

School Aged Youth Evidence-Based Programs

Be Proud! Be Responsible! (including ¡Cuídate! and Making Proud Choices!)

Summary:

Be Proud! Be Responsible! (BPBR) was originally developed to reduce HIV prevalence within inner-city, African American communities. The program consists of six hour-long modules that address knowledge, attitudes, and beliefs about HIV and AIDS, risks of different sexual behaviors, and how abstinence and condom use can lower sexual risks. The modules are lead by a trained facilitator and involve group discussions, videos, games, and skill-building activities.

Adaptations of BPBR available include:

- ¡Cuídate!, specifically designed for Latino youth. The program covers the same issues related to HIV/AIDS and sexual risks as BPBR, and incorporates Latino cultural beliefs to frame abstinence and condom use as acceptable ways to prevent unwanted pregnancy and sexually transmitted diseases.
- Making Proud Choices!, an extension of BPBR for African-American youth that contains additional modules related to pregnancy prevention.

Research Summary with selected outcomes:

Adolescents participating in the programs generally reported participating in sex less frequently and engaging in fewer sexually risky behaviors compared to similar students that did not receive the programs.

Randomized Controlled Trial (RCT) of BPBR with African American male adolescents in Philadelphia

157 African American males were recruited from a local medical clinic, high school, and YMCA. Almost all of the youths were heterosexual and enrolled in school; the average age was 15. 85 were randomly assigned to receive BPBR. The other 72 served as the control group and received a presentation on career-opportunities with no information on HIV/AIDS. Participants were further divided into small groups and received their assigned program (BPBR or career-opportunities) in a single day. Results included:

- Three months following the intervention, BPBR participants reported engaging in significantly fewer sexual risk behaviors than the control group participants, including having fewer female partners, having sex less frequently, and fewer occasions of sex without a condom.

RCT of BBR with African American adolescents in Trenton NJ

496 African Americans were recruited from public schools. 54% of the students were female; the average age was 13. 269 students were randomly assigned to receive BPBR. The other 227 served as the control group and received a general health promotion presentation that dealt with non-sexual health concerns. Participants were further divided into small groups and received their assigned program (BPBR or health promotion) in a single day. Results included:

- Three months following the intervention, no significant behavioral differences were observed.
- At the six month follow-up, BBR participants engaged in significantly fewer risky sexual behaviors compared to the control group, including less frequent unprotected sex and fewer sexual partners.

RCT of ¡Cuídate! with Latino adolescents in northeast Philadelphia

553 Latino adolescents were recruited from high schools and community-based organizations. 85% of were Puerto Rican, 45% were born outside the mainland United States, and majority were in grades 8 through 11; the average age was 15. Students were randomly assigned to receive ¡Cuídate! or a health-promotion program related to diet, exercise, and drug use that served as the control. Participants were further divided into small groups and received their assigned program (¡Cuídate! or health promotion) over two Saturdays.

- Three months, six months, and twelve months following the intervention, ¡Cuidate! participants, compared to the control group, were significantly less likely to have engaged in sexual intercourse, have had multiple sexual partners, and have had unprotected sexual intercourse.

RCT involving Making Proud Choices! with African American adolescents from Philadelphia

659 African Americans were recruited from 6th and 7th grade classes in middle schools serving low-income communities. 53% were female, 27% lived with both parents, and the average age was 12. Students were randomly assigned to receive Making Proud Choices! (221 students), Making a Difference! (220 students), or a health-promotion program dealing with non-sexual health issues (218 students). Participants were further divided into small groups and received their assigned program over two Saturdays. Each group was lead by either one adult facilitator or two high school student co-facilitators.

Making Proud Choices! and Making a Difference! are both adaptations of Be Proud! Be Responsible! that incorporate modules related to pregnancy prevention. The primary difference is that Making a Difference! is abstinence-based; Making Proud Choices acknowledges that abstinence is preferred but also highlights condom use as a way to reduce sexual risks. Results include:

- Three months after the program occurred:
 - Teens in Making Proud Choices! (safer-sex program) were significantly less likely to than teens in the health promotion group to report having had unprotected sex since attending the program.
 - Of the teens that were sexually active before attending programming, those that attended Making Proud Choices! (safer sex intervention) were significantly less likely to have had unprotected sex in the previous three months compared to those in the other two programs.
 - Of sexually inexperienced teens pre-intervention, those that attended Making a Difference! (abstinence-based program) were significantly less likely to have had sex compared to those in the other two programs during the previous three months.
- Sixth months and twelve months after the program occurred:
 - There were no significant differences in outcomes between students that attended Making a Difference! (abstinence-based program) and the health-promotion program.
 - Teens in Making Proud Choices! (safer-sex program) were significantly more likely use condoms when they had sex during the previous three months than teens in the health promotion group.
 - Of the teens that were sexually active before attending programming, those that attended Making Proud Choices! (safer sex intervention) had sex on significantly fewer days during the prior three months than those in the other two programs.
- Program effects did not differ with adult facilitators compared to peer co-facilitators.

Population:

- Urban African-American adolescents for Be Proud! Be Responsible! and Making Proud Choices!; urban Latino adolescents for ¡Cuidate!.

Implementation Details:

- A complete set of Be Proud! Be Responsible! curricula materials costs \$358; Making Proud Choices! materials cost \$535. The curriculum materials for ¡Cuidate! in English will be available in a few months and will be followed by a version in Spanish; costs are expected to be range for that of the other curricula.
- Training for Be Proud! Be Responsible! And Making Proud Choices! is provided by Select Media. Recommended training varies from 6 to 26 hours, dependent on the prior experience of the trainee. Training can be provided locally at the cost of about \$1,000 per trainer per day plus travel expenses. Groups of 12 and under require one trainer; larger groups require two. Training for ¡Cuidate! is being developed and expected to be available later in the year.

Cost benefit analysis:

- A cost-benefit analysis conducted by the program developer of Be Proud! Be Responsible! and others estimates that program saving \$8.50 for every dollar spent in terms of averted unintended pregnancies and sexually-transmitted diseases.

Ratings on Evidence Based Program websites:

- CDC HIV/AIDS Prevention Research Synthesis Project: BPBR and ¡Cuidate! are classified as “Best-evidence” (highest level)
- Promising Practices Network: BPBR and Making Proud Choices! are rated “promising” (second highest rating; “proven” is highest)

References:

- Select Media website: <http://selectmedia.org/category.asp?caid=15>
- Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=30>
- Child Trends: <http://www.childtrends.org/lifecourse/programs/BeProud.htm>
<http://www.childtrends.org/Lifecourse/programs/MakingProudChoices.htm>
<http://www.childtrends.org/Lifecourse/programs/cuidate.htm>
- CDC Best-Evidence Interventions:
http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/Be_Proud.htm
<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm>
- Cost Benefit Analysis of an Inner City HIV Prevention Program abstract:
<http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102261638.html>

Big Brothers Big Sisters of America (community-based mentoring program)

Summary:

The Big Brothers Big Sisters of America (BBBSA) community-based mentoring program matches adult volunteers with at-risk school-aged children and youth, predominately those from low-income, single parent households. BBBS staff screen applicants, match those that meet requirements with program youth, and provide ongoing supervision and support. Mentors are expected to meet with their youth with their youth approximately two to four times a month, about four hours per meeting, for at least one year. The mentor serves as a caring, adult friend that engages in a range of developmentally appropriate activities with their match, such as recreational activities, attending events, or just talking and sharing thoughts. Program goals include reducing negative behaviors, and improving participants' academic achievement, self-confidence, and relationships with parents and peers.

Research Summary with selected outcomes:

A multi-site Randomized Controlled Trial (RCT) showed children enrolled in BBBS were significantly less likely to skip class or school, start using illegal drugs, hit someone, or lie to their parents, compared to similar children on the program waitlist.

Public/Private Ventures conducted a study involving 1,138 youth aged 10-16 in 8 American cities, including Rochester, NY. Youth were randomly assigned to receive BBBS mentoring or placed on a waiting list. A total of 957 participated in the complete study, 487 in the mentoring group and 472 in the waitlist group. Of these, 62% were males and 57% minorities (71% of which were African American, and 18% of which were Latino). About 90% of the youth lived with one parent; most of the rest lived with another relative. 43% of the youth lived in households receiving public assistance, and 83% where the annual income was under \$25,000. 40% of the youth lived in families with a history of substance abuse, 28% in families with a history of domestic violence, and 27% were victims of abuse. 78% of the youth assigned to the BBBS intervention group were successfully matched with a mentor; the average length of the matches at the end of the study was about 11 months. Students randomly assigned to the treatment group were included in the study analysis, regardless of whether they had been matched.

18 months after the study began:

- In the group as a whole, youth assigned to BBBS compared to the waitlist control group achieved these statistically significant effects:
 - 46% less likely to start using illegal drugs
 - Hit someone 32% fewer times
 - Skipped 37% fewer classes
 - Skipped 52% fewer days of school
 - Had a higher quality relationship with their parent/guardian
 - Had a higher degree of trust of their parent
 - Lied to their parent 37% fewer timesBBBS youth were also 27% less likely to initiate alcohol use, a marginally significant difference.

- The study also analyzed outcomes for the following subgroups: boys, girls, white boys, white girls, minority boys, and minority girls. Statistically significant effects for the BBBS subgroup compared to the waitlist subgroup include:
 - Boys were 55% less likely to start using illegal drugs
 - Boys demonstrated significantly higher trust in their parent/guardian
 - Girls had significantly higher GPA's (average GPA of 2.84 for BBBS girls compared to 2.67 for waitlist girls)
 - Minority boys were 68% less likely to use illegal drugs
 - Minority boys received greater emotional support from their peers
 - White boys had higher levels of communication with their parent
 - Minority girls skipped 78% fewer days of school and white girls skipped 92% fewer days
 - Minority girls skipped 46% fewer days of class and white girls skipped 72% fewer

A study limitation noted by the Coalition for Evidence-Based Policy website was that academic data was self-reported by the students and not obtained from their schools.

Population:

- At-risk school-aged children and youth.

Implementation Details:

- To be formally designated a BBBS program, a local agency must adopt specific BBBS standards.
- Costs estimated at approximately \$1200 per youth/adult match per year in 2003 dollars.

Cost benefit analysis:

- Washington State Institute for Public Policy's (WSIPP) "Benefits and Costs of Prevention and Early Intervention Programs for Youth" estimates the costs per youth¹ at \$1,236 and the benefits at \$4,058, for a return of \$3.28 per dollar invested in 2003 dollars.

Ratings on Evidence Based Program websites:

- Promising Practices Network: Proven (highest) for alcohol/drug use indicator; Promising (second highest) for academic achievement and behavior issues indicators.
- Office of Juvenile Justice and Delinquency Prevention: Exemplary (highest of three ratings)
- Blueprints for Violence Prevention: Model Program (highest of two ratings)
- Find Youth Info: Level 1 (highest of 3 ratings)
- Coalition for Evidence-Based Policy: "Social Program that Works"

References:

- Big Brothers Big Sisters of America website: <http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm>
- Coalition for Evidence-Based Policy: <http://www.evidencebasedprograms.org/static/interventions/youthdevelopment/bbbs.htm>
- Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=125>
- Child Trends: <http://www.childtrends.org/Lifecourse/programs/BigBrothersBigSisters.htm>
- Office of Juvenile Justice and Delinquency Prevention: http://www2.dsgonline.com/mpg/mpg_program_detail.aspx?ID=302&title=Big%20Brothers%20Big%20Sisters
- Blueprints for Violence Prevention: <http://www.colorado.edu/cspv/blueprints/modelprograms/BBBS.html>
- Find Youth Info: http://www.findyouthinfo.gov/cf_pages/programdetail.cfm?id=302
- WSIPP cost-benefit analysis: <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>
- Tierney, J.P., Grossman, J.B., and Resch, N.L. (2000). Making a Difference: An Impact Study of Big Brothers Big Sisters. Public/Private Ventures. http://www.ppv.org/ppv/publications/assets/111_publication.pdf

¹ Does not include costs associated with volunteers' time.

Bry Behavioral Monitoring and Reinforcement Program

Summary:

This intervention serves secondary school students with poor grades, attendance, behavior or other risk factors. Bry mentors monitor the students' school performance; meet regularly with program students to work on goals, reinforce positive behavior, and discuss ways students can maintain/improve progress; frequently communicate with parents and teachers; and provide encouragement to students to reinforce progress made. Program activity occurs weekly for a period of two years, with biweekly booster sessions the third year.

Research Summary with selected outcomes:

RCT studies of the group version of the program showed that the Bry program had significant effects on school attendance, grades, employment, and some types of substance use. A quasi-experimental study of the program in the Rochester City School District showed the program had positive effects on attendance and school drop out.

RCT's with middle school students in New Jersey

The original version of the program was tested with seventh graders in two studies in the 1970's. In one study, 40 seventh graders from a large, urban, racially mixed junior high school were selected that met at least 2 of these 3 criteria: 1) low academic motivation 2) family problems 3) frequent or serious disciplinary problems. The students, on average, had been absent 22 school days in 6th grade and had a D+ grade average. Half the students were randomly assigned to receive the intervention, the other half to serve as the control group. The program included monitoring of the student's daily attendance, tardiness, and disciplinary actions, weekly contact with one of the student teachers to determine how s/he was doing in class (so that each teacher was contacted on about a monthly basis), frequent contact with the student's parents about their progress, and weekly meetings with the students and occasional one-to-one contacts. Students earned points for school attendance, punctuality, lack of disciplinary actions, and demonstration of positive behaviors in groups meetings; accumulation of enough points could be redeemed for a school trip. At the weekly meetings, total points and the ways to earn them were reviewed; other activities included reviewing and role-playing appropriate behaviors. The program occurred during the seventh and 8th grade.

Statistically significant results at the end of the eighth grade compared to sixth grade included:

- Intervention students' average grades declined slightly while control students' grades declined more sharply
- Intervention students' school attendance improved slightly while control students' attendance worsened.

In a second study, the program, with some variations, was tested with 7th graders at two suburban middle schools. Similar selection procedures were followed. The basic components changed slightly: during the first year the student groups met twice a week (and then weekly in 8th grade), teachers were contacted every other week, and parents were invited to two parent meetings at the school, as well as contacted occasionally regarding their child's performance. Instead of points, students were awarded tokens they could use to purchase dime store items. During the first year of the program, the groups were facilitated by a clinical psychologist and a graduate psychology student; parent and teacher contacts were handled by a community college intern. Statistically significant results at the end of the 7th grade compared to sixth grade included:

- At one school, students improved their grades from sixth grade while those of the control students declined. Attendance declined slightly for the intervention students and more sharply for control students.

Intervention students in both of the previous studies were offered "booster" group sessions every other week when they were in 9th grade. The researched measured outcomes (about 6 months following the completion of the booster sessions) for all students in the original studies still in the school systems. Outcomes included:

- Intervention students had significantly fewer school problems (measured through a composite measure combining attendance, suspensions, tardiness, and course failure)
- Intervention students were more likely to have had a job (80% compared to 55% of the controls)
- Intervention students were less likely to reported abuse of certain types of drugs (including hallucinogens, stimulants, and tranquilizers).

4 years later, the researchers examined county arrest records, and found that intervention participants had been arrested less compared to controls, a marginally statistically significant effect.

Quasi-experimental design with secondary school students in Rochester City School District 1999-2001

A version of the program was offered in the Rochester City School District by RCSD employees on a volunteer basis. This program had the same components as outlined in the previous studies; however, instead of small group meetings, mentors met with their students one-on-one. 130 students were nominated to have Bry mentors. Students were chosen that were considered capable of graduation but with attendance, grade or conduct problems that if continued made graduation unlikely. Mentors were given the choice of having two students assigned to them or to choose the students themselves; most staff chose to have students assigned randomly. 87 Students were matched with mentors; the remainder served as the comparison group. Demographics of the intervention and comparison students were statistically equivalent. The average age was 16; about 3 out of 4 were male; the average GPA was 1.5; the average starting attendance of the Bry mentored group was 87% with the comparison group's at 80%; the average number of suspensions was 1.6 for the Bry group and 1.4 for the comparison group; and about 3 out of 5 students were black, about 2 out of 5, Latino, and about 2 out of 5, white. Statistically significant results included:

- The attendance rates of students that had been mentored two years declined less than comparison students (5 percentage point decrease compared to a 13 percentage point one)
- Only 2% of mentored students left school during the 2000-2001 school year compared to 16% of comparison ones.

Additionally, mentored students' average GPA increased slightly to a 1.6 while the comparison students' fell to a 1.2, a marginally significant result.

Population:

- Secondary school students at risk of poor grades, attendance, behavior or other risk factors. The original studies of the program involved both black and white urban and suburban students; the RCSD evaluation included black, white, and Latino students.

Implementation Details:

- Program is currently being implemented in RCSD schools with RCSD employees volunteering as mentors and human service providers using paid staff as mentors.
- RCSD has been contracting with Dr. Brenna Bry, the program developer, to provide annual training for both RCSD volunteer mentors and agency mentors to implement the program. Training costs \$3000 and takes one day. Technical assistance is also available via telephone at a cost of \$250/hr.

Ratings on Evidence Based Program websites:

- Blueprints for Violence Prevention- promising (second highest of two ratings)

References:

- Child Trends: <http://www.childtrends.org/Lifecourse/programs/preventing.htm>
- Blueprints for Violence Prevention: <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP02.html>
- Bry, B.H.. "Reducing the Incidence of Adolescent Problems through Preventive Intervention: One- and Five-Year Follow-Up," *American Journal of Community Psychology*, Vol. 10, No. 3, 1982, pp. 265-276.
- Bry, B.H. & George, F.E. "Evaluating and Improving Prevention programs: A Strategy from Drug Abuse," *Evaluation and Program Planning*, Vol. 2, 1979, pp. 127-136.
- Bry, B.H. & George, F.E. "The Preventive Effects of Early Intervention on the Attendance and Grades of Urban Adolescents," *Professional Psychology*, April 1980, pp. 252-259.
- Bry, B.H. "1999-2001 Rochester City School District's Program Evaluation Results for Bry's Behavioral Monitoring and Reinforcement Achievement Mentoring Program".

Coping Power Program

Summary:

The Coping Power Program (CPP) targets children in late elementary school (4th and 5th grades) with aggression problems. The child component consists of 34 small group sessions, about an hour in length each over a 15-18 month period over two school years, as well as monthly individual sessions. The sessions focus on anger management, problem-solving skills, peer relations, and other social skills. The parent component consists of 16 small group sessions of about an hour and a half each over the same time period. These sessions focus on discipline strategies, family communication and management skills, and stress management.

Research Summary with selected outcomes:

Students participating in Coping Power are less likely to commit delinquent acts, less likely to use substances, and more likely improve their classroom behavior compared to similar students that do not participate in the program.

RCT with aggressive 4th and 5th grade boys in Durham, North Carolina

The program was offered at 11 elementary schools. Teachers rated all students in their 4th and 5th grade classes for aggression. Of 1,578 4th and 5th boys that were screened, the top 22 percent (546 boys) were identified. Of those screened, 183 were selected for the study and randomly assigned to a child-prevention component (60 boys), child-plus-parent condition component (Coping Power- 60 boys) or the control condition, who received regular school services (63 boys). 38% of the boys were white and 61% were African American. The average family income for the participants was between \$25,000 and \$30,000. The intervention began in the spring and continued for 15 months through the next school year when the boys were in 5th and 6th grades. 33 child sessions were scheduled (8 the first year and 25 the second year) and 16 parent sessions.

Outcomes one year after the conclusion of the program (summer when boys had completed 6th or 7th grade) included:

- The boys that participated in the full Coping Power intervention (parent and child components) had significantly lower rates of self-reported covert delinquency (theft, fraud, property damage) and parent-reported substance abuse compared to the control group. The boys that just received the child component did not differ in these areas significantly from the control group.
- The boys that received either the full Coping Power program or the child component alone showed greater teacher-rated behavior improvement than the boys in the control group.
- The intervention had similar effects for white and African-American boys for covert delinquency. However, intervention white boys showed significantly lower parent-reported substance abuse than white boys in the control group. Significant differences were not seen among African American boys; the parent-reported substance abuse rates for each group, including the control group, was very low, leaving little opportunity for the intervention to produce lower rates. Additionally, the intervention showed significant effects on teacher-related behavior for white boys that participated in either intervention compared to controls; significant effects were not seen for African American boys.
- No significant differences were found between the three groups regarding child-reported overt delinquency (robbery and assault) or child-reported substance abuse.

RCT with aggressive 5th grade boys and girls in Durham County, North Carolina

The program was evaluated at 17 elementary schools. Fifth grade classrooms at the participating schools were randomized to receive either a universal prevention program (involving 4 parent meetings to promote home involvement and 5 teacher in-services) or serve as controls. The 31% (473) most aggressive 5th grade children were identified the previous school year by their teachers; the parents of 245 of these children agreed to participate in the project. About 4/5's of the target children were African American and about 1/5 were white; there were twice as many boys as girls. The children were randomized to receive either Coping Power or services as usual. Thus, there were 4 groups of aggressive 5th graders in the study: those that received Coping Power alone (59 children), those that received the universal intervention only (62 children), those that received both Coping power and the universal intervention (61), and those that received neither and served as controls (63 children). Coping Power sessions were scheduled for a 16 month period, with 22 child sessions in 5th grade and

12 in 6th grade (after the children transitioned to middle school); each child also received individual half-hour sessions on average of once every two months. 11 parent sessions were scheduled when the children were in 5th grade and 5 when they were in 6th grade. Children receiving the Coping Power intervention had an attendance of 84% at group sessions and received an average of 6 individual contacts. Parent attendance at group session averaged 26%. Parents also received an average of 6.5 individual contacts via telephone or home visit.

Results for children receiving Coping Power alone compared to controls at the end of the intervention include significant²:

- Lower rates of self-reported substance use (alcohol, tobacco, marijuana)
- Decreases in certain aggressive behaviors as rated by parents
- Improvement in overall behavior as rated by teachers
- Increases in ability to regulate emotions, handle disagreements productively, and work and play with peers cooperatively as rated by teachers

Significant results 1 year after the end of the intervention for children receiving Coping Power alone compared to controls include:

- Lower rates of self-reported delinquency
- Lower rates of substance use for the subgroup of children that were moderately aggressive at study start.
- Effects were equally positive for boys compared to girls, whites compared to African-Americans, and children that came from high crime neighborhoods compared to lower crime ones.

RCT with urban and suburban 4th graders in urban and suburban schools in north central Alabama

The program was evaluated at 57 urban and suburban elementary schools in five school systems. Student populations ranged from being predominantly impoverished, inner-city African American to predominately suburban, middle class, and white. Schools were randomly assigned to Coping Power conducted by guidance counselors receiving basic training (CP-BT), Coping Power conducted by counselors receiving more advanced training, including feedback (CP-TF), or to serve as controls. The Coping Power basic training included three days of training workshops prior to the start of the intervention, plus monthly two hour training sessions. The advanced training included these components, plus a technical assistance component and individualized supervisory feedback based on review of session videotapes.

The top 30% (1,422) most aggressive 4th grade children were identified the previous school year through screening of all students; the top 2% were excluded from the study. Of these, 531 met additional criteria (including parental consent) and participated in the study: 183 in the CP-BT schools, 168 in the in the CP-TF schools, and 180 in the control schools. 65% were boys, 84% were African-American, and 14% were white. Counselors were to hold 11 child group sessions and 5 parent group sessions during 4th grade spring semester and 23 child and 11 parent group sessions during 5th grade.

Outcomes were measured in the summer after fifth grade, and included:

- Children that participated in CP-TF showed significantly lower externalized behavior problems (i.e. aggression, hyperactivity, conduct problems) compared to control children. This was due to children in CP-TF maintaining the same level of problems from baseline to post-intervention, with the control children increasing in problems.
- Children that participated in CP-TF reported significantly lower rates of assaultive behaviors compared to controls. CP-TF children's assaultive behaviors decreased from baseline to post-intervention while control children's increased.
- CP-TF children showed significant higher increases in a teacher rated composite measure relating to social and academic skills (study skills, social skills, leadership and adaptation skills) compared to control children.
- There were no significant differences between CP-BT children and control group children.

² There were also significant effects for Coping Power with the universal intervention and the universal intervention alone, which are not summarized here as the focus is the Coping Power intervention.

Population:

- Aggressive 4th and 5th graders. Program has been tested with urban and suburban African American and white children. Program has not been rigorously tested with Latinos; however, it is currently being used with Latino children at various sites, including one of Puerto Rico.

Implementation Details:

- In the first study listed above, the child groups were co-led by a masters/PhD level social worker or psychologist and a guidance counselor; the parent groups were led by a masters/PhD level social worker or psychologist and graduate student. In the second study, the groups were co-lead by a guidance counselor and a school-family specialist (qualifications not given). In the third study, groups were lead by a single guidance counselor, with positive outcomes achieved only when the guidance counselor had ongoing supervisory feedback by the program developments and technical assistance in addition to introductory training.
- Program developers recommended staff qualifications include master's level degree or higher in a behavioral health field; prior experience providing behaviorally-based intervention to children and/or parents; prior experience adhering to a manualized intervention (or a perceived ability to do so).
- Two and three day training workshops are offered twice per year on the University of Alabama campus. On-site trainings are also available, as well as ongoing consultation and technical assistance. The cost of providing an on-site training varies based on the number of participants and length of the training. The approximate cost of a 3-day training workshop for 30 participants is \$5,000 plus the cost of the trainer's travel. The cost of ongoing technical assistance (e.g., consultative supervision by telephone or video-conferencing) is estimated at \$2,400 (2 hrs month for 12 months @ \$100/hr = \$2,400). There are additional costs if the supervision includes feedback on session video or audiotapes (e.g., 3 clinicians x 17 randomly-selected sessions = 51 hours @ \$100/hr = \$5,100).
- Leader's guides for the child and parent groups and client workbooks are required. The child facilitator's guide costs \$58, the parent guide, \$48, a set of 8 child workbooks, \$64, and a set of 8 parent workbooks, \$99.

Ratings on Evidence Based Program websites:

- Office of Juvenile Justice Delinquency Programs (OJJDP) – Exemplary (highest of three ratings)
- Find Youth Info- Level 1 (highest of three ratings)
- California Evidence Based Clearinghouse: Rated 1-“Well-supported by research” (highest of 6 levels; 1 is well-supported research of benefits; 6 is does more harm than good)

References:

- Program website: <http://www.copingpower.com/Default.aspx>
- Child Trends: <http://www.childtrends.org/lifecourse/programs/CopingPowerProgram.htm>
- Office of Juvenile Justice and Delinquency Prevention: http://www2.dsgonline.com/mpg/mpg_program_detail.aspx?ID=317&title=Coping%20Power%20Program
- Find Youth Info: http://www.findyouthinfo.gov/cf_pages/programdetail.cfm?id=317
- California Evidence Based Clearinghouse: <http://www.cachildwelfareclearinghouse.org/program/126/detailed#relevant-research>
- Lochman, J. E., and Wells, K.C. "The Coping Power Program for Preadolescent Aggressive Boys and Their Parents: Outcome Effects at the 1-Year Follow-up," *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 4, 2004, pp.571-578.
- Lochman, J. E., and Wells, K.C. "The Coping Power Program at the Middle-School Transition: Universal and Indicated Prevention Effects," *Psychology of Addictive Behaviors*, Vol. 16, No. 4S, 2002, pp. S40-S54.
- Lochman, J. E., et al. "Dissemination of the Coping Power Program: Importance of Intensity of Counselor Training," *Journal of Consulting and Clinical Psychology*, in press.

School Aged Youth Evidence-Based Programs in School-Based Settings/Promising Practices in Community-Based Settings

LifeSkills Training (LST) middle school/junior high version

Summary:

LST is a classroom-based substance abuse prevention program. The middle school/junior high program basic program consists of 15 sessions during the first year (typically 6th or 7th grade). A “booster” intervention has also been developed, with 10 sessions the second year, and 5 sessions the third year. The curriculum is designed to develop students’ skills to resist pressures to use alcohol, tobacco, and other drugs, learn the negative consequences of drug use, develop attitudes and norms against drug use, and develop social and self-management skills.

Research Summary with selected outcomes:

The middle school version has been extensively evaluated. Outcomes averaged across more than a dozen studies include cutting tobacco, alcohol, and marijuana use by 50%-75%. Long-term results observed six years following completion of LST show that LST cuts polydrug use up to 66%, reduces pack-a-day smoking by 25%, and decreases use of inhalants, narcotics, and hallucinogens. Research shows that one year of the primary intervention leads to positive outcomes, but effects are even stronger when the booster sessions are added. For example, two studies have shown that one year of the of the basic intervention produced reductions of 56-67%; for those students receiving booster sessions, these reductions were as high as 87%. The program has been tested and found to be effective with a wide range of youth, including low income urban minorities, middle income suburban whites, and rural populations. Promising Practices network notes that the majority of studies have found that the program significantly lowers the risk that participants will become new or frequent smokers and users of alcohol; the majority of studies also suggest that the program is moderately effective in decreasing marijuana use, although the results are not as consistent as for cigarettes and alcohol. A sample of the research studies are summarized below.

RCT with primarily minority 7th graders in New York City

The middle school basic intervention was evaluated with 757 7th grade students from six New York City schools. 48% were African-American and 37% were Hispanic; the majority were from very low-income families. Schools were matched for demographics then randomly assigned to receive the standard LST program, a modified version of LST for inner city youth, and a control group which received information about drug use without skills training. During the eighth grade, students received booster sessions. At two-year follow-up, both LST groups reported significantly lower rates than the control group of current alcohol use, drinking frequency, and drunkenness frequency. No significant differences were found relating to marijuana use.

RCT with primarily minority 7th graders in New York City

The middle school intervention was evaluated with 5,222 7th grade students from 29 New York City schools. 61% were African-American and 22% were Hispanic; 62% qualified for the free lunch program. Schools were randomly assigned to receive the standard LST program (16 schools) or serve as controls (13 schools). Treatment group students received LST in 7th grade followed by booster sessions in 8th grade, while control school students received the standard public school prevention program. Outcomes included:

- When the students were in 8th grade, LST participants showed a significantly lower frequency and quantity of smoking, less inhalant use, less polydrug use, and lower rates of binge drinking compared to the control group. There were no significant differences related to marijuana use.

- Among the highest risk students (those with poor grades and peers who engaged in substance use), those that received LST engaged in less smoking, less drinking, less inhalant use, and less polydrug use compared to control students when they were in 8th grade.
- When the students were in 9th grade, 2.2% of the LST participants were binge drinkers compared to 5.2% of the control group.

RCT with predominately white 7th graders in rural and suburban schools in New York State

The middle school intervention was evaluated with 5,954 7th grade students in 56 middle/junior high schools. 91% of the students were white and they came primarily from middle class families. Schools were randomly assigned to one of three groups: LST with basic training provided for the teachers offering it (16 schools), LST with an enhanced training program for teachers (18 schools), and a control group (22 schools). A six year follow-up was conducted on the students in 12th grade, in which 60% of the original sample participated. The study found that the students who had participated in LST training were less likely to smoke weekly, have gotten drunk in the last month, and less likely to engage in weekly multi-drug use.

RCT with predominately white 7th graders in rural Midwestern schools

The middle school intervention was evaluated with 1,664 7th graders from 36 schools; 96% of the students were white. At all of the schools, at least 20% of students were from low-income households. Schools were randomly assigned to either receive LST, receive LST plus a family skills training program, or serve as controls. Participants were also given booster sessions in the 8th grade. When the students were in 12th grade, there were no significant differences in outcomes between either LST group. Compared to control students, students that participated in either LST intervention were less likely to have ever smoked cigarettes (53% of LST students had ever smoked compared to 67% of control students) and were less likely to have ever used marijuana (29% versus 38%). For the subgroup of students that were already using two or more substances at the beginning of the study, LST produced significant reductions in the frequency of alcohol, cigarette, marijuana, and monthly multi-substance use.

RCT with predominately white 7th graders in suburban New York schools

The middle school intervention was evaluated with 1,311 7th grade students from 10 schools, the majority of whom were from white, middle-class families. Schools were randomly assigned to one of 3 groups: peer lead LST (4 schools), teacher-led LST (4 schools), or control group (2 schools). Ten booster sessions were provided in the 8th grade to two schools in each of the LST group. Outcomes include:

- At the end of the 7th grade program, there were significantly lower rates of past-month smoking among peer lead LST students (15%) compared to teacher-led LST ones (22%) and the control group (21%). Additionally, there was significantly less drinking and past-month marijuana use among the peer-lead LST students compared to the other two groups.
- At one year follow-up, peer led LST students who participated in the booster sessions reported significantly lower smoking rates than control group students. Peer led students who had booster sessions also reported consuming less alcohol per occasion than all of the other groups, and a lower percentage had used marijuana in the past month compared to the teacher lead booster group or the control group.

Population:

- Middle school/junior high students from rural, suburban, and rural schools, poor and middle class families, and of white, African-American, and Latino students. Also, although the program is offered in practice in community-based organizations, the program appears to have been only rigorously evaluated when offered as a classroom program in schools.

Implementation Details:

- Annual cost of LST curriculum materials averages \$5 per student and \$85 per teacher.
- Full curriculum sets that include one teacher's manual and 30 student guides for each grade are \$655 for the elementary program and \$625 for the middle school program.

- Training and technical assistance provided by National Health Promotion Associates and can be delivered onsite or through open training workshops. Open training workshops cost between \$235 to \$300 per participant, not including materials and travel. .
- Technical assistance is available for purchase and can be provided on-site, through email, or by telephone.

Cost Benefit Analysis:

- Washington State Institute for Public Policy’s (WSIPP) “Benefits and Costs of Prevention and Early Intervention Programs for Youth” estimates the costs per youth at \$29 and the benefits at \$746, for a return of \$25.61 per dollar invested in 2003 dollars.

Ratings on Evidence Based Program websites:

- Promising Practices Network-Proven (highest of two ratings)
- Office of Juvenile Justice Delinquency Programs (OJJDP) – Exemplary (highest of three ratings)
- Blueprints for Violence- Model Program (highest)
- Find Youth Info- Level 1 (highest of three ratings)
- Coalition for Evidence-Based Policy: “Social Program that Works”
- NREPP/Substance Abuse and Mental Health Services Administration (scale of 0.0- 4.0):
 - Quality of research: 4.0 for all outcomes evaluated
 - Readiness for Dissemination: 4.0

References:

- Program website: <http://www.lifeskillstraining.com/>
- Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=48>
- Child Trends: <http://www.childtrends.org/lifecourse/programs/LifeSkillsTraining.htm>
- SAMHSA’s National Registry of Evidence-based Practices and Programs: http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=230
- Office of Juvenile Justice and Delinquency Prevention: http://www2.dsgonline.com/mpg/mpg_program_detail.aspx?ID=353&title=LifeSkills®%20Training
- Find Youth Info: http://www.findyouthinfo.gov/cf_pages/programdetail.cfm?id=353
- Coalition for Evidence-Based Policy: <http://www.evidencebasedprograms.org/static/interventions/substanceabuse/lifeskills.htm>
- Blueprints for Violence Prevention: <http://www.colorado.edu/cspv/blueprints/modelprograms/LST.html>
- WSIPP cost-benefit analysis: <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

Teen Outreach Program (TOP)

Summary:

This is a comprehensive youth development program designed to reduce teen pregnancy, academic failure, and suspension from school, and help youth understand their future life options. The program includes three core components: group instruction, community service, and service learning. Group instruction uses the “Changing Scenes” curricula which include activities related to values clarification, relationships, communication, influence, goal setting, decision-making, and adolescent development. Different versions of the curriculum based on the age and developmental stages of the youth are available. A wide range of community service activities are offered to provide the youth with an opportunity to help others, learn new skills, and connect them positively with their community. The service learning component links community service with the group instruction, giving the participants a chance to reflect on their service activities. Programs offer participants at least one group discussion a week and twenty hours of community service per year.

Research Summary with selected outcomes:

A large multi-site RCT of TOP showed that students that participated in TOP were significantly less likely to become pregnant, be suspended from school, or failed a course, compared to similar students not receiving the program.

The high school version of TOP was evaluated at 25 different sites nationwide in the early 1990’s. The high school version was chosen as prior, preliminary evaluations had showed TOP was more effective for this age range. Sites offered TOP as part of a health class, an academic elective, or an afterschool activity. At most sites, students were individually randomized to receive TOP or to be part of the control group. At some sites, classrooms of students were randomized to receive either TOP or regular curricula offerings in health or social studies, with the latter serving as the control group. TOP students received programming for 9 months. Group activities were offered at least once per week and participated in an average of 46 hours of volunteer service.

The researchers found that:

- The risk of school suspension for TOPS participants was 42% of the size of the risk of suspension of the control students
- The risk of course failure for TOPS participants was 39 % as large as that in the control group
- The risk of teen pregnancy of female TOPS participant was 41% as large of that of female control students.

Population:

- High school students. Although the program offers curricula for use with younger students, it has only been rigorously evaluated in grades 9 through 12. Also, although the program is offered in practice in community-based organizations, the evaluation above appears to have been done mainly with school-based sites.

Implementation Details:

- Wyman offers resources to support the development and implementation of local TOP programs, including curriculum, implementation training, technical assistance, and self-assessment program evaluation materials.
- Wyman requires that each TOP group or club have a minimum of 2 trained facilitations. Training costs \$525 per person (plus any travel costs) and can be provided locally for groups of at least 10 trainees.
- A minimum of 1 curricula per club is required; cost is \$500.
- The cost to join TOP Network, which gives access to best-practices, a blog, network of other TOP Clubs, and web-based outcomes report is \$600 in year 1 and \$500 in subsequent years.
- Each TOP Club submits data quarterly on programs (1 pager) and annual outcome data to Wyman.

Cost benefit analysis:

- Washington State Institute for Public Policy's (WSIPP) "Benefits and Costs of Prevention and Early Intervention Programs for Youth" estimates the costs per youth at \$620 and the benefits at \$801 per year, for a return of \$1.29 per dollar invested in 2003 dollars.

Ratings on Evidence Based Program websites:

- Promising Practices Network- Promising (second highest rating of 2 ratings)
- Office of Juvenile Justice and Delinquency Prevention: Effective (second highest of 3 ratings)
- Find Youth Info: Level 2 (second highest of 3 ratings)

References:

- Program website: <http://wymancenter.org/teens/teen-outreach/>
- Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=14>
- Child Trends: <http://www.childtrends.org/Lifecourse/programs/TeenOutReachProgram.htm>
- Office of Juvenile Justice and Delinquency Prevention: http://www2.dsgonline.com/mpg/mpg_program_detail.aspx?ID=706&title=Teen%20Outreach
- Find Youth Info: http://www.findyouthinfo.gov/cf_pages/programdetail.cfm?id=706
- WSIPP cost-benefit analysis: <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>
- Allen, J. et al. "Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach," *Child Development*, Vol. 64, No. 4, 1997, pp.729-742.

Promising Practices

Hillside Work Scholarship Connection

Hillside Work- Scholarship Connection (HWSC) is designed to improve graduation rates, entry-level work skills, and post-secondary education rates of at-risk RCSD students. School-based youth advocates provide one-to-one mentoring to HWSC participants, meeting regularly with them to monitor academic and work performance, help them identify career goals, develop positive study habits, and overcome obstacles to learning. All students are encouraged to take advantage of tutoring and homework help. Advocates also work with the families, conducting home visits four times a year and maintaining weekly phone contact. Employment and college scholarships offered through a wide variety of local partners are used as an incentive to keep grades and attendance up. All students are required to attend weekly enrichment sessions with topic areas focused around career exploration, college preparation, job-readiness, and social and life skills. HSWC uses the Teen Outreach Curriculum, which involves young people in structured, supervised volunteer service, group discussions of topics directly related to students' service work, and group discussions and activities related to a wide variety of topics related to youth development.

The Center for Governmental Research (CGR) published a quasi-experimental evaluation of the program in January 2004. CGR tracked graduation rates and other academic indicators of RCSD students that participated in HWSC for at least 7 months. CGR's study found that 61% of these HSWC students graduated from high school, almost twice the 31% rate of demographically-similar students that did not participate in the program. Students entering the program with less than a C average had a 50% graduation rate, more than triple the 15% graduation rate of similar students. The study also found that over 75% of HWSC participants that had graduated from high school engaged in some form of post-secondary education, and about 80% were engaged in some type of employment. HWSC is currently engaging in a more rigorous experimental evaluation of the program to further evaluate its impact.

References:

- CGR report: http://cgr.org/reports/04_R-1397_HillsideWorkScholarship.pdf
- program website: <http://www.hillside.com/Who/HWSC.htm>