5. Health/Mental Health Education

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

a.1 *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, contact:

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, URL: *http*://weber.u.washington.edu/~sdrg

References:

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.

a.2. The Social Competency/Social Problem Solving Program: This program's goal is to ameliorate the stress and difficulty encountered 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.

a.3. 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. 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 1-6, 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: (a) better teacher and parent ratings of children's behavior with peers and adults, (b) better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom, (c) less parental endorsement of physical punishment for children's problem behaviors, (d) more appropriate discipline techniques and greater warmth and involvement of mothers with their children, (e) 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

a.4. Promoting Alternative Thinking Strategies (PATHS): This curriculum promotes emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. It is designed for use by educators and counselors in a multi-year, universal prevention model. The 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. Findings indicate it can 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:

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, E-mail: prevention@psu.edu, URL: www.psu.edu/dept/prevention related links - PATHS

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.

a5. *Weissberg's Social Competence Promotion Program (WSCPP)*: This social competency training program combines general skills training with domain-specific instruction and application to substance use prevention. It targets 6th and 7th 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 beneficial for both inner-city and suburban students. Those in 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.

For program information, contact:

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: These interventions seek to improve childrens 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.

4940 Eastern Ave *For project information, contact*:

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, Baltimore, MD 21224, URL: http: //www.bpp.jhu.edu

a8. Be A Star: This 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 aim was 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. It 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, in the 1994-1995 evaluation the older students (8-12-year-olds) in the experimental group scored higher than the comparisons ($p = .05$) 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: This is a school wide prevention and early intervention program that targets students who are academically and socially at risk. Students are taught social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program reports reducing aggression and violence. For example, disciplinary referrals are reported as decreasing 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 improved similarly, and, during a four year period, no student was placed in the county's alternative education program. The model has been adopted in over 20 sites across the US.

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.

a10. Preventive Intervention: This school-based intervention is to help 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 member to discuss their recent behaviors, learn the relationship between actions and their consequences, and role-play prosocial alternatives to problem behaviors. Evaluations report short- and long-term positive effects. At the end of the 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 controls, 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 5 year follow-up reports students had fewer county court records than controls.

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.

For project information, contact:

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 whodisplay early, problem behavior. It 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 report 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% (compared to 19%) were rated as well-adjusted in school; 22% (compared to 44%) displayed less serious difficulties in school, 23.3% (compared to 43%) were held back in school or placed in special education classes. At age 15, those receiving the intervention were less likely 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

Tremblay, Richard E., Vitaro, Frank, Bertrand, Llucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset odelinquency: 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.

For project information, contact:

Richard E. Tremblay, University of Montreal, School of Psycho-Education, 750, bout Gouin Est. Montreal, Quebec, Canada H2C IA6, (514) 385-2525

al2. *Primary Intervention Program (PIP):* PIP is a school-based, community-linked integrated services program for children with school adjustment problems such as shyness, aggression, or inattentiveness. It incorporates play techniques and reflective listening to help children learn better coping skills. Evaluation results indicate 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 PlP--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 CRY): This peer-group approach to building life skills is designed to reduce risk factors and enhance protective factors that are linked with adolescent problem behaviors m 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. Findings indicate that students who participated (as contrasted to controls) significantly increased GPA and attendance; made a 60% decrease in hard-drug use; stronger self-confidence; decreased acts of aggression and suicide; decreased stress, depression, and anger; made more positive, connected relationships with teachers, friends, and family The program was originally implemented and evaluated in a public high school and has been implemented in alternative and private schools.

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.

For program information, contact:

Leona L. Eggert, Ph.D., R.N., Psychosocial and Community Health Department, Box 357263, University of Washington School of Nursing, Seattle WA, 9819-7263, (206) 543-9455; To order materials, contact: Susan Dunker or Peter Brooks, National Education Service, P.O. Box 8, Bloomington, IN 47420, (800) 733-6786.

a14. First Step to Success: This early intervention program for grades K-3 takes a collaborative home and school. approach to diverting at-risk children from a path leading to adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal violence. Students who successfully complete the program are reported as showing sustained changes over time and across settings (as indicated by teacher ratings and direct observations). Changes included more adaptive behavior, less aggressive behavior and maladaptive behavior, and increases in the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies report effects persist up to 2 years beyond the end of the initial intervention period (into the first and second grades).

For more information, see:

Walker, H.M. (1998). First Steps to Success: Preventing antisocial behavior among at-risk kindergartners. Teaching Exceptional Children, 30, 16-19.

Walker, H.M., Severson, H.H., Feil, E.G., Stiller B., & Golly, A. (1997). First Step to Success. Intervening at the Point of School Entry to Prevent Antisocial Behavior Patterns. Longmont, CO: Sopris West.

For program information, contact:

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

a15. *The High/Scope Educational Research Foundation as Perry Preschool Project:* This is part of a long-term follow-up evaluation of intervention programs which targeted poor children (ages 3-4). The model emphasizes 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: committing fewer crimes; having higher earnings; and having 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, Ml: 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, Ml. High/Scope Press.

a16. I Can Problem Solve (ICES): This program is intended as both a preventive and rehabilitative program to help children in preschool to grade six, resolve interpersonal problems and prevent antisocial behavior. It uses a cognitive approach to teach children how to think. Studies indicate the behaviors most affected were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others; skills having the greatest impact were identifying alternative solutions and predicting consequences. By year five, boys and girls who received 2 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 and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical and Child Psychology.* 1979; Summer: 89-94.

For program or evaluation information, contact:

Myrna B. Shure, Ph.D., Allegheny University, Department of Clinical/Health Psychology, Broad & Vine, Mail Stop 626, Philadelphia, PA 19102-1192, (215)762-7205 / fax: (215)762-4419

a17. Community of Caring (COC): 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, l 991.

For program information, contact:

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)824-0200

a18. Student Training Through Urban Strategies (STATUS): This program is designed to help students become active, responsible members of their community. It aims to increase 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 program combats youths' anti-social behavior through two main strategies: improving school climate and implementing a year-long English/Social Studies class that focuses on key social institutions. An evaluation reports significant effects for intervention, 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.

For program information, contact:

Denise Gottfredson, Center for Social Organization of Schools, Johns Hopkins University, 3305 N Charles St., Baltimore, MD 21218, (410) 516-8808, Email: ddiggs@csos.jhu.edu web- http://scov.csos.jhu.edu.

a19. Family Skills Training Programs: In reviewing selective skills training family interventions (usually targeting high-risk families), Kumpfer (1993) notes that these multi-component interventions (including behavioral parent training, social skills training for children, behavioral family therapy, and family role plays with coaching by the trainer) tend to have a positive impact on a large number of family and youth risk and protective factors. He states: "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 are: Strengthening Families Program, 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. Office of Juvenile Justice and Delinquency Prevention. Download summary from: http://www.ncjrs.org/jjgen.htm

a20. Strengthening Families Program: This is for parents and youth (10-14) and utilizes a parent, youth and family skills-building curriculum designed to prevent substance abuse and other behavior problems, strengthen parenting skills, and build family strengths. It 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 a second hour. The curriculum is designed and used with ethnically diverse families in rural and urban settings and was tested with 442 families living in areas with a high percentage of economically-stressed families. Participants were randomly assigned; comparisons were made between participants and control families. Data have been analyzed from pretest, posttest, and one- and two-year follow-ups. Compared to the control youth, those in the program were better 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 l-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 the Strengthening Families Program website:

http://www.exnet.iastate.edu/Pages/families/sfprec.html or http://www.ncjrs.org/jjgen.htm

a21. Rotheram's Social Skills Training (RSST): This a social skills training intervention for upper elementary school youth designed to improve interpersonal problem-solving ability and increase assertiveness. It targets 4th through 6th graders who meet in groups of six, led by a 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 significantly more assertive responses directly after treatment, fewer passive and aggressive problem-solving responses directly after treatment, increases in grade-point averages one year after treatment. Teacher ratings of student conduct were also significantly higher immediately following, 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.

For program information, contact:

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

a22. Say it Straight (SIS): This youth centered communication skills training 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. Reports positive findings related to 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. 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.

a23. Children of Divorce Intervention Program: Aims at helping 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. Reports effectiveness in reducing anxiety and negative self-attributions as well as reducing school problems at a two-year follow-up.

For program information, contact:

Geri Cone, Primary Mental Health Project, 685 South Ave., Rochester, NY 14620-2290. (716) 262-2920.

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.

For program information contact:

Marc Skvirsky, Alan Stoskopf, or Margot Stern Strom, Facing History and Ourselves National Foundation, 16 Hurd Road, Brookline, MA 02146. (617)232-1595.

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.

For program information contact:

Carol Gerber Allred, President/Developer ,Positive Action Company 264 4th Ave. SouthTwin Falls, ID 83301

Ph: 208-733-1328 or 800-345-2974 Fax: 208-733-1590, E-mail: paction@micron.net Web site:

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 program information, see

http://wellesley.edu/OpenCircle/research.html

For program and evaluation information contact:

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

b. Promoting Physical Health

b1. SPARK: This 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-lead 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, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800 Washington, DC 20005. (202)371-9090.

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 program information, contact:

AGC Educational Media, 1560 Sherman Ave., Suite 100, Evanston, IL 60201. (800) 323-9084 /fax: (847) 328-6706.

For training information, contact:

CHEF (800) 323-2422; National Training Partnership at EDC (617) 969-7100; or Julie Taylor, ETR Associates (408)438-4060.

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 to reach the entire community population with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. Results reported indicate 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 friends' intolerance of use.

For more information, see:

Pentz, et al. (1989), Pentz (1995), as cited in Preventing Drug Use Among Children and Adolescents: A Research Based Guide. (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202

b4. Reconnecting Youth Program (grades 9-12): A school based prevention program. Reports results showing improved school performance, reduced drug involvement, increased self-esteem, personal control, school bonding, and social support, and decreased depression, anger and aggression, hopelessness, stress, and suicidal behaviors.

For more information, see:

Eggert, et al. (1994, 1995) as cited in Preventing Drug Use Among Children and Adolescents: A Research Based Guide. (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371 -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 l-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, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

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, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

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.

For program information, contact:
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. (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: This program uses 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. Reports that: 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 is reported as indicating 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.

For program information, contact:
Monica King, Program Coordinator, Pacific Institute, 617 North Segoe Road, Madison, WI 53705. (608) 231 -2334/ fax: (608) 231 -3211.

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): 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, l 991.

For program information, contact:
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)824-0200