



Technical Assistance Sampler

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



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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

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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>	Over several years	Children, adolescents, families	School, Community	A multifaceted community intervention that refurbished park equipment and included safety programs for a target age group found decreased risk of injuries.	None cited
> <i>National SAFE KIDS Campaign</i>	Multiple years	Students	School, Community	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
<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

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3. Curriculum Approaches to Preventing Crisis Events (Social and Personal) (cont'd)					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention (cont'd) **					
<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

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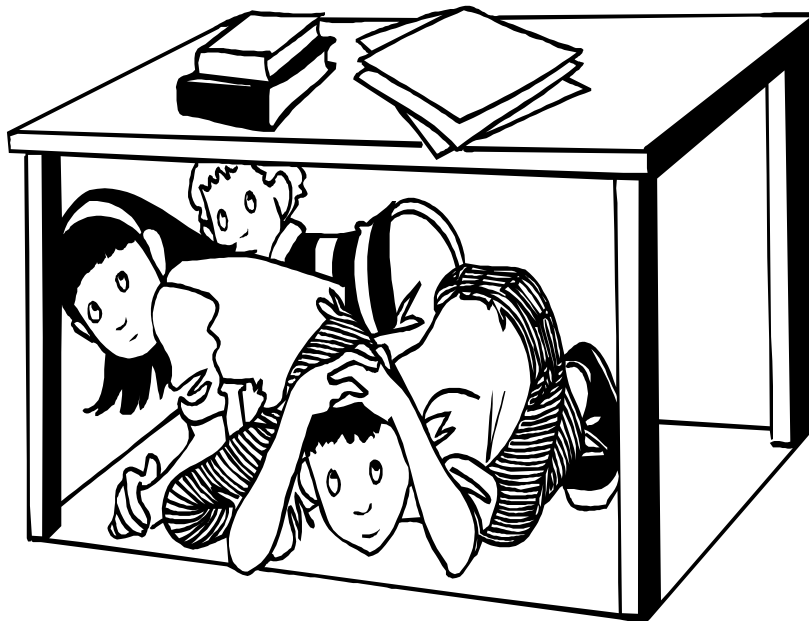
3. Curriculum Approaches to Preventing Crisis Events (Social and Personal) (cont'd)					
Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention (cont'd) **					
<i>a-10. Meditation in the Schools Program</i>	Multiple 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. 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
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
3c. Physical / Sexual Abuse Prevention					
<i>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

* 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

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*: Such a team is widely used by schools. In addition to responding when a crisis occurs, the team can conduct drills that prepare for and legitimize crisis intervention. Crisis drills prepare students to follow directives during the stress of a crisis. 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 essential information in the immediate aftermath to everyone involved and was 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. 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 reported general improvements in students' attitudes and behavior and greater use of conflict resolution tools by students. Teachers and students reported 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 reports indicate that the counselors are supportive and allowed them to develop positive coping skills. Teachers found that students provided the therapeutic opportunity were better prepared to learn after a crisis than those who had not participated in the program. .

For project information, contact:

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)*: This 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.

For project information, contact:

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. About 36% of

technology a "one" or "two" (high effectiveness) with reference to this strategy. About 16% rated it "six" or "seven" (low effectiveness). Out of six safe school strategies surveyed (including peer mediation & conflict management, S.A.V.E., law-related education, teen/student court, and having a school resource officer), implementing changes in the physical school environment and/or utilizing technology was rated as the second highest effective strategy. 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.ncsu.edu/cpsv/

- c. *Playground Safety Studies*: A multifaceted community intervention (starting in 1989) in Central Harlem and Washington Heights included 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. Results reported indicated a decrease in the risk of all injuries in the target age group (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, contact:

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*: This is a K-5 program of Heartsprings, Inc. in Tucson, AZ. It emphasizes praising others, avoiding negative comments, being aware of injustices, righting wrongs and seeking out "wise people." The program offers classroom management suggestions, particularly for handling discipline and "unruly" kids. It includes 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 from an ongoing CDC evaluation indicate 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:* This school-based social skills curriculum for preschool through junior high focuses on changing the attitudes and behaviors that contribute to violence. It 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 participants showed an overall decrease in physical aggression, and an increase in neutral/prosocial behavior, compared to the control group. Most effects persisted 6 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.

For project information, contact:

Second Step: A Violence Prevention Curriculum: Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134. (800) 634-4449, (206) 343-1223.

- a-2 Responding in Peaceful and Positive Ways (RIPP) Program:* This 25 session sixth grade curriculum focuses on social/cognitive skill-building to promote nonviolent conflict resolution and positive communication. It is taught during a 45-minute class period once a week. Participants showed significantly lower rates of fighting, bringing weapons to school, and in-school suspensions than control subjects.

For project information, contact:

Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grade 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*.

- a-3 First Step to Success:* An early intervention program for grades K-3 that takes a collaborative home and school approach to diverting at-risk children from adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal

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school in teaching children a behavior pattern that contributes to school success and the development of friendship. Children participate in a social skills curriculum, and parents are taught key skills for supporting and improving their child's school adjustment and performance. As indicated by teacher ratings and direct observations, students who successfully complete the program show sustained behavior changes in adaptive, aggressive, and maladaptive behavior, and in the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies show intervention effects persist up to two-years beyond the end of the initial intervention phase.

For more information, see:

Walker, H.M. (1998). First step to success: Preventing antisocial behavior among at-risk kindergartners. *Teaching Exceptional Children*, 30(4), 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.

Walker, H.M., Stiller, B., Severson, H.H., Kavanagh, K., Golly, A., & Feil, E.G. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 5(4).

For program information, contact:

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

- a-4 Project ACHIEVE:* A school wide prevention and early intervention program targeting students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. The program reports reduced aggression and violence in Project ACHIEVE schools. For example, reported disciplinary referrals decreased by 67%. Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals 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. Similar improvements are reported for grade retention, achievement test scores, and academic performance, and, during a four year period, no student was placed in the county's alternative education program. The model's success has led to its adoption 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.

For project information, contact:

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: This is a universal intervention for reduction and prevention of bully/victim problems. School staff have the primary responsibility for introducing and implementing the program. It targets elementary, middle, and junior high schools, with all students participating in most aspects. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. The program finds a substantial reduction in boys' and girls' reports of bullying and victimization and of general antisocial behavior such as vandalism, fighting, theft and truancy. They also note significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and more positive attitudes toward schoolwork and school.

For more information, contact:

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 indicate that the projects may reduce 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, it is stressed that 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 PeaceBuilders: This is a school-wide violence prevention program for elementary schools (K-5). It focuses on reducing students' hostility and aggression by changing the school climate and promoting prosocial behavior. The intervention 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 it was introduced, 120 children were suspended and about 30 were arrested for crimes in a participating community. Two years into the program, the number of suspensions dropped to five, and there were no arrests for community crimes. One school 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 15258, Tuscon, AZ 85732, (520) 322-9977.

Appendix D: Crisis Response and Prevention

a-8 Positive Adolescent Choices Training (PACT): This is designed to reduce the chances that African-American and other at-risk youth will be 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.

For program information, contact:

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): This 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.

For project information, contact:

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: This is designed to promote positive resolution of conflict in schools. It 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 data indicate that the program seemed to be “owned” by the students, and participants were described as being more in control and empowered, as well as exhibiting higher self-esteem. Coordinators and administrators reported decreased levels of violence. 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.

For program information, contact:

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.quest.edu/business/quest/wtp.htm>

For program information contact:

Program Representative at 800/446-2700

a-12 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);

For program information and resources, contact:

The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building,
Central Michigan University, Mt. Pleasant, MI 48859 Ph: 800/214-8961 email: emc@cmich.edu
web: <http://www.emc.cmich.edu/>

3-b Suicide Prevention

- b-1 Project 1:* This project reported 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 reports significant reductions in suicides among treated boys, as measured by the culturally adapted Israeli Index of Potential Suicide (IIPS). Effects for girls did not reach the level of significance.

For more information, contact:

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:* This project was evaluated in a randomized trial examining 393 students (including some conduct disordered students). It reported a significant reduction in suicides, in this case among 11th grade students from 6 high schools in Israel. Across all schools, the authors report significant effects on suicidal tendencies, coping skills, and ego identity.

For more information, contact:

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.

- 3-c Physical/Sexual Abuse Prevention:* This program is a child abuse prevention program for preschool aged to sixth-grade students. Developed in 1984 in Georgia, the goal is to prevent child abuse and reduce the trauma associated with it. The curriculum includes age-appropriate information and strategies to limit emotional and sexual abuse. Modifications have been made for to accommodate developmental delay. Results from a small sample suggest that children as young as kindergarten age can learn knowledge and skills designed to prevent 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)549-0541