results of rigorous ongoing CDC evaluation shows significant reductions in fighting-related injury visits to school nurse by students.

For more information see:

Safe Schools. Safe Students: A Guide to Violence Prevention Strategies. (1998). Drug Strategies, Washington, D.C.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal)

3a. Violence Prevention

- a-1 Second Step: A Violence Prevention Curriculum:* Second Step is a school-based social skills curriculum for preschool through junior high that teaches children to change the attitudes and behaviors that contribute to violence. Second Step teaches the same three skill units at each grade level: Empathy, Impulse Control, and Anger Management. Lesson content varies according to the grade level, and the skills practiced are designed to be developmentally appropriate. There were no significant teacher- or parent-reported differences between those students participating in Second Step and a control group. However, two-weeks after the intervention was completed behavioral observations revealed that students in Second Step showed an overall decrease in physical aggression, and an increase in neutral/prosocial behavior, compared to the control group. Most of these effects persisted six months later.

For more information, see:

Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P. Asher, K.N., Beland, K., Frey, K., & Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association*, 277(20), 1605-1611.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact information:

Second Step: A Violence Prevention Curriculum: Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134, Ph (800) 634-4449/ fax (206) 343-1445.

- a-2 Responding in Peaceful and Positive Ways (RiPP):* RiPP is a 3-year school based violence prevention program for middle school students designed to provide strategies and skills for conflict resolution. The program uses a seven-step social/cognitive problem-solving model and centered around four options for preventing violence: resolving, avoiding, ignoring, and diffusing. RiPP also teaches the necessity for students to think ahead in order to prevent incidents that may lead to violence. As students advance, the program progresses to more complex communication and conflict resolution skills. Experiential activities allow students to use the concepts learned. The program is taught by a trained facilitator who models pro-social attitudes that allow for nonviolence and positive risk-taking. Three evaluation studies have been conducted, with two using randomized control groups. The program appears to increase a wide range of pro-social behaviors (i.e., peer support, effective problem solving, and use of violence prevention resources) while decreasing self-reported drug use and violent behavior.

For more information see:

Responding in Peaceful and Positive Ways (RiPP). SAMHSA Model Programs. Available online. http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=69

Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grad students. *American Journal of Public Health*, 87, 979-984.

Farrell, A.D., Meyer, A.L. & Dahlberg, L.L. (1996). Richmond youth against violence; A school based program for urban adolescents. *American Journal of Preventive Medicine*, 12, 13-21.

Farrell, A.D. & Meyer, A.L. (in press). Social Skills Training to Promote Resilience in Urban Sixth Grade Students: One product of an action research strategy to prevent youth violence in high-risk environments. *Education and Treatment of Children*.

Contact information:

Aleta Meyer, Co-Principal Investigator and RiPP Program Developer, (804) 828-1015,
email: ameyer@saturn.vcu.edu

- a-3 *First Step to Success:* The goal of this program is early prevention for at-risk kindergartners who show early signs of antisocial behavior (e.g., aggressive, oppositional-defiant, severe tantrums, victimizing others). Through universal screening of all kindergartners, school intervention, and parent/caregiver training, the program hopes to divert the children from the pathway to problematic behaviors. In one study post-test results for children in the program showed significant improvements on four measures as compared with the control group. Children in the program significantly improved on adaptive behaviors, reduced maladaptive behaviors, and reduced aggressive behaviors according to teacher reports. Time spent engaged with academics also increased for students in the program.

For more information see:

Walker, H.M., Kavanaugh, K., Stiller, B., Golly, A., Severson, H.H., & Feil, E. (1998). First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

Contact information:

Jeff Sprague & Hill Walker, Co-Directors, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403, Phone: (541) 346-3591.

- a-4 *Project ACHIEVE:* A school wide prevention and early intervention program, that targets students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program has reduced aggression and violence in Project ACHIEVE schools. Disciplinary referrals decreased by 67%. Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for at-risk students for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Grade retention, achievement test scores, and academic performance have improved similarly, and, during the past four years, no student has been placed in the county's alternative education program. The project's success has led to the adoption of the Project ACHIEVE model in over 20 additional sites across the United States.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review*, 24(4), 579-603.

Knoff, H.M. & Batsche, G. M. *Safe Schools, Safe Students*. Edited by Ronda C. Talley & Garry R. Walz. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact information:

Drs. Howie Knoff and George Batsche, Co-Directors, Institute for School Reform, Integrated Services, and Child Mental Health and Education Policy, School Psychology Program, FAO 100U, Room 268, The University of South Florida, Tampa, FL 33620-7750, (813) 974-3246.

- a-5 *Bullying Prevention Program:* A universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. Program targets are students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. The Bullying Prevention Program has been shown to result in: a substantial reduction in boys' and girls' reports of bullying and victimization; a significant reduction in students' reports of general antisocial behavior such as vandalism, fighting, theft and truancy; and significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social

relationships, and a more positive attitude toward schoolwork and school.

Contact information:

Dan Olweus, Ph.D., University of Bergen, Research Center for Health Promotion (HEMIL), Christiesgt. 13, N-5015, Bergen, Norway, 47-55-58-23-27, E-mail: olweus@psych.uib.no

- a-6 *Conflict Resolution and Peer Mediation Projects (CR/PM)*: Nine CR/PM programs throughout the country were evaluated. Data from this evaluation suggests that CR/PM projects may reduce the frequency of fighting and other undesirable behaviors at school, increase knowledge and modify student's attitudes about conflict, improve school discipline, and increase attendance. However, these findings are based on preliminary data, and success varies depends on how the curriculum is implemented.

For more information, see:

Altman E. (1994). *Violence Prevention Curricula: Summary of Evaluations*. Springfield, Ill: Illinois Council for the Prevention of Violence.

Powell, K. E., Muir-McClain, L., & Halasyamani, L. (1995). A review of selected school-based conflict resolution and peer mediation projects. *Journal of School Health*, 65 (10), 426-431.

Tolan, P. H. & Guerra, N. G. (1994). *What Works in Reducing Adolescent Violence: An Empirical Review of the Field*. Boulder, CO: Center for the Study and Prevention of Violence.

- a-7 *Peace Builders*: A school-wide violence prevention program for elementary schools (K-5). This program is designed to prevent violence by reducing students' hostility and aggression by changing the school climate and promoting prosocial behavior. The project involves norm-setting, peace-building, and communication skills development. It reinforces prosocial behavior and enhances parent education and involvement, and includes mass media tie-ins. A year before PeaceBuilders began, 120 children were suspended and about 30 were arrested for crimes in the community. Two years into PeaceBuilders, the number of suspensions had dropped to five, and there were no arrests for community crimes. One school using the PeaceBuilders program reported that major student fights dropped from 125 to 23; another school reported a decrease from 180 to 24. Outcome assessments are still underway.

For more information, see:

Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.)*, 12 (5), 91-100.

Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.

For program information, contact:

Jane Gulibon, Heartsprings, Inc., P.O. Box 12158, Tuscon, AZ 85732, (800) 368- 9356.

- a-8 *Positive Adolescent Choices Training (PACT)*: Designed to reduce the chances that African-American and other at-risk adolescents will become victims or perpetrators of violence. Primarily targets youth between 12 and 16 identified as socially deficient or with a history of violence. Participants receive hands-on training and practice in 3 areas: prosocial skills, anger control, and violence risk education. Data suggest that those who completed the program showed reduced violence-related behavior as well as gains in skills predictive of future abilities to avoid violence. The data also suggest that others perceived the trained participants to have improved social skills and that trainees themselves had more confidence in their abilities to perform the new behaviors.

For more information, see:

Hammond, W.R., & Yung, B.R. (Winter, 1991). Preventing violence in at-risk African-American Youth. *Journal of Health Care for the Poor and Underserved*, 359-373.

Contact information:

B. Yung, Center for Child and Adolescent Violence Prevention, Wright State University, Ellis Human Development Institute, 9 N. Edwin C. Moses Blvd, Dayton, OH 45407, (937) 775-4300.

- a-9 *Resolving Conflict Creatively Program (RCCP)*: Curriculum stresses modeling of nonviolent alternatives for dealing with conflict and teaches negotiation and other conflict resolution skills. Conflict resolution and communication skills are taught in the classroom and practiced at least once a week. Several students are trained as “mediators” to assist others in resolving conflicts. Teachers who participate report decreases in name-calling and physical violence among students. When students are tested, most learn the key concepts of conflict resolution and are able to apply them when responding to hypothetical conflicts. In addition, students themselves have reported getting in fewer fights and engaging less frequently in name-calling compared with matched control groups. For the peer mediation component, 80% of students and teachers report that students are helped by contact with mediators. Nine out of ten teachers who participated in the program said that they had improved understanding of children’s needs and were more willing to let students take responsibility for resolving their own conflicts.

For more information, see:

DeJong, W. *Building the Peace: The Resolving Conflict Creatively Program (RCCP)*. National Institute of Justice: Program Focus. US Dept. Of Justice, Office of Justice Programs.

Contact information:

Linda Lantieri, RCCP National Center, 163 3rd Ave, Room 103, New York, NY 10003, (212) 387-0225.

- a-10 *The Mediation in the Schools Program*: Promotes positive resolution of conflict in schools. The program consists of three components: conflict management curriculum for the classroom; adult modeling of mediation in conflict resolution; and training of student mediators to provide mediation services to other students. Evaluation showed that the program seemed to be “owned” by the students. Students were described as being more in control and empowered, as well as exhibiting higher self-esteem. Coordinators and administrators reported decreased levels of violence since the introduction of the program. Program teachers perceived less violence and hurtful behaviors among students believed that the program was effective in teaching students alternative, positive dispute resolution strategies and in decreasing levels of violence at school.

For more information, see:

Carter, S.L. Evaluation report for the New Mexico center for dispute resolution. *Mediation in the Schools Program, 1993-1994 school year*. Albuquerque: New Mexico Center for Dispute Resolution, 1994.

Lam, J.A. *The impact of conflict resolution programs on schools: A review and synthesis of the evidence*. Amherst, Mass.: National Association for the Mediation in Education, 1988.

Contact information

National Resource Center for Youth Mediation, New Mexico Center for Dispute Resolution 620 Roma NW, Suite B, Albuquerque, NM 87102, (505)247-0571 / fax: (505)242-5966

For evaluation information, contact:

Susan Lee Carter, Ph.D, P.O. Box 67 Cerrillos, NM 87010, (505)424-0244

- a-11 *Lions-Quest Working Toward Peace*: This program is designed to help young people develop lifelong habits of peaceful conflict resolution. The four-part course of study for grades 6-8 includes sessions on managing anger, resolving conflicts peacefully, and promoting peace. An optional one-day workshop provides an introduction to and hands-on experience with the curriculum. Program goals are: To help students understand the value of peaceful conflict resolution and study peaceful role models; To enable students to learn ways to manage their own anger; To teach students a wide repertoire of techniques for reducing the level of tension in conflicts and resolving the conflicts peacefully; To encourage young people to apply their skills by planning and carrying out a service-learning project relating to peaceful conflict resolution. It is viewed as equipping educators and parents to help young adolescents take responsibility for finding peaceful solutions to conflict. Program implementation results in improved school climate, fewer discipline referrals, a safer school environment, and increased family and community involvement.

For more information, see:

<http://www.lions-quest.org/>

Contact information:

Lions-Quest, Lions Clubs International Foundation, Phone: (800) 446-2700, Inside U.S. and Canada
Phone: (800) 265-2680

- a-12 Metropolitan Area Child Study:* The program is designed to promote positive youth development and decrease aggressive behaviors. The interventions included teacher education, support strategies for program staff, and a social-cognitive curriculum for students. The intervention used an experimental design to conduct program evaluation. Results showed mixed outcomes, with some positive results, especially in the early intervention group. Results included some increases in prosocial behavior and decreases in aggression. However, children who started with moderate levels of aggression and received the intervention late seemed to do worse at the follow-up.

For more information, see:

Metropolitan Area Child Study Research Group. (2002). A Cognitive-ecological approach to preventing aggression in urban settings: Initial outcomes for high-risk children. *Journal of Consulting and Clinical Psychology*, 70, 179-194.

Contact information:

Patrick Tolan, Department of Psychiatry, Institute for Juvenile Research, University of Illinois, 840 South Wood Street, Chicago, IL 60612-7347

- a-13 Michigan Model for Comprehensive School Health Education.* This is implemented in over 90% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). Stated advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized, research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Grade", designated the Michigan Model as one of the top substance abuse prevention programs in the United States. The Michigan Model was the only comprehensive health program to receive this "A" designation. They also rated the Michigan Model as one of the best violence prevention programs in the United States.

For more information, see:

Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs *Journal of School Health*, August 1997, 67, (6);

Contact information:

The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building, Central Michigan University, Mt. Pleasant, MI 48859 Ph: 800/214-8961, 988-774-3953, email: emc@cmich.edu, web: <http://www.emc.cmich.edu/>

- a-14 Gang Resistance Education and Training (GREAT):* The GREAT program was developed to reduce gang activity and teach students about the negative effects of participating in gangs. There is also a specific emphasis on teaching life skills and problem-solving methods. Officers from local police departments are trained in the program. The nine-week program targets middle school students, particularly seventh graders, and it is taught by police officers trained in the program. In the curriculum, students are taught about the effect of crime and drugs in their neighborhood, and alternatives to joining a gang. Additionally, the program teaches life-skills such as conflict resolution, acting in accord with community responsibility, and establishing personal goals. It has been established in every state and is continually being evaluated. Evaluations consistently report small, though significant, increases in pro-social behavior such as higher self-esteem and more negative attitudes about gangs. However, the impact on actual gang affiliation has not yet been demonstrated.

For more information, see:

Promising Practices Network: Proven and Promising Programs
<http://www.promisingpractices.net/program.asp?programid=112>

Contact information:

Gang Resistance Education and Training Program, Federal Bureau of Alcohol, tobacco and Firearms, Washington, DC 20531. (202) 927-2160, (800) 726-7070, fax: (202) 927-3180.
<http://www.atf.treas.gov/great>, E-mail: great@atfhq.atf.treas.gov

- a-15 Social Skills Group Intervention (S.S.GRIN):* S.S.GRIN was created to improve children's school adjustment and social acceptance. The program combines evidence-based techniques for learning behavioral and cognitive social skills, acquiring adaptive skills for social problems, and reinforcing pro-social attitudes. In order to test the effects of S.S.GRIN, a one-year evaluation study was conducted. The study included children in third through fifth grades from eleven public elementary schools (N = 381) and assessed initial social difficulties including self-perceptions, self-esteem, social anxiety, and depression. The program assisted in building and maintaining friendships, promoted positive adjustment, and increased peer liking. Children also evidenced increased self-esteem, greater social self-efficacy, and lowered anxiety. However, there was no change in the negative views that the children already held towards others.

For more information, see:

DeRosier, Melissa E. (2004). Building Relationships and Combating Bullying: Effectiveness of a School-Based Social Skills Group Intervention. *Journal of Clinical Child and Adolescent Psychology*, vol 33(1), 196-201.

Contact information:

Melisa DeRosier, (919) 677-0101, ext. 11, 3-C Institute for Social Development and 3-C Family Services 1903 No. Harrison Avenue, Suite 101 Cary, NC 27513, derosier@3cisd.com

- a-16 School-Wide Program for Students with Disruptive or Externalizing Behavior:* This program was designed to increase the institutional capacity of schools to work with students who exhibit externalizing or disruptive behavior. The program seeks to identify and change school and classroom organizational practices that contribute to disruptive or problem behaviors. The program focuses on four elements: school organizational practices, classroom management for the entire school, individual behavioral programs, and a school advisory board. An evaluation study compared two schools using the program to two comparison schools over a 2-year period. All schools served large numbers of disadvantaged students. Outcomes showed positive effects on the school climate, teachers, and students. The number of disciplinary actions including suspensions, expulsions, and emergency removals substantially decreased in the experimental schools, while they increased in comparison schools. Academic performance, social adjustment, and school survival skills improved for the target students.

For more information see:

Nelson, R.J. (2001). Designing Schools to Meet the Needs of Students Who Exhibit Disruptive Behavior. In Walker, H. & Epstein, M. eds. *Making Schools Safer and Violence Free: Critical Issues, Solutions, and Recommended Practices*. Austin, Texas: PRO-ED.

Contact information:

J. Ron Nelson, Department of Applied Psychology, Eastern Washington University, Cheney, WA 99004

- a-17 Linking the Interests of Families and Teachers (LIFT):* This is an elementary school-based prevention program aimed at changing child and parent behaviors that might lead to delinquent and violent behavior. The goal is to integrate an inexpensive approach to prevention into the day-to-day activities of an elementary school. The program has three major components: child social and problem skills training within the classroom, behavior modification on the playground, and parent training in groups. LIFT instructors conduct biweekly program sessions for the children are 1 hour long and use four basic components: brief lecture with role play, structured group skills practice, free play on the playground, and skills review with a presentation of daily

rewards. LIFT parent instructors meet with groups of 10 to 15 families once a week for 6 weeks within the same period when the children receive the program. A randomized, controlled evaluation of the program was conducted with over 600 youth and families. Compared to children in the control group, those in the program showed lower levels of aggression towards classmates on the playground and the teachers' impressions of children improved. Compared to parents in the control group, those in the program exhibited less aversive behavior during family problem-solving sessions. LIFT had the strongest effects on children who had the most behavior problems prior to intervention. During the 3 years following the program, LIFT appeared to make a difference in other indicators of substance abuse and antisocial behavior as well.

For more information see:

Eddy, M.J., Reid, J.B. & Fetrow, R.A. (2001). An Elementary School-Based Prevention Program Targeting Modifiable Antecedents of Youth Delinquency and Violence: Linking the Interests of Families and Teachers (LIFT). In Walker, H. & Epstein, M. Eds. *Making Schools Safer and Violence Free: Critical Issues, Solutions, and Practices*. Austin, Texas: PRO-ED.

Contact information:

J. Mark Eddy, Oregon Social Learning Center, 160 E. 4th Ave., Eugene, OR 97401; e-mail: marke@oslc.org

a-18 Prosocial Coping Skills Training (PCS): This program targets aggressive elementary school children in an attempt to increase prosocial behaviors, exchanging information, problem solving, and behavior management. The theory behind this program is that children will accept disagreements with others more readily, and resolve interpersonal conflicts more easily, if they have the skills taught by PCS. The intervention consists of approximately 22 weekly 50-minute lessons. Program presentations are enhanced by informal information exchanges, role plays, discussions, games, and group rewards. A program manual is provided and the class leader is expected to review session video recordings although no formal training is required. A study evaluated this program at pre, post, and 6-month follow-up. Children in the program were compared to a matched control group at follow-up, but not at the later assessment. Results indicated that the program was associated with increased general social skills, effective communication, peer acceptance, prosocial behavior, and long-term improvements in effective communication. Results also supported program-related decreases in aggression in the short and long-term.

For more information see:

Prinz, R. J., Blechman, E. A., & Dumas, J. E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology*, 23, 193–203.

Contact information:

Elaine A. Blechman, Psychology, University of Colorado at Boulder, 345 UCB, Boulder, CO 80309-0345

a-19 Teaching Students to be Peacemakers (TSP): TSP is focused on increasing the sophistication of conflict resolution strategies, negotiation, and mediation in all children attending 1st-12th grade. Implementation involves 30 half-hour daily training sessions for each grade level, followed by update sessions twice a week. The program incorporates cooperative learning and structured academic controversy in which the students act as peer mediators. Regular classroom teachers receive 30-40 hours of training initially or throughout the year in order to present the program successfully to students. A study was conducted at pre, post, and 4-month follow-up; students in the program were compared to no-treatment control groups. Results showed increases in conflict resolution skills, negotiation, and positive behavior in real-life conflicts for students in the experimental group. There were also decreases in antisocial and violent behavior, discipline problems, and referrals. Long-term improvements were made in real-life conflict resolution,

listening skills, respect for others, and emotion regulation.

For more information see:

Johnson, D.W. & Johnson, R.T. (1996). Conflict resolution and peer mediation programs in elementary and secondary schools: Review of the research. *Review of Educational Research*, 66, 459-506.

Contact information:

Linda Johnson, Interaction Book Company, 7208 Cornelia Drive, Edina, MN 55435, Tel: (612) 831-7060, Fax: (612) 831-9332

a-20 Rochester Social Problem Solving (SPS) Program: This program targets emotion recognition, problem identification, problem solving, alternative thinking, and consequential thinking among either regular or special education students in 2nd-5th grade. Other members of the target population are teachers and parents. The program consists of 34 20- to 30-minute initial lessons taught 2 to 3 times weekly, followed by weekly maintenance sessions. Role playing, videos, games, stories, and discussions are all integrated into the lessons and teachers use dialoging with children for problem solving. A study evaluated the program at pre, post, 2- and 6-month, 1-, 2-, and 3-year follow-up. Students in the program were compared to matched control groups. Findings from the study show increases in problem solving ability, problem identification, consequential thinking, alternative thinking, adjustment, and positive behavior in the experimental group. Students in the program also exhibited long-term improvements in problem solving ability and peer status, although there were no effects on self-esteem or anxiety.

For more information see:

Weissberg, R. P., Gesten, E. L., Liebenstein, N. L., Doherty-Schmid, K., & Hutton, H. (1980). The Rochester social problem-solving (SPS) program: A training manual for teachers of 2nd-4th grade children. Rochester, NY: University of Rochester.

Contact information:

Thomas Schuyler (Cofounder of the Social Decision Making and Problem Solving Program)
University of Medicine and Dentistry of New Jersey-University Behavioral Health Care, 240 Stelton Rd. Piscataway, NJ 08854-3248

a-21 Florida State University (FSU) Violence Prevention Program: This violence prevention program for eighth grade students functions by placing seriously at-risk youths in voluntary year-long internships once they have completed a three-week orientation. Through this placement, youth are under the guidance and support of both mentors from the site in which they are interns and a half-time teacher from the school. Participation in the program entailed approximately two hours per day for four days of the week. Evaluation of the program involved a comparison between 78 students in the program and a matched control group before the school year and at the end of the year. Results suggest that students participating in the program had significantly fewer suspensions, days of sanction and infractions committed on school property than the control group.

For more information see:

Rollin, S A., Kaiser-Ulrey, C., Potts, I., & Creason, A. H. (2003). A School-Based Violence Prevention Model for At-Risk Eight Grade Youth. *Psychology in the Schools*, Vol. 40(4), 403-415.

Contact information:

Cheryl Kaiser-Ulrey, College of Education, 307 Stone Building, Florida State University, Tallahassee, FL, 32306-4453, E-mail: clkcu@email.msn.com

a-22 Prevention Program for Students with or At Risk for ED: A multi-component school-based prevention program is shown to have positive outcomes on students with or at risk for ED. The

program consisted of three major components: teaching the student social skills that promote appropriate classroom behaviors and peer interactions, pairing the student with a peer partner to alternate with reciprocal tutor/tutee roles, and using positive reinforcements to encourage on-task and appropriate behaviors. A four-year longitudinal study was conducted to observe the outcomes of thirty-eight students with ED when introduced the prevention program. Two cohorts of participants were recruited, with the second cohort starting the program one year after the first. Results showed an overall decrease in aggression and out-of-seat behavior for cohort1, however, the effect was not found for cohort2. There was also an increase in academic engagement and positive behavior for both cohorts and evidence showed that outcomes were better with strong intervention and high structure.

For more information, see:

Kamps, D., Kravits, T., Rauch, J., Kamps, J. L. & Chung, N. (2001). A Prevention Program for Students with or At Risk for Ed: Moderating Effects of Variation in Treatment and Classroom Structure. *Pro-Ed, Inc.*, 114-127. Austin, Texas.

Contact information:

Debra Kamps, Juniper Gardens Children's Project, 650 Minnesota Ave., 2nd Floor, Kansas City, KS 66101

3-b Suicide Prevention

- b-1 Project 1:* Demonstrated positive effects on suicide risk for junior-high students in Israel. In a randomized trial with 237 8th grade students, the 12-week group cognitive-behavioral program produced significant reductions in suicides, as measured by the culturally adapted Israeli Index of Potential Suicide (IIPS), among treatment boys. Effects for girls on the IIPS did not reach the level of significance.

For more information, see:

Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self-harm: The impact of a primary prevention program among adolescents. *Journal of Adolescence*. 16, 121-140.

- b-2 Project 2:* Demonstrated a significant reduction in suicides, in this case among 11th grade students from 6 high schools in Israel. This program was evaluated in a randomized trial examining 393 students (including some conduct disordered students). Across all schools, the authors report significant effects on suicidal tendencies, coping skills, and ego identity.

For more information, see:

Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity and coping. *Suicide and Life-Threatening Behavior*, 23(2), 120-29.

- b-3 Signs of Suicide (SOS):* SOS is a school-based suicide prevention program designed to raise awareness about suicide and screen for depression as well as other possible risk factors among adolescents. SOS focuses on the relationship between suicidal behavior and mental illness, particularly depression. Students are taught about depression and suicide, how to recognize warning signs for depression and suicide, and specific steps to take if they encounter either condition. A multi-site evaluation study was conducted with a diverse sample of high school students in Columbus, GA and Hartford, CT. Classrooms were randomly assigned to receive the program or be in the control group. Results were evaluated 3 months after program implementation. Compared to the control group, students in the program had significant reductions in self-reported suicide attempts. Students also increased knowledge and adaptive attitudes about depression and suicide. However, there was not a significant change in suicidal ideation or seeking help from adults. The lack of evidence for changes in help-seeking could have resulted from the unavailability of staff trained in mental health, and/or the tendency for students to seek help from peers rather than adults. Replication studies with long-term follow-up

and samples with different demographic characteristics are planned.

For more information, see:

Aseltine, R.H. & DeMartino, R. (2004). An Outcome Evaluation of the SOS Suicide Prevention Program. *American Journal of Public Health, Vol 94(3)*, 446-451.

Contact information:

SOS Website: http://www.mentalhealthscreening.org/sos_highschool/

- b-4 Parenting Adolescents: A Creative Experience (PACE) - Suicide Prevention:* The PACE program seeks to empower parents by teaching problem-solving skills. The curriculum covers adolescent development, listening, assertiveness, conflict resolution, authoritative parenting, substance use, and adopting attitudes of optimism and hope. Parent education groups such as PACE are believed to create stronger social networks that help in communicating with youths and providing support from those outside the immediate family. A study was conducted using PACE to evaluate whether parent education groups could reduce risk factors for youth suicide. The study targeted 8th grade students, because it appears that family conflict and declining parental influence begin to emerge in that age group. The PACE curriculum was offered to parents at no charge. Compared to matched controls, results indicated that parent education could have positive effects on several youth suicide risk factors including: reduction in substance use, lower delinquency, less family conflict, and improved feelings of maternal support.

For more information, see:

Toumbourou, John W. & Gregg, M. Elisabeth (2002). Impact of an Empowerment-based Parent Education Program on the Reduction of Youth Suicide Risk Factors. *Journal of Adolescent Health, 31*, 277-285.

Contact information:

John Toumbourou, Ph.D., Centre for Adolescent Health, Department of Pediatrics, University of Melbourne, Parkville, Victoria, Australia. Jwt@unimelb.edu.au

- b-5 Counselors CARE (C-CARE) & Coping and Support Training (CAST):* C-CARE involves a 2-hour assessment of risk and protective factors followed by a standardized, one-on-one counseling session to enhance personal resources, reinforce positive coping skills, and social connections. CAST is a standardized 12-session intervention that teaches life skills such as self-regulation (of depression and anger) and problem solving by using small groups. An evaluation was conducted by randomly assigning youth at risk for suicide based on a multi-stage screening to one of three groups by school: C-CARE (N= 150), C-CARE with CAST (N = 155), and usual care (N = 155). The sample was 52% female and ethnically diverse, with 49% Euro-American youths. Compared to usual care, both C-CARE and C-CARE with CAST were associated with faster rates of decline in favorable attitudes toward suicide and suicidal ideation. Compared to both usual care and the C-CARE only condition, those in the C-CARE with CAST treatment had significantly better improvements in personal control and problem-solving coping. However, there were no differences between the three groups in suicide threats or attempts at the 9-month follow-up.

For more information, see:

Thompson, E.A., Eggert, L.L., Randell, B.P., & Pike, K.C. (2001). Evaluation of indicated suicide risk prevention approaches for potential high school dropouts. *American Journal of Public Health, 91(5)*, 742-752.

Contact information:

Elaine A. Thompson, Ph.D., R.N.. Reconnecting Youth Prevention Program, Psychosocial and Community Health, School of Nursing, Campus Box 357263, University of Washington, Seattle, WA 98195-7263, Fax: (206) 221-3674, E-mail: elainet@u.washington.edu, URL: <http://www.son.washington.edu/departments/pch/ry/>

3-c Physical/Sexual Abuse Prevention

- c-1 *Good Touch/Bad Touch*: Program is a child abuse prevention program for preschool aged to sixth-grade students. Developed in 1984 in Georgia, the goal of the program is to prevent or stop child abuse and to reduce the trauma associated with it. The curriculum includes accurate, age-appropriate information and helpful strategies to limit emotional and sexual abuse. Modifications have been made for the developmentally delayed. Evaluation results from this small sample suggest that children as young as kindergarten age can learn knowledge and skills for the prevention of sexual abuse.

For program information, contact:

Pam Church, director, Prevention and Motivation Programs, Inc., P.O. Box 1960, 659 Henderson Dr., suite H, Cartersville, GA 30120, phone (800) 245-1527 / fax: (770) 607-9600

For evaluation information, contact:

Rex Forehand, Ph.D., Dept of Psychology, University of Georgia, Athens, GA, phone (706) 549-1806.

- c-2 *Child Abuse Listening and Mediation (CALM)*: The curriculum in this school-based abuse prevention program includes the major themes of defining abuse, strategies for avoiding abuse or reducing harm, and understanding attribution of blame in situations where abuse had occurred. For Kindergartners, this information was presented in a 1-2 hour session. Fourth graders and junior high students receive a 1-2 hour session and a follow up presentation after one week. Evaluation of this program occurred through a quasi-experimental setting. The above information had been implemented regularly for approximately a decade, and 72 students in high school were compared with 65 who reported that they did not receive the presentations. Results suggested that students who reported having participated in the program had greater knowledge of abuse concepts and reported abuse less frequently than students who had not received the program.

For more information see:

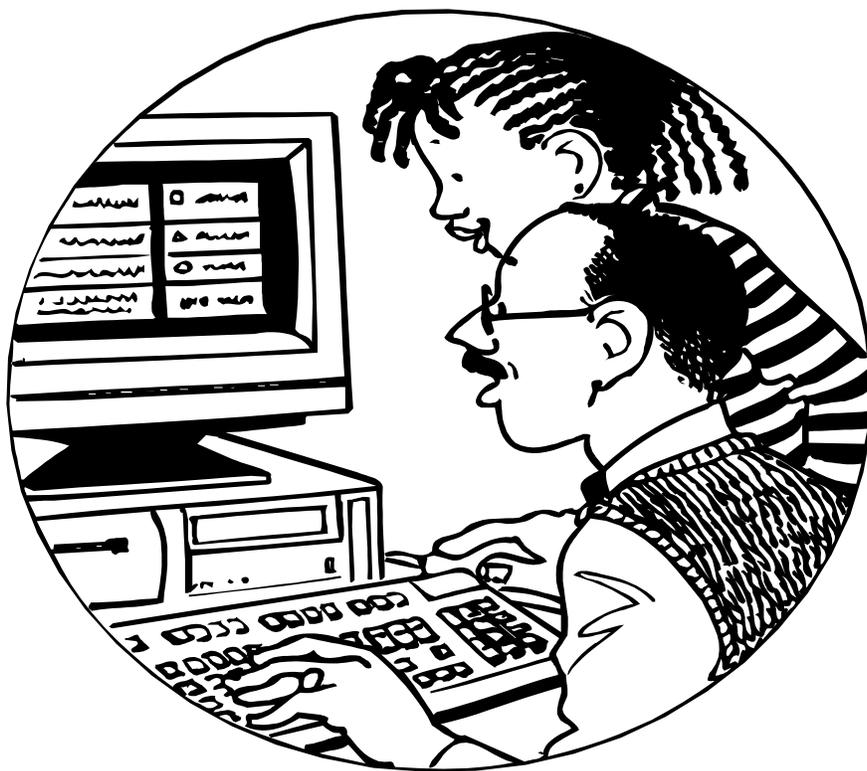
Ko, Susan F. & Cosden, Merith A. (2001). Do Elementary School-based Child Abuse Prevention Programs Work? A High School Follow-Up. *Psychology in the Schools*, 38(1), 57-65.

Contact information:

Merith Cosden, Counseling/Clinical/School Psychology, Graduate School of Education, University of California, Santa Barbara, CA 93106.

Appendix E: Home Involvement in Schooling

The following are brief summaries and related information on the home involvement in schooling programs listed in Table E.



1. Parenting Education

- a. *Adolescent Transitions Program (ATP)*: ATP provides parents with family management skills and their high-risk teens with skills to self-regulate problem behavior. The parent curriculum teaches skills in: (1) Encouraging positive behaviors; (2) Setting up behavior change contracts; (3) Establishing limits and providing consequences; (4) Communication; and (5) Problem solving. The teen curriculum teaches skills in: (1) Goal setting; (2) Making behavioral change; (3) Selecting and maintaining friends; (4) Communication; and (5) Problem solving. In comparison to control group, one-year follow-up assessment indicated that the program was effective in engaging students and parents, teaching them skills, and improving parent-child relations. Post-treatment assessment indicated short-term effect on teens aggressive and delinquent behaviors. The teen curriculum-only condition was associated with escalated problem behavior, highlighting the importance of the teen and parent components.

For more information, see:

Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology*, 63, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

Contact information:

Thomas J. Dishion, Ph.D., Oregon Social Learning Center, Inc., 160 E. 4th, Eugene, OR 97401, (541) 485-2711.

- b. *Iowa Strengthening Families*: A family-based intervention which enhances parents' general child management skills, parent-child affective relationships, and family communication. Based on a developmental model, ISFP seeks to delay the onset of adolescent alcohol and substance use by improving family practices. ISFP is designed for sixth-grade students and their families. Parents are taught to clarify expectations of children's behavior, utilize appropriate discipline techniques, manage strong emotions concerning children, and use effective communication. Children learn similar skills as well as peer resistance/refusal techniques, social interaction skills, and stress management. Post-test evaluations showed parents' improved child management practices, increased parent-child communication, more child involvement in family, and strengthened family affective quality. One- and two-year follow-up analyses revealed that adolescents had lower rates of alcohol initiation and 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk.

Contact information:

Center for the Study and Prevention of Violence, University of Colorado, Boulder, Institute of Behavioral Science, Campus Box 442, Boulder, CO 80309-0442, (303)492-8465, email: cspv@colorado.edu, URL: www.colorado.edu/cspv/blueprints/promising/programs/BPP04.html.

- c. *MELD Young Moms* : Uses peer support groups to help strengthen families by reducing the social isolation that can lead to child abuse and neglect. Program activities are designed to increase parents' knowledge of child development; increase parents' ability to solve problems, make decisions, and manage family life; and to nurture parents' personal growth. Support peer groups meet weekly for a period of two years. An outcome study of seven MELD sites found a positive shift in parental attitudes and beliefs about parenting and children. Parents showed more appropriate expectations in line with child's abilities, increased awareness of and better response to child's needs, and reduced value in corporal punishment.

For more information, see:

Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions, http://www.whitehousedrugpolicy.gov/publications/prevent/parenting/r_meld.html

d. *Parent Child Development Center Programs*: Designed to foster relationships between parents and

children. It targets low-income families and provides multidimensional treatment to help mothers become more effective in child-rearing. Mothers are educated in socioemotional, intellectual, and physical aspects of infant and child development; care-givers' personal development is enhanced through home management training and continuing education classes; and the needs of the entire family are addressed by providing health and social services. A short-term evaluation at 24 months found increases in IQ and cognitive ability and more positive mother-child interactions. Compared to control groups, evaluations showed increases in children's school achievement at grades 2 and 3, improvements in mothers' positive control techniques (including discipline with discussion and less physical punishment), improvements in mothers' use of affection/praise, and decreases in children's destructive behavior (age 4-7).

For more information, see:

Bridgeman, B., Blumental, J.B., & Andrews, S.R. (1981). *Parent Child Development Center: Final Evaluation Report*. Dept. of Health and Human Services, Office of Human Development Services, Washington, DC 20201.

Johnson, D.L. & Walker, T. (1987). Primary prevention of behavior problems in Mexican-American children. *American Journal of Community Psychology*, 15, 375-385.

Johnson, D.L. & Breckenridge, J.N. (1982). The Houston Parent-Child Development Center and the primary prevention of behavior problems in young children. *American Journal of Community Psychology*, 10, 305-316.

Contact information:

Dale Johnson, Department of Psychology, University of Houston – University Park Houston, TX 77004, (713) 743-8508.

e. *Parent to Parent*: A video-based program that helps parents deal directly with their children. The program intends to be facilitated by parents for parents. Internal evaluation and long term studies by outside sources showed the following statistics: (a) 89% of participants had a greater understanding of their role in preventing drug and alcohol use by their children as a result of the program; (b) 91% changed the way they communicated with their children; (c) 75% became more involved in community efforts aimed at alcohol or drugs; (d) 91% talk more often with their children about drugs; and, (e) 85% increased contact with parents of their children's friends.

For more information, see:

O'Keefe, A. (1998). *Participant Views on the Parent to Parent Program*. Prepared for the Onondaga County Drug and Alcohol Commission; 1-800-487-7743.

Contact information:

Kathleen Lindsey, Parent to Parent Consultant, Representing Passage Group, Inc., lindseyenterprises@usa.net; Safe Passage, Violence Prevention for Parents, 1-800-487-7743.

f. *Peace Builders*: A school-wide violence prevention program for elementary schools (K - 5) that aims to enhance parent competence, increase rewards and praise for prosocial behavior, improve the school climate, teach peace building and communication skills, and recruit other adults as advisors and positive role models. Core components include common language and stimulus cues; video training kit; action guide and related tools for teachers, administrators, and families; story/workbooks for children; parents' activity training kit; and community media kit. A CDC-funded study is currently underway, and pilot data showed reduction in teachers' estimates of aggressive behavior/social skills, referrals to the principal, suspensions, school transfers, and aggression on the playground.

For more information, see:

Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth*

Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.), 12 (5), 91-100.

Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.

Contact information:

Jane Gulibon, Heartsprings, Inc., P.O. Box 12158, Tuscon, AZ 85732, (800) 368-9356.

- g. *Preparing for the Drug Free Years*: For parents of children in grades 4 through 8, regardless of ethnicity and socioeconomic status, and is designed to help parents reduce the risk that their children will develop problems with drugs and alcohol in adolescence. The program teaches parents how to increase their children's opportunities for involvement in the family, how to teach skills needed by children and adolescents, and how to provide reinforcement for desired behavior and appropriate consequences for undesired behavior. Preliminary results from a large-scale NIDA-funded study (currently underway) show positive effects on parenting behavior. Parents showed greater understanding about the situations in which adolescents are offered drugs, greater appreciation for the importance of bonding and providing adolescents with meaningful roles in the family, and significant changes in knowledge, attitudes, and behavior. For example, parents reported having held family meetings to set family policy and to teach refusal skills.

For more information, see:

Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family*, 57: 449.

Spoth, R., Redmond, C., Hockaday, C., & Yoo, S. (1996). Protective factors and young adolescent tendency to abstain from alcohol use: A model using two waves of intervention study data. *American Journal of Community Psychology*, 24 (6): 749-770.

Contact information:

Karl Hill, Ph.D., Project Director, Social Development Research Group, 146 North Canal St., Suite 211, Seattle, WA 98103-8652; (206) 685-3859.

- h. *Syracuse Family Development Research Program*: Bolsters child and family functioning through home visitations, parent training, and individualized daycare. The program targets economically disadvantaged families in order to improve children's cognitive and emotional functioning, foster children's positive outlooks, and decrease juvenile delinquency. Mothers receive individualized training and support in order to create developmentally appropriate interactive games for their children, foster mothers' involvement in children's educational attainment, and model appropriate interactions. The most dramatic effects of the program were found during a ten-year follow-up with control group evaluation, which demonstrated reduced juvenile delinquency and improved school functioning (for girls), including the following results: (a) Only 6% of FDRP children, compared to 22% of controls, had official delinquent records; (b) Control delinquents had more serious offenses; (c) FDRP girls showed better grades and school attendance (grades 7-8); (d) FDRP girls showed higher teacher ratings of self-esteem and school achievement; (e) FDRP children rated themselves more positively and had higher educational goals; (f) FDRP parents were more proud of their children and rated their families as more unified.

For more information, see:

Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact on an early intervention with low-income children and their families. In D.R. Powell and Irving E. Sigel (eds.), *Parent Education as Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice*. Annual Advances in Applied Developmental Psychology, Volume 3. Norwood, NJ: Ablex Publishing Corp.

Lally, J.R., Mangione, P.L., Honig, A.S., & Wittner, D.S. (1988). More pride, less delinquency: Findings from the ten-year follow-up study of the Syracuse University Family Development Research Program. *Zero to Three*, April, 13-18.

- i. *Teachers Involve Parents in Schoolwork (TIPS)*: The primary goal of TIPS is to integrate parent involvement in their children's school work to increase writing scores and grades. The program helps teachers to design homework that requires the help of someone else at home to complete the assignment. While they do not have to teach the subject, parents can interact with their children in other ways to complete assignments. A one-year study was conducted to examine the effects of TIPS among sixth and eighth graders from two predominately African-American middle schools in Baltimore, Maryland. A large percentage of the students had very low writing skills and the schools' achievement scores were among the lowest in the city. Findings from the evaluation showed an increase in students' writing scores as well as improvement in other report-card grades for language-arts. There was also a higher positive attitude towards TIPS from students with lower grades. Thus, the program may help students put more effort in school even if their initial interest in school was low.

For more information, see:

Epstein, J.L., Simon, B.S., & Salinas, K.C. (1997). *Involving Parents in Homework in the Middle Grades*. Baltimore, MD: Johns Hopkins University. <http://www.pdkintl.org/edres/resbul18.htm>

Contact information:

Joyce Epstein, Director, Partnership-2000 Schools Center on Families, Communities, Schools & Children, 3003 North Charles St., Suite 200, Baltimore, MD 21218

- j. *Home Instruction Program for Preschool Youngsters (HIPPY)*: HIPPY is a free two-year program that uses home visits to help organize lesson plans and activities to be implemented by poor and immigrant mothers of children ages 4-5. The program emphasizes language, sensory and perceptual discrimination, and problem solving. The HIPPY program studied in the evaluation is based in New York and associated with the school districts' Early Childhood Center. In order to test the success of the program, two cohorts were formed and no significant differences existed between the program and control groups in either cohort at baseline. Results showed significant differences in only one cohort. Children in the program within the first cohort showed greater improvement in reading, math, and classroom adaptation compared to the control group. However, because this was not found in the second cohort, the final results are inconclusive.

For more information, see:

Baker, A.J.L., Piotrkowski, C.S. & Brooks-Gunn, J. (1998). The Effects of the Home Instruction Program for Preschool Youngsters (HIPPY) on children's school performance at the end of the program and one year later. *Early Childhood Research Quarterly*, 13(4), 571-588.

Contact information:

Dr. Miriam Westheimer, Director, HIPPY International, tel/fax: (718) 549-1993, mwestheimer@hotmail.com

2. Adult Education/Family Literacy

- a. *Family Literacy Research Summary (including Even Start)*: The National Center on Family Literacy reports the following. "Integrated family literacy programming is more effective than traditional approaches to adult education, early childhood education, or stand-alone parent programs for our most vulnerable adults and children. From the beginning of the Kenan program in 1989, NCFL has utilized standardized and teacher-made tests, case studies, anecdotal records, parent surveys and interviews, and staff observations to evaluate all aspects of the program. The early findings indicated that both adults and their children made important gains as a result of attending family literacy programs:
- Parents who made a commitment to attend regularly made significant improvements in academic performance, in their relationships with their children and with other adults, and in their view of themselves. Even though the average reading and math scores were between the 6th and 7th grade level, 30% of adult students either received GED certification during the program year, passed parts of the exam, or had scheduled the exam at the end of the program year.
 - By the end of the program year, more than 90% of formerly "at-risk" children were judged by their teacher as ready for entry into kindergarten with no expected academic or social difficulties. These children demonstrated significant growth in behavior, use of language, and development of pre-academic skills. *Breaking the Cycle of Illiteracy: The Kenan Family Literacy Model Program* (NCFL, 1989).

The Kenan model was expanded nationally in 1991 with the Toyota Families for Learning Program (TFLP). The findings produced from 15 cities (sample size: n = 500) demonstrated the need to approach these problems from the comprehensive family perspective of the Kenan model:

- Adults participating in family literacy programs showed greater gains in literacy than adults in adult-focused programs.
- Participants in family literacy programs were less likely to drop out of the program than were participants in adult focused programs.
- Children participating in family literacy programs demonstrated greater gains than children in child-focused programs.
- More educationally supportive home environments were reported by parents in family literacy programs than when they entered the program. *The Power of Family Literacy* (NCFL, 1996).

Parental involvement is perhaps the most important indicator of the success of family literacy programs. Ideally, adults and children both improve in literacy ability, and lifestyle changes should be occurring in parent/child interactions so that learning gains can be maintained and extended independently by families. Mikulecky and Lloyd, in a study of NCFL programs in Atlanta, Rochester, Fort Wayne, Nashville, and Richmond (n = 133) demonstrated through comparisons made at time of entry and time of exit that:

- 1) Parents provided a wider range of reading and writing materials at home for their children: Parents took their children to the library twice as often, about every 3 weeks. Parents bought or borrowed books for their children 40% more often, every one to two weeks.
 - 2) Parents engaged in a wider range of reading and writing activities with their children at home, drawing and writing with their children and using educational materials and games: Parents read or looked at books with their children 40% more often, almost every day. Children asked parents to read to them 20% more often, almost every day. Children's book and magazine reading increased by nearly 40%, to more than once a day.
 - 3) Parent-child talk about manners and hygiene involved more explaining and less direct instruction.
 - 4) Parents and children played together with toys or games about 30% more often.
 - 5) Parents displayed children's drawings and writings at home 20% more often, every 4 to 5 days.
 - 6) Children saw their parents engage in a wider range of reading and writing activities at home.
- 7) Parents became increasingly aware that children can learn through play and do not need to be taught or controlled by adults.
>Parents thought that children learned to read and write well in school because their parents spent quality time with them rather than because of the child's ability or effort. Parents believed taking

children to the library or educational programs would help children learn to read and write better. Mikulecky and Lloyd. (1995). *Evaluating Parent/Child Interactions in Family Literacy Programs*.

The NCFL Parent Survey shows practically and statistically significant gains ($p < .003$, $n = 1100$) in the frequency that parents: (a) talk to their school-age children's teacher, (b) talk to their children about their day, (c) read or look at books with children, (d) are seen reading or writing by their children, (e) take their children to the library, (f) volunteer at school help children with homework, and (g) attend school activities (analysis of NCFL primary database, 1997)

In NCFL's first follow-up study, 53 adults & 98 children were evaluated after leaving the Kenan program:

- One year after leaving the program, 66% of adults were either enrolled or had definite plans for enrolling in some form of higher or continuing education program or were employed.
- 35% were employed, while fewer than 10% were employed at the time they enrolled in the program.
- After two years, none of the children had been held back in school.
- Over three-fourths of these children were rated by their current kindergarten or grade-school teacher as average or above average on academic performance, motivation to learn, support from parents, relations with other students, attendance, classroom behavior, self confidence, and probable success in school. *Follow-up Study of Impact of the Kenan Trust Model for Family Literacy* (NCFL, 1991).

In follow-up studies of 200 representative families in four states (KY, NC, HI, and NY) one to six years after attending family literacy programs, NCFL has documented these enduring effects:

- 51% of the adult students have received a high school equivalency certificate;
- 43% are employed, compared to 14% before enrolling;
- 13% have enrolled in higher education or training programs and another 11% are continuing in Adult Education programs working toward GED certification;
- Dependence on public assistance has been reduced by 50%
- The present primary teachers rate almost 80% of former family literacy children at or above the class average on such factors as attendance, classroom behavior, relations with other children, motivation to learn, family support for education, and probability of success in school.

A follow-up study ($n = 23$) of former family literacy children in Rochester, NY showed that while only 11% scored above the 20th and none scored above the 50th percentile rank on the PPVT as 3 and 4-year-olds in the family literacy program, 87% scored above the 20th percentile rank and 39% scored above the 50th percentile rank on a standardized reading test (CAT) as first and second graders. (Analysis of NCFL follow-up database, 1996).

NCFL documented the results of high quality, federally-funded Even Start programs to show what can be

expected of programs when implemented according to the Even Start mandate. Data was collected from 30 sites across the country in 1997. Adults made significant changes in their lives:

- 54% seeking educational credentials received the GED or its equivalent.
- 45% of those on public assistance reduced the amount received or ceased to receive aid altogether.
- 40% were enrolled in some higher education or training program.
- 50% of those not currently enrolled in an education or training program are employed.

The percentage of children in the Even Start program rated "average or above" by their current classroom teacher (grades K-5): (a) 67% on overall academic performance, (b) 78% on motivation to

learn, (c) 83% on support from parents, (d) 89% on relations with other students, (e) 91% on attendance, (f) 84% on classroom behavior, (g) 73% on self-confidence, (h) 75% on probable success in school, (i) 80% on all factors by their teachers, and (j) 90% showed satisfactory grades in reading, language and mathematics (*Even Start: An Effective Literacy Program Helps Families Grow Toward Independence*, NCFL, 1997).

For more information, see:

National Center for Family Literacy website: www.familit.org.

- b. *Family Intergenerational-Interaction Literacy Model (FILM)*: Works with all family members to improve basic literacy, employment, and parenting skills in order to increase the educational level of disadvantaged preschool children and their families. Provides literacy services and parenting/life skills education to parents and early childhood education to children. Post-test outcome data indicate that: (1) FILM compares favorably with other adult education programs in promoting academic achievement and GED acquisition; (2) FILM preschoolers scored higher on school readiness indicators than a comparison group; (3) FILM preschool graduates were ranked by teachers as higher in academic performance and social skills than their peers; and, (4) Improved teacher reports of parent involvement in their children's education.

Contact information:

Dean Hiser, Orange County Department of Education, 200 Kalmus Drive, P.O. Box 9050, Costa Mesa, CA 92628-9050; Phone: (714) 966-4000; Fax: (714) 662-3570; www.ed.gov/pubs/EPTW/eptw11/eptw11a.html.

- c. *Mother-Child Home Program (MCHP) of the Verbal Interaction Project, Inc.*: A non-didactic, home-based program to prevent educational disadvantage in two- to four-year old children of parents with low income and limited education, and to foster parents' literacy and self-esteem, by enhancing parent-child verbal interaction. Guided by the theory that cognitive and social-emotional growth results from the playful exchange between parent and child, "Toy Demonstrators" model for the parent a curriculum of verbal and other positive interaction with their children. Specific outcomes include: (1) Children at risk for educational disadvantage at age two were no longer so after two years of the program, and (2) Program graduates met national achievement test norms in elementary school and graduated from high school at a normal rate.

Contact information:

Dr. Phyllis Levenstein, Director, National Center for Mother-Child Home Program, 3268 Island Road, Wantagh, NY 11793. (516) 785-7077. (Affiliated with the State University of New York at Stony Brook.)

- d. *Parents as Teachers*: An early parenting program that provides comprehensive services to families from the third trimester of pregnancy until the children are three years of age. Aimed at helping parents give their children a solid foundation for school success and at forming a closer working relationship between home and school. Services include regularly scheduled personal visits in the home, parent group meetings, periodic screening and monitoring of educational and sensory development, and access to a parent resource center. Outcomes indicate: (1) Children of parents in the program score significantly higher at age three on the Kaufman Assessment Battery for Children and the Zimmerman Preschool Language Scale than the comparison and nationally normed groups; (b) Children of parents in the program score significantly higher at the end of grade one on standardized tests of reading and mathematics than the comparison and nationally normed groups; (c) Parents in the program for three years demonstrate significantly more knowledge and child-rearing practices, are more likely to regard their school district as responsive to a child's needs, and are more likely to have children's hearing professionally tested than the comparison parents; and, (d) Parents who were in the program were found to be significantly more involved in their children's school experience at the end of grade one than were comparison group parents.

Contact information:

Mildred Winter, Director, Parents as Teachers National Center, Inc., 2228 Ball Drive, St. Louis, MO 63146; Phone: (314) 432-4330 or Sharon Rhodes, Program Development, Director.
www.ed.gov/pubs/EPTW/eptw11/eptw11h.html www.ed.gov/pubs/EPTW/eptw11/eptw11h.html

- e. *Project Early Access to Success in Education (EASE)*: Project EASE was designed to increase children's literacy skills through parent involvement in joined activities. Parent training consists of five one-month sessions, each focusing on a different theme. Each month, a selection of structured activities is sent for the parents to do use with their children. The activities are designed to engage the children in discussions focused on specific literacy skills based on a particular book. A study was conducted over a one-year period in order to evaluate the effectiveness of the program. The study was done in a district with a middle-income, European-American population, however, the schools in the study had the highest rate of low-income families in the district. Findings showed that families that engaged in at-school and at-home activities made the greatest gains in language scores. The amount of improvement was better among participants who completed a larger number of activities compared to others. Additionally, students with initially low language skills or literacy support showed the most gains.

For more information, see:

Jordan, G.E., Snow, C.E. & Porche, M.V. (2000). Project EASE: The effect of a family literacy project on kindergarten students' early literacy skills. *Reading Research Quarterly*, 35(4), 524-546.

Contact information:

Gail E. Jordan, Associate Professor, Department of Education, Literacy and Educational Psychology, Bethel College, 3900 Bethel Drive, St. Paul, MN 55112-6999, (651) 638-6400, gail-jordan@bethel.edu

3. Mobilizing the Home to address Students' Basic Needs

- a. *Child Development Project (CDP)*: A multi-year, comprehensive school-change program that aims to help elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program involves parent involvement activities, staff training, school-wide community building activities, and a cross-grade buddy program. Program outcomes include an 11% drop in alcohol use (compared to a 2% increase in comparison schools); a 2% drop in marijuana use (compared to a 2% increase in comparison schools); an 8% drop in cigarette use (compared to a 3% decline in comparison schools); increase in pro-social behaviors among students in grades K-4; and decreased delinquency in schools with the highest level of implementation.

For more information, see:

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

Contact information:

Sylvia Kendzior, Developmental Studies Center, 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270.

- b. *Families and Schools Together (FAST)*: A collaborative, multi-family program that aims to prevent school failure, enhance family functioning, prevent familial substance abuse, and reduce stress. FAST targets children (ages 4 to 9) who have high rates of aggression, noncompliance, and behavior problems. The program seeks to empower parents to be their own child's primary prevention agent, and involves 2 years of multiple family meetings that are designed to increase social bonds of the at-risk child. Pre-post program comparisons indicate the following mental health gains: (1) Increased child attention spans and self-esteem; (2) Decreased child problem behaviors; (3) Stronger parent-child relationships; (4) Increased parental school involvement; (5) Enhanced overall family functioning; (6) Greater family networking; (7) Greater family comfort level in dealings with school/community. Three-year follow-up showed: (1) 16% of parents went into alcohol treatment; (2) 27% went into counseling; (3) 40% went on to further education; (4) 16% obtained full-time jobs; (5) 32% became involved in Parent Teacher Organizations; (6) 35% became more involved in community centers.

For more information, see:

McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January, 1991). Families and Schools Together: An innovative substance abuse prevention program. *Social Work in Education: A Journal of Social Workers in School, 13* (2): 118-128.

Contact information:

FAST: Families and Schools Together, Family Service America, 11700 West Lake Park Drive, Milwaukee, WI 53224-3099; (800) 221-3726. <http://www.acf.dhhs.gov/programs/opre/fastr.htm>

- c. *Seattle Social Development Project*: A universal, multidimensional intervention that aims to decrease juveniles' problem behaviors by working with parents, teachers, and children. It intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The Project's success lies in its combination of parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. Parents receive family management training that helps parents to monitor children, provide appropriate and consistent discipline, improve communication between themselves, teachers, and students, help their children develop reading and math skills, and create family positions on drugs and encourage children's resistance skills. Evaluations show improved school performance, family relationships, and student drug/alcohol involvement at various grades. Please see detailed review of this program in Section D.4.

For more information, see:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent Psychiatry*, 30, 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.

Contact information:

J. David Hawkins, Social Development Research Group (SDRG), University of Washington – School of Social Work, 9725 3rd Avenue, Suite 406, Seattle, WA 98115, (206) 286-1997, E-mail: sdrgrg@u.washington.edu, URL: www.depts.washington.edu/sdrg

- d. *Project ACHIEVE*: A school wide prevention and early intervention program, that targets students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program has reduced aggression and violence in Project ACHIEVE schools. Disciplinary referrals decreased by 67%, Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for at-risk students for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Grade retention, achievement test scores, and academic performance have improved similarly, and, during the past four years, no student has been placed in the county's alternative education program. The project's success has led to the adoption of the Project ACHIEVE model in over 20 additional sites across the United States.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review*, 24, 579-603.

Knoff, H.M. & Batsche, G. M. Project ACHIEVE: A collaborative, school-based school reform process improving the academic and social progress of at-risk and underachieving students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students*. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research..

- e. *Early Intervention for School Success (EISS)*: Provides teachers, support staff, and parents with basic knowledge of child growth/development and basic strategies for the kindergarten classroom. There are 4 training components: organization and planning, assessment, strategies, and curriculum. Outcomes for kindergarten students after 1 year include: (1) EISS students scored significantly better in receptive language, visual motor integration and achievement than comparison groups; (2) they showed fewer grade retentions than comparison groups; and, (3) In a follow-up of a comparison study of at-risk (first quartile) students, EISS students maintained reading score gains through grade three testing.

Contact information:

Dean Hiser, Orange County Department of Education, 2000 Kalmus Drive, P.O. Box 9050, Costa Mesa, CA 92628-9050; Phone: (714) 966-4145; Fax: (714) 966-4124; www.ed.gov/pubs/EPTW/eptw11/eptw11a.html.

- f. *Effective Black Parenting Program (EBPP)*: Aims to foster family communication and combat juvenile delinquency, substance abuse, and other negative outcomes. It is a cognitive-behavioral program specifically created for African-American parents that seeks to foster effective family communication, healthy identity, extended family values, child growth and development, self-esteem. Black educators and mental health professionals teach basic child management skill using culturally appropriate methods;

interactive groups address topics such as discipline, pride, coping with racism. Pre-post changes were compared with 109 treatment and 64 control families. Outcomes include a significant reduction of parental rejection, and improvements in family quality, reductions in rejection and problem behaviors.

Contact information:

Kerby T. Alvy, Ph.D., Executive Director, Center for the Improvement of Child Caring, 11331 Ventura Boulevard, Suite 103, Studio City, CA 91604-3147; Tel: (800) 325-CICC/ (818) 980-0903.

- g. *Enriching a Child's Literacy Environment (ECLE)*: A program of classroom and home instruction for teaching parents, teachers, and other care providers to develop oral language, thinking abilities, and motor skills in young children (ages 6 months to 3 years). Targeted areas include children's large and small muscle coordination, oral language through sensory stimulation, print and number awareness, appreciation of literature, sensitivity to music and rhythm, and basic concepts. Outcomes on Pre/Post Treatment measures comparisons: (1) Statistically significant gains among ECLE children over a comparison group on both the Mental Development Index (MDI) and the Psychomotor Development Index (PDI) of the Bayley Scales of Infant Development; (b) On average, for every one month in the program, ECLE children showed more than two months of growth relative to the normative group.

Contact information:

Dr. Ethna Reid, Reid Foundation, 3310 South 2700 East, Salt Lake City, Utah 84109; Phone: (801) 486-5083; Fax: (801) 485-0561; www.ed.gov/pubs/EPTW/epw11/epw11b.html.

- h. *Perry Preschool Program* : Provides high-quality early childhood education to disadvantaged children (ages 3 and 4) and their families in order to improve their later school and life performance. The intervention combats the relationship between childhood poverty and school failure by promoting young children's intellectual, social, and physical development. The intervention includes weekly home visitation by teachers, and includes a developmentally appropriate curriculum, small classrooms, frequent parental communication, and sensitivity to noneducational needs of disadvantaged children and their families. Fifteen-year follow-up indicated that, compared to controls, Perry children showed less delinquency (including fewer arrests, and less gang fights and police contact) at age 19. By age 15, Perry children showed less antisocial behavior and higher academic achievement, including higher scores on standardized tests of intellectual ability and higher high school grades. Finally, by age 19, Perry children showed less school dropouts (33% vs. 51%).

For more information, see:

Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., Weikart, D. P. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19*. Ypsilanti, MI: High/Scope Press.

Epstein, Ann S. (1993). *Training for Quality: Improving Early Childhood Programs through Systematic Inservice Training*. Ypsilanti, MI: The High/Scope Press.

Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27*. Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

Contact information:

David Weikart, High Scope Educational Research Foundation, 600 N River Street, Ypsilanti, MI 48198-2898, Ph (313) 485-2000/ fax (313) 485-0704, email: info@highscope.org, URL: www.highscope.org/research/perryproject/perrymain.htm.

For evaluation information, contact:

Lawrence J. Schweinhart, PhD, Chair, Research Division, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-2000 / fax: (313) 485-0704.

- i. *Family Advocacy Network (FAN Club)*: Directly involves parents of youth (ages 13 to 15) participating in Boys & Girls Clubs of America's SMART Moves program. The FAN Club strengthens families and promotes family bonding, thereby increasing the resistance of youth to drug use. The program can be implemented in community-based youth organizations, recreation centers, and schools in collaboration with a local Boys & Girls Club. FAN Club provides basic support to help families deal with stress and to encourage family activities; regularly scheduled group social activities; educational activities; and parental leadership activities. Outcome data indicate a statistically significant ($p < .05$) decrease in

substance use over time relative to comparison schools, as well as greater ability to refuse substances and increased knowledge of health consequences of substance use.

Contact information:

Tena L. St. Pierre, Ph.D., The Pennsylvania State University, Institute for Policy Research and Evaluation, N253 Burrowes Building, University Park, PA 16802 (814) 865-9561/ fx (814) 865-3098, In collaboration with Boys & Girls Clubs of America; Ms Mylo Carbia-Puig, 1230 West Peachtree Street, NW, Atlanta, GA 30309, Ph (404) 487-5700; E-mail: info@bgca.org; web: www.bgca.org.

- j. *Los Ninos Bien Educados*: Targets newly immigrated Latino parents and kindergarten children to enable parents to assist children with the challenges of growing up in the U.S. Provides a wide range of basic child-rearing skills, along with skills compatible with Latino culture. The initial field testing of the program in the 1980's indicated that participating parents perceived their relationships with their children as being either better or much better, whereas parents who did not attend the classes saw their relationships with their children as being the same or getting worse over a compatible time period. Children's behavior improvements were reported by parents and confirmed by teachers' reports.

Contact information:

Kirby T. Alvy, Ph.D., Executive Director, Center for the Improvement of Child Caring, 11331 Ventura Boulevard, Suite 103, Studio City, CA 91604-3147; Tel (800) 325-CICC/ fx (818) 753-1054, URL: www.ciccparenting/prg/cicc_inbe_1113.asp.

- k. *Project P.I.A.G.E.T. (Promoting intellectual Adaptation Given Experiential Transforming)*: A program to develop English language and cognitive competencies in bilingual preschool children whose native language is Spanish using a school-home setting. There are three components: (1) Classrooms taught by one bilingual teacher and one aide trained in Piagetian-derived teaching strategies; (2) Aide helps Limited English Proficient (LEP) parents develop educational home program; and, (3) Academic assessment of children and parents' skills. Outcomes include: (1) Limited English Speaking children in Project P.I.A.G.E.T. for one year achieve significantly higher gains than a comparison group on tests of receptive language and reading readiness; and, (2) P.I.A.G.E.T. children achieve greater than the norm in NCEs in English language reading, language, and mathematics by fourth grade, and these gains are sustained through grade 6.

Contact information:

Iris Cintron, Bethlehem Area School District, 1516 Sycamore Street, Bethlehem, PA 18017; Phone: (215) 861-0500 or Dr. Thomas Yawkey, Department of Curriculum and Instruction, 159 Chambers Building, The Pennsylvania State University, University Park, PA 16802; Phone: (814) 863-2937. www.ed.gov/pubs/EPTW/eptw11/eptw11i.html.

- l. *First Step to Success*: The goal of this program is early prevention for at-risk kindergartners who show early signs of antisocial behavior (e.g., aggressive, oppositional-defiant, severe tantrums, victimizing others). Through universal screening of all kindergartners, school intervention, and parent/caregiver training, the program hopes to divert the children from the pathway to problematic behaviors. In one study post-test results for children in the program showed significant improvements on four measures as compared with the control group. Children in the program significantly improved on adaptive behaviors, reduced maladaptive behaviors, and reduced aggressive behaviors according to teacher reports. Time spent engaged with academics also increased for students in the program.

For more information see:

Walker, H.M., Kavanaugh, K., Stiller, B., Golly, A., Severson, H.H., & Feil, E. (1998). First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

Contact information:

Jeff Sprague & Hill Walker, Co-Directors, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403, Phone: (541) 346-3591.

- m. *Parent-Teacher Intervention Project (P-TIP)*: Involves providing consultation services to parents

and teachers of Head Start children who are experiencing either social withdrawal or conduct problems. Treatment consists of a comprehensive video-based program for parents and teachers that cover: play, praise and rewards, effective limit setting, and handling misbehavior. Results of the first two years of the project indicated that parents rated the experimental children's social skills as having increased from pretest to posttest, although there was not a significant difference compared to the control children. Moreover, parents rated the experimental and control children's problem behaviors as having decreased, but there was no significant difference between the groups. Finally, parents and teachers indicated that treatment acceptability and effectiveness of treatment was rated very highly.

For more information, see:

http://www.wcer.wisc.edu/projects/project.asp?project_num=2212&subnum=0&catID=13.

- n. *Preventive Treatment Program*: The program is designed to prevent antisocial behavior of boys who display early, problem behavior. The Preventive Treatment Program combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. The training utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills. Program evaluations have demonstrated both short and long-term gains. At age 12, three years after the intervention: treated boys were less likely to report the following offenses: trespassing, taking objects worth less than \$10, taking objects worth more than \$10, and stealing bicycles. Treated boys were rated by teachers as fighting less than untreated boys. 29% of the treated boys were rated as well-adjusted in school, compared to 19% of the untreated boys. 22% of the treated boys, compared to 44% of the untreated boys, displayed less serious difficulties in school. 23.3% of the treated boys, compared to 43% of the untreated boys, were held back in school or placed in special education classes. At age 15, those receiving the intervention were less likely than untreated boys to report: gang involvement; having been drunk or taking drugs in the past 12 months; committing delinquent acts (stealing, vandalism, drug use); and having friends arrested by the police.

For more information, see:

Tremblay, Richard E., Masse, Louise, Pangani, Linda & Vitaro, Frank (1996). From childhood physical aggression to adolescent maladjustment: The Montreal Prevention Experiment. In R. D. Peters & R. J. McMahon (eds.), *Preventing childhood Disorders, Substance Abuse, and Delinquency*, Thousand Oaks: Sage Publications.

Tremblay, Richard E., Vitaro, Frank, Bertrand, Lucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset of delinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guildford Press.

Contact information:

University of Montreal, GRIP, 3050 Edouard- Montpetit, Montreal, Quebec, Canada H3T 1J7, (514) 343-6963/ fax (514) 343-6962, email: gripret@ere.umontreal.ca.

- o. *Strengthening Families Program (SFP)*: Designed to reduce family environment risk factors and improve protective factors with the ultimate goal of increasing the resiliency of youth ages 6 to 10 who are at risk for substance abuse. Intervention lasts 2 to 3 hours weekly for 14 weeks, and includes parent, child, and family skills training. Positive results were maintained at 5-year follow-up and include reductions in family conflict, improvement in family communication and organization, and reductions in youth conduct disorders, aggressiveness, and substance abuse.

For more information, see:

Aktan, B.B., Kumpfer, K.L., & Turner, C. (1996). The Safe Haven Program: Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Journal of Drugs in Society*.

Harrison, R.S. (1994). *Final Evaluation of the Utah Community Youth Activity Project*. Submitted to Utah States Division of Substance Abuse. Salt Lake City, UT: Social Research Institute, Graduate School of Social Work, University of Utah, 1994.

Contact information:

Dr. Karol Kumpfer, SFP, 21901 East South Campus Drive, Room 2142, University of Utah, Salt Lake City, UT 84112, Ph (801) 581-7718, URL: www.strengtheningfamiliesprogram.org, email: karol.kumpfer@health.utah.edu.

- p. Webster Groves Even Start Program:* Links parenting education, adult basic education, and early childhood education (ages 0 to 7) through a single site family learning center and home-based instruction. Targets families experiencing difficulties including teen pregnancy, single-parents, poverty, low literacy skill, high school drop-outs, abusive relationships, and low self esteem. Adult activities include basic education, GED studies and computer skills, parenting or life skills and pre-employability instruction. Educational activities for children are designed to develop pre-literacy skills, such as social interaction and language development. Outcomes include: (1) parents in the program showed significant increases in passing the GED and parenting knowledge skills; (2) parents in the program took more responsibility for their child's growth and development and achieved their personal goals; and, (3) Children in the program significantly increased their receptive vocabulary and were equal to other children in preschool skills when they entered kindergarten.

Contact information:

Diane Givens, Coordinator, 9153 (R) Manchester, Rock Hill, MO 63119; Phone: (314) 968-5354; Fax: (314) 963-6411. www.ed.gov/pubs/EPTW/eptw11/eptw11j.html.

- q. SAFE Children (Schools and Families Educating Children):* SAFE Children is a program aimed at 5-6 year old children from high-risk backgrounds and their families as they make the transition into elementary school. This 20 week program attempts to assist in this transition, facilitate a positive first year of school, and provide a base for a successful future. A fully randomized evaluation of the program was completed with eight inner-city Chicago schools over a 2 year period. Results showed that program children showed greater growth in academic achievement and by the follow up (two years after the intervention), were four months ahead in their reading scores than the control group. In addition, parents remained involved in their children's academic progress.

For more information, see:

Gorman-Smith, D., Tolan, P.H., Henry, D.B., Leventhal, A. (2002). Predictors of participation in a family-focused preventive intervention for substance use. *Psychology of Addictive Behaviors*, 16 (Suppl4), S55-S64

Contact Information:

Patrick Tolan, Ph.D., Director, Institute for Juvenile Research, Department of Psychiatry, The University of Illinois at Chicago, 840 South Wood Street, Chicago, IL 60612-7347, Phone: (312) 413-1893, e-mail: tolan@uic.edu

Appendix F: Community Outreach for Involvement and Support

The following are brief summaries and related information on the community outreach programs listed in Table F.



1. Mentor / Volunteer Programs

- a. *Research Review of volunteering effects on the young volunteer*: Reviews some of the best researched volunteer service programs for adolescents and addresses three major questions: (1) What do existing data tell us about the effectiveness of community volunteer service programs in positively influencing the lives of the participants? (2) What do we know about why such programs work? (3) What are the most promising directions for future research and programming efforts to pursue? The review suggests that diverse, successful volunteer programs for adolescents, along with school-based support, are related to improvements in both the academic and social arenas. Specifically, volunteering relates to reduced rates of course failure, suspension from school, school dropout, improvement in reading grades, a reduction in teen pregnancy, and improved self-concept and attitudes toward society. The conditions under which the volunteering occurs, such as number of hours and the type of volunteer work, seem in some cases to be important to these outcomes, as does the age of the student volunteer.

For more information, see:

Moore, C. & Allen, J. (1996). The effects of volunteering on the young volunteer. *Journal of Primary Prevention*, 17 (2), 231-258.

- b. *Big Brothers / Big Sisters of America*: The Nation's oldest mentoring program, it provides screening and training to volunteer mentors and carefully matches the mentors with "little brothers" and "little sisters" in need of guidance. Public / Private Ventures (P/PV) performed an 18 month experimental evaluation of eight BB/BS mentoring programs that considered social activities, academic performance, attitudes and behaviors, relationships with family and friends, self-concept, and social and cultural enrichment. The study found that mentored youth were less likely to engage in drug or alcohol use, resort to violence, or skip school. In addition, mentored youth were more likely to improve their grades and their relationships with family and friends. In addition, effectiveness of BB/BS is also indicated by the evaluation conducted by Public / Private Ventures in 1995. This \$2,000,000 evaluation of BB/BS suggests that compared to controls, participants of BB/BS were: 70% less likely to initiate drug use; one-third less likely to hit someone; skipped fewer classes and half as many days of school; felt more competent about doing schoolwork; showed modest gains in their grade point averages, with the strongest gains among the Little Sisters; and improved their relationships with both their parents and their peers.

For more information, see:

Grossman, J.B. & Garry, E.M. (1997). *Mentoring -- A Proven Delinquency Prevention Strategy*; U.S. Department of Justice - Office of Justice Program - Office of Juvenile Justice and Delinquency Prevention; <http://www.ncjrs.org/txtfiles/164834.txt>

Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.

Public/Private Ventures (1994). *Big Brothers / Big Sisters: A study of volunteer recruitment and screening*. Philadelphia: Public/Private Ventures.

Contact information: Big Brother/ Big Sister National Office, 230 N 13th Street, Philadelphia, PA 19107, Ph (215) 567-7000, URL: www.bbbsa.org.

- c. *Juvenile Mentoring Program (JUMP)*: Federal program administered by the Office of Juvenile Justice and Delinquency Prevention designed to reduce juvenile delinquency and gang participation, improve academic performance, and reduce school dropout rates. Brings together caring, responsible adults and at-risk young people in need of positive role models. A two-year evaluation suggests that strengthening the role of mentoring as a component of a youth program may pay handsome dividends in improved school performance and reduced anti-social behavior, including alcohol and other drug abuse. In fact, according to parents and teachers familiar with the program, 30% of the youth who participated in the program showed improvement in their school attendance, 30% showed academic improvement, 35% showed improvement in their general behavior, and 48% increased the frequency of appropriate interactions with peers.

For more information, see:

Grossman, J.B. & Garry, E.M. (1997). *Mentoring -- A Proven Delinquency Prevention Strategy*; U.S. Dept. of Justice, Office of Justice Program, <http://www.ncjrs.org/txtfiles/164834.txt>.

Contact information:

Demonstration Programs Division, Office of Juvenile Justice and Delinquency Prevention, Eric Stansburg, Jump Coordinator, 810 Seruth St. NW, Washington, DC 20531, Ph (202) 307-5914, URL: www.ojjdp.ncjb.org/jump, email: askjj@ncjrs.org.

- d. *Volunteers in Maryland's Schools:* Community education programs sponsored by the Maryland State Department of Education were evaluated based on questionnaires completed by school principals and program coordinators on volunteer services to schools in Maryland. Results indicate that volunteer services were widely used throughout the school system in various ways, such as assisting teachers, providing support for administrative and clerical services, and tutoring students. School programs have been impacted positively by volunteer services, including an increase in resources for instructional programs, improvement in students' behavior, and more use of school facilities after regular school hours. Volunteer services were perceived as making a significant contribution to school programs.

For more information, see:

Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Vassil, T.V., Harris, O.C. & Fandetti, D.V. (1988). The perception of public school administrators regarding community education programs sponsored by the Maryland State Department of Education. Baltimore, MD: Maryland State Department of Education.

- e. *Volunteer Projects in San Francisco*

e-1 *Project Book Your Time:* This is a volunteer immigrant literacy project in which volunteers supplemented classroom activities by reading and listening to students. Some reading tutors were 5th grade students, others were adults. Test score data, as measure by the California Test of Basic Skills, showed that students in a school where the literacy project was implemented school wide (grades K-5) achieved greater gains in reading and language arts than students in a school in which only a few teachers participated. Both schools scored higher than control schools that did not have the program. Questionnaires showed positive reactions to the program by teachers and volunteers.

e-2 *Project Interconnections II:* This volunteer program is designed to increase high school students' oral proficiency in a foreign language by using volunteer college students in conversation. An independent evaluation of the program indicates that the high school students were more confident and fluent in the foreign language at the end of the program and the college students were more likely to enter a career of foreign-language teaching.

e-3 *Project Math in Action:* Math in Action is a three-year volunteer demonstration project where volunteer college students helped teachers implement cooperative learning and the use of manipulatives in mathematics. Improvements were seen in student problem-solving performance and attitudes toward mathematics.

e-4 *Project Think/Write:* Teachers and volunteers from businesses attend workshops taught by the Bay Area Writing Project. Business volunteers then go into classrooms to help improve critical thinking and writing skills of middle and high school students as preparation for future employment. Analyses found positive impacts on students, volunteers, and teachers.

For more information, see:

Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Armstrong, P.M., Davis, P. & Northcutt, C. *Year end and final evaluation reports, Project years 1985-1986 and 1986-1987*. San Francisco School Volunteers, San Francisco Unified School District, San Francisco, California.

- f. *Senior citizen volunteers in the schools:* A grandparents' program of senior citizen volunteers was designed to provide elementary school children access to caring, supportive senior citizens and to provide opportunities for older adults to engage in meaningful activities in a school setting. Results of a program evaluation support the value of the volunteer program for both children and adults.

For more information, see:

Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Carney, J.M., Dobson, J.E. & Dobson, R.L. (1987). Using senior citizen volunteers in the schools. *Journal of Humanistic Education and Development*, 25 (3), 136-143.

- g. *Adopt-A-Grandparent Program*: Volunteer program in Miami, Florida that involves local senior citizens and Dade County Public School students. Evaluation of the 1985-1986 program year indicates that the program appeared to impact favorably on all participating students' self-concepts and at-risk students' attitudes toward the elderly. Some positive impact was noted in senior citizen participants, particularly with respects to their levels of depression, but these changes were not as consistently positive as were those noted for students.

For more information, see:

Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Dade County Public Schools. (1987). *Evaluation of Adopt-A-Grandparent Program*. Miami, FL: Dade County Public Schools.

- h. *Teen Line*: Teen-to-teen telephone counseling service that addresses the needs of troubled youth through peer counseling. Problems addressed include gang participation, use of weapons, youth arrests, AIDS, teen pregnancy, teen suicide, among others. Teen Line provides outreach, volunteer services, training programs, and statistics on service utilization. Between 1981 and 1982, the hot line serviced over 127,000 calls. In 1991 and 1992 alone, over 33,000 calls were answered. When compared to a matched, non-volunteer peer group, Teen Line volunteers' level of social concern and empathy was significantly higher.

For more information, see:

Leader, E. (1996). Teen Line: A listening post for troubled youth. IN: *Group therapy with children and adolescents*. 311-328. Paul Kymissis & David Halperin (Eds.) American Psychiatric Press, Inc.: Washington DC.

- i. *Teen Outreach Program (TOP)*: A school-based program designed for young people between the ages of 12-17 and is aimed at fostering positive youth development. In a non-threatening environment under the guidance of a caring adult, young people thrive and develop positive self-images, learn valuable life skills, and establish future goals. The Teen Outreach approach has proven to be highly effective for preventing teen pregnancy and helping young people make consistent progress in school. In a recent ten-year evaluation of the program conducted by Philliber Research Associates, TOP students, when compared with non-TOP students in a comparison sample, demonstrate: 8% lower rate of course failure; 18% lower rate of suspension; 33% lower rate of pregnancy; and 60% lower school dropout rate.

For more information, see:

Philliber, S. & Allen, J. (1992). Life options and community service: Teen Outreach program. IN: *Preventing adolescent pregnancy: Model programs and evaluations*. Brent C. Miller & Josefina J. Card (Eds.) 139-155. Sage Publications, Inc.: Newbury Park, CA.

Contact information:

Cornerstone Consulting Group, One Green Plaza, Suite 550, Houston, Texas 77271-0082, (713) 627-2322/ fx (713) 627-3006, URL: www.cornerstone.to/top/top.html.

- j. *DAYS La Familia Community Drug and Alcohol Prevention Programs*: This is a community-based alcohol, tobacco, and other drug (ATOD) prevention program that targets Hispanic families with high-risk youth from 6 to 11 years old. The program attempts to reduce identified risk factors while building on culturally relevant protective factors. During its first year, the program enrolled 219 youths and their families using existing community network and aggressive outreach. The program resulted in a 92% retention rate and over 80% attendance per session. As a result of the program, families became more willing to discuss ATOD issues openly and made positive steps toward empowerment.

For more information, see:

Hernandez, L. & Lucero, E. (1996). DAYS La Familia community Drug and Alcohol Prevention Program: Family centered model for working with inner-city Hispanic families. *Journal of Primary Prevention*, 16 (3), 255-272.

2. School-Community Partnerships

- a. *Alliance School Initiative*: This is a community-based constituency in Texas aimed at working to strengthen schools by restructuring relationships among school and community stakeholders. Partners include the Industrial Areas Foundation (IAF), the Texas Interfaith Education Fund, the Texas Education Agency, school districts, school staff, parents, and community leaders. School-community teams have developed neighborhood efforts to counter gang violence and ease racial tensions; introduced tutorial and scholarship opportunities; developed after-school and extended-day programs; and made substantive changes in the curriculum, scheduling, and assessment methods.

For more information, see:

Melville, A. & Blank, M. (1998). *Learning together: The Developing Field of School-Community Initiatives*. Washington, DC: Institute for Educational Leadership & National Center for Community Education.

- b. *Avance*: A community-based early childhood program that simultaneously focuses on two generations in an effort to motivate young children from low-income families to attend school. The program began in San Antonio in 1973 and spread to over 50 sites. "Through weekly home visits, parenting workshops, and family support centers with on-site nurseries and top-notch early childhood programs, parents who have felt overwhelmed, depressed, and powerless gain control of their lives and radically change their own and their children's prospects." The program helps parents complete their informal education, improve their English, and sometimes control their anger. Avance also helps train and place parents in jobs. Avance has won national acclaim not only for passing literacy from parent to child, but also for helping to reduce child abuse, mental health problems, and juvenile crime. In a population that had dropout rates of 70, 80, and 90%, long-term follow-up studies show that 90% of Avance children graduate from high school and half go on to college.

For more information, see:

Shames, S. (1997). *Pursuing the dream: What helps children and their families succeed*. Chicago: Coalition.

- c. *Be A Star*: A community-based after school program that began in 1992 in an area of St. Louis where gang activity, child abuse and neglect are high, large numbers of families receive AFDC, and the high school dropout is 52%. Evaluations of the 1994-95 program year indicate that compared to controls, those children (5 to 12-years old) who participated in the program showed higher levels in the following areas: family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding. (All effects were measured by the Revised Individual Protective Factors Index - RPFII).

For more information, see:

Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: (301) 443-0001.

- d. *The Jackson School*: A community-based, temporary placement behavior-modification alternative school serving 6th through 8th grades (ages 10-15 years). The school is designed to serve students whose disruptive behavior problems prevent them from functioning successfully in a regular classroom. A case study was done as part of a larger state-wide evaluation of alternative schools. The evaluation consisted of site visits, school tours, classroom observations, and interviews. The hope was to accumulate information from teachers, students, administrators, counselors, parents, and community members. Student and teacher perspectives of effectiveness were generally satisfactory. For example, The Jackson School ensures small classes; maintains students' individual attention; supports families in times of crisis (whereas alternative schools do not); and conceptualizes the student as part of a larger socio-economic system, thereby helping the student to learn to negotiate with a world of complex power dynamics.

For more information, see:

Bauman, A. (1998). Finding experts in unexpected places: Learning from those who have failed. *High School Journal*, 81 (4), 258-267.

- e. *Merritt Elementary Extended School*: A school-based project was established to create a foundation for educational progress and student success. It is based on adult collaboration and on a nurturing and developmentally sound approach to student learning. The evolution of Merritt into a community of caring and involved people is believed to have enabled it to maximize the potential of both its students and staff. The school adopts the approach of developing the whole child as well as the stakeholders.

For more information, see:

Woodruff, D., Shannon, N. & Efimba, M. (1998). Collaborating for success: Merritt elementary extended school. *Journal of Education for Students Placed at Risk*, (1), 11-22.

- f. *Beacon Schools (N.Y.)*: These schools exemplify the move toward full-service schools and community-building. They target neighborhoods in which the first step in community building is to transform schools into community centers available to adults 365 days of the year. The program has expanded to 37 sites in New York, and initiatives are underway to pursue similar models in Chicago, Little Rock, Oakland, and San Francisco. Evaluative data are just beginning to emerge. Schorr (1997) notes that at one site, P.S. 194, "Academic performance at the school has improved dramatically, rising from 580th out of 620 city elementary schools in reading achievement in 1991 to 319th three years later. Attendance also improved, and police report fewer felony arrests among neighborhood youth." These results are attributed to the combination of school reforms, the Beacon's project efforts, and other city-wide efforts to address problems.

For more information, see:

Cahill, M., Perry, J., Wright, M. & Rice, A. (1993). *A documentation report of the New York Beacons initiative*. New York: Youth Development Institute.

- g. *Young & Healthy*: A school-based health service program that is tightly linked to the community. It was developed by the Pasadena Unified School District and is comprised of volunteer doctors who are willing to provide services free of charge to uninsured children. During the first year of the program, only 600 appointments were made. By the second year, 1200 appointments were made and it was expanded to the entire school district. By its fifth year, Young & Healthy made 4800 appointments in one year and now has over 400 doctors on their referral list.

Contact information:

Pasadena Unified School District; Pasadena, CA.

- h. *Communities In Schools*: Communities In Schools, Inc. (CIS) was founded in 1977 (as Cities in Schools) to help adolescents stay in school and graduate from high school. CIS operates at school sites to coordinate agencies and businesses to deliver needed services to youth and their families. The CIS model offers a broad approach for working with youth, specifically targeting needs for a close relationship with a caring adult, a safe place to learn and grow, proper health, a marketable skill to use after graduation, and a chance to volunteer with peers and communities. A national evaluation of the program was conducted by the Urban Institute between 1991 and 1994. The study examined outcomes at 30 CIS programs across 17 communities across the country (659 students at risk for dropping out) that were selected to be representative of the 2,300 CIS sites operating at the time based on geography, urban/rural location, program size, types of services, and types of community partners. CIS students who had severe attendance problems at the start of the program had the greatest improvement in school attendance, with 70% improving within the first year. CIS students who had serious academic problems at the beginning of the program also made impressive gains. For example, among students with a GPA of 1.0 or lower, 79% improved, with an average 1.0 grade point increase within the first year.

For more information, see:

Communities in Schools. Proven and Promising Programs. Promising Practices Network on Children, Families and Communities. <http://www.promisingpractices.net/> Accessed 4/24/2004.

Rossman, S.B. and Morley, E. (1995). *The National Evaluation of Cities in Schools: Executive Summary*. Washington, DC: The Urban Institute.

Contact information:

Communities In Schools, Inc. (National Office), 277 S. Washington Street, Suite 210, Alexandria, VA 22314,

Toll Free: (800) CIS-4KIDS/ Ph:(703) 519-8999/ Fx: (703) 519-7213, E-mail: cis@cisnet.org. Website:
<http://www.cisnet.org>

3. Economic Development

- a. *Job Opportunities and Basic Skills (JOBS)*: A program that encourages recipients to seek employment through improved education and training. Recipients are those who receive Aid to Families with Dependent Children (AFDC). In a study of 158 students who had attended college in New York before the introduction of the JOBS program showed that almost 80% had been employed since graduation, and of these, almost 50% were earning over \$20,000 per annum. In addition, while 62% were receiving AFDC the year before entering college, only 17% were receiving it after graduation. Related studies conducted in five other states after introduction of the JOBS program revealed similar findings, with employment rates of 66-91% and slightly higher rates for those attending four-year colleges.

For more information, see:

Kates, E. (1996). Educational pathways out of poverty: Responding to the realities of women's lives. *American Journal of Orthopsychiatry*, 66 (4), 548-556.

Vosler, N.R. & Ozawa, M.N. (1992). A multilevel social systems practice model for working with AFDC JOBS program clients. *The Journal of Contemporary Human Services*, 18, 3-13.

- b. *Pacoima Urban Village*: A densely populated section of Pacoima, CA that includes over half of its population of over 60,000. The village is the focus of a socio-economic development strategy to help the community become financially independent and self-sufficient. There are a number of programs that the village employs to fulfill its vision. Such programs help villagers: prepare to be competitive in the workforce; find jobs (the Job Connection program); and develop strong social and community interconnections. These programs also improve the safety and appearance of each block within the village; help businesses within the village to expand and become more financially lucrative; and help new businesses develop. The village's Job Connection program, designed to match those looking for jobs with the job needs of employers, has been instrumental in helping over 130 villagers either find jobs or help them find the jobs themselves. The Job Connection program has registered over 800 villagers, and has become a focal point for villagers looking for ways to work together and help each other.

For more information, contact:

Pacoima Urban Village, 12700 Van Nuys Blvd. # 287, Pacoima, CA 91340, (818) 834-9857, Fax: (818) 834-9464.

- a. *Job Corps*: The nation's largest and most comprehensive residential education and job training program for at-risk youth, ages 16 through 24. Since 1964, the program has provided more than 1.7 million disadvantaged young people with the integrated academic, vocational, and social skills training they need to gain independence and get quality, long-term jobs or further their education. Job Corps is a public-private partnership administered by the U.S. Department of Labor. Job Corps works for the disadvantaged youth who attend the program, the communities where Job Corps centers are located, and the employers who hire Job Corps students. It also works for other individuals—like educators and school and peer counselors who may want to refer a young person to Job Corps. More than 75% of those who enroll in Job Corps become employed, obtain further training, or join the military. For young people who come from economically disadvantaged backgrounds, are high school dropouts, or read at an elementary school level, Job Corps offers an opportunity to become productive, taxpaying members of society. The longer a Job Corps student stays in the program to complete training, the greater the chance he or she has at getting a better job and a higher wage.

For more information, contact:

Job Corps: 1-800-733-JOBS (1-800-733-5627), <http://jobcorps.doleta.gov/>

- d. *Annie E. Casey Foundation's Rebuilding Communities Initiative (RCI)*: As described by the Foundation, "This, a seven-year initiative of the Annie E. Casey Foundation, is designed to provide the supports needed to help transform troubled economically disenfranchised neighborhoods into safe, supportive, and productive environments for children, youth, and their families. The Foundation works in partnership with community-based organizations on comprehensive strategies to reverse social isolation and disinvestment in low-income neighborhoods. The RCI objectives are: (1) Maximizing the capacity and impact of neighborhood resources and institutions; (2) Establishing effective neighborhood-based

human service delivery systems for children, youth and families; (3) Developing capable and effective neighborhood collaboratives to which governance authority could gradually be devolved; (4) Improving availability of affordable housing and improving the social and physical infrastructure of the neighborhoods; and (5) Increasing public and private capital investments in the neighborhoods.

Five communities were funded in 1994 as RCI sites. The lead organization for the rebuilding effort in each of the communities is the Foundation's grantee. They are:

- The Dudley Street Neighborhood Initiative (Boston, MA) for the Dudley Street Neighborhood in Roxbury, Boston.
- Germantown Settlement (Philadelphia, PA) for the Wister, Southwest Germantown, and Chew-Cheltenham neighborhoods in Germantown, Philadelphia.
- Marshall Heights Community Development Organization (Washington, D.C.) for neighborhoods in Ward 7 in Washington, D.C.
- NEWSED Community Development Corporation (Denver, CO) for the La Alma/Lincoln Park neighborhood in West Denver.
- Warren/Conner Development Coalition (Detroit, MI) for neighborhoods in the Eastside of Detroit.

Participating RCI communities are eligible for grants for three phases of the initiative. The first phase of RCI was a planning phase. The result of the twenty-one month planning process was a neighborhood consensus on a community building plan, and a framework for implementing agreed upon reforms, programs, and development projects over the course of the initiative. The second, and current, phase of the initiative is the three-year capacity building phase. The capacity building phase is intended to enable neighborhood leaders, institutions, and residents to: develop the skills and experience; build the partnerships; develop and refine the program interventions; and attract the investments needed to actualize the community transformation that they envision. The final three-year phase of the initiative will be the demonstration phase. Those organizations that are funded for this phase will refine and demonstrate exemplary neighborhood capacity in one or more of the RCI critical elements contained in their community building plans.

In all five of the local communities, our grantee has succeeded in establishing an environment where collaboration and integrated approaches to family-centered community revitalization are understood and highly valued by residents, other community organizations, local government, and others involved in the initiative. Each of the sites has completed a community-driven comprehensive community building plan and is making varying degrees of progress to develop the capacity to implement the plans. We have completed the first year of the three-year capacity building phase. A number of observations may be useful to illustrate the current progress and impact of the initiative, as well as provide insights about the nature of the community change process. At each site, a local neighborhood governance collaborative has been fully established and has given greater cohesion and an increased sense of comprehensiveness to the work of local initiatives. Each grantee has been able to establish forward moving momentum around the initiative and, as a result, is totally committed to successfully implementing the community building plan. The five communities have used this phase of the initiative to begin building and demonstrating capacity to advance their community building plans through organizational development, community research, leadership development, partnership building, and planning for improved services and development projects. They have engaged a broad cross-section of community stakeholders in these activities, thereby establishing shared ownership and a reservoir of good will. All of the lead organizations are planning for neighborhood-based human services delivery systems with full involvement of neighborhood residents, and particularly those residents who depend on the services as vital supports to reconnect with jobs and other forms of productive community life. The efforts of grantees at each site are leading to increased physical and social infrastructure improvements. In some instances, construction of new housing units are expanding the overall inventory of affordable housing. In other instances, joint efforts are underway with local government to restore and retain affordable units for lower income families through extensive rehabilitation of the existing stock. Additional resources are also being brought into the neighborhood to help young families purchase their first home. In all of the communities, social networks are being strengthened through the intensive focus on new roles in community planning for neighborhood associations, religious, youth and civic groups. The communities have been able to attract capital investments to enhance the neighborhood revitalization. In some instances, new capital investments were made in the form of increased private lending for home buying and small business development, which will, in turn, create new job opportunities for residents. At one site, a new intermediary is being created to seek out new forms of investment and additional

opportunities for strengthening the economics of the neighborhoods. Linkages with state and local governments to position the community for a role in system reforms must continue to be strengthened in all five communities. Building and strengthening relationships and capacities to take full advantage of opportunities to receive devolved functions continues to be a top priority." (February 17, 1999)
<http://www.aecf.org/initiatives/rci/rci3.htm>

Contact information:

The Annie E. Casey Foundation, 701 St. Paul St. Baltimore, MD 21202, Ph: 410-547-6600,
fax: 410-547-6624, e-mail: webmail@aecf.org, URL: www.aecf.org/rci.

ALPHABETICAL LISTING OF THE SAMPLE OF PROGRAMS

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