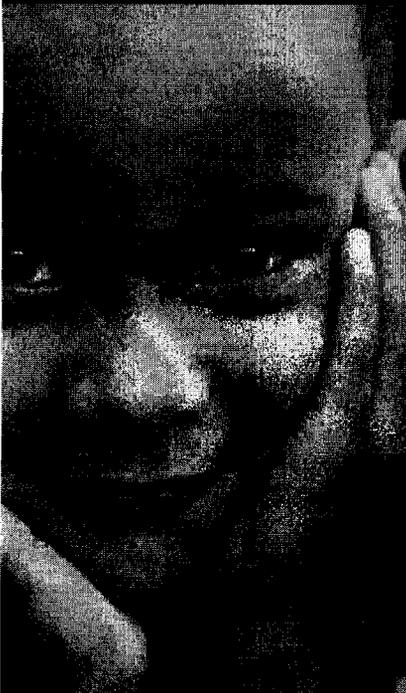




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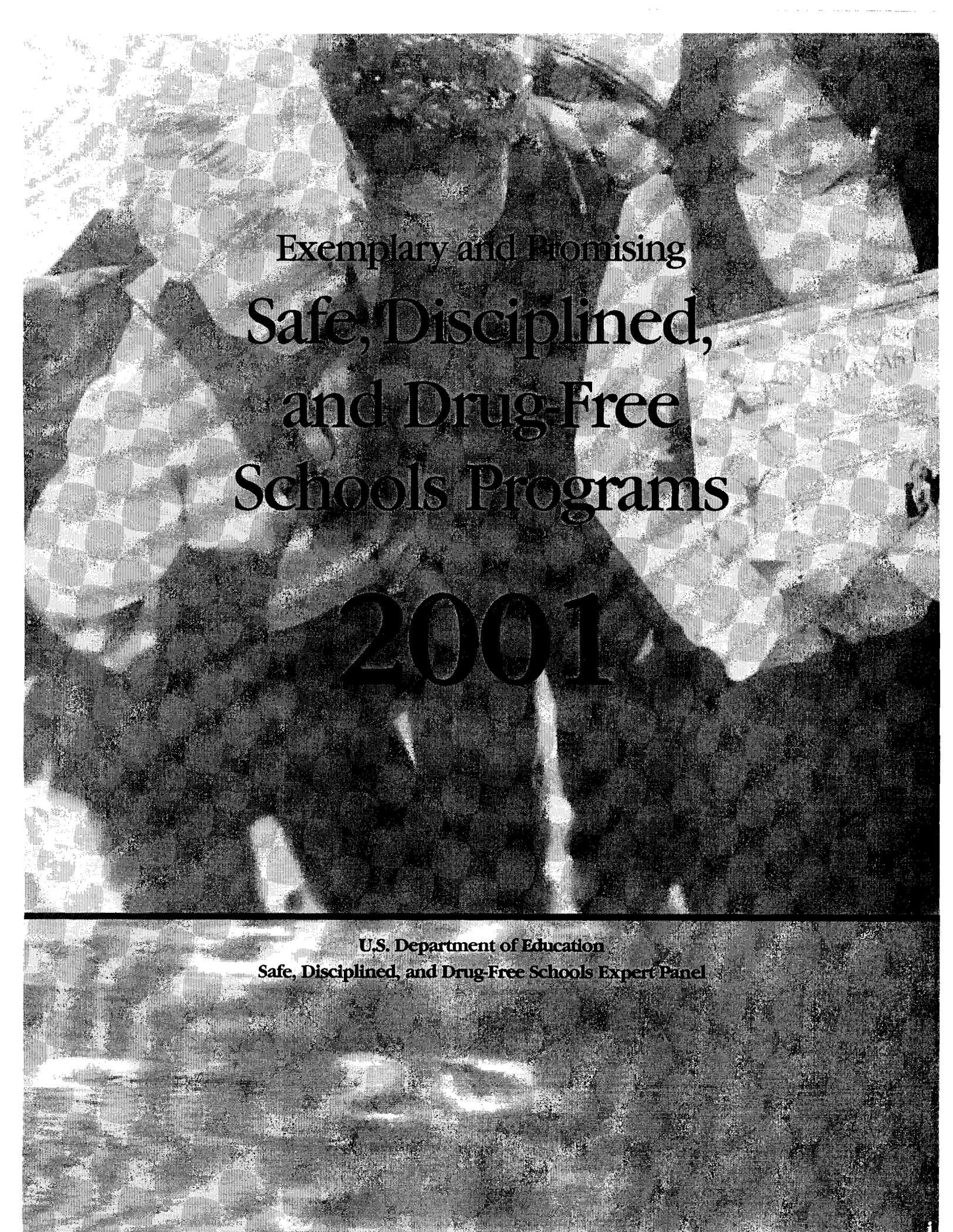


U.S. DEPARTMENT OF EDUCATION  
SAFE, DISCIPLINED, AND DRUG-FREE SCHOOLS  
EXPERT PANEL

*Exemplar*  
SAFE, DISCIPLINED, AND  
DRUG-FREE SCHOOLS

P R O G R A M S





Exemplary and Promising  
Safe, Disciplined,  
and Drug-Free  
Schools Programs

2001

U.S. Department of Education  
Safe, Disciplined, and Drug-Free Schools Expert Panel

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# INTRODUCTION

In 1994, Congress directed the Office of Educational Research and Improvement (OERI), U.S. Department of Education, to establish “panels of appropriate qualified experts and practitioners” to evaluate educational programs and recommend to the Secretary of Education those programs that should be designated as *exemplary* or *promising*. Under the Education, Research, Development, Dissemination, and Improvement Act of 1994, each panel, in making this recommendation, was directed to consider 1) whether based on empirical data a program was effective and should be designated as exemplary or 2) whether there was sufficient evidence to demonstrate that the program showed promise for improving student achievement and should be designated as promising. The purpose of these panels was and still is to provide teachers, administrators, policymakers, and parents with solid information on the quality and effectiveness of programs and materials so that they can make better-informed decisions in their efforts to improve the quality of student learning. The OERI regulations implementing the statute leave to the judgment of the expert panels a determination of the nature and weight of evidence necessary to designate a program either promising or exemplary.

The Safe and Drug-Free Schools (SDFS) program and OERI established the Safe, Disciplined, and Drug-Free Schools Expert Panel in May 1998. (This panel was one of five established by the Department; the others were in the fields of math, science, gender equity, and educational technology.) The 15-member Expert Panel for Safe, Disciplined, and Drug-Free Schools was composed of educators, researchers, evaluators, program developers, and representatives from local and state education agencies, businesses, institutions of higher education, and medical and legal communities. Its task was to develop and oversee a process for identifying and designating as promising and exemplary programs that promote safe, disciplined, and drug-free schools. The Expert Panel initiative was a way of enhancing prevention programming by making schools and communities aware of programs that have proved their effectiveness when judged against rigorous criteria. The activity was also in keeping with the “Principles of Effectiveness” governing recipients’ use of funds received under the Safe and Drug-Free Schools and Communities Act, State Grants Program.

## THE REVIEW PROCESS

The panel initially met to set up a process for making determinations and to establish the criteria under which programs would be reviewed. The panel drew heavily on the considerable research on “what works” in prevention programming in combating both substance use and violence among youth. The panel developed seven criteria, under the four “criteria categories” provided in the regulations, for judging the efficacy and quality of programs that would be submitted for their review and consideration. These seven criteria follow this Introduction.

The Expert Panel had an open and widely publicized submission process that encouraged applications from any program sponsor who believed that his or her program might meet the review criteria. A total of 124 programs were reviewed under a two-stage field review process established by the panel. In the first stage, 19 individuals with special expertise in research and evaluation, as well as in safe, disciplined, and drug-free schools programming, formed a pool of Criterion 1 field reviewers. They were selected by the U.S. Department of Education (the Department) from a list of individuals nominated by state SDFS coordinators, program staff, and Expert Panel members. These Criterion 1 reviewers met and were trained in the review procedures and became familiar with the criterion—evidence of efficacy—they were to use for reviewing programs. During this first-stage field review, each of the 124 programs was scored for evidence of efficacy by two Criterion 1 field reviewers.





Programs with high scores on the evidence of efficacy criterion (Criterion 1) were then considered by two second-stage field reviewers. In the second-stage field review, a pool of 40 individuals different from those used in the first-stage field review was selected by the Department to serve as Criteria 2 to 7 field reviewers. These individuals were nominated by state SDFS coordinators and program staff for their expertise in safe, disciplined, and drug-free schools programming. These Criteria 2 to 7 field reviewers met and were trained in the procedures and criteria they were to use when reviewing programs. They reviewed submissions on the criteria categories of quality of program, educational significance, and usefulness to others.

The Expert Panel met and considered field reviewer ratings and comments from both stages of the process for all programs reviewed. The panel identified 33 programs it wished to designate as promising and nine programs it wished to designate as exemplary.

Each of the nine potentially exemplary programs was subsequently sent to a separate Impact Review Panel for further review by at least two of its members according to procedures established by the Department. The Impact Review Panel comprised a group of national experts in evaluation/research design and analysis and was established by the Department to review the strength of evidence of program effects for all five of the Department's Expert Panels. The Expert Panel then considered comments and scores from the Impact Review Panel on the nine potentially exemplary programs and made a final determination about the programs to recommend to the Department as exemplary.

This publication provides descriptions of the 9 exemplary and 33 promising programs selected by the Expert Panel in 2001. Contact information for each program is also provided. In the program summaries that follow, the sections "Program Description" and "Professional Development Resources and Program Costs" were prepared based on information provided by the developers at the time they submitted their programs for consideration. At the request of the Department, developers checked each program description for accuracy and added updated information regarding costs as relevant. The remaining sections—"Program Quality" and "Evidence of Efficacy"—are based on the assessments of the reviewers and panelists.

# EVALUATION CRITERIA

The following criteria and indicators were used to evaluate the Safe, Disciplined, and Drug-Free Schools programs submitted to the Expert Panel in 1999.

## A. EVIDENCE OF EFFICACY

**Criterion 1** *The program reports relevant evidence of efficacy/effectiveness based on a methodologically sound evaluation.*

Condition a. The program evaluation indicates a measurable difference in outcomes that is based on statistical significance testing or a credible indicator of magnitude of effect. Relevant outcomes are factors related to making schools safe, disciplined, and drug-free: a reduction in substance use, violence, and other conduct problems and positive changes in scientifically established risk and protective factors for these problems.

Condition b. The program evaluation used a design and analysis that adequately controls for threats to internal validity, including attrition.

NOTE: Some evaluation designs do not meet the criteria for Exemplary or Promising status. Such designs include the following: 1) pre-post designs without comparison groups; 2) one-time, post-test only, comparison studies without randomization or other efforts to control threats to internal validity; and 3) case studies without comparisons.

Condition c. The program evaluation used reliable and valid outcome measures.

NOTE: Some evaluation measures do not meet the criteria for Exemplary or Promising status. Such measures of program effects include the following: 1) judgments based on clinical experience; and 2) authoritative evidence such as reports by expert committees and testimonials.

Condition d. The program evaluation used analyses appropriate to the data.

## B. QUALITY OF PROGRAM

**Criterion 2 (Goals)** *The program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting.*

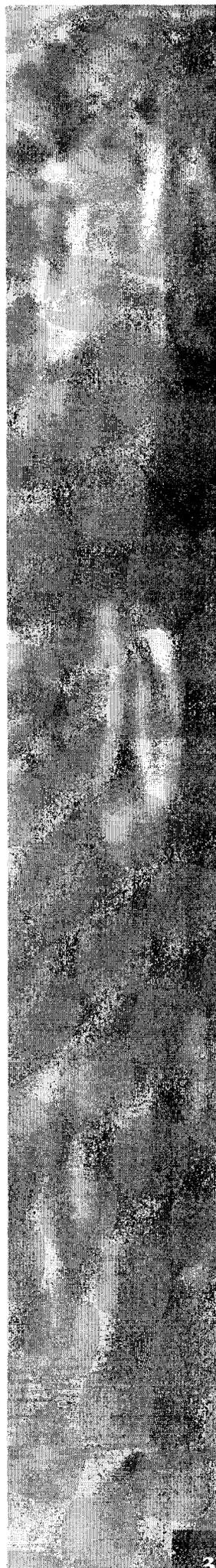
Condition a. The program's goals are explicit and clearly stated.

Condition b. The program's goals are appropriate to the intended population and setting.

**Criterion 3 (Rationale)** *The rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals.*

Condition a. The rationale (e.g., logic model, theory) underlying the program is clearly stated and includes appropriate documentation (e.g., literature reviews and previous research).

Condition b. The program's content and processes are aligned with its goals.



**Criterion 4** *The program's content takes into consideration the characteristics of the intended population and setting (e.g., developmental stage, motivational status, language, disabilities, culture) and the needs implied by these characteristics.*  
(Content Appropriateness)

NOTE: Content appropriateness will be determined on the basis of the application narrative and the program materials submitted.

**Criterion 5** *The program implementation process effectively engages the intended population.*  
(Implementation Methods)

Condition a. The program provides a relevant rationale to participants for its implementation.

Condition b. The program actively engages the intended population.

Condition c. The program attends to participants' prior knowledge, attitudes, and commonly held conceptions.

Condition d. The program implementation methods promote participants' collaboration, discourse, and reflection.

***Where applicable:***

Condition e. The methods foster the use and application of skills.

Condition f. The program promotes multiple approaches to learning.

## C. EDUCATIONAL SIGNIFICANCE

**Criterion 6** *The application describes how the program is integrated into schools' educational missions.*

## D. USEFULNESS TO OTHERS

**Criterion 7** *The program provides necessary information and guidance for replication in other appropriate settings.*  
(Replicability)

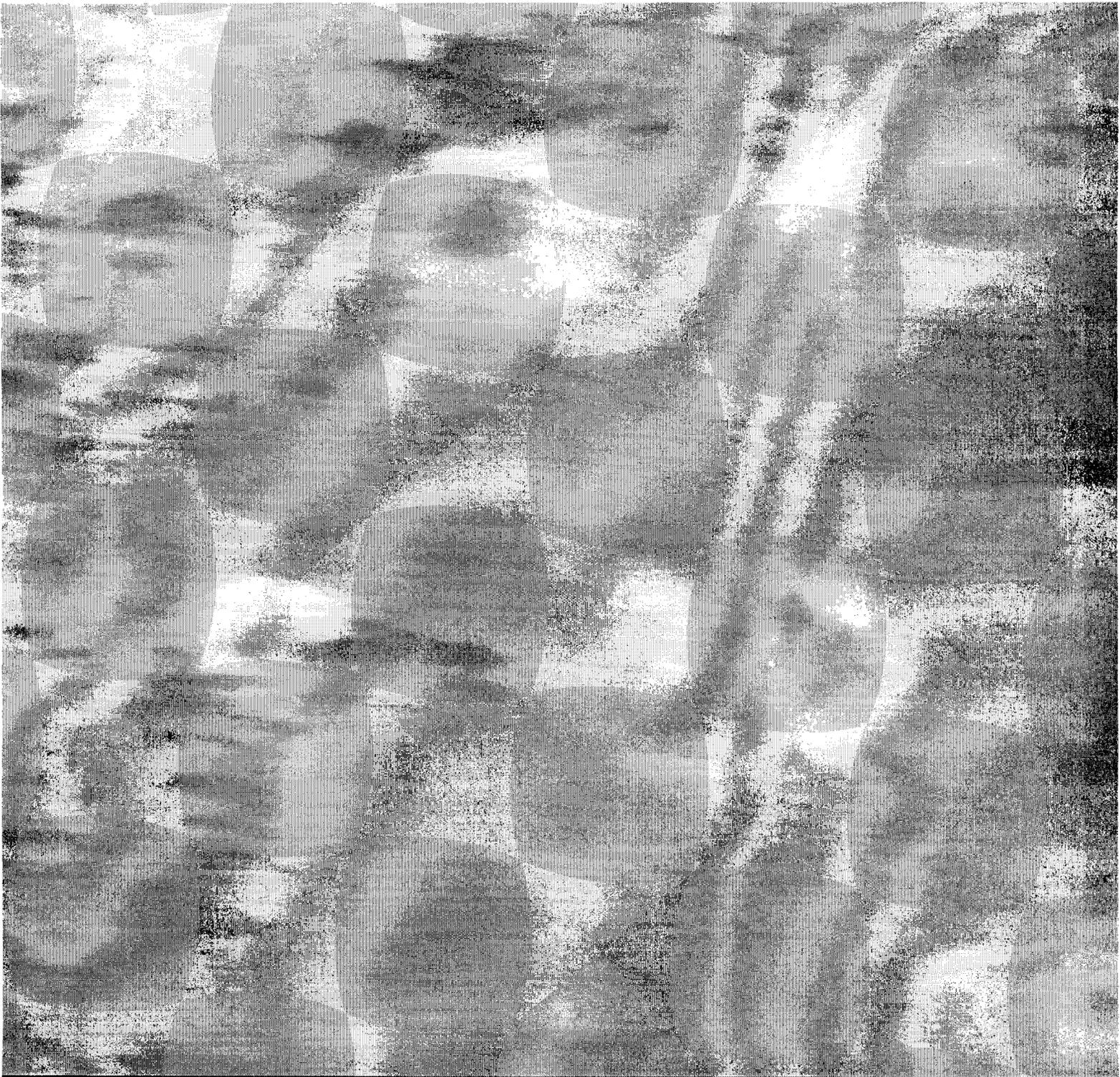
Condition a. The program clearly outlines the essential conditions required to replicate it with fidelity in other settings (e.g., strategies, resources, implementation plans, and materials).

Condition b. The program includes guidelines and materials for training and supporting those who are to replicate it.

# Exemplary Programs at a Glance

EXEMPLARY PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<b><i>Athletes Training and Learning to Avoid Steroids (ATLAS)</i></b>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 9–12	<ul style="list-style-type: none"> <li>• 10 sessions</li> <li>• 45 minutes per session</li> <li>• Total 9 classroom hours plus 100 hours team contact</li> </ul>	<ul style="list-style-type: none"> <li>• \$149.95 for manual &amp; 10 Athlete Packs</li> <li>• \$39.95 for set of 10 Athlete Packs, which include a curriculum workbook, sport menu nutrition booklet, and training guide</li> <li>• Training for teachers and coaches additional</li> </ul>
<b><i>CASASTART</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 8–13	<ul style="list-style-type: none"> <li>• Case management structure, ongoing, neighborhood-based</li> </ul>	<ul style="list-style-type: none"> <li>• For cost of CASASTART manual guide (under development) contact program, 212-841-5208</li> <li>• \$4.25 for <i>CASASTART Mission and History: A Program of National Center on Addiction and Substance Abuse</i></li> </ul>
<b><i>Life Skills Training</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–9	<ul style="list-style-type: none"> <li>• 15 sessions year 1</li> <li>• 10 booster sessions year 2</li> <li>• 5 booster sessions year 3</li> <li>• 45 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$625 for middle school set (teacher manual and 30 student guides)</li> <li>• \$275 for grades 6–7</li> <li>• \$225 for grades 7–8</li> <li>• \$175 for grades 8–9</li> <li>• 2-day training for up to 20 participants</li> </ul>
<b><i>OSLC Treatment Foster Care</i></b>	Treatment Program	Adolescents	<ul style="list-style-type: none"> <li>• Ongoing case management structure</li> <li>• Average stay: 7 months</li> </ul>	<ul style="list-style-type: none"> <li>• \$27,755 for 7 months per student</li> </ul>
<b><i>Project ALERT</i></b>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> <li>• 11 sessions for grade 6 or 7</li> <li>• 3 booster sessions 1 year later</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 for training per teacher, including teacher's manual, videos, posters, and handouts</li> </ul>
<b><i>Project Northland</i></b>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> <li>• 6 sessions in 6 weeks (6th grade)</li> <li>• 8 sessions in 8 weeks or 4 weeks (7th grade)</li> <li>• 8 sessions in 4 weeks (8th grade)</li> <li>• approximately 45 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$245 per grade for materials for 30 students and teacher's guide</li> <li>• \$755 for materials for all 3 grades and community component</li> <li>• \$1,750 on 1st day for training up to 30 teachers \$1,500 for each additional day (3-day training)</li> <li>• National training events</li> </ul>
<b><i>Project T.N.T.: Towards No Tobacco Use</i></b>	Tobacco Abuse Prevention	Grades 5–8	<ul style="list-style-type: none"> <li>• 10 sessions in 2–4 weeks</li> <li>• 45 minutes per session</li> <li>• 2 booster sessions 1 year later</li> </ul>	<ul style="list-style-type: none"> <li>• \$45 for teacher's manual and student workbook</li> <li>• \$18.95 for set of 5 workbooks</li> <li>• 2-day training is additional</li> <li>• 3-day train the trainer is additional</li> <li>• Videos are optional</li> </ul>
<b><i>Second Step: A Violence Prevention Curriculum</i></b>	Violence Prevention and Building Social Competencies	Pre-K–Grade 9	<ul style="list-style-type: none"> <li>• 20 sessions in 10–20 weeks per grade level</li> <li>• 20–50 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$259 for pre-K kit</li> <li>• \$269 for grades 1–3 kit</li> <li>• \$249 for grades 4–5 kit</li> <li>• \$545 for middle/jr. high kit (all 3 levels)</li> <li>• \$475 for Family Guide kit</li> <li>• \$379 for Second Step train the trainer workshop</li> </ul>
<b><i>The Strengthening Families Program: For Parents and Youth 10–14</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 5–9	<ul style="list-style-type: none"> <li>• 7 sessions</li> <li>• 2 hours per session</li> <li>• 4 booster sessions 6–12 months later</li> </ul>	<ul style="list-style-type: none"> <li>• \$175 for a leader's manual (sessions 1–7)</li> <li>• \$250 for a set of 9 videos</li> <li>• \$50 for a booster session leader manual</li> <li>• \$60 for booster videos (2)</li> <li>• \$2,500 for 2-day training</li> <li>• \$3,500 for 3-day training</li> <li>• Costs average \$10 per family for other supplies; booster sessions additional</li> </ul>

\* Current costs need to be verified with the program.



# Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Aggression Replacement Training</i>	Violence Prevention and Building Social Competencies	Grades K–12	<ul style="list-style-type: none"> <li>• 30 sessions in 10 weeks</li> <li>• 3 sessions a week</li> <li>• 1 hour per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$24 for Aggression Replacement Training book</li> <li>• \$5,000 plus expenses for 2-day workshop training for unlimited number of participants</li> <li>• \$7,000 for train the trainer</li> </ul>
<i>Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence</i>	Violence Prevention and Building Social Competencies	Grades 6–9	<ul style="list-style-type: none"> <li>• 12 sessions, each session no more than 1 week apart</li> <li>• 45-minute sessions</li> </ul>	<ul style="list-style-type: none"> <li>• \$59.95 for materials, includes lesson plans, reproducible student handouts, and transparencies</li> <li>• Training</li> </ul>
<i>AI's Pals: Kids Making Healthy Choices</i>	Violence Prevention and Building Social Competencies	Ages 3–8	<ul style="list-style-type: none"> <li>• 46 sessions</li> <li>• 2 sessions per week for 23 weeks</li> <li>• 15–20 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,095 per classroom (teacher and assistant) Includes 2-day training and curriculum kit (46-lesson manual, puppets, audiotapes or CDs, parent letters, songbooks, pads, and puppet house)</li> <li>• \$845 per classroom with one teacher</li> <li>• Training is delivered on-site for up to 30 participants</li> </ul>
<i>All Stars (Core Program)</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grade 6 or 7	<ul style="list-style-type: none"> <li>• 13 regular sessions in one semester</li> <li>• 45 minutes per session</li> <li>• One-on-one meetings with students 2 or 3 times</li> <li>• 2 small-group meetings led by peer leaders</li> <li>• 8 booster sessions the following year and 1 one-on-one booster session</li> </ul>	<ul style="list-style-type: none"> <li>• \$165 for core program guide</li> <li>• \$175 for consumable materials for 25 students, (includes \$20 Wal-Mart gift certificate)</li> <li>• \$35 for booster program guide</li> <li>• \$250 for 2-day training per participant or \$3,000 for up to 20 participants</li> </ul>
<i>Caring School Community Program (formerly the Child Development Project)</i>	Violence Prevention and Building Social Competencies	Elementary grades	<ul style="list-style-type: none"> <li>• Intensive, whole-school staff development</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,500 to \$2,000 for materials per school</li> <li>• \$4,000 for 2-day institute for entire faculty</li> <li>• \$6,000 for 3-day train the trainer for 2 to 5 school teams (3–5 on a team)</li> </ul>
<i>Community of Caring</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–12	<ul style="list-style-type: none"> <li>• Ongoing student forums</li> <li>• Service learning projects</li> <li>• Family involvement activities</li> <li>• 14-session curriculum on abstinence-based sexuality for secondary grades</li> </ul>	<ul style="list-style-type: none"> <li>• \$6,250–\$8,250 per year per high school of 1,000 students. Includes training of 15 to 20 faculty and staff</li> <li>• \$4,000–\$5,500 for 500 elementary school students</li> <li>• \$7,500 for 2-day training for up to 100 participants. Includes all materials (program guide, teacher's guide, etc.)</li> </ul>
<i>Creating Lasting Family Connections</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 11–17	<ul style="list-style-type: none"> <li>• 3 parent training modules. Each module has 5 or 6 sessions in 5–6 weeks</li> <li>• 2.5 hours per session</li> <li>• 3 youth training modules. Each module is 5 or 6 sessions in 5–6 weeks</li> <li>• 1.5–2 hours per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,224 for curriculum kit includes manuals, youth notebooks, and parent notebooks</li> <li>• \$750 for 5-day training per participant</li> <li>• \$1,500 for 10-day training per participant</li> <li>• On-site training</li> </ul>
<i>Facing History and Ourselves</i>	Violence Prevention and Building Social Competencies	Grades 7–12	<ul style="list-style-type: none"> <li>• One semester-long unit in a social studies, English, art, history, or interdisciplinary course</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 for classroom resource books for 10 or more</li> <li>• Other resources available on loan</li> <li>• \$150 for 1- to 2-day training</li> <li>• \$575 for weeklong institute</li> <li>• \$600 for local in-service plus expenses per day and \$15 per participant for materials</li> </ul>

\*Current costs need to be verified with the program.

# Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<b><i>Growing Healthy</i></b>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–6	<ul style="list-style-type: none"> <li>• 43–51 sessions per grade</li> <li>• 2 or 3 sessions a week</li> <li>• 45 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$174.95 for curriculum guides per grade</li> <li>• \$850 to \$2,650 for materials depending on grade level. Materials may include videos, anatomical models, books, games, and hands-on items.</li> <li>• \$120 for a grade-level CD-ROM per teacher</li> </ul>
<b><i>I Can Problem-Solve</i></b>	Violence Prevention and Building Social Competencies	Ages 4–7	<ul style="list-style-type: none"> <li>• 3–5 times per week</li> <li>• 20–40 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$39.95 for teacher's manual</li> <li>• \$19.95 for parent manual, <i>Raising a Thinking Child</i></li> <li>• Training varies: \$1,000 for 1-day training; \$1,500–2,000 for 2-day training (costs negotiable)</li> </ul>
<b><i>Let Each One Teach One Mentor Program</i></b>	Violence Prevention and Building Social Competencies	Adolescents	<ul style="list-style-type: none"> <li>• Weekly sessions for 16–20 weeks</li> <li>• 1 hour per session</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation: \$400–\$800 for 16–20 weeks</li> <li>• \$200–\$300 for supplies</li> <li>• \$2,000–\$4,000 for scholarships</li> <li>• 2.5 days of a psychologist's services</li> </ul>
<b><i>Linking the Interests of Families and Teachers (LIFT)</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 1–5	<ul style="list-style-type: none"> <li>• 20 sessions in 10 weeks</li> <li>• 1 hour per session in classroom and playground</li> <li>• Parent training is 6 sessions for 6 weeks</li> <li>• 2 hours per session</li> </ul>	<ul style="list-style-type: none"> <li>• Leader training for 15–30 hours</li> <li>• 5 hours for playground monitor's training</li> <li>• Cost of .5 FTE school psychologist to deliver program</li> <li>• Training, home visits, manual, videotapes</li> </ul>
<b><i>Lions-Quest Skills for Adolescence</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> <li>• 102 sessions in various formats</li> <li>• A minimum of 45 sessions in 9 weeks</li> <li>• 102 sessions over 3 years is the maximum level</li> <li>• 45 minutes per session, delivered no less often than every other day</li> </ul>	<ul style="list-style-type: none"> <li>• \$450 per teacher the first year includes 2-day training workshop, curriculum set, and student materials for a class of 25</li> <li>• After first year, cost for materials is \$5.95 per student</li> <li>• 10-day train the trainer program</li> </ul>
<b><i>Lions-Quest Working Toward Peace</i></b>	Violence Prevention and Building Social Competencies	Ages 10–14	<ul style="list-style-type: none"> <li>• 22 sessions and 6 basic life-skills sessions</li> <li>• Daily for 5 weeks or every other day for 9 weeks</li> <li>• 40- to 50-minute sessions</li> </ul>	<ul style="list-style-type: none"> <li>• \$89.95 per teacher. Student materials are available for \$3.95 per student.</li> <li>• Family resource pamphlets are \$1.25 each</li> <li>• Quantity discount</li> <li>• Optional 1-day training for up to 50 participants</li> <li>• 5-day train the trainer workshop</li> </ul>
<b><i>Michigan Model for Comprehensive School Health Education</i></b>	Violence Prevention and Building Social Competencies	Grades K–12	<ul style="list-style-type: none"> <li>• Grades K–6 curriculum: 40 sessions</li> <li>• 30–45 minutes per session</li> <li>• Grades 7–12 content module format of varying lengths</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 per curriculum manual for grades K–6</li> <li>• \$20 per curriculum manual for grades 7–12</li> <li>• \$450 per classroom average cost for grades K–12</li> <li>• \$250 for training for grades K–6</li> <li>• \$150 for training for grades 7–12</li> </ul>
<b><i>Minnesota Smoking Prevention Program</i></b>	Tobacco Abuse Prevention	Ages 11–15	<ul style="list-style-type: none"> <li>• 6 sessions</li> <li>• 45–50 minutes per session</li> <li>• One 30-minute session for peer group leader training</li> </ul>	<ul style="list-style-type: none"> <li>• \$148 for program kit, including facilitator's manual, poster, 5 group leader guides, and handouts</li> <li>• \$1,750 for 1st day of training, \$1,500 for 2nd day (2-day training) for up to 30 participants</li> <li>• National training available</li> </ul>

\*Current costs need to be verified with the program.

# Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<b><i>Open Circle Curriculum</i></b>	Violence Prevention and Building Social Competencies	Grades K–5	<ul style="list-style-type: none"> <li>• Sessions are twice a week</li> <li>• 15–30 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum guide is available for each grade level</li> <li>• \$750 per teacher for yearlong training activities and curriculum, including lessons, handouts, and newsletters</li> </ul>
<b><i>PeaceBuilders®</i></b>	Violence Prevention and Building Social Competencies	Grades 1–8	<ul style="list-style-type: none"> <li>• Ongoing, schoolwide, community-wide</li> </ul>	<ul style="list-style-type: none"> <li>• \$8 per student grades K–5</li> <li>• After the first year, \$100 per year for incentive tool kit, including leadership guides, staff guides, visual aids, handouts, and site license</li> <li>• \$1,750 for 4-hour training on-site (elementary)</li> <li>• \$1,250 for 2-day train the trainer (elementary)</li> <li>• \$3,000 for middle school program (<i>Action Guide</i>, leadership guide, graphics binder, and CD-ROM)</li> <li>• \$2,250 for 2-day training on-site (middle school)</li> <li>• \$1,250 for 2-day train the trainer (middle school)</li> <li>• Orientation for teachers and staff</li> </ul>
<b><i>The Peacemakers Program: Violence Prevention for Students in Grades 4–8</i></b>	Violence Prevention and Building Social Competencies	Grades 4–8	<ul style="list-style-type: none"> <li>• 1 session per week for 17 weeks (or one semester)</li> <li>• 45 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$65 for teacher's manual</li> <li>• \$50 for counselor's manual</li> <li>• \$8 for student handbook</li> <li>• Averages \$11 per student, including manuals, workbooks, and training</li> <li>• \$150 per hour plus expenses for the 6–8 hours of training</li> </ul>
<b><i>Peers Making Peace</i></b>	Violence Prevention and Building Social Competencies	Pre-K–Grade 12	<ul style="list-style-type: none"> <li>• 15–24 students are selected and trained in program skills</li> <li>• Elementary students: three 3-hour sessions</li> <li>• Middle school students: four 3-hour sessions</li> <li>• High school students: five 3-hour sessions</li> <li>• Students then perform ongoing mediation services for school</li> </ul>	<ul style="list-style-type: none"> <li>• \$1.64 per student</li> <li>• \$100 for coordinator's manual</li> <li>• \$100 for video orientation</li> <li>• \$100 for site license (allows copying of 100 student manuals)</li> <li>• \$550 per day for training for up to 30 teachers, including some materials</li> <li>• \$250 per day for additional trainer for more than 30 teachers</li> </ul>
<b><i>Positive Action</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–8	<ul style="list-style-type: none"> <li>• Grades K–6 curriculum has 140 sessions per grade delivered daily or almost daily (15–20 minutes per session)</li> <li>• Middle school sessions are 2 or 3 days a week (15–20 minutes per session)</li> </ul>	<ul style="list-style-type: none"> <li>• \$400 for Kindergarten Teacher's Kit</li> <li>• \$300 for Teacher's Kit (1–8)</li> <li>• \$185 for fifth-grade Drug Education Supplement Teacher's Kit</li> <li>• \$300 for Middle School Drug Education Supplement Teacher's Kit</li> <li>• \$360 for Principal's Kit</li> <li>• \$55 for family kit</li> <li>• \$300 for community kit</li> <li>• \$160 for implementation plan</li> <li>• \$160 for rejuvenation plan</li> <li>• \$60 for counselor's kit</li> <li>• Additional kits \$150–\$400</li> <li>• \$600 per day for on-site training</li> <li>• Evaluation options</li> <li>• Secondary school materials</li> </ul>

\*Current costs need to be verified with the program.

# Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<b><i>Preparing for the Drug-Free Years</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Parents of children ages 8–14	<ul style="list-style-type: none"> <li>• 5 sessions in 5 weeks for parents</li> <li>• 2-hour sessions</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per participant for materials, including a curriculum kit, a leader's guide, videotapes, transparencies, and a family guide</li> <li>• \$4,500 for 3-day training for up to 12 leaders</li> </ul>
<b><i>Primary Mental Health Project</i></b>	Treatment Program	Pre-K–Grade 9	<ul style="list-style-type: none"> <li>• Weekly sessions, one on one</li> <li>• 30–40 minutes per session</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 per year per child is the estimated cost</li> <li>• A single contact can be less than \$10</li> <li>• Various booklets and manuals available, including a program development manual, a handbook, and a screening and evaluation tool</li> <li>• Training videos as well as on-site consultation</li> </ul>
<b><i>Project STAR</i></b>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 10–12	<ul style="list-style-type: none"> <li>• Part 1: 10–13 sessions in 5–6 weeks</li> <li>• Part 2: 5–7 sessions in 2–4 weeks</li> <li>• 50 minutes per session (or less)</li> </ul>	<ul style="list-style-type: none"> <li>• Private consultant for 2-day training for part 1, 1-day training for part 2</li> <li>• Training for parents, the media, and community</li> </ul>
<b><i>Promoting Alternative Thinking Strategies (PATHS)</i></b>	Violence Prevention and Building Social Competencies	Grades K–6	<ul style="list-style-type: none"> <li>• 3–5 times per week for grades K–6, suggested</li> <li>• 131 sessions</li> <li>• 20- to 50-minute sessions</li> <li>• Variable delivery methods</li> </ul>	<ul style="list-style-type: none"> <li>• \$550 for Basic curriculum, grades 1–6, including instructor manual, 5 volumes of lessons, visual aids</li> <li>• \$145 for Readiness and Self-Control (Turtle unit), grades K–1, including instructor manual, puppet, visual aids</li> <li>• \$640 for complete curriculum, includes both Basic and Turtle units</li> <li>• \$3,000 for 2-day training for up to 30 participants</li> </ul>
<b><i>Responding in Peaceful and Positive Ways (RIPP)</i></b>	Violence Prevention and Building Social Competencies	Grade 6 or 7	<ul style="list-style-type: none"> <li>• 25 sessions in 25 weeks</li> <li>• 50-minute sessions</li> </ul>	<ul style="list-style-type: none"> <li>• 1 FTE violence prevention coordinator</li> <li>• \$600 for a 4-day training, including curriculum manual</li> </ul>
<b><i>Say It Straight Training</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 3–12	<ul style="list-style-type: none"> <li>• 5–10 sessions at least 2 times per week</li> <li>• 50-minute sessions</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,600 per year for school of 600–1,000 students, including training and training manual</li> <li>• \$6.50 for parent workbook</li> <li>• Train the trainer model with on-site and e-mail support</li> <li>• \$.15–.30 per workbook for rights to copy</li> <li>• Costs reduced in subsequent years</li> </ul>
<b><i>SCARE Program</i></b>	Violence Prevention and Building Social Competencies	Early adolescents	<ul style="list-style-type: none"> <li>• 15 sessions in 15 weeks or 15 days</li> <li>• Sessions of 45–50 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• \$49.99 for leader's manual and student workbook</li> <li>• No other training necessary</li> </ul>
<b><i>Skills, Opportunity, and Recognition (SOAR)</i></b> <b><i>(formerly Seattle Social Development Program)</i></b>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 1–6	<ul style="list-style-type: none"> <li>• 10 days in-service training for teachers</li> <li>• 6-day principal/facilitator training</li> <li>• 6-day parent workshop leader training</li> <li>• 15-day parent training in 3 workshops over 2 years</li> </ul>	<ul style="list-style-type: none"> <li>• Training for teachers in classroom management</li> <li>• Training for teachers in curriculum</li> <li>• Training for parents</li> <li>• \$80,000 per school for a 2-year installation with all trainings</li> </ul>

\*Current costs need to be verified with the program.

# Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Students Managing Anger and Resolution Together (SMART) Team</i>	Violence Prevention and Building Social Competencies	Grades 5–9	<ul style="list-style-type: none"> <li>• 8 modules used in sequence or independently</li> </ul>	<ul style="list-style-type: none"> <li>• Training needs are minimal</li> <li>• \$195 for user license for one computer</li> <li>• \$395 for multiuser license</li> <li>• \$595 for network license</li> </ul>
<i>Social Decision Making and Problem Solving</i>	Violence Prevention and Building Social Competencies	Grades K–8	<ul style="list-style-type: none"> <li>• Multiyear, infused schoolwide, classroom based</li> </ul>	<ul style="list-style-type: none"> <li>• \$75 for <i>Curriculum Guide</i> (one per school building)</li> <li>• \$35 for individual teacher curriculum</li> <li>• \$750–\$1,550 per day for training, depending on school needs</li> <li>• \$50 materials fee includes a teacher's guide, training packet, and posters</li> </ul>
<i>Teenage Health Teaching Modules</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–12	<ul style="list-style-type: none"> <li>• 23 modules for 3 grade groupings: 6–8, 9–10, 11–12; can be implemented individually</li> <li>• 45-minute sessions</li> </ul>	<ul style="list-style-type: none"> <li>• \$999.95 for complete curriculum grades 6–12</li> <li>• \$409.95 for grades 6–8</li> <li>• \$359.95 for grades 9–10</li> <li>• \$284.95 for grades 11–12</li> <li>• \$25–\$80 for individual modules</li> <li>• \$7.20 average cost per student for handouts</li> <li>• Training</li> </ul>
<i>The Think Time Strategy</i>	Violence Prevention and Building Social Competencies	Grades K–9 (SED populations)	<ul style="list-style-type: none"> <li>• Teachers working in tandem send disruptive students to a Think Time desk as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• \$49 for video-based training, 35 minutes long</li> </ul>

\*Current costs need to be verified with the program.





EXEMPLARY PROGRAM

*Athletes Training and  
Learning to Avoid Steroids*

## ATHLETES TRAINING AND LEARNING TO AVOID STEROIDS

*Athletes Training and Learning to Avoid Steroids* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Athletes Training and Learning to Avoid Steroids (ATLAS) is a universal program for high school male athletes. The goals of the program are to reduce anabolic steroid use and intent to use, reduce the use of alcohol and other illicit drugs, reduce the use of "athletic-enhancing" supplements, reduce substance abuse risk factors, promote substance abuse protective factors, improve nutrition behaviors, and improve athletic self-efficacy.

The rationale of the program is based on the premise that student athletes are an important group for health promotion and substance abuse prevention, as they can be role models and opinion leaders for other students. Their abstinence from drug use has the potential to deter abuse in others. The success of ATLAS relies on an understanding of etiologic risks and protective factors.

ATLAS involves 10 classroom sessions (each 45 minutes long) in which students role-play, create campaigns, and play educational games. Instructional aids include pocket-sized food and exercise guides and easy-to-follow workbooks. Parents are involved with their child's homework and diet goals. The total classroom curriculum lasts nine hours. The classroom session time allotment is divided into 50 percent drug issues, 34 percent sport nutrition, and 16 percent exercise training. In addition, ATLAS requires approximately 100 hours of team contact during the sport season.

The program has two components: the Instructor Package and the Athlete Packs. The Instructor Package is a three-ring binder that includes instructions on how to train peer "squad" leaders, background information, and lesson plans for the 10-session curriculum. Also included in the Instructor Package are 10 Athlete Packs. Each Athlete Pack contains 10 curriculum workbooks, 10 sports menu booklets that feature information on nutrition and specific athletic-enhancing snacks before and after training, and 10 training guides that cover strength training, weight lifting, and workout schedules.

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### ***Professional Development Resources and Program Costs***

A one-day instructor and peer-led training is available but not required. Ongoing assistance and updated information are located on the ATLAS Web site, and technical assistance is available through ATLAS via e-mail, fax, and telephone. The

cost of the program (Instructor Package with 10 Athlete Packs) is \$149.95. Additional Athlete Packs (a set of 10) can be purchased for \$39.95 each. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers found that the scope and sequence of the activities led logically to the achievement of the program's clearly articulated goals. They lauded the program's congruence among mission, goals, objectives, activities, and intended behavior change. This program targeted a very specific audience, and its materials were appropriate to that audience.

## EVIDENCE OF EFFICACY

Reviewers found that the ATLAS evaluation studies were rigorous and methodologically strong, with excellent designs, internal validity, well-known measures, appropriate analyses, and statistically significant outcomes. The program used a pre-post test design with random assignments to control groups, large samples, multiple schools, longitudinal measures, and sophisticated analyses of the data. The researchers carefully and systematically addressed issues of retention, baseline equivalence, short-term and long-term effects, and both individual and school-level results. One reviewer pointed out that the program was thoughtfully contextualized in adolescent psychological and physical development theory and correctly identified and addressed potential statistical issues, such as ethnicity and a father's education at baseline.

Reviewers noted the consistent pattern and magnitude of the program's outcomes. Each of the 14 effectiveness claims was substantiated with statistically significant results. Statistically reliable outcomes in favor of the treatment group were found in almost all areas addressed by the program. Outcomes included the following: 1) reduced incidence and prevalence of drug use, intention to use and actual use of anabolic steroids, use of sport's supplements, and incidents of drinking and driving; 2) improved drug use resistance skills and perceptions of the harmful effects of anabolic steroids—including personal susceptibility to these harmful effects, perception of athletic competence, and sports nutrition behaviors; and 3) increased strength training self-efficacy and perception of a coach's intolerance of anabolic steroid use.

The evaluation design was a randomized cohort study, conducted over three consecutive years; two cohort studies had a one-year follow-up component and all three cohort studies had an end-of-the-season follow-up. Thirty-one schools in 10 cities and two states were studied, with random assignments of pair schools to experimental and control conditions. There were 15 experimental and 16 control schools and a sample of 3,207 athletes at pre-assessment. There was no differential dropout between experimental and control groups. Positive post-test findings were observed one year after baseline measurement, using a 168-item questionnaire based on prior research that indicated high item reliabilities, validity, and adequate sensitivity.

## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

# *CASASTART*

## CASASTART

The *CASASTART* program is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a substance abuse and violence prevention program serving especially high-risk 8- to 13-year-olds and their families living in socially distressed neighborhoods. The program is a comprehensive, neighborhood-based, school-centered secondary intervention that brings together police, schools, and community-based organizations to achieve two goals: 1) to redirect the lives of youngsters who are considered likely to end up in trouble (e.g., likely to use drugs, become delinquent, or drop out of school), and 2) to reduce and control illegal drug use and related crime in the neighborhoods where the youths live to make the areas safer and more nurturing environments. The specific objectives of the program are to reduce children's use of illegal substances, to reduce the incidence of delinquent behavior in and out of school, and to reduce the incidence of disruptive behavior in school.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University selects a low-income neighborhood in a large city and identifies a target school. Within that school, CASASTART identifies those youths most likely to become involved in negative behaviors and works to increase the protective factors in these youths to prevent their involvement in substance abuse, violence, and illegal activities. CASA's other roles are to specify the core services, train site staff, develop and sustain the collaborative relationship at the staff and policy levels, support problem-oriented policing strategies in the neighborhood, develop strategies to work through issues of confidentiality, design the data collection and management information systems, structure and conduct the program evaluation, assess local funding needs, and assist in fund development.

The case manager serves as a counselor, mentor, advocate, broker of services, and role model. CASA's comprehensive prevention strategy contains the following eight required core services: case management, education services, family services, recreational activities, mentoring, community policing, incentives, and criminal/juvenile justice intervention.

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### ***Professional Development Resources and Program Costs***

CASA's staff regularly visits new sites and provides in-service training to site staff in all components of the model. Training sessions—which involve staff from all key agencies—cover case management, service integration and collaboration, substance abuse prevention, family involvement, and community-oriented

policing. CASA also holds regular all-site conference calls and an annual all-site conference, bringing together the partners from all CASA communities. A CASASTART newsletter is distributed bimonthly. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Although this program was comprehensive and took on enormous challenges, reviewers noted that the goals were still very clear and appropriate for the task. Reviewers found that the program's goals and rationale attended to the challenges of working with youths from socially distressed neighborhoods and that the program was adaptable to the variety of environments found there. CASASTART clearly addressed how the case management model was flexible in its time frame, intensity, and availability.

## EVIDENCE OF EFFICACY

Reviewers found considerable evidence of CASASTART's efficacy based on an independent evaluation using treatment vs. control group designs with multiple measures (e.g., surveys of youths and caregivers, court and police records, school records on performance and attendance, program records on services and participation). Reviewers commended the rigor of the evaluation design, the integrity of the measures, and the comprehensiveness of the data analyses.

CASASTART is the second iteration of the National Center on Addiction and Substance Abuse at Columbia University's Children at Risk (CAR) research and demonstration program. This program was tested in six cities from 1992 to 1995. Therefore, CASASTART provided efficacy data resulting from the 1992–95 evaluation of CAR programs in five cities. The first year of the evaluation used an experimental design in which eligible youths ages 11 to 13 were randomly assigned to treatment and control groups. The groups consisted of 338 CAR participants and 333 control youths, all selected in five cities during 1992–93 and 1993–94. During the second year of the evaluation, a second comparison group was created, using a quasi-experimental design to assign youths to comparison groups in equivalent communities who continued to recruit CAR participants. The comparison group consisted of 203 youths selected in four cities during 1993–94. Data analysis was performed to adjust for attrition, and validity was checked for self-reported data.

The evaluation data yielded statistically significant treatment and control group differences across sites between the CAR youths and the control group on measures of gateway and stronger drug use, drug sales activity, violent crimes, and involvement with delinquent peers. CAR youths had more positive peer support and felt less peer pressure. They also were more likely to be promoted to the next grade in school than were the control students.

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## FOR FURTHER INFORMATION

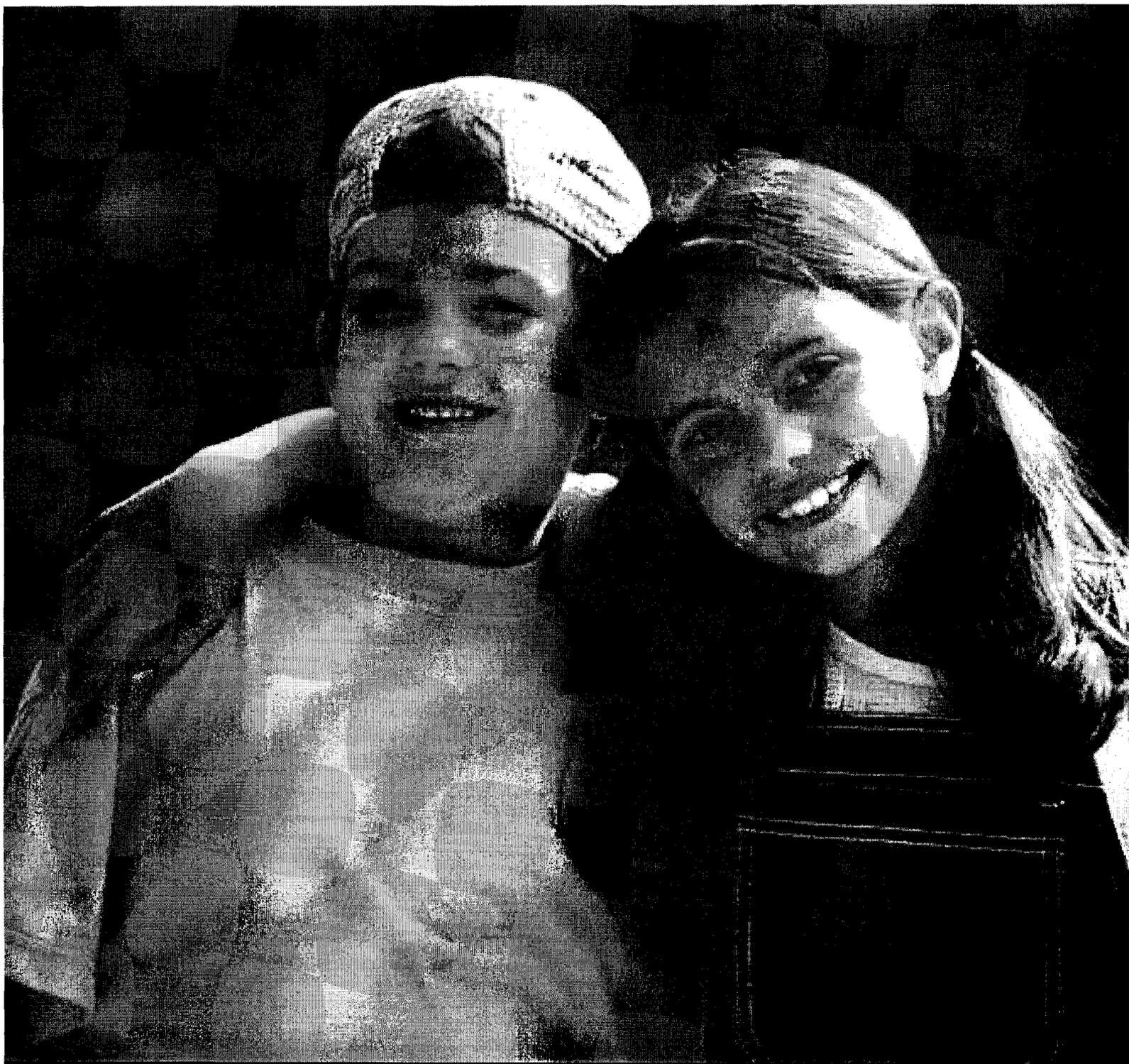
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EXEMPLARY PROGRAM

*Life Skills Training*

## LIFE SKILLS TRAINING

*Life Skills Training* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

The Life Skills Training (LST) program addresses a wide range of risk and protective factors by teaching young people general personal and social skills in combination with drug resistance skills and normative education. LST is a universal, primary, school-based drug abuse prevention program that targets individual adolescents, typically in school classrooms. The goal of the program is to prevent tobacco, alcohol, and drug abuse among adolescents. The designated program consists of a three-year prevention curriculum intended for middle school and junior high students. (An elementary school curriculum has recently been developed.) The three major content areas are self-management skills, general social skills, and drug resistance skills and information.

The underlying rationale of this program is based on the premise that preventing drug use in younger populations will ultimately reduce the prevalence of drug use among these youths as they get older. LST is based on an understanding of the causes of smoking and alcohol and drug use as well as the knowledge that drug use begins due to a complex combination of many diverse factors.

Materials for each year of the LST curriculum consist of a teacher's manual, a student guide, and audiocassette tapes. The curriculum is designed to be delivered in 15 classes of approximately 45 minutes each in the first year. Ten booster sessions occur in the second year, and five sessions occur in the third year. Another option is to deliver the program as a module or mini-course so that the entire program can be conducted on consecutive days. Teachers and parents may also use a video on smoking and biofeedback to teach their students and children about the immediate harm that smoking inflicts on the body.

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### ***Professional Development Resources and Program Costs***

The LST program offers provider training at an estimated cost of \$200 per person for a two-day workshop (curriculum materials not included). The training sponsor is responsible for costs associated with the training site, equipment rental, and

promotion. Depending on the grade level, the teacher manuals range in cost from \$45 to \$85. Student guides range from \$6 to \$9 each. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers stated that the program's goals and activities were closely aligned with research on changing knowledge, attitudes, and behaviors about drug use. Reviewers also reported that the intended population and the expected changes within that population were clearly articulated and logically appropriate.

## EVIDENCE OF EFFICACY

Statistically significant results were found in a wide variety of settings using randomly assigned groups, with both objective and self-report measures of use. Reviewers found consistently positive results for up to six years for participants who continued with an implementation of the program that was high in fidelity. Measures focused on the three gateway drugs: alcohol, cigarettes, and marijuana. Program measures were as reliable and valid as is possible for these complex variables, due to the fact that the program used saliva and carbon monoxide testing to validate self-reported data. Results were consistent across large numbers of participants in repeated studies.

Thirteen evaluation studies spanning more than 15 years all found strong evidence of positive treatment effects extending over periods of time. These studies used very strong research designs, controlling for threats to internal validity, such as attrition, and using follow-up components. Differential attrition was examined, and implementation fidelity of the program was assessed in most of the later studies. All studies used designs in which the schools were randomly assigned to treatment and control conditions. Reviewers found that the treatment group showed a statistically significant decrease in levels of adolescent alcohol, tobacco, and marijuana use compared with the control groups; some studies showed these effects lasting for one year or longer. The most powerful result of the program was a decrease in smoking prevalence, an outcome reinforced by a positive impact on mediating variables. A six-year longitudinal follow-up study showed statistically significant decreases in weekly and monthly cigarette smoking, getting drunk, and using multiple drugs for experimental conditions.

Almost every study showed statistically significant results that favored the treatment group, with some studies examining the strength of the program implementation and/or any differential attrition effects. In sum, reviewers concluded that the evidence as a whole showed that the program had been rigorously evaluated using a variety of populations, variations in staff, and different program formats.

## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

*OSLC Treatment  
Foster Care*

## OSLC TREATMENT FOSTER CARE

The OSLC Treatment Foster Care program is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

The Oregon Social Learning Center (OSLC) Treatment Foster Care program recruits and trains foster families to house and care for youths with a history of juvenile delinquency. The goal of the program is to provide adolescents who are seriously delinquent and need out-of-home care with the following: close supervision, fair and consistent limits, predictable consequences for rule-breaking, a supportive relationship with at least one adult mentor, and less exposure to delinquent peers. Foster families work with caseworkers and therapists to administer an intensive behavior intervention, but biological/adoptive families continue to have input into their child's treatment.

Effective interventions for this population are multidimensional and are implemented in the Treatment Foster Care home, at school, in the community, and with peers. The program has many components, all of which work together to serve the needs of the youths. Treatment modalities include behavioral parent training for Treatment Foster Care parents and biological parents, skills training for youths, supportive therapy for youths and involved adults, school-based behavioral interventions and other academic support, and psychiatric consultation and medication management as needed. Family therapy is provided for each youth's biological and adoptive families to help achieve the ultimate goal of returning the youth home.

Placement into Treatment Foster Care homes is carefully considered and highly scripted. Youths move from a detention facility to the new home with the guidance of a case manager. Youths attend public schools, where their behavioral adjustment, attendance, and academic performance are closely monitored, and interventions are conducted in the school as needed. The program is divided into levels that participants can attain as they accumulate points for good behavior and compliance. Participants' performance in the foster home, school, and community is monitored and scored. Points earned are "redeemed" by the participants for privileges. Once a youth has returned home, parents are invited to participate in a weekly aftercare group with other parents. The aftercare curriculum is delivered through a manual titled *Success Begins at Home*.

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### ***Professional Development Resources and Program Costs***

Treatment Foster Care families are recruited and screened, and then participate in a 20-hour pre-service training. Biological and adoptive parents also receive training in point system assignments. The total program cost is estimated at \$3,965 per

month per youth. This total includes family therapy sessions and payments to the foster family. The average length of stay is seven months, bringing the average total cost per youth to \$27,755. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers noted that the overall program goals were excellent and commended the program for the specific goal of realizing normal behaviors among adolescents targeted for this program. Reviewers stated that the rationale was well planned and that the content considered the diversity of the population it served. Reviewers found the expectations of performance, the interventions themselves, the methods of providing support, and the feedback all to be exemplary.

## EVIDENCE OF EFFICACY

Reviewers determined that the OSLC Treatment Foster Care program had been rigorously tested through four evaluation studies, one using a matched comparison design and three using random assignment designs. The program collected evaluation data through well-known measures with established reliability and validity and official organization, state, and court records. All of the evaluations were high quality in terms of experimental design, selection of measures, data analyses, and, most important, long-term effects of the program. Reviewers found its impact to be both statistically and clinically significant. The program presented convincing findings on scientifically established risk factors, such as early and persistent antisocial or aggressive behavior and early initiation of delinquency.

One randomized clinical trial of incarcerated youths ages 12 to 18 used a control group receiving an alternative treatment program. This study demonstrated statistically significant evidence of the effectiveness of the Treatment Foster Care program in reducing criminal and delinquent behaviors in serious and chronic adolescent offenders. Multiple measurement points—at baseline, three months after placement, and every six months for two years—strengthened the design. One year after treatment, the experimental group had improved in the area of conduct problems: They had fewer self-reports of delinquent activities, fewer official criminal referrals, fewer days of incarceration, and fewer days on the run from the treatment program. The matched comparison study showed that the youths from the Treatment Foster Care program spent fewer days in lockup. Also, fewer of these youths were incarcerated, and more of them completed treatment than did the comparison youths.

## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

*Project ALERT*

## PROJECT ALERT

*Project ALERT* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Project ALERT is a drug-prevention program for middle-grade students that focuses on alcohol, marijuana, cigarettes, and inhalants. It was developed and evaluated at RAND with funding from the Conrad N. Hilton Foundation. Its goals are to prevent adolescents from beginning drug use, to prevent those who have experimented with drugs from becoming regular users, and to prevent or curb the risk factors demonstrated to predict drug use.

Project ALERT is based on an understanding that drug use is a social phenomenon—a response to pro-drug messages and models presented by peers, adults, and the media. This program attempts to provide the motivation for saying no by identifying the pressures to use drugs and countering pro-drug messages. The program builds and reinforces group norms against drug use and dispels student beliefs that use is widespread, desirable, and harmless.

The curriculum consists of 11 lessons in sixth or seventh grade and three booster lessons 12 months later. The curriculum is cumulative, progressing from motivating nonuse to providing multiple opportunities to practice resistance skills and identify the benefits of resistance. Follow-up with reinforcement is contained in the booster lessons.

### PROGRAM QUALITY

The program goals of Project ALERT clearly focused on behavioral changes that were both reasonable and appropriate for the middle-grade age level. The program content and materials were culturally and ethnically sensitive and were successfully implemented in highly diverse middle schools that encompassed urban, suburban, and rural communities. The rationale for the program was based on the social influence model of drug prevention. Students in the program were motivated and engaged in the learning process due to its participatory nature. Activities highlighted consequences of drug use that were immediately relevant to teenagers but avoided didactic lecturing and scare tactics that might have caused students to ignore or block out the message. For example, in the activity “Why not use drugs?” students reviewed a list elicited directly from their responses; thus, it automatically reflected the consequences of drug use that students themselves considered serious and likely.

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### ***Professional Development Resources and Program Costs***

The Project ALERT curriculum builds the pedagogical skills and training of certified classroom teachers during a highly interactive, one-day workshop. For \$125, a teacher can receive the complete training and materials package, which consists of the following: a one-day training workshop, a complete teacher’s manual with 14 detailed lesson plans, two teacher demonstration videos, eight classroom videos, 12 classroom posters, an optional teen leader component, and complimentary video and print curriculum

updates. Other costs for student materials are limited to a few reproducible handouts.

Ongoing support for trained Project ALERT teachers is provided through a complimentary technical assistance newsletter (published three times a year) and a toll-free teacher-assistance telephone line. Refresher workshops are available for previously trained teachers. (Current costs need to be verified with the program.)

## EVIDENCE OF EFFICACY

Reviewers determined that Project ALERT provided convincing evidence of a credible and effective drug prevention program through an extremely well-designed evaluation and consistent results. The evaluation was exemplary in all respects, including a large sample size, numerous and varied schools and student populations, two variations of program treatments, random assignment of students to treatment and control groups, longitudinal measurements, validated outcome measures, appropriate adjustment for attrition effects, and thorough and sophisticated analyses. Results demonstrated statistically significant and meaningful effects favoring the treatment students in a variety of settings and over time. Reviewers agreed that they were confident that the findings were attributable to the intervention.

The evaluation was carried out in 30 middle schools from 1984 to 1990, with three conditions of 10 schools each: 1) a control group of 1,105 students, 2) an ALERT curriculum group of 1,316 students taught by an adult teacher only, and 3) an ALERT curriculum group of 1,413 students taught by an adult teacher plus a teen leader. The evaluation design used multiple measurements to validate the self-report survey measures with physiological samples and consistency analyses conducted over time. The evaluators administered and tested saliva samples at the time of measurement to verify student survey ratings; conducted classroom observations monitoring more than one third of all lessons; examined classroom logs to ensure that materials were covered and the courses taught as they were designed; and performed a reliability test to determine inconsistencies in self-reported drug use. Data were collected at four points: before and after seventh grade and after the eighth-grade booster lessons, with follow-ups at 12 and 15 months after baseline. In addition, a long-term follow-up assessed student outcomes six years later.

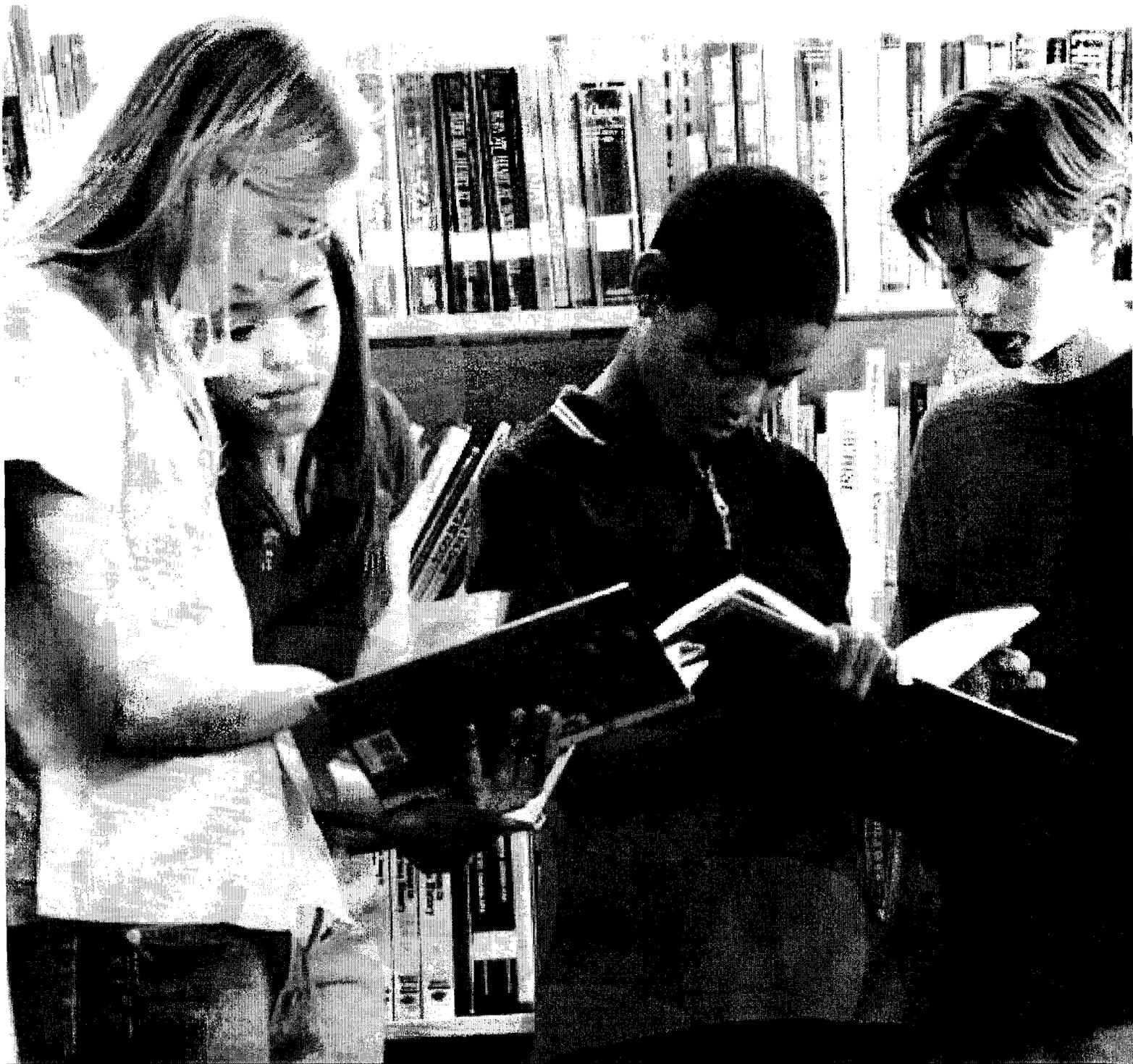
Statistically significant and consistent differences were found between the treatment and control students on both their use and beliefs about use for marijuana, alcohol, and cigarettes. The evaluation examined complex relationships, including results for students who participated for different amounts of time and who began as users, nonusers, or experimenters.

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## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

# *Project Northland*

## PROJECT NORTHLAND

*Project Northland* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Project Northland is a research-based, multilevel, multiyear alcohol use prevention program for students in grades six through eight. Its goals are to delay the age when young people begin drinking, to reduce alcohol use among those who have already tried drinking, and to limit the number of alcohol-related problems among youths. The program addresses both individual behavioral change and environmental change through student participation and experiential learning at home and in peer-led classroom activities.

The sixth-grade curriculum, titled "Slick Tracy Home Team Program," is a six-session, six-week, classroom- and home-based program. Students at home with their families complete fun and educational activities that promote parent-child discussions of alcohol, peer influence, media influence, and home rules. In the classroom, small-group discussions led by peers focus on each week's theme. "Amazing Alternatives!" is a seventh-grade, teacher- and peer-led, classroom-based curriculum that is designed to be taught once or twice a week over four to eight consecutive weeks. It includes audiotaped vignettes, group discussions, class games, problem-solving tasks, and role-playing to explore why young people use alcohol and how to prevent it. Sixth- and seventh-grade peer leaders are selected by their classmates and receive training prior to curriculum implementation.

The "Powerlines" curriculum for eighth-graders is a four-week interactive program with eight 45-minute sessions. The curriculum reinforces the messages and behaviors learned in previous curricula. Through work on small-group projects, students learn about local "power" groups (individuals and organizations) and the influences those groups have on adolescent alcohol use and availability within their own communities. Students also conduct interviews with local citizens and then hold a "town meeting" in which small groups of students represent various community groups and make recommendations for community action for alcohol use prevention.

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### ***Professional Development Resources and Program Costs***

The curriculum includes three teacher-friendly guides for grades six, seven, and eight that provide strategies, resources, implementation plans, and materials needed for optimal benefit. Student-specific handouts enhance ease of delivery at all grade levels.

Training is strongly recommended for administrators or prevention coordinators to understand thoroughly the research,

rationale, and strategies for effective implementation. Participants will receive key implementation tools and technical assistance in developing an individual plan. In order best to meet conditions for replication, classroom teacher training for staff delivering curriculum in grades six, seven, and eight is also suggested. For current costs on all materials and training services, please call Hazelden Publishing at 1-800-328-9000.

## PROGRAM QUALITY

Reviewers noted that the program content and processes were developmentally appropriate at each grade level and took into consideration the characteristics and needs of diverse populations. The program was grounded in social influence theories such as problem behavior theory, which emphasizes the interaction of social-environmental factors, behavior, and personality in predicting adolescent drinking. Reviewers highlighted the program's design, which had students exposed to parental involvement, behavioral curricula, peer leadership opportunities, and community awareness activities during the three years of participation. Reviewers noted that roughly 70 percent of the program's small-group discussion activities were led by peers and that peer-led instruction was highly effective at this age. Project Northland used other strategies to motivate students, including class games, videotapes, and small-group projects.

## EVIDENCE OF EFFICACY

Project Northland used a pre-post, randomized community trial with longitudinal follow-up measures to determine the program's effectiveness. Reviewers found this approach to be an excellent example of a comprehensive evaluation of an alcohol prevention program. The strengths of the evaluation included a strong design, a high-intensity intervention, appropriate analyses, and a comprehensive set of measures. The credibility of the program had been established in repeated trials and in several refereed journals. The evaluation involved a large sample of adolescents, with 2,351 sixth-grade students at the 1991 baseline point. It also retained a substantial portion of them over the three-year period: 2,191 students at the 1992 sixth-grade follow-up; 2,060 students at the 1993 seventh-grade follow-up; and 1,901 students at the 1994 eighth-grade follow-up. The program demonstrated statistically significant effects, especially among nonusers at baseline, and provided considerable longitudinal evidence of the program's effectiveness in delaying the onset of alcohol and other drug use.

The evaluation used randomization at the school district level, with 24 intervention and reference school districts blocked into two groups, and student questionnaire measures assessing attitudes, beliefs, and use of drugs and alcohol. Results demonstrated consistent statistically significant differences at the end of the three-year intervention in favor of the treatment group on repeated survey measures, including students' tendency to use alcohol, recent alcohol use, cigarette use, marijuana use, peer influence, self-efficacy, and functional meanings of alcohol use. The program showed a differential effect for nonusers at baseline, indicating that the program was very effective in delaying the onset of alcohol, cigarette, and marijuana use among adolescents who had never used these substances at the sixth-grade baseline.

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## FOR FURTHER INFORMATION

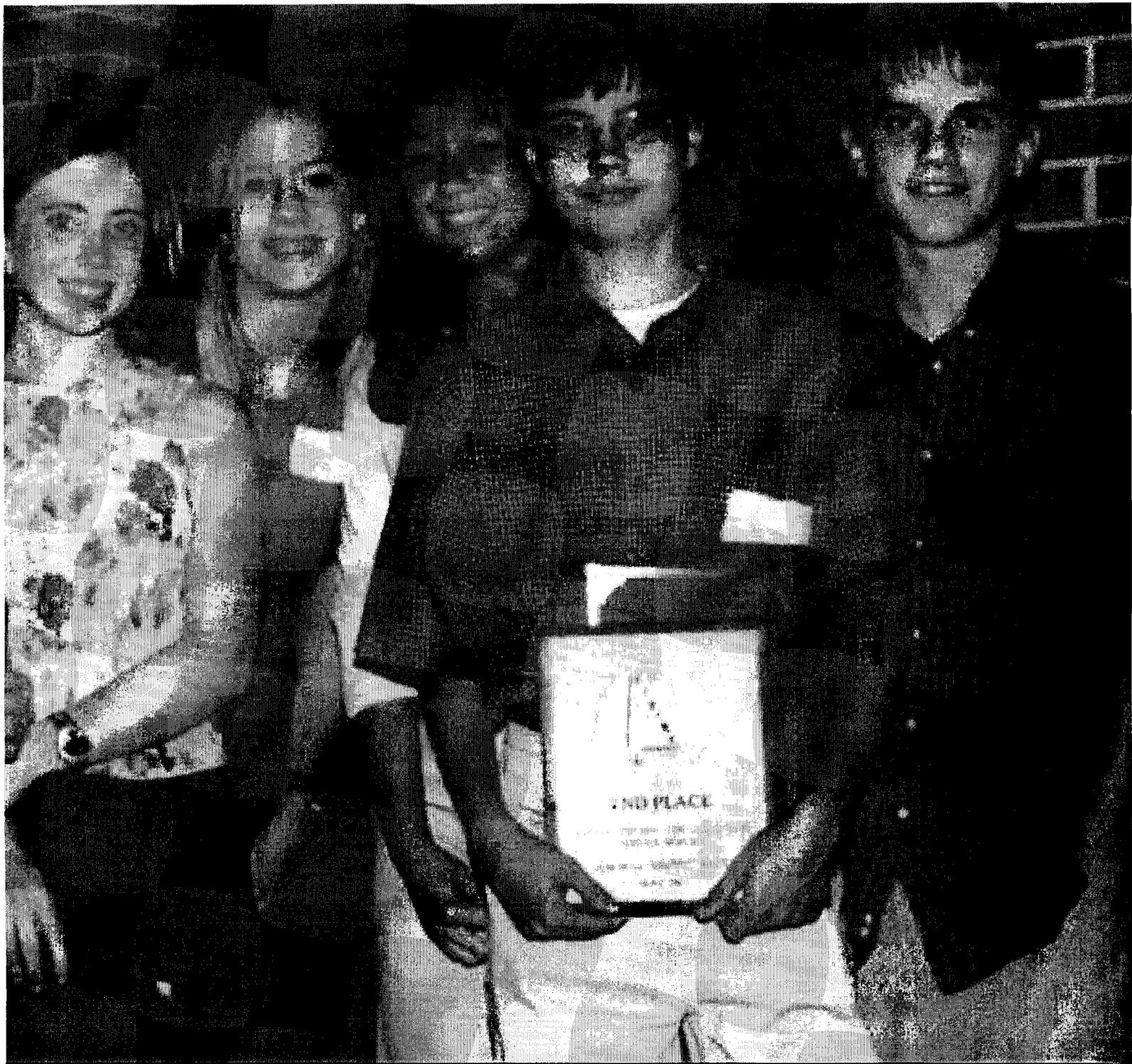
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EXEMPLARY PROGRAM

*Project T.N.T.:  
Towards No Tobacco Use*

## PROJECT T.N.T.: TOWARDS NO TOBACCO USE

*Project T.N.T.: Towards No Tobacco Use* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Project T.N.T.: Towards No Tobacco Use is a comprehensive, 10-day curriculum that provides students with the information and skills they need to say no to tobacco use. The program educates students about the short- and long-term negative physiologic and social consequences of tobacco use, while addressing social influences and peer norms and building refusal skills. The program addresses both cigarettes and smokeless tobacco.

The program goals for Project T.N.T. are to reduce the initiation of cigarette smoking and smokeless tobacco use in young teens and to reduce the frequency of cigarette smoking and smokeless tobacco use in young teens. The program combines numerous research-based approaches for program delivery. It teaches the replacement of negative thoughts about resisting peer pressure with positive thoughts, provides an interactive approach to explain the physical consequences of tobacco use, and uses novel games to reinforce learning.

Designed for use in middle schools and junior high schools, the program consists of 10 lessons to be presented over a two-week period, beginning in either grade five, six, seven, or eight. Each of the 10 core lessons lasts 45 to 50 minutes and can be delivered over a two-week period or over as many as four weeks. Two booster sessions are held the year after the program begins.

The curriculum consists of a teacher's manual with step-by-step instructions for completing each of the 10 core sessions and the two booster sessions, a student workbook, and two supplementary or optional videos.

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### ***Professional Development Resources and Program Costs***

Two days of teacher training are recommended. There are two types of training: educator training—a two-day workshop designed to provide health educators with the knowledge and skills needed to implement Project T.N.T.—and train the trainer—a three-day workshop designed to provide trainers with the knowledge and skills needed to train health educators to

implement Project T.N.T. Costs vary, depending on the size of the group, location, duration, and extent.

Program materials cost \$45 for one curriculum, which consists of a teacher's manual and one student workbook. The student workbook, in either English or Spanish, is \$18.95 for a set of five. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

The program's goals were found to be explicit, clear, and appropriate to the audience. Both the rationale behind these goals and the program activities were compelling to the reviewers; most significantly, the program demonstrated nicotine's addictive nature and emphasized how that quality necessitates a continued commitment to preventing tobacco use among young people. Materials were noted by reviewers to be of significant variety and were not found to be culturally biased or insensitive to diverse ethnic groups.

## EVIDENCE OF EFFICACY

Reviewers concluded that the evaluation design of Project T.N.T. was ambitious, very strong methodologically, and well constructed for strong internal validity. There were large samples, multiple schools, identifications of different sub-treatments, random assignments, and sophisticated analyses of the data. Appropriate tests were made for gender and setting effects. The program presented evidence of effectiveness in attenuating increases in initiation and weekly use of cigarettes and smokeless tobacco for seventh-grade treatment students. Reviewers commented on the impressiveness of a program that could demonstrate results a full two years after a 10-day treatment intervention.

The pre-post evaluation design involved the random assignment of 48 schools to four treatment conditions and one control. The schools were split into two cohorts. In Cohort 1, a 20-page questionnaire was administered pre-post to 6,716 students in seventh grade from treatment and control schools and, during a two-year follow-up, to 7,219 students in ninth grade. In Cohort 2, a sample of students in each school was given the pre-post questionnaires. The program reported that at the end of the two-year follow-up, compared with control group schools, students in Project T.N.T. schools reduced the initiation of cigarette use by 26 percent and smokeless tobacco use by 30 percent weekly. The regular use of cigarettes decreased by 50 to 60 percent and of smokeless tobacco by 100 percent. Statistically significant differences were found on a variety of measures for some of the treatment groups compared with the control group.

## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

*Second Step: A Violence  
Prevention Curriculum*

## SECOND STEP: A VIOLENCE PREVENTION CURRICULUM

*Second Step: A Violence Prevention Curriculum* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Second Step: A Violence Prevention Curriculum is a school-based social skills curriculum that teaches children to change attitudes and behaviors that contribute to violence. The goals of Second Step are to reduce aggression and to promote the social competence of children from preschool through ninth grade. The program also addresses a range of other behaviors that may be warning signs of violence and aggression, including acting with extreme impulsiveness, interrupting, calling people names, bullying, and threatening.

Second Step is based on research that suggests that the acquisition of key social competencies will decrease children's risk for engaging in destructive behavior and will expand their repertoire of pro-social skills. Second Step addresses three key pro-social skills: empathy, impulse control, and anger management.

The program is delivered once or twice a week, and lessons vary from 20 minutes in the lower grades to 50 minutes for older children. There are about 20 lessons for each grade level. For preschool and elementary school students, the Second Step curriculum consists of three kits: preschool/kindergarten, grades one to three, and grades four and five. Each kit includes a set of photo lesson cards, classroom posters, a teacher's guide, a classroom video, and a parent information video. The pre-K kit also includes a tape of songs and puppets. Lessons in the middle school and junior high curriculum are divided into three levels. Each contains discussion lessons, overhead transparencies, reproducible homework sheets, and a live-action video. At all grade levels, a teacher's guide explains the underpinnings of the program and provides implementation information to schools.

A video-based parent program, "A Family Guide to Second Step," is led by a Family Guide group facilitator in six group meetings. The program is designed to familiarize parents with the Second Step curriculum and help them reinforce the pro-social skills their children learn in their lessons. A Spanish supplement to Second Step is available for use by teachers in Spanish language or bilingual classrooms.

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### ***Professional Development Resources and Program Costs***

Training for teachers is available through a train the trainer model. Educators who receive the intensive training as Second Step trainers gain the skills, tools, and resources that enable them to train their school staff to teach the curriculum to students. In addition, the developer provides training for Family Guide facilitators, refresher/booster training sessions, and training programs for staff other than teachers. Free implementation planning assistance is available to schools via telephone.

Typical program costs are as follows: the pre-K kit, \$259; the grades one to three kit, \$269; the grades four and five kit, \$249; materials for three levels of middle school and junior high school, \$545; the Family Guide kit, \$475; and the Second Step Training for Trainers, a three-day workshop for one trainer, \$379. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers noted the correlation between the program's goals and the practice skills taught in the curriculum. They also highlighted the program's focus on mastery of three important areas: empathy, impulse control, and anger management. Reviewers found that the strategies to achieve these goals and the rationale behind them had a strong congruence and were very logical. Because the program drew experiences from its participants, reviewers found it to be culturally appropriate for the intended population.

## EVIDENCE OF EFFICACY

Second Step provided overall evidence of efficacy based on data from three evaluation studies: a pre-post randomized control group study, a pre-post nonrandomized comparison group study, and a pre-post treatment-group-only study. Additional studies are in progress, including a three-year longitudinal evaluation.

Reviewers cited in particular two strengths of the evaluation data: 1) the excellent triangulation of teacher rating, parent report, and classroom observation measures; and 2) the use of well-known teacher and parent measures with a history of established reliability and validity. Reviewers specifically noted the rigor of the one-year, pre-post randomized clinical trial, involving 418 second- and third-grade students from six intervention schools and 372 second- and third-grade students from six control groups, in which the 12 schools were paired to ensure socioeconomic and ethnic comparability. This study yielded statistically significant treatment and control group differences on observational measures of behavioral outcomes, including a decrease in physical aggression and an increase in neutral/pro-social behavior. A six-month follow-up showed these observational effects remained for the most part.

Preliminary results of the pre-post nonrandomized comparison group study indicated that Second Step participants in grades six and seven in five sites showed a statistically significant reduction in self-reported attitudes endorsing the use of physical and relational aggression and in the perceived difficulty of behaving pro-socially. The pre-post treatment-group-only study used observations of third- and fifth-grade teachers' practices during the first week of the school year, combined with students' perceptions in the spring. Recommended teaching practices were significantly predictive of a greater sense of community among students, which in turn predicted a lower number of self-reports of student aggression.

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## FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

*The Strengthening Families  
Program: For Parents and  
Youth 10-14*

## THE STRENGTHENING FAMILIES PROGRAM: FOR PARENTS AND YOUTH 10–14

*The Strengthening Families Program: For Parents and Youth 10–14* is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

The long-range goal of The Strengthening Families Program: For Parents and Youth 10–14 (formerly called the Iowa Strengthening Families Program) is to reduce substance use and behavioral problems during adolescence. Intermediate objectives of the curriculum include improving skills in nurturing and child management by parents, improving interpersonal and personal competencies among youths, and improving pro-social skills in youths. The curriculum is a universal preventive intervention designed for parents of all educational levels and their young adolescent children.

The rationale for this program is based on enhancing protective factors and reducing risk in the family environment. A substantial body of literature supports a strong predictive relationship between ineffective child-rearing in early adolescence and delinquent behavior in later adolescence.

The Strengthening Families Program includes seven 2-hour sessions for parents and youths. Parents and youths attend separate skill-building sessions for the first hour and spend the second hour together in supervised family activities. The program is designed for eight to 13 families and is typically held in a public school, church, or community center. Each session requires three facilitators: one for the parent session and two for the youth session. All three facilitators offer assistance to families and model appropriate skills during the family session. Four booster sessions are designed to be used six months to one year after the end of the first seven sessions to reinforce the skills gained in the original sessions.

Program materials consist of nine videotapes (six for parent, one for each youth, and two for family sessions) and a 415-page leader's manual containing a teaching outline; a script for the videotapes; detailed instructions for all activities in sessions one through seven; master copies for each parent, youth, and family worksheet and homework assignment; a master copy of the program flyer; a list of materials; ordering information; and evaluation instruments. The narrators and actors in the video vignettes are African American, Hispanic, and white. Two additional videotapes and a separate 215-page manual detailing instructions for four booster sessions for parent, youth, and family sessions are also part of the program.

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### ***Professional Development Resources and Program Costs***

The program requires two days of facilitator training. Three days of training are recommended for groups conducting a scientific evaluation of the program and for groups requiring adaptation of the program for different ethnic groups and families that do not speak English. Consultation and technical assistance are available by telephone and e-mail for no charge after trainings. All materials for program implementation provide easy-to-follow instructions.

Leader's manuals are \$175 each, and the set of nine videos is \$250. Program supplies, not including general supplies, cost about \$10 per family. In addition to the two separate rooms needed for the parent and youth sessions, two televisions and VCRs, flip charts or erasable boards, and a slide projector are needed. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

The reviewers found the goals of this program explicit and based on solid research. They rated highly the program's approach, which assumed a developmental perspective with families exerting relatively more influence on young and pre-adolescents than on older youths. The intensified focus on high-risk moments of transition from elementary to middle or junior high also was highly commended by reviewers for effective intervention timing.

## EVIDENCE OF EFFICACY

Reviewers found that the program used rigorous pre-post treatment vs. control evaluation methods and provided evidence of positive treatment results, especially in the area of decreased drug and alcohol use among youths. The program's five-year longitudinal evaluation design used random assignments into experimental and control groups followed by a series of confirmatory tests of equivalence. The study addressed attrition rates and found no evidence of differential attrition at any of the post-test or follow-up data collection points. Reviewers noted that the integrity of the instruments was well substantiated, and that the data analyses were appropriate in type and rigor.

Statistically significant results for both the youth and the parent components of the program attested to the credibility and soundness of the evidence. Surveys were used to measure youth outcomes; questionnaires, interviews, and direct observations were used to assess parenting behaviors. The methodology included a range of sophisticated analyses that permitted data to be explored and explained in very convincing ways.

The results were reported for a five-year longitudinal evaluation with 11 schools, each assigned to the experimental group or minimal contact control conditions, totaling 238 experimental and 208 control group sixth-grade students and their families. The program also conducted a 10th-grade follow-up with both groups. Reviewers found that the experimental group showed statistically significant reductions in conduct problems and the use of tobacco, alcohol, and other substances. At the 10th-grade assessment, the experimental group had significantly lower alcohol and tobacco initiation index scores than the control group.

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## FOR FURTHER INFORMATION

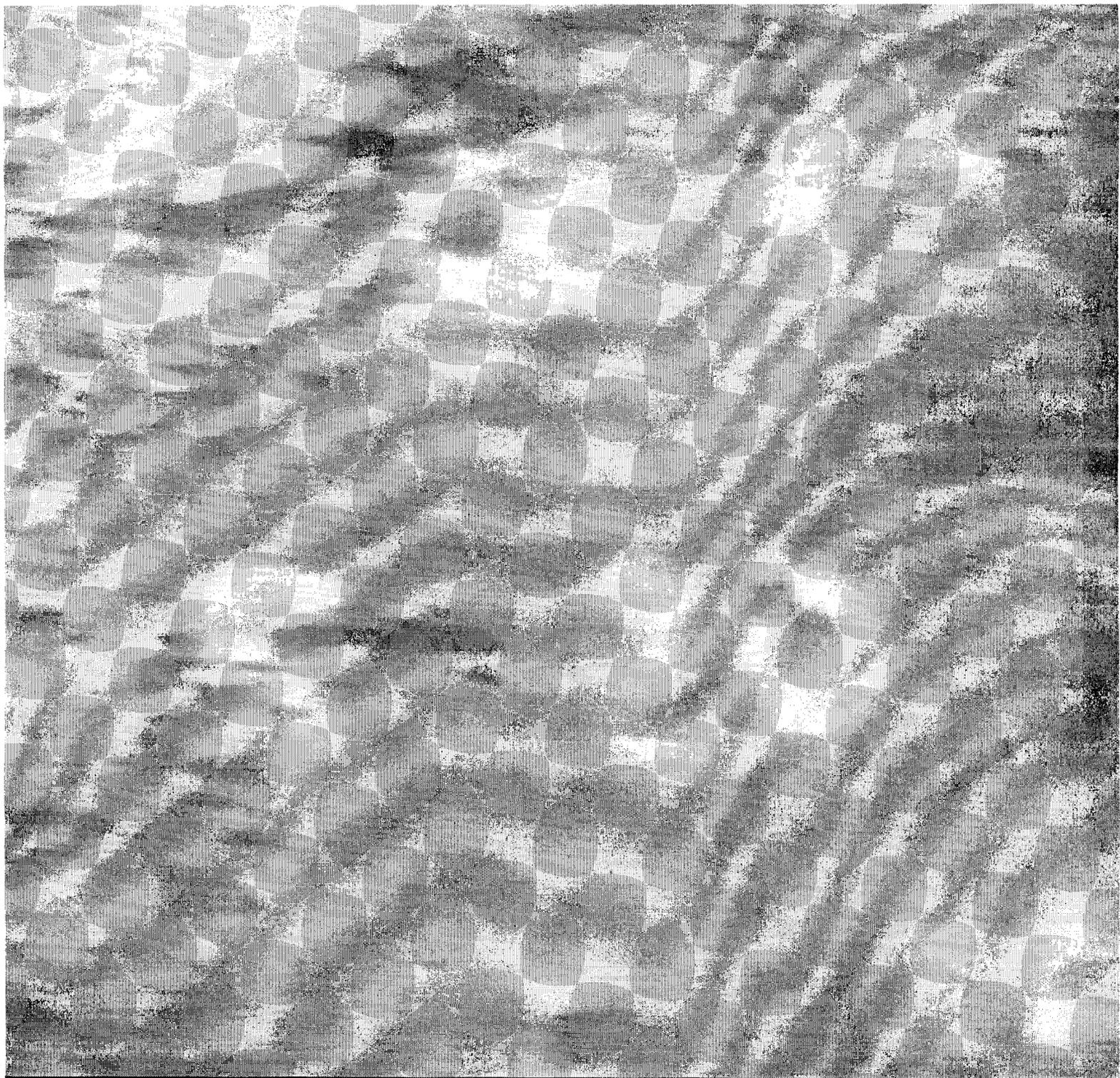
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PROMISING PROGRAM

# *Aggression Replacement Training*

## AGGRESSION REPLACEMENT TRAINING

*Aggression Replacement Training* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Aggression Replacement Training (ART) is a program for aggressive adolescents and young children that is administered by teachers or school counselors. The program seeks to enhance interpersonal skills, self-mediated ability to control anger, and a youth's concern for the rights and needs of others. The goal of ART is to improve psychological skill competence, anger control, and moral reasoning and social problem-solving skills.

ART is a multimodal, psychoeducational intervention for kindergarten through 12th grade that consists of skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming utilizes modeling, role-playing, performance feedback, and generalization training to teach the curriculum of pro-social skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences and over the duration of the program they are trained in how to respond to their hassles. Moral reasoning is designed to enhance the youths' sense of fairness and justice regarding the needs and rights of others.

The rationale behind the program is to arm students with whatever is needed to behave in constructive, nonaggressive, and still-satisfying ways in school, at home, and in the community. Many youths are skilled in fighting, bullying, intimidating, harassing, and manipulating others. However, they frequently have inadequate skills in more socially desirable behaviors, such as negotiating differences, dealing appropriately with accusations, and responding effectively to failure, teasing, rejection, or anger. ART was designed to intervene in such antisocial behavioral excesses and pro-social behavioral deficits.

Although the ART curriculum has been offered in a variety of lengths, the 10-week sequence is the "core" curriculum. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The ART training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART has been implemented in school, delinquency, and mental health settings.

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### ***Professional Development Resources and Program Costs***

The developer offers two-day teacher training workshops for \$5,000 plus expenses. An unlimited number of participants can attend. Train the trainer is available for \$7,500 and takes three days. The ART book costs \$24. Training videos, which may be employed in conjunction with or independent of the workshops, are also available. These videos concretely

illustrate the procedures and management of trainee resistance. The cost of staff time was identified as the program's greatest expense. However, it was recommended that six teachers each give one hour a week in order to spread the responsibility. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers rated this program highly for its ability to articulate clear and achievable goals and stated that it was reasonable to expect the goals to be achieved in traditional academic settings. Reviewers noted that the goals were appropriate to the target audience and that they readily addressed the appropriate risk and protective factors. Reviewers found congruence between the level of program effort (intensity, duration) and the identified goals and expected outcomes. The rationale for this program demonstrated a foundation in substantial research and literature and highlighted the need for a program of this type.

## EVIDENCE OF EFFICACY

Reviewers found that the ART program presented a summary of numerous evaluation studies supportive of its claims for adjudicated youth and included three other studies for review. Although some of the studies were comprehensive and used acceptable evaluation designs, psychometrics, and data analysis techniques, reviewers concluded that the program did not provide an evaluation that demonstrated an effect on substance use, violent behavior, or other conduct problems one year or longer beyond baseline. They ascertained that only one study used a behavioral measure—that is, a three-month follow-up rearrest rate—and agreed that there was sufficient evidence of a statistically significant short-term positive outcome related to recidivism. Reviewers noted mixed evaluation results, but cited some positive effects on decreasing anger levels in response to minor anger-provoking situations and increasing pro-social skills and social skills knowledge.

The evaluation study of recidivism rates followed 65 youths on a post-release basis while youths were living in the community and, with few exceptions, returning to school. The study was a three-way comparison of ART provided directly to 13 youths plus the youths' parents or other family members, vs. ART provided to 20 youths only, vs. a no-ART control group comprising 32 youths. For the most part, participating youths were assigned to project conditions on a random basis, with departures from randomization becoming necessary on occasion as a function of the multisite, time-extended nature of the project. Rearrest rates were tracked during the three months in which youths in the two intervention groups received the ART program and during the three subsequent no-ART months. Meaningful differences in favor of the two intervention groups were found. Youths in both of the ART groups were rearrested less than were youths not receiving ART; and the ART youths-plus-family-members group did better than the ART youths-only group. A similar study of 38 gang members in an ART intervention group and 27 gang members in a comparison group demonstrated a statistically significant decrease in the rearrest rate in favor of the ART intervention group.

## FOR FURTHER INFORMATION

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PROMISING PROGRAM

*Aggressors, Victims, and  
Bystanders: Thinking and  
Acting to Prevent Violence*

# AGGRESSORS, VICTIMS, AND BYSTANDERS: THINKING AND ACTING TO PREVENT VIOLENCE

*Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

## PROGRAM DESCRIPTION

*Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence (AVB)* is a 12-session curriculum designed for use with youths in grades six to nine. AVB aims to prevent or reduce violence by altering patterns of thought and action that lead individuals to become involved in violence as either aggressors, victims, or bystanders. The program's overarching goal is to encourage young people to examine their roles as aggressors, victims, and bystanders and help them develop problem-solving skills and new ways of thinking about how they might respond to conflict in each of these roles. AVB integrates a public health approach to primary prevention with behavioral science research on the social-cognitive foundations of violence.

A range of external and internal factors influences aggression during childhood. Many social experiences that contribute to a child's risk profile for violence have been identified. Similarly, many internal resources that a child acquires can play a pivotal role in determining whether these social experiences will be translated into violent behavior. AVB teaches that the key to preventing violent behavior is learned cognitive patterns that mediate aggressive behavior. Psychological research on children's social-cognitive development recognizes that violence is a socially learned phenomenon.

Twelve classroom sessions deal with violence among peers and the separate but interrelated roles of aggressors, victims, and bystanders that youths play in potentially violent situations. Each session is to be delivered no more than one week after the previous one. The backbone of the curriculum is the four-step, think-first model of conflict resolution. The model helps students pause and keep cool, understand what is going on before jumping to conclusions, define their problems and goals in ways that will not lead to fights, and generate positive solutions. Each of the 12 classroom sessions includes an agenda, student objectives, points to keep in mind, teacher preparation, procedures, homework, and teacher background information. Many lessons include additional artistic and creative activities to supplement the core material.

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## ***Professional Development Resources and Program Costs***

Program developers provide train the trainer and teacher-training events for the AVB program. Training fees vary and are negotiated directly between the school and the trainer. Technical assistance for AVB is available through a toll-free telephone number. One copy of the AVB curriculum (materials for each

of the classroom sessions) costs \$59.95. This amount includes lesson plans, reproducible student handouts, and transparencies. Photocopied handouts for students add to the cost. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers rated the program very highly for the clear correlation between its rationale and its purpose. By focusing not just on the aggressor, but also on the victim and the bystander, the program broadened the critical role of each, according to reviewers. The program was also found to promote active engagement with realistic scenarios, enabling students to develop real problem-solving skills and a new way of thinking rather than reacting in situations that could escalate to violence.

## EVIDENCE OF EFFICACY

Reviewers found that the program provided a good example of an empirically designed and rigorously evaluated school-based intervention for antisocial behavior. The study used random assignments by classroom and existent measures with psychometric data. The intervention study was conducted with 237 students in 23 classes in a large urban school district. Although results were mixed, reviewers reported in the treatment group a statistically significant behavioral change that consisted of a decrease in passive bystander behavior during fight initiation. Regarding changes in risk and protective factors, the program showed generally positive, although not necessarily statistically significant, results in improving social problem-solving skills, decreasing preference for physical and verbal aggression as a problem-solving strategy, and decreasing support for aggression through bystander acceptance. The outcomes approximate the perceived norms regarding drug use and violence.

The study used a pre-post comparison group design with 188 students in grades six to eight from three schools in the treatment group and 49 students in grades six to eight from three schools in the no-treatment control group. The program reported the following statistically significant student outcomes in favor of the treatment group: 1) a decrease in acceptance of the belief that violence is OK; 2) a decrease in intent to respond or engage in physical aggression when faced with conflict; 3) an increase in intent to seek more information in response to conflict; 4) an increase in intent to avoid further interaction in response to conflict; and 5) a decrease in self-reported bystander behavior supporting violence.

## FOR FURTHER INFORMATION

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PROMISING PROGRAM

*Al's Pals:  
Kids Making  
Healthy Choices*

## AL'S PALS: KIDS MAKING HEALTHY CHOICES

*Al's Pals: Kids Making Healthy Choices* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Al's Pals: Kids Making Healthy Choices is an early-childhood prevention program designed to promote social and emotional competence in children ages 3 to 8. The goals of the program are 1) to promote the protective factor of social and emotional competence in young children and 2) to decrease the risk factor of early and persistent aggression or antisocial behavior.

Al's Pals is based on the premise that intervening systematically in children's lives during their early years, when they are first forming patterns of behaviors and attitudes, the likelihood that they will later develop aggressive, antisocial, or violent behavior is reduced. The program is based heavily on resiliency research as a framework for the development of an intervention.

This resiliency-based prevention curriculum is designed for delivery by trained teachers. To teach children specific social skills, the lessons utilize a wide range of teaching tools, including guided creative play, brainstorming, puppetry, original songs, and color photographs. Al's Pals consists of 46 lessons, which are delivered two lessons per week over 23 weeks. It is ideal to deliver the program during circle time or in an open reading area. The lessons last 15 to 20 minutes each and typically consist of two or three activities. Fourteen of the lessons have letters and activities for parents. Optional follow-up activities can be incorporated later in the school day. Tools and techniques are included for teachers to integrate the concepts throughout the day.

A curriculum kit is distributed at the training and contains the teacher's manuals, puppets, audiotapes or CDs, parent letters, and other materials needed to implement the program.

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### ***Professional Development Resources and Program Costs***

Teacher training lasts two days and prepares teachers to strengthen the ability of children to handle a variety of situations and to foster a caring, cooperative classroom environment. The training and the curriculum kits are sold together and cost \$1,095 per class when taught by both a teacher and an instructional assistant. If there is just one teacher in the classroom, the cost is \$845 per class. The kit contains few

consumable materials; therefore, the cost per child is estimated to be about \$10. Each kit includes 46-lesson manuals, puppets, audiotapes or CDs, parent letters, songbooks, school-to-home message pads, and a puppet house. Training is delivered to up to 30 participants and can be on-site. Travel expenses are additional. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

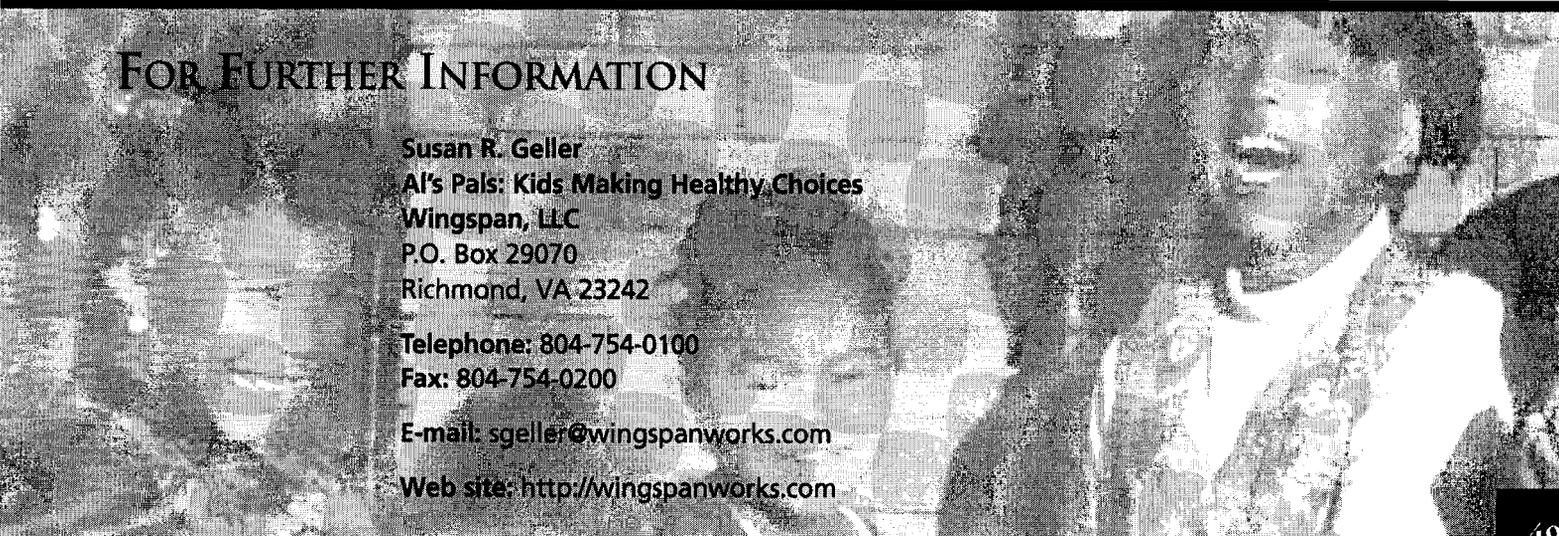
Reviewers noted that this program identified clear goals based on a strong theoretical foundation in resiliency research. The reviewers also found the program content, materials, and expectations to be well matched to the intended audience. They stated that the program actively engaged the population by using a wide variety of teaching tools, strategies, and reinforcement activities.

## EVIDENCE OF EFFICACY

Reviewers reported that the evaluation of Al's Pals was comprehensive, addressed research issues on multiple levels, and showed many strengths. They affirmed that the program merited recognition for its solid effort to perform an intense program evaluation, even though it had not demonstrated statistically significant results in all areas and had some attrition-related validity issues. The program presented numerous evaluation studies, with a subset of the evaluations that were true experimental designs.

Most evaluation studies used quasi-experimental or experimental pre-post test designs with random assignments at the classroom or school level to assess program effects on child behavior. They used a project-developed survey with adequate psychometric properties and other published behavioral scales. Reviewers found that strong and appropriate data analysis procedures were used at the individual level to test the effectiveness of the program, with generally statistically significant and positive effects noted. Statistically significant outcomes across the studies included greater gains in social-emotional competence in favor of the treatment groups, comprising 3- and 4-year-old children or students in kindergarten through second grade, as measured by teacher ratings on child behavior, social interaction, and coping scales. Pre-post testing periods ranged from five to seven months.

## FOR FURTHER INFORMATION



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PROMISING PROGRAM

*All Stars (Core Program)*

## ALL STARS (CORE PROGRAM)

*All Stars (Core Program)* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

All Stars (Core Program) is a universal prevention program for sixth- or seventh-grade students with a one-year booster. However, scheduled one-on-one meetings that are part of the program are adapted to meet the needs of specific subgroups of students, notably social isolates, who are at increased risk for drug use. The goal of the program is to prevent substance use and other high-risk behaviors by changing risk and protective factors that statistically account for the emergence of the behavior. Specific objectives are to increase students' beliefs about peer norms, so that they consider abstinence from drug use to be normal, acceptable, and expected by peers; to heighten students' perceptions that substance use and abuse and other high-risk behaviors will interfere with their preferred lifestyles; to increase students' personal commitment to avoid drug use and other problem behaviors; to increase the degree to which students are bonded to positive friendship groups and socially attached to the school; and to increase opportunities for positive parental attentiveness.

The program is based on research originally conducted for the Adolescent Alcohol Prevention Trial and the Midwest Prevention Project. This research concluded that normative education for students (where they learn about acceptable social norms and about peer use of alcohol and substances, which was less than they might believe) was a more effective strategy than resistance skill training (in which students learn how to avoid negative peer pressure and other forms of social pressure). The core concepts that ground the program are pro-social ideals, group norms and normative beliefs, pro-social bonding, commitment, and parental attentiveness.

Small groups, games, and class discussions form the curriculum of the program. Thirteen regular sessions are 45 minutes long each. Instructors meet with students one-on-one, two or three times a semester. There are also two small-group meetings with peer leaders, eight regular booster sessions, and one one-on-one booster session. A program manual functions as a "cookbook" for the instructor. Consumable program materials are also included and contain worksheets and certificate templates. In addition to regular sessions, All Stars includes infusion lessons for other teachers to use throughout the school. Program materials have been customized for delivery in three different venues: in schools with regular teachers, in schools with representatives of outside agencies as teachers, and in community centers with adult leaders.

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### ***Professional Development Resources and Program Costs***

Teacher training is available for this program. Training consists of a two-day workshop with continuing access to trainers for technical assistance. Program costs for All Stars are as follows. A program manual, which includes reusable props needed to implement the program, costs \$165; essential consumable student materials packaged for classes of 25 cost \$175 (\$7 per student) and include worksheets, computer disks, and an

audio CD (for parents). There is also a \$20 Wal-Mart gift certificate for purchasing extra supplies. Booster sessions are additional. Training costs are \$250 per individual or \$3,000 for a group of up to 20. These costs do not include materials, transportation, or incidental expenses. A current list of prices is available on the Web site.

## PROGRAM QUALITY

Reviewers found goals for All Stars clearly stated with measurable, appropriate objectives. The goals were also found to be in keeping with the risk and protective factors. Reviewers were impressed with the data-driven research that formed the basis of this program. Targeting specific pro-social ideals resulted in the attainment of program objectives.

## EVIDENCE OF EFFICACY

Reviewers concluded that All Stars provided relevant evidence of efficacy based on a methodologically sound evaluation, which used reliable and valid measures and appropriate data analyses. They noted that the program was young and that the results were short term and marginally significant. However, they agreed that the program demonstrated promising positive impacts, primarily cognitive risk and protective factors.

The All Stars evaluation included a pre-post, quasi-experimental design; a pre-post, randomized group design with four comparison groups; and a pre-post, follow-up randomized group design with three comparison groups. The quasi-experimental study compared All Stars with another prevention program and reported statistically significant results in favor of All Stars seventh-grade students on four risk and protective factors (i.e., intentions, lifestyle incongruence, school attachment, and normative beliefs). The randomized study demonstrated that the normative belief component of All Stars reduced the prevalence of alcohol use and abuse, cigarette smoking, and marijuana use by eighth-grade All Stars students to a statistically significant degree. The follow-up study showed that the All Stars program produced statistically significant short-term reductions in sexual activity among sixth- and seventh-grade All Stars students. Results also showed that the program was implemented more successfully by classroom teachers than by specialists, with statistically significant effects reported for decreases in drug use and increases in school bonding and the strength of commitment for the classroom teacher group.

## FOR FURTHER INFORMATION

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PROMISING PROGRAM

*Caring School  
Community Program*

## CARING SCHOOL COMMUNITY PROGRAM

*The Caring School Community Program* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

The Caring School Community Program (formerly the Child Development Project) is a universal, preventive intervention program for elementary schools. A unique aspect of the Caring School Community Program is its comprehensive, ecological approach to intervention that is designed to influence all aspects of the school—its curriculum, pedagogy, organization, management, and climate. In effect, when the Caring School Community Program is fully implemented, schooling is the preventive intervention. The central goal of the Caring School Community Program is to help schools become “caring communities of learners,” where there is an environment of caring, supportive, and collaborative relationships.

The Caring School Community Program is based on the assumption that prevention efforts are most effective when they occur early in development, before maladaptive patterns of behavior have stabilized into mutually reinforcing systems. The program emphasizes the promotion of positive development among all children and youths rather than the prevention of disorder among those deemed at risk.

This whole-school program consists of an intensive classroom component, a schoolwide component, and a family involvement component. The program components are based on these four interrelated actions: 1) build stable, warm, and supportive relationships; 2) attend to the social and ethical dimensions of learning; 3) teach to the active mind; and 4) honor intrinsic motivation. Consistent with these four acts, the classroom component contains three major elements: cooperative learning, a literature-based reading and language arts curriculum, and developmental discipline.

Replication of the program requires all Caring School Community Program curricular materials and a program of staff development spanning three or more years. Program materials include teacher’s guides for books in the reading curriculum, a student activity book, a book of anecdotal stories about other program teachers, and a video on the language arts curriculum. Additionally, teacher’s guides for building community in the classroom and for implementing a “buddies” program, a guide to creating community in schools, and a family activity book are each accompanied by a video.

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### ***Professional Development Resources and Program Costs***

Costs described are for the streamlined version of the program. A two-day “summer institute” prior to the beginning of each school year costs \$4,000. The staff development program also includes a train the trainer component for \$6,000 for the

three-day workshop. Materials, including teacher’s guides, a student activity book, and a language arts video, cost \$1,500 to \$2,000 per school. (Current costs need to be verified with the program.)

Because of the complexity of the original Child Development Project, a new highly streamlined, lower-cost version is now available. This version involves four components of the program: class meetings, schoolwide community-building activities, cross-age buddies program, and parent involvement activities.

## PROGRAM QUALITY

Reviewers found that the goals of this program reflected the ideal of education: to create caring communities of active learners. They noted that the goals were achievable by way of instilling the four interrelated principles. The rationale for the program, including the literature cited, was clearly and highly rated by the reviewers. They highlighted the fact that school connectedness, a major part of the program, was considered by researchers to be a protective factor. Reviewers found the materials appropriate for diverse cultures, classes, and age groups.

## EVIDENCE OF EFFICACY

Reviewers found that the project provided complete information about the efficacy of the multisite demonstration trial implemented during the 1991–92 and 1994–95 school years. They agreed that the evaluation results demonstrated numerous statistically significant findings that were sustained beyond one year, but added that the results were demonstrated with the five high-implementation schools and their matched counterparts, a subset of the intervention group. Depending on the analysis, 52 percent to 93 percent of the outcome variables showed statistically significant effects favoring students in the program, with no effects favoring the matched comparison schools. Positive findings were on outcomes measuring alcohol and marijuana use, delinquent behavior, and pro-social behaviors such as intrinsic academic motivation, task orientation toward learning, commitment to democratic values, acceptance of “out” groups, conflict resolution skills, and concern for others.

Reviewers noted that the evaluation studies presented results primarily from one major, multisite study, which used a pre-post, cohort-sequential, matched-comparison, quasi-experimental evaluation design. Schools were randomized to program and comparison conditions and matched on important demographic characteristics, with 12 intervention and 12 comparison schools. Reviewers concluded that attrition was remarkably low for both conditions; however, they found that accretion was a problem because there was a 6 percent increase in subjects in both the program and the comparison groups due to new students or parents finally giving their consent for project participation. The project used author-developed, reliable, and valid questionnaires for students and teachers. The project trained observers to conduct unannounced visits to the teachers. Appropriate data analysis techniques were employed, and interpretations of results appeared to be justified and within the limits of the data.

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PROMISING PROGRAM

*Community of Caring*

## COMMUNITY OF CARING

*Community of Caring* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

The primary focus of the Community of Caring (CoC) program is to strengthen the decision-making skills that young people need to avoid the destructive behaviors that lead to early sexual involvement, teen pregnancy, substance abuse, delinquent behavior, and dropping out of school. This program was initially developed for secondary schools and has now expanded into a full K–12 character education program.

At the heart of the program are the following: caring, respect, responsibility, trust, and family. The program focuses primarily on moral literacy and moral ecology. CoC is an all-embracing program with eight essential components: training and support, a facilitator, a coordinating committee, a comprehensive action plan, values across the curriculum, student forums, family and community involvement, and community service. Each component has its own distinct role and accompanying materials. All components work together to structure the social climate to provide positive life experiences for young people.

A program guide called *How to Create a Community Caring School* describes detailed steps to implement the program. The facilitator or lead teacher spends 184 hours coordinating the program and helping a school teach the core values through the following components: 1) student forums, which are one-day workshops for up to 150 students and adults to discuss problems that teens face and to identify solutions; 2) service-learning projects for students; and 3) a family involvement piece that encourages parents to become engaged in schools through a list of possible activities. The coordinating committee, appointed by the principal and the lead teacher, plans the CoC program for its school by developing the action plan. A teacher's guide titled *Understanding Your Sexuality and Your Choices* is available for the implementation of an abstinence-based sexuality program in secondary schools. This part of the program is a 14-lesson curriculum delivered during regular classroom periods.

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### ***Professional Development Resources and Program Costs***

The program costs \$6,250 to \$8,250 per year for 1,000 students in a secondary school and \$4,000 to \$5,500 per year for 500 elementary school students. Training costs \$7,500 for up to 100 participants. Training to implement this program involves an intensive two-day introduction to the CoC program. Ideally,

the entire faculty should receive training. Schools are asked to bring a minimum of 15 participants. A single training can accommodate 75 to 100 participants, representing up to five or six schools. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers found the goals for this program explicit, specific, and measurable; they viewed CoC's focus on strengthening the community's value system as a strong feature of the program. The program was found to have the necessary components to achieve the productive involvement of schools, families, administrators, and other community members. The program's rationale for moral literacy and moral ecology was clearly stated and explained, so reviewers were able to identify the relationship between the rationale and achievement of the program's goals. Reviewers also noted that the program effectively engaged the intended populations.

## EVIDENCE OF EFFICACY

The program's evaluation design and methodology met most of the criteria for demonstrating evidence of efficacy, although reviewers noted the lack of sufficient information to assess adequately the study's attrition rate, sampling methods, and statistical and clinical significance. The program presented data from one evaluation study using a pre-post comparison group design. Standardized effect scores were used to demonstrate the statistical significance of the study's impact, and effect sizes for program outcomes ranged from 20 to 79 (small to medium impact) across the three school districts participating in the study.

The three-year study consisted of 1,777 ninth-grade students in three school systems across the country, representing diverse ethnic, cultural, and socioeconomic backgrounds. The intervention group consisted of 852 students, and the comparison group consisted of 925 students from the same three school systems. In each school system, a cohort of ninth-grade students was monitored for two years, from fall 1988 through spring 1990. Complete data surveys were obtained for approximately 877 students for both 1988 and 1990, a 49.4 percent rate that the program reported as comparable to the attrition rates for other reputed national studies of school-based primary prevention programs. Positive results in favor of the intervention group included gains in knowledge of the risks and consequences related to early sexual activity and other high-risk behaviors; increases in positive attitudes toward sexual and substance abstinence; the value of school and family relationships; lower rates of pregnancies, smoking, drinking, and disciplinary actions; and gains in grade point averages, school attendance, and enrollment status. The program also reported that students considered at higher risk than their peers for early pregnancy and substance use were, after the program, more likely to postpone sexual activity until after high school and less likely to use alcohol or tobacco.

## FOR FURTHER INFORMATION

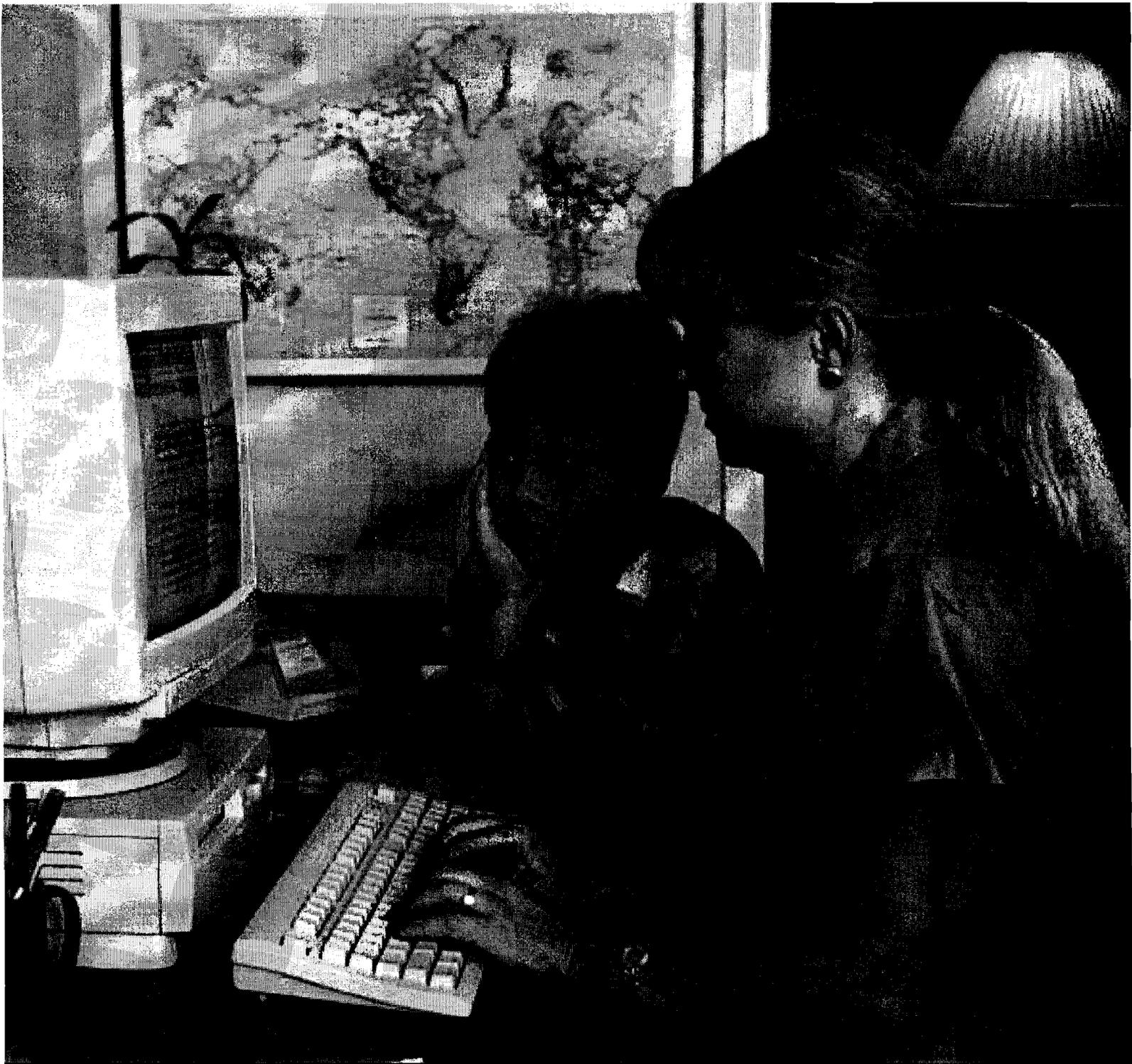
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PROMISING PROGRAM

*Creating Lasting  
Family Connections*

## CREATING LASTING FAMILY CONNECTIONS

*Creating Lasting Family Connections* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Creating Lasting Family Connections (CLFC) is designed to engage communities, families, and youths in a multicomponent prevention strategy that enhances the resiliency factors already exhibited by families and the community where they live and develops new resiliency factors. The goals of the program are to increase these resiliency and protective factors to reduce the likelihood that youths will use alcohol and other drugs (AOD) and to reduce the incidence and prevalence of AOD use among youths and their families. CLFC is designed for implementing with youths ages 11 to 17 and their families.

The program builds upon the strengths of youths instead of working to reduce their deficits (risk factors). Some risk factors, such as the socioeconomic status of participants, are difficult to change. Therefore, the focus of CLFC is on enhancing the conditions and experiences that appear to protect youths from initiating AOD use regardless of genetic, socioeconomic, and other risk factors. Experience has shown that resilient youths can avoid drug use, even when multiple and severe risk factors are present.

Materials for the program include three parent-training modules and three youth-training modules. Each of the parent-training modules lasts five to six weeks, for two and a half hours per week. The modules use discussion and skill-building on three topics: developing positive parental influences, raising resilient youths, and enhancing personal communication. The youth-training modules last five to six weeks each, for one and a half to two hours per session. They teach the following topics through discussion, lecture, and interactive activities: developing a positive response to alcohol and drug issues, developing independence and responsibility, and enhancing communication skills. Optional communication sessions bring together parents and youths for two or three additional meetings. Role-play activities demonstrate the skills learned by both groups.

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### ***Professional Development Resources and Program Costs***

This program can be implemented at different levels of complexity. The developer offers a train the trainer workshop for potential trainers of the CLFC curriculum. This training occurs over either a five-day or a 10-day period, depending on the experience level of the participants. A five-day training is \$750 per participant; a

10-day session is \$1,500. The cost of the curriculum kit is \$1,224, which includes manuals and notebooks for youths and parents. Minimum staffing is two to four trainers. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers praised the program's logic model and found excellent specificity in its goals. The goals clearly identified the behavioral changes that the program attempted to achieve. Reviewers stated that the goals constituted a worthy conceptual approach to prevention, linking a focus on resiliency and protective-factor interventions directly with AOD use. Research findings and literature on youth prevention were well used, and extensive documentation provided a sound theoretical foundation for the program. The reviewers identified a strong congruence between the multiple-component activities and promoting resiliency in family and community settings. These activities also promoted effective interactions among the members of a diverse community of students and families.

## EVIDENCE OF EFFICACY

Reviewers found that CLFC used a complex evaluation to assess the impact of a multifaceted program. They agreed that the approach and accompanying evaluation in all three of the identified domains of community, family, and youths made the results from the ongoing evaluation important. The evaluation demonstrated relevant evidence of efficacy with some positive findings related to substance use and parental reports of a decrease in alcohol use and delayed AOD use.

The outcome evaluation used multiple methods and evaluation designs to test hypotheses about the expected effects of the program on the three domains of resiliency (community, family, and youth) and the use of AOD among high-risk youths. Both quantitative and qualitative data were collected. Data analysis examined both the direct and the moderating effects of the program for six- to seven-month short-term gains and one-year sustained gains. Results demonstrated positive direct effects, moderating effects on family and youth resiliency, and moderating and mediating effects on AOD use among youths. Statistically significant outcomes in favor of the treatment group included increases in parents' AOD knowledge, the involvement of their sons or daughters in setting AOD rules, and the use of community services for families. The program also led to greater use of community services by program youths, delays in the onset of AOD use, and decreases in the frequency of AOD use. These outcomes occurred under certain conditions—namely, changes in parent-level and youth-level resiliency factors addressed by the program.

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PROMISING PROGRAM

*Facing History  
and Ourselves*

## FACING HISTORY AND OURSELVES

*Facing History and Ourselves* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Facing History and Ourselves (FHAO) engages seventh- to twelfth-grade students of diverse backgrounds in an examination of the historical roots of racism, prejudice, and anti-Semitism. The lessons encourage the development of individual competencies that will lead to responsible participation in a democratic society. The program works to prevent violence and reduce intolerance among young people as they learn to balance self-interest with a genuine interest in the welfare of others.

The program identifies the cultural roots of racism, anti-Semitism, bigotry, and hatred. It resensitizes youths to violence while highlighting examples of individuals who have made a positive difference. The conceptual framework of FHAO focuses attention on the capacities of youths to understand the effect of racial and ethnic differences in their relationships; to engage in positive peer relationships with people who have perspectives and backgrounds different from their own; and to make increasingly mature connections between FHAO materials and their own motivations for engaging with others who are different from themselves.

The program is designed for implementation as a complete unit within a junior or senior high school social studies, history, English, art, or interdisciplinary course. A typical unit is a 10-week or semester-long course that begins with reflection, moves to judgment, and ends with participation. Teachers use inquiry, analysis, and interpretation to create a new course or to enrich an existing course with FHAO materials. Through journal writing, small-group work, films, guest speakers, and traditional reading and discussion sessions, students learn to look for alternatives to violent behavior. The program materials enable students to study the complex steps and decisions that can contribute to gradual dehumanization.

FHAO provides resource books for educators and students that can be adapted for different levels and disciplines. FHAO strongly suggests that a team of teachers (preferably in English and history), a school administrator, and a school librarian work together to implement the program.

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### ***Professional Development Resources and Program Costs***

FHAO provides flexible educator training tailored to each setting, student population, and community. Educators may attend a one- to two-day introductory workshop (\$150) or a weeklong institute (\$575). Local in-service expenses include \$600 per day for a program associate (plus any travel and lodging expenses)

and \$15 per participant for materials. Classroom sets of resource books cost \$15 per book for 10 or more. Video materials and other resources are loaned without charge to FHAO educators. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

Reviewers noted that the course content was well defined and age appropriate for the designated populations. Also, teachers were able to select materials that were appropriate for their particular classroom, which promoted effective interaction among diverse groups of students. The program processes actively engaged students in multiple learning strategies and provided ample opportunities to practice their skills in real-world situations. According to reviewers, the implementation design for this program, which called for pre- and in-service training and technical assistance, was excellent. Institutes and follow-up activities, as well as numerous resources for teachers, were available.

## EVIDENCE OF EFFICACY

Reviewers found that the evaluation of FHAO used a strong, quasi-experimental design with adequate controls for internal validity and appropriate statistical analysis. Although the evaluation lacked a follow-up study at one or two years, there was a positive finding of a strong trend in the reduction in self-reported fighting and positive effects related to risk and protective factors; this trend bolstered both the efficacy of the program and the validity of the underlying theoretical base. Reviewers noted that the evaluation was conducted with eighth-grade students only.

The evaluation study used a pre-post comparison group design with 246 eighth-grade students from 14 classes at four school sites in the intervention group and 163 eighth-grade students from eight classes at five school sites in the same community in the comparison group. Measures included a social competencies measure and a racism scale. Students in the intervention group demonstrated, to a statistically significant degree, a greater decrease in racism and a greater increase in social competencies than did the comparison group.

## FOR FURTHER INFORMATION

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PROMISING PROGRAM

# *Growing Healthy*

## GROWING HEALTHY

*Growing Healthy* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

Growing Healthy is a comprehensive health education curriculum for students in K–6. Growing Healthy's extensive program goals are related to numerous life skills and physical health. The program teaches children several core elements that help them resist social pressures to smoke and to use alcohol and other drugs. These core elements include a fundamental knowledge of the biology of the human body; principles of health and illness; and an understanding of health in the larger family, community, and even national context.

The curriculum rests on the premise that if children understand how their bodies work and appreciate a range of factors—biological, social, and environmental—that affect their health, they will be more likely to establish good habits during this formative period.

Growing Healthy is a sequential, health education program that transcends the traditional hygiene- and disease-focused approaches. It stresses personal health habits and values, self-esteem, and decision-making skills. Growing Healthy is intended to be integrated with other curriculum areas such as science, reading, writing, mathematics, social studies, music, and art. The program meets the seven standards and performance indicators set forth in the National Health Education Standards.

The curriculum guide consists of 43 to 51 lessons per grade level, and each grade level is divided into six phases. Sessions are 45 minutes long. The curriculum can be taught several ways: two or three times per week through the academic year, several times per week for one semester, and fully integrated across subject areas. Full implementation of all phases of Growing Healthy requires approximately 50 hours of classroom instruction.

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### ***Professional Development Resources and Program Costs***

Three to five days of teacher training are required and occur locally. (Growing Healthy has a Master Training Program that prepares "Masters" to train the teachers and trainers at the state and local levels.) Technical assistance is also available for teachers and facilitators. Teacher training is approximately \$130 per participant.

Curriculum guides with black-line masters cost \$174.95 for each grade level. Ready-made posters and charts range from \$39.95 to \$56.95, depending on grade level. Peripheral materials range from \$850 to \$2,650, depending on grade level, and may include videos, anatomical models, books, games, and a wide variety of hands-on items used to discover and explore health concepts. The cost of a grade-level CD-Rom is \$120 per teacher. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

This program received high marks for its clear goals, solid rationale, and appropriate materials. It was praised for its systemic approach to teaching health through the 10 content areas recommended by the Centers for Disease Control and Prevention. Materials were also rated highly for being linguistically and culturally appropriate.

## EVIDENCE OF EFFICACY

Reviewers found that the evaluation of Growing Healthy was a thorough and complete assessment of the program effects for the stated outcomes. They noted that Growing Healthy provided excellent reporting of the reliability of the project-developed measures and used appropriate data analysis methods, particularly to control for pre-test differences. Positive effects in favor of Growing Healthy participants were evident in the areas of overall health knowledge, attitudes, and practices. In the two-year study, reviewers found evidence of a positive effect on behavior—namely, statistically significant lower levels of self-reported incidences of smoking among seventh-grade program participants.

Evidence was presented from two quasi-experimental studies to assess outcomes for this comprehensive health education program with strands related to drug abuse and violence. The two-year study used a pre-post, comparison group design with 1,071 classrooms, including 30,000 students in grades four to seven from 74 school districts in 20 states during the 1982–83 and 1983–84 school years. The treatment group consisted of 688 classrooms. The students were taught either the Growing Healthy curriculum or one of three other health education curricula. The comparison group consisted of 383 classrooms that received no health education. The 10-year longitudinal study used a post-test-only, comparison group design with 600 students from two suburban school districts, who were retested in first, second, third, fifth, sixth, and seventh grades, and also in grades nine through 12.

Growing Healthy students exhibited statistically significant outcomes in the two-year study, including greater knowledge about health, more positive attitudes about good health practices, and more negative attitudes toward smoking than did students in a traditional health course comparison group. In the 10-year study, Growing Healthy students demonstrated statistically significant lower levels of experimentation with alcohol, tobacco, and other drugs as high school students than did comparison group students.

## FOR FURTHER INFORMATION

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PROMISING PROGRAM

*I Can Problem-Solve*

## I CAN PROBLEM-SOLVE

*I Can Problem-Solve* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

### PROGRAM DESCRIPTION

*I Can Problem-Solve* (ICPS), originally called Interpersonal Cognitive Problem-Solving, is a primary prevention curriculum that offers teachers and parents concrete skills for helping children ages 4 to 7 learn to resolve typical, everyday interpersonal problems. This school-based program is designed to teach children how to think, not what to think.

Research has clearly documented that beginning as early as preschool and escalating in the middle childhood years, antisocial behaviors, poor impulse control, poor peer relations, and a lack of empathy are high-risk predictors of subsequent delinquency and substance abuse, two highly correlated outcomes. The rationale behind ICPS is based on the hypothesis that an individual who becomes preoccupied with the goal of a motivated act rather than with how to obtain it, or does not consider the consequences and possibility of alternative routes to the goal, is an individual who may make impulsive mistakes, become frustrated or aggressive, or avoid the problem entirely by withdrawing.

Program materials include separate manuals for preschool and for kindergarten and primary grades. The program begins with sequenced games and dialogues to teach three levels of language and thinking related to behavior adjustment. The first level teaches basic word concepts that set the stage for later problem-solving; the second level has students focus on their own and others' feelings; and the final level teaches students skills in identifying alternative solutions and thinking about consequences. Lessons are conducted in the classroom three to five times per week by the teachers and last 20 to 40 minutes per day for four months. In preschool, lessons are conducted during story time. Teachers continue to use ICPS skills throughout the day, especially when conflicts arise. Instead of demanding, suggesting, or even explaining to children what they should do and why, children learn to think for themselves to determine what they should and should not do and why.

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### ***Professional Development Resources and Program Costs***

Training can follow several models. Some teachers have gone through on-site training for program directors. Others have gone through one- or two-day workshops with classroom visits as follow-up. Still others have been trained so that they can train their colleagues in the next grade level, who can also train their colleagues in subsequent grade levels (up to sixth grade). While negotiable, most trainers charge \$1,000 for a full-day workshop and \$1,500 to \$2,000 for a two-day workshop. Presentations in local schools range from \$250 to \$500, depending on the distance the teacher must travel. Costs are negotiable.

Each teacher and teacher's aide should have her own ICPS teacher's manual. The manuals cost \$39.95 apiece and contain pictures that can be held up, used as overheads, or duplicated for each child to hold and color. The only other materials needed are puppets and storybooks, materials most classrooms already have. Parent trainers need one manual for themselves and one for each participating parent, who then can complete the exercises with his or her child at home. The parent manual, *Raising a Thinking Child Workbook*, costs \$19.95. (Current costs need to be verified with the program.)

## PROGRAM QUALITY

According to reviewers, the goals of the program were clearly stated and offered a fine example of a curriculum based on well-grounded research theory. The program was highly rated for its ability to offer a practical approach to help most children learn to evaluate and deal with problems. Reviewers stated that the materials appeared to be free of any cultural or ethnic bias. They also found that the materials and activities encouraged equal participation of all students.

## EVIDENCE OF EFFICACY

The evaluation design for this program used quasi-experimental, pre-post, and follow-up test studies, with assignment to groups by classes and establishment of the equivalence of the no-treatment comparison groups. Reviewers noted concerns about the high rates of attrition in the various studies, but determined that the sample sizes remained sufficient for conclusive statistical analysis. They found that the program had addressed risk factors associated with drug use and violence in an indirect way, by demonstrating an impact on problem-solving and, thereby, on social skills and impulsive and aggressive behavior. Reviewers agreed that the overall evaluation had a strong design, instruments, and findings and concluded that the limitations of the studies did not undermine its validity.

Reviewers noted that the comparison studies showed statistically significant findings and some evidence of clinical significance in favor of the treatment group. For example, one study provided evidence that ICPS nursery school and kindergarten children showed statistically significant improvement in solution and consequential skills and were superior to comparison students whether ICPS-trained in nursery only, kindergarten only, or both years. The program reported that the most consistent statistically significant behavioral results were found on ratings by independent observers who had no knowledge of children's behavior in previous years.

## FOR FURTHER INFORMATION

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**Note:** *Raising a Thinking Child* is available directly from the publisher, Research Press, at 1-800-519-2707.