2. School-Linked Projects & Services

2-a Health and Human Services and Therapies

a-1 New Jersey's School-Based Youth Services Program (SBYSP): This initiative created partnerships between schools and community agencies to provide students with services and support. It reaches 15,000 youth annually at 48 sites located primarily at high schools. Every site provides crisis intervention, health and employment services, and recreational activities. Five core areas are addressed in the activities and services: recreation, health, mental health, employment counseling and preparation, and substance abuse treatment and prevention. Users, as contrasted with nonusers, are reported as showing greater improvement from baseline to follow-up in average daily attendance, grade point average, being sent to the office for discipline, multiple suspensions, and use of tobacco and alcohol. Also the greater a student's use of the program, the greater the improvement (or the smaller the decline) in several outcome areas. Program users showed improvement (or smaller declines) in hitting others with the intention of hurting, becoming sexually active, drinking beer and wine, feeling positive emotions, feeling too tired to do things, and expressing positive self-efficacy. A two-year period at one site, the *Plainfield Teen Parenting Program*, showed 84% of the program's mothers graduated from high school compared to 41% of non-program mothers. The study also found 11% of participants had another child after entering the program compared with 33% of the nonparticipant mothers.

For more information, see:
Warren, C. (1999). *Lessons from the Evaluation of New Jersey's School-Based Youth Services Program*. Prepared for the National Invitational Conference on Improving Results for Children and Families by Connecting Collaborative Services with School Reform Efforts.

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

For more information, contact:
Roberta Knowlton, New Jersey School-Based Youth Services program - Capital Place One, 222 S. Warren St. P.O. Box 700, Trenton, NJ 08625.

a-2 High/Scope Perry Preschool Project: This project serves as a community center as well as a school for children between the ages of 2-5 years who live in poverty and are at high risk of school failure. It has been expanded to elementary schools. Findings indicate that 35% of the control group had been arrested five or more times by age 27 and 25% at least once for drug dealing -- compared with 7 percent of those in the program in both categories. Out of wedlock births were high in both groups but far fewer in the program group, 57% vs. 83%, respectively. Seventy-one percent of the program group completed 12 or more years of school compared with 54% of the controls. Significantly more females in the program completed high school compared to control females (84% vs. 35%). Twenty-nine percent of the program group, compared with 7% of controls, earned at least $2,000 a month. Eighty-percent of the controls received welfare as an adult, compared with 59% of the program group.

For more information, see:
Henderson, A.T., Berla, N. A New Generation of Evidence: The Family is Critical to Student Achievement. National Committee for Citizens in Education, 1994.

Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27.* Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

For program information, contact:
Dr. David P. Weikart, President, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-200 / fax: (313) 485-0704.

For evaluation information, contact:
Lawrence J. Schweinhart, PhD, Chair, Research Division, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-2000 / fax: (313) 485-0704.

a-3 *Ventura County (CA) Comprehensive Services*: In Ventura County, a reduction in out-of-home placements increased the percentage of children living with their families from 13% at referral to 32% after approximately one year of services. A reduction in utilization of inpatient services reduced rate of state hospitalization of youth by 58% from baseline period 1978-1980 (average census of 14) to 1992 (average census of 5.9). A reduction of length of stay in inpatient settings decreased average stay in hospital from 14.3 months in 1986 to 6.3 months in 1991 (56% decline). Due to a reduction in utilization of residential treatment center services, group home placement rate for wards per 10,000 was lowered significantly and consistently (6.0) as compared to the state as a whole (18.9). The Ventura County system of care also improved school attendance with significant gains in school attendance of youth treated at Phoenix School with students present approximately 90% of possible school days. Significant gains in school performance for youth treated at Phoenix School were found with students gaining an average of 1.6 academic years after one year in the program (242% increase in rate of academic progress over previous year).

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202)687-8635.

a-4 *Vermont's New Directions Program:* This program reduced out-of-home placements and increased the percentage of children living with their families from 13% at referral to 32% after approximately one year of services. It decreased out-of-state placements from 39 in 4/91 to 18 in 9/92 (54%). The program also reduced utilization of residential treatment center services. Improved school placement status showed an increase in fully mainstreamed children by 10% and mainstreamed with support by 7%. Also reported was a decrease of children in separate school settings by 16% from intake to 3/93 update.

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Toad, N.W., Washington, DC 20007, (202)687-8635.

a-5 *Local Interagency Services Projects in Virginia:* These projects report improved functioning of youngsters from admission to discharge based upon average increases in global functioning scores (GAF). In four separate reporting periods (1990-1991), average GAF scores increased by 3.6, 3.0, 5.4, and 7.6 points from admission to discharge. About 87% of the students were diagnosed with disruptive disorder. 41% qualify for special education. Reports indicate increased percent of children attending school from time of admission to discharge and reduced suspensions, expulsions and dropping out.

For more information, see:
Beth A. Stroul, M.Ed., September 1993. *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center (202)687-8635. Georgetown University Child Development Center 3800 Reservoir Road, N.W., Washington, DC 20007

a-6 *Barry-Gratigny School-Linked Services Program*: A field unit of social workers collaborated with the school's full-services personnel to develop an intensive home-based family outreach and treatment unit. They worked with new immigrants and students whose families could not be reached by the school. Qualitative results report the value of these personnel as mediators between home and school and the effect of culture and immigration on attachment to school. Results showed a significant increase in attendance and language arts grades.

For more information, see:
Bronstein, L.R. & Kelly T.B. 1998. A Multidimensional Approach to Evaluating School-Linked Services: A School of Social Work and County Public School Partnership. in *Social Work in Education*, Vol. 20, No. 3. July 1998.

For program information, contact:
Laura Bronstein, and Timothy Kelly, School of Social Work, Barry University,Shores 11300 NE 2nd Ave, Miami, FL 3161. E-mail: bronstein@bu4090.barry.edu.

a-7 The Decker Family Development Center (DFDC): This center is designed to provide holistic "one-stop" medical, educational, and social support services to low-income residents. The goals are to help parents become more involved in helping their children reach developmental potential and ensure they stay in school. Services provided include child care, health care, and employment services. Reports that 28% of participants have left because of success, and of the remaining 72%, 37% are improving in at least one domain of functionality.

For more information, see:
Ahern, M.F., Baker, T., DeGeorge, V., et al. *Decker Family Development Center: FY Program Evaluation*. Barberton,Ohio. Decker Family Development Center, 1995.

For program information, contact:
Mary Frances Ahern, Director, Decker Family Development Center, 633 Brady Ave., Barberton, OH 44203. (330)848-4264 / fax: (330)848-0884.

For evaluation information, contact:
Brian Pendleton, Ph.D. Department of Sociology, University of Akron, Akron, OH 44325-0604.

a-8 The Family Mosaic Program: An evaluation of this program reports hospital admissions decreased by 46% from the year prior to the year following enrollment for children with histories of hospitalization. Parent participation also increased -- over 90% of parents and/or family member-guardians attended a comprehensive planning meeting for their children. Nearly half of the adolescents in these programs have multiple diagnoses, the majority of students are behind educationally (ranging from 60-82%) and are performing below the appropriate grade level. Also reported is an increased percent of children with fair, good, or excellent attendance records from 60.3% to 73.4% and decreased percent with poor attendance records or not attending from 39.7% to 26.6%. An increased percent of children were judged to have fair, good, or excellent school performance from 50.9% to 70.3% and decreased percent judged to have poor performance or not attending from 49.1% to 29.7%.

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, CD 20007, (202)687-8635

a-9 The Parents and Adolescents Can Talk (PACT): This is a community-based, sexuality and communication education program for fifth- through 12th-grade students and their parents. It strives to encourage postponement of premature sexual activity by "building resiliency" using a value-oriented curriculum for youth and their parents. The evaluation reports significant increases in knowledge of sexuality and reproductive health for pre-adolescents, adolescents and parents at the post-tests, but much of the gain disappeared by the four-month follow-up measure. Increases in self-esteem measures held up for both groups of youth. Among pre-adolescents, higher knowledge and more talking with parents correlated with lower rates of sexual activity. Among adolescents there was a positive correlation between higher self-esteem and a lower incidence of intimate sexual behaviors. Parents in both groups significantly increased the amount of time they talked to their adolescent children about sexuality at the post-test.

For more information, see:
Kohl, J.B., Cate, R.M., Picton, J. Parents and Adolescents Can Talk. Project final report. Bozeman, Mont.: Montana State University, 1989.

For program information, contact:
Joye B. Kohl, Ed.D., Project Director, Parents and Adolescents Can Talk, 5727 Blackwood Rd., Bozeman, MT 59715. (406) 586-4743.

For evaluation information, contact:
Rodney M. Cate, PhD, Child and Family Studies, University of Arizona, 1600 E. University Blvd., Tucson, AZ 85721.

a-10 *Positive Adolescent Choices Training (PACT):* This is a school-based, violence-prevention program for high-risk African-American students (between the ages of 12 and 16), and is rooted in social learning and anger control theories. Participants (compared to controls) are reported as showing a 50% reduction in physical aggression at school, behavior improvement during the course of the training which was maintained beyond participation, and over 50% less overall violence -- related juvenile court charges and a lower per-person rate of offending.

For more information, see:
Hammond, W.R., Yung, B.R. Preventing violence in at-risk African-American youth. *J. Health Care for the Poor and Underserved.* 1991; 2(3):359-373.

Yung, B.R., Hammond, W.R. Breaking the cycle: a culturally sensitive violence prevention program for African American children and adolescents. In Lutzkes, J. (Ed.) *Handbook of Child Abuse Research and Treatment.* New York: Plenum Publishing, (1996).

Hammond, W.R., Yung, B.R. Psychology's role in the public health response to assaultive violence among young African-American men. *American Psychologist.* 1993;48(2):142-154.

Upshaw, W., Giles-Reynolds, V., Kawahara, N., et al. *School Safety: Promising Initiatives for Addressing School Violence.* Report to the ranking minority member, Subcommittee on Children and Families, Committee on Labor and Human Resources, U.S. Senate.

For program and evaluation information, contact:
Betty R.Yung, PhD, PACT Project Director, Wright State University, 9 N. Edwin C. Moses Blvd., Dayton, OH 45407. (513) 873-4300 / fax: (513) 873-4323. *For materials, contact:* Research Press, Dept. 204, P.O. Box 9177, Champaign, IL 61826. (217) 352-3273 / fax: (217)352-1221.

a-11 *Functional Family Therapy (FFT):* This is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. It targets youth ages 11-18 who are at-risk for/or presenting delinquency, violence, substance abuse, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. A wide range of interventionist (e.g., mental health workers, social workers, probation officers) provide a flexible delivery of services in one or two person teams to clients and their families in the home, clinic, juvenile court, and at the time of re-entry from institutional placement. Its effectiveness is seen as deriving from emphasizing factors which enhance protective factors and reduce risk. This is a phasic program with steps which build upon each other, and requires as few as 8-12 house visits, and no more than 26 hours of direct service time for the most severe problem situations. Reports from clinical trials state that FFT is capable of effectively treating adolescents with conduct disorder, oppositional defiant disorder, disruptive behavior disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent; interrupting the matriculation of these adolescents into more restrictive, higher cost services; reducing the access and penetration of other social services by these adolescents; generating positive outcomes with the entire spectrum of intervention personnel; preventing further incidence of the presenting problem; preventing younger children in the family from penetrating the system of care; preventing adolescents from penetrating the adult criminal system; and effectively transferring treatment effects across treatment systems.

For more information, see:
Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). *Blueprints for Violence Prevention, Book Three: Functional Family Therapy.* Boulder, CO: Center for the Study and Prevention of Violence.

Contact: James F. Alexander, Ph.D, Department of Psychology, University of Utah, 390 S 1530 E, Room 502, Salt Lake City, UT 84112, (801) 581-6538. Or contact: Kathleen Shafer, Project Coordinator at (801) 585-1807.

a-12 *Multidimensional Treatment Foster Care:* This is an alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. MTFC parents learn behavior management, attend weekly group meetings, and have daily telephone check-in calls. Family therapy is provided for the youth's biological family, with the

ultimate goal of returning the youth back to the home. Twelve-month follow-up indicates that, compared to controls, program youth spent 60% fewer days incarcerated, had significantly fewer arrests, ran away from their programs three times less often, had less hard drug use, and had quicker community placement.

For project information, contact:
Patricia Chamberlain, Ph.D., Clinic Director, Oregon Social Learning Center, 160 E Th Street, Eugene, OR 97401, (541) 485-2711, URL: www.oslc.org/tfc/tfcoslc.html.

a-13 Multisystemic Therapy: This is an intensive family and community based treatment that addresses multiple determinants of antisocial behavior in juvenile offenders. Its major goal is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Intervention strategies include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. Post-program outcomes indicate 25-70% reductions in long-term rates of arrest, reductions of 47-64% in out-of-home placements, family functioning improvement, and decreased mental health problems.

For project information, contact:
Scott W. Henggeler, Ph.D., Family Services Research Center
Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, 171 Ashley Avenue, Annex III, Charleston, SC 29425-0742, (843) 876-1800; Keller Strother, MST Inc., 268 West Coleman Blvd, Suite 2E, Mount Pleasant, SC 29464, (803) 856-8226 x11, E-mail: mst@sprintmail.com, URL: www.mstservices.org.

a-14 Project Taking Charge: This is a combined sexuality and vocational education program that promotes abstinence from sexual activity. There were significant differences in knowledge gain between students in the program and control classes. There were no significant changes in self-esteem and students' understanding of the complications to their educational and employment future caused by teenage pregnancy. There were also no differences between students receiving the curriculum and the controls in acceptability of adolescent sexual intercourse, behavioral intentions, improvements in communication between parents and their adolescent children. The six-month follow-up indicated that most of the knowledge gain was retained and those in the program tended to delay initiation of sexual activity more often than those in the control group, but the difference was not statistically significant.

For program information, contact:
Rosemary Bolig, Project Manager/Consultant, American Association of Family and Consumer Sciences, 1555 King Street, Alexandria, VA 22314. (800) 424-8080, (703) 706-4600 / fax: (703) 706-4663.

For evaluation information, contact:
S.R. Jorgensen, Dept. of Human Development and Family Studies, Texas Tech University, Lubbock, TX 79409.

a-15 Graduation, Reality and Dual-Role Skills Program: This is an in-school family and consumer sciences education program for pregnant and parenting adolescents, both male and female, in seventh to 12th grades. Its primary goal is to keep teens in school while they learn parenting skills and explore vocational goals. Ohio *GRADS* had a retention rate of 85% compared to retention rates of pregnant and parenting teens of 67% to 91% in other states. It was also shown that there was an increase in participants' knowledge of positive parenting practices and in participants' likelihood of delivering a healthy baby. In 1995, 79.6% of Ohio *GRADS* received prenatal care in the first trimester of pregnancy, compared to the national rate of 53.1% among pregnant teens. *GRADS* mothers gave birth to fewer low-birth weight babies than did other Ohio mothers 18 or younger who did not participate in the program (7.6% versus 10.3%). Finally, between 1994-95, only 11.9% of *GRADS* participants had a subsequent pregnancy compared to nearly 50% nationally two years postpartum.

For program information, contact:
S.G. Enright, Project Director, Family and Consumer Sciences, Ohio Dept. of Education, Division of Adult and Vocational Education, 65 South Front St., Columbus, OH 43215-4183. (614) 466-3046 /fax: (614) 644-5702.

For evaluation information, contact:
Richard Hill, William L. Hull, Principal Investigators, The Ohio State University Research Foundation, Department of Home Economics Education, 1960 Kenny Road, Columbus, OH 43210-1063. (614) 292-1993.

a-16 Projects Studying Cognitive-Behavioral Approaches in Schools:

Several studies employing cognitive-behavioral approaches (Cognitive-behavioral therapy, CBT) as a targeted intervention are highlighted here. The general focus was on the primary prevention of depression, substance use, and school adjustment among teens. The effectiveness of these techniques delivered in schools for depressed children has a cumulative base of support. However, there is an absence of studies applying CBT to other disorders, particularly anxiety disorders, in school settings. Four of the seven studies examined the efficacy of CBT for depression; the remaining 3 investigated its effects on substance use and school adjustment. Primary outcome domains targeted were symptom reduction and improvement in functioning.

- One study conducted primary prevention research of depression within the schools by systematically varying the components of CBT and the targeted population. They examined the efficacy of an educationally-based intervention for 9th and 10th grade adolescents, unselected for elevated risk of depressive disorder. Separate analyses were conducted for boys and girls. There were no effects for female students in knowledge acquisition (i.e., functioning). There were short term efforts for boys, but these effects did not persist through the 12-week follow-up.

  In a related study, evaluators minimized the educational content and substantially increased skill training. There was no significant effect for boys or girls on depression knowledge, treatment seeking, or attitudes about depression (i.e., improvement in functioning).

  For more information, see:
  Clarke, Hawkins, Murphy, & Sheeber 1993. School-based primary prevention of depressive symptomology in adolescents: Findings from two studies. *Journal of Adolescent Research*, 8, 183-204.

- In a prevention program, with a focus on reducing the prevalence of affective disorders 150 adolescents at risk for future depressive disorders were randomly assigned to either a 15-session cognitive group prevention intervention or a control condition. Results showed a significant 12-month advantage for the prevention program. Affective disorder had a total incidence rate of 14.5% for the active intervention and 25.7% for the control condition (i.e., symptom reduction).

  For more information, see:
  Clarke, Hawkins, Murphy, Sheebe, Lewinsohn & Seeley (1995). Targeted prevention of unipolar depressive disorders in an at-risk sample of high school adolescents: A randomized trial of a group cognitive intervention. *Journal of American Academy of Child and Adolescent Psychiatry*, 34, 312-321.

- In a study on the tertiary treatment of depression in the schools, 30 high school students were randomly assigned to one of three conditions: cognitive behavioral, relaxation training, and a wait list control. Analyses completed on 21 participants showed a substantial and statistically significant reduction in depressive symptomatology in both treatment groups, as assessed by self-report and clinical interview rating scales.

  For more information, see:
  Reynolds & Coats (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *Journal of Consulting and Clinical Psychology*, 54, 653-660.

- A comparison of the efficacy of CBT and art therapy in modifying locus of control and adaptive classroom behavior of children with behavior problems showed that neither treatment was more effective than the control group in changing locus of control perceptions. Thirty-six students in grades 4, 5, and 6, with moderate to severe behavior problems, were randomly assigned to one of three conditions: cognitive behavioral therapy; art as therapy; and a control group. Significant effects (functional improvement) were found for both treatment conditions in terms of increasing adaptive behavior skills as measured by the Conners Teacher Rating Scale.

  For more information, see:
  Rosal (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*, 20, 231-241.

- An attendance program for adolescents at risk of dropping out of school was evaluated. Twenty high school students in special education were randomly assigned to a behavior modification program or a control group. Students in the behavior modification group earned points for attendance which could be redeemed for prizes at the end of the week. An evaluation of this attendance program for adolescents at risk of dropping out of school showed that students in the control group had significant linear decline in attendance (functional outcome) in comparison to the treatment students, who showed no significant decline over the course of the semester.

  For more information, see:
  Licht, Gard, & Guardino (1991). Modifying school attendance of special education high school students. *Journal of Educational Research,* 84, 368-373.

2-b Substance Abuse Prevention

b-1 Life Skills Training: Results show this program reduces tobacco, alcohol, and marijuana use. It works with a diverse range of adolescents, produces results that are long-lasting, and is effective when taught by teachers, peer leaders, or health professionals. LST is a primary intervention that targets all middle/junior high school students (initial intervention in grades 6 or 7, depending on the school structure, with booster sessions in the two subsequent years). It is a 3 year intervention designed to prevent or reduce gateway drug use (i.e., tobacco, alcohol, and marijuana), primarily implemented in school classrooms by school teachers. The program is delivered in 15 sessions in year one, 10 sessions in year two, and 5 sessions in year three. Sessions, which last an average of 45 minutes, can be delivered once a week or as an intensive mini-course. It consists of three major components which teach students (1) general self-management skills, (2) social skills, and (3) information and skills specifically related to drug use. Skills are taught using training techniques such as instruction, demonstration, feedback, reinforce-ment, and practice. Using outcomes averaged across more than a dozen studies, findings indicate tobacco, alcohol, and marijuana use reduced by 50% - 75%. Six years following the intervention reports show a reduced polydrug use up to 66%, reduced pack-a-day smoking by 25%; and decreased use of inhalants, narcotics, and hallucinogens. Implementation costs approximately $7 per student per year (curriculum materials averaged over the three-year period). The cost of training is a minimum of $2,000 per day for 1 or 2 days.

For more information, contact:
Botvin, G.J., Mihalic, S.F., & Grotpeter, J.K. (1998). Blueprints for Violence Prevention, Book Five: Life Skills Training. Boulder, CO: Center for the Study and Prevention of Violence.

For more information, contact:
Gilbert Botvin, Ph.D., Professor and Director, Institute for Prevention Research, Cornell University Medical College, 411 E. 69th Street, KB-201, New York, NY 10021 For information about research conducted with LST: (212) 746-1270, For information about the program or ordering curriculum materials, contact publisher: 1-800-636-3415 or (609) 921-0540 or E-mail: sabrod@aol.com, URL: www.lifeskillstraining.com

b-2 Child Development Project (CDP): This is a multi-year, comprehensive school-change program that aims at helping elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program involves staff training, parent involvement activities, school-wide community building activities, and a school-wide, cross-grade buddy program. Results reported show: an 11% drop in alcohol use (compared to a 2% increase in comparison schools); a 2% drop in marijuana use (compared to a 2% increase in comparison schools); an 8% drop in cigarette use (compared to a 3% decline in comparison schools); Pro-social behaviors among students in grades K-4 increased; In the schools with the highest level of implementation, delinquency decreased.

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

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

For program information, contact:
Sylvia Kendzior, Developmental Studies Center, 200 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270.

b-3 *Project ALERT*: This is based on the theory that adolescents turn to drugs because of social norms, peer influence, media images and a desire to appear more mature. The curriculum, targeted for 7th graders, seeks to modify norms about drug use, give reasons not to use, and help them identify and resist pro-drug pressures. Participants were compared to students in comparable school settings receiving the standard drug information program offered at their school. Results reported indicate marijuana initiation rates were 30-60% lower. Those who had frequently experimented with marijuana reduced consumption of marijuana and cigarettes. Reports a reduction in level of drinking for all participants, but many gains lost when on entering high school, prompting a high school version.

For more information, see:
Ellickson, P. L. (1998). Preventing adolescent substance abuse: Lessons from the Project ALERT program. In J. Crane (Ed.), *Social Programs that Really Work. New York*: Russell Sage, pp. 201-224.

Ellickson, P. L., Bell, R. M.,& McGuigan, K. (1993).Preventing adolescent drug use: Long term results of a junior high program. *American Journal of Public Health, 83* (6): pp. 856-861.

For program information, contact:
Project ALERT, Best Foundation, 725 S. Figueroa Street, Los Angeles, CA 90017, (800) ALERT-10

b-4 *Adolescent Alcohol Prevention Trial (AAPT)*: Designed for 5th graders to prevent onset of alcohol misuse and marijuana and cigarette use. It used normative training and resistance skills training as part of the classroom curriculum. Schools were randomly assigned to receive (a) information about alcohol and drug use consequences, (b) resistance skills training alone, (c) normative education alone, (d) both resistance skills training and normative education. Results show the norm setting component reduced the onset of alcohol use, cigarette smoking, and marijuana use. No effects for resistance skills training.

For more information, see:
Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

For program information, contact:
T. Dishion, Oregon Social Learning Center, Inc., 207 East Fifth Ave., Eugene, OR 97401, (541) 485-2711.

b-5 *Project Northland*: This program focuses on primarily on alcohol use and abuse. There are 8 sessions per year with activities that emphasize resistance techniques and decision making. The 6th grade curriculum is integrated with family take-home assignments. The program is designed to set a norm that drinking is not cool. Reports indicate that participants reduced tobacco and alcohol use by 27%, reduced tobacco use alone by 37%, and reduced marijuana use by 50%. Results also indicate a significant impact on perceived norms among students who did not drink at baseline.

For more information, see:
Perry, C., Williams, C., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., McGovern, P.G., Finnegan, J.R., Forster, J.L., Wagenaar, A.C., & Wolfson, M. Outcomes of a community-wide alcohol use prevention program during early adolescence: Project Northland. *American Journal of Public Health*, In press.

For program information, contact:
Project Northland, University of Minnesota, 1300 South Second Street, Suite 300, Minneapolis, MN 55454-1015, (612) 624-0057.

b-6 *Social Competence Promotion Program*: This is a 27 session program based on an interpersonal cognitive problem-solving model. It also contains 9 additional sessions on drug abuse prevention. The curriculum goes through skills training with more opportunities for practice as curriculum progresses. Participants showed a reduction in heavy alcohol use and an impact on intentions to use alcohol.

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

For program information, contact:
The Social Competence Promotion Program, Department of Psychology (M/C 285), The University of Illinois at Chicago, 1007 West Harrison Street, Chicago, IL 60607-7137, (312) 413-1012.

b-7 Focus on Families: A parenting program for methadone treatment patients that aims to reduce parental illegal drug use and improve parents' family-management skills, thereby decreasing their children's adoption of behaviors that put them at risk for poor health outcomes. The intervention includes parent training focusing on: family goal-setting, relapse prevention, family communication, family management, creating family expectations about alcohol/drugs, teaching children skills such as problem solving and resisting drug offers, and helping children succeed in school. Parent outcomes included higher scores than controls on all skill measures (e.g. problem solving, self-efficacy, social support), fewer deviant peers, a 65% reduction in heroin use, and a lower likelihood (6 times) of using cocaine. Child outcomes showed no significant differences from controls in drug use or delinquency.

For more information, see:
Catalano, R.F., Haggerty, K.P., Fleming, C.B., & Brewer, D.D. Focus on Families: Scientific findings from family prevention intervention research. *NIDA Research Monograph*, in press.

Program evaluation: www.whitehousedrugpolicy.gov/prevent/parenting/r_focus.html

For program information, contact:
Kevin Haggerty, M.S.W., Social Development Research Group, 146 North Canal, Suite 211, Seattle, Wa 98103: (206) 685-1997; (206) 543-4507 (fax).

b-8 Midwestern Prevention Project (MPP): This is a comprehensive, community-based, multifaceted program for adolescent drug abuse prevention. It involves an extended period of programming. It goes beyond the school setting into the family and community contexts. The project strives to help youth recognize the social pressures to use drugs and provides skill training in how to avoid drug use and drug use situations. These skills are initially learned in school and reinforced through parent, media, and community organization components. Reports indicate that participants, compared to control youth, reduce daily smoking up to 40 %; similar reduction is reported for marijuana use and smaller reductions in alcohol use maintained through grade 12; effects on daily smoking, heavy marijuana use, and some hard drug use have been shown through early adulthood (age 23). Also reported are increased parent-child communications about drug use, as well as development of prevention programs, activities, and services among community leaders.

For more information, see:
Pentz, M.A., Mihalic, S.F., & Grotpeter, J.K. (1998). *Blueprints for Violence Prevention, Book One: The Midwestern Prevention Project.* Boulder, CO: Center for the Study and Prevention of Violence.

For program information, contact:
Mary Ann Pentz, Ph.D., USC Norris Comprehensive Cancer Center, University of Southern California, Norris Comprehensive Cancer Center, 3414 Topping Tower, 1441 Eastlake Avenue, MS-44, Los Angeles, CA 90033-0800, (323) 865-0330

b-9 Students Taught Awareness and Resistance (STAR): This is a 2 year program with 10-13 sessions in the first year and 5 in the second, focusing primarily on the development of resistance skills. It involves material on normative education, detailed instructions for role play, and includes discussions of problems teachers may encounter while implementing the curriculum. Reports indicate reduced tobacco, alcohol, and marijuana use by 30% after one year. It also had a significant impact on beliefs about drug use and norms at a one and one-half year follow-up.

For more information, see:
Johnson, C.A., Pentz, M.A., Weber, M.D., Dwyer, J.H., Baer, N., MacKinnon, D.P., Hansen, W.B., & Flay, B.R. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology, 58,* 447-456.

Penz, M.A., Dwyer, J.H., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Wang, E.Y.I., & Johnson, A. (1989). A multicommunity trial for primary prevention of adolescent drug abuse. *Journal of the American Medical Association, 261,* 3259-3266.

For program information, contact:
STAR, Institute for Prevention Research, USC, 1540 Alcazar Street, CHP 207, Los Angeles, CA 90033, (213) 342-2600.

b-10 Growing Healthy: This is a curriculum for grades K-6 that promotes healthful behaviors. With 42-56 lessons per year, it strives to integrate drug information and resistance skills into health units. There is also material on conflict resolution and violence prevention and components on family, community involvement, and HIV/AIDS prevention. Reports indicate greater increases in health-related knowledge, healthier attitudes, greater increases in application of health skills, and healthier practices compared to comparison classrooms. Particpants reduced tobacco use 29% by the ninth grade.

For more information, see:
Connell, D.B., Turner, R.R., & Mason, E.F. (1985). Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health, 55*, 316-321.

Immarino, N., Heit, P., & Kaplan, R. (1980). School Health Curriculum Project: Long-term effects on student cigarette smoking and behavior. *Health Education, 11,* 29-31.

Smith, D.W., Redican, K.J., & Olsen, L.K. (1992). The longevity of growing healthy: An analysis of the eight original sites implementing the school health curriculum project. *Journal of School Health, 62*, 83-87.

For program information, contact:
National Center for Health Education, 72 Spring St., NY, NY 10012-4019, (800) 551-3488.

b-11 I'm Special: This is a program for 4th graders to reduce or delay the onset of students' drug use by enhancing students' sense of uniqueness and self-worth and improving group cooperation and decision making skills. Nine interactive sessions are held once per week in the classroom by trained teachers. Longitudinal reports indicate the proportion of current substance abusers and the incidents of their related problem behavior were significantly lower when compared to those who had not been exposed to the program. This was especially the case in grades 5-7. However, the impact significantly diminish after the 8th grade.

For more information, see:
Kim, S., McLeod, J.H., & Palmgren, C.L. (1989). The impact of the "I'm Special" program on student substance abuse and other related student problem behavior. *Journal of Drug Education, 19*, 83-95.

Kim, S., McLeod, J.H., & Shantzis, C. (1990). A short-term outcome evaluation of the "I'm Special" drug abuse prevention program: A revisit using SCAT Inventory. *Journal of Drug Education, 20*, 127-138.

For program information, contact:
The Drug Education Center, 117 East Morehead Street, Suite 200, Charlotte, NC 28204, (704) 375-3784.

b-12 Know Your Body: This is a 10-module curriculum taught 40 minutes a week throughout the year. It contains a skill-builder unit to promote self-esteem, goal setting, decision making, communication, assertiveness and stress management at the beginning of each grade level. It emphasizes resistance skills training within the context of personal and social skills training, while providing age-appropriate information on tobacco, alcohol, marijuana, and cocaine. Evaluations indicate that participating students reduced tobacco use by 73% in the 9th grade.

For more information, see:
Walter, H. J., Vaughan, R. D., & Wynder, E. L. (1989). Primary prevention of cancer among children: Changes in cigarette smoking and diet after six years of intervention. Journal of the National Cancer Institute, 81, pp. 995-998.

For program information, contact:
The American Health Foundation, 675 3rd Ave, 11th Floor, New York, NY 10017, (212) 551-2509.

b-13 Michigan Model for Comprehensive School Health Education. This is implemented in over 90% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). Stated advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized,

research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Grade", designated the Michigan Model as one of the top substance abuse prevention programs in the United States. The Michigan Model was the only comprehensive health program to receive this "A" designation. They also rated the Michigan Model as one of the best violence prevention programs in the United States.

For more information, see:
Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs *Journal of School Health, August 1997, 67,* (6);

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/