Getting Results

Developing Safe and Healthy Kids

CALIFORNIA DEPARTMENT OF EDUCATION
SACRAMENTO • 1998

Getting Results

◆ PART I ◆

California Action Guide to Creating Safe and Drug-Free Schools and Communities

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Preface

The use of illegal drugs among California adolescents has been climbing since the early 1990s. Major increases in the use of marijuana, LSD, inhalants, and several other drugs were reported by the 1993 *California Student Substance Use Survey*, and alcohol use remained at disturbingly high levels. More startling is that over half of eleventh graders report knowing one or more adults who use marijuana, indicating how widespread drug use is within our communities. Tobacco use among adolescents in California increased nearly 31 percent between 1993 and 1995 as reported by the *California Youth Tobacco Survey*, 1996.

Accompanying the rise in use of alcohol, tobacco, and other drugs is an increase of violence in schools and the school community. The Legislature, concerned parents, members of the general public, educators at all levels, researchers, and the media cite examples in which violence on campuses makes education impossible. In 1996-1997, school districts and county offices of education reported to the California Department of Education (CDE) over 80,000 incidents of crime on school campuses, of which slightly over 53,000 involved drugs, alcohol, or violence against another person.

Violence, as defined by an advisory panel convened by the California Commission on Teacher Credentialing, often results from "individual, social, economic, political, and institutional disregard for basic human needs. [It] includes

physical and non-physical harm which causes damage, pain, injury, or fear. Violence disrupts the school environment and results in the debilitation of personal development which may lead to hopelessness and helplessness" (Dear 1995, p. 5). Violence is a learned behavior that cuts across culture and ethnicity. It is, however, preventable, and its prevention requires education of and by all segments of society.

Schools have a responsibility to provide safe, disciplined, and drug-free environments that enable students to focus on the academic and social tasks designed to foster their development into healthy, productive adults. The Safe and Drug-Free Schools and Communities Act (SDFSCA), Title IV of the Improving America's Schools Act, provides funding to local educational agencies (LEAs) to undertake activities that promote these environments. Funds to support school-based efforts to reduce tobacco use are made available to LEAs through the Tobacco Use Prevention Education (TUPE) program established by Proposition 99.

Schools and school districts that seek to implement prevention programs often face a bewildering array of programs, models, and instructional materials. *Getting Results* was developed to help simplify the tasks of educators by linking legislative requirements to what research and evaluation tell us about exemplary and promising strategies for preventing school violence and the use of alcohol, tobacco, and other drugs among young people. *Part I, California Action Guide to Creating Safe and Drug-Free Schools and Communities,* addresses the requirements of the Act. Part II, which is not yet developed, will focus on tobacco use prevention education.

Part I reinforces the need for an extensive and stable comprehensive program that includes planning and evaluation. It focuses on guidelines for program design derived from research and evaluation on effective practices. It includes summaries of research and evaluation studies on prevention and descriptions of promising practices. The several appendixes contain resource lists, legislation, and other pertinent materials.

The material presented in *Getting Results* is not intended to be used as a model. No single approach for preventing drug use and violence will work in every environment: "One size doesn't fit all." The needs of students and families differ, and each community must create its own unique prevention program.

By taking into account the recommendations presented in this document and planning local programs in accordance with research-based principles of effectiveness, local districts can create comprehensive programs that address the needs of their students and create safe, disciplined, and drug-

free environments where students can develop into effective learners.

Getting Results will be supplemented by future mailings to keep practitioners in the field abreast of new research and evaluation that can make local prevention programs more effective. The binder format allows for this ongoing expansion, and it allows districts to customize the publication by adding documents that they deem relevant for their particular programs.

CDE welcomes feedback from schools and school districts about *Getting Results*; comments will be used to guide the development of updated materials. A feedback form is included with this document.

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CHAPTER 1

Introduction

By the year 2000, all schools in America will be free of drugs and violence and the unauthorized presence of firearms and alcohol, and offer a disciplined environment that is conducive to learning.

◆ NATIONAL EDUCATION GOAL

On October 20, 1994, President Clinton signed into law Title IV of the Improving America's Schools Act (IASA) of 1994, the Safe and Drug-Free Schools and Communities Act (SDFSCA). The SDFSCA is designed to support the seventh National Education Goal that all schools have a safe, disciplined, and drug-free environment that is conducive to learning.

The reauthorized IASA included some new and important responsibilities for school districts and made notable changes to districts' implementation of the SDFSCA:

- Violence prevention joins drug-use prevention as a key element of the program;
- The school and community prevention effort should be linked;
- Districts may use a broad range of authorized and promising activities; and
- Assessment and accountability are emphasized.

Purpose of the *California Action Guide for Creating Safe and Drug-Free Schools and Communities*

This *Action Guide* was written for all those within districts and schools who are responsible for implementing the SDFSCA. Although official responsibility lies with the local education agency (LEA), schools will implement the SDFSC program and therefore should be partners in the planning process.

The guide is designed to assist in planning and implementing an effective alcohol and other drug (AOD)-use- and violence-prevention program that is *grounded in research, meets the requirements of the SDFSCA, responds to the unique character of the district's students and community, and above all, achieves results.*

Because of the national and state emphasis on accountability, this guide focuses on what works — and doesn't work — in preventing or reducing violence and AOD use in schools. It is intended to give schools and districts a greater understanding of the variety of elements that can comprise a comprehensive AOD-use- and violence-prevention program for students and employees, which involves parents and coordinates with community groups and agencies.

Organization of the *Action Guide*

In this introduction, the guide sets up a framework for designing a successful SDFSC program. Chapter 2 contains an overview of the requirements and range of authorized activities of the SDFSCA and how these relate to the national Principles of Effectiveness published by the U.S. Department of Education. The third chapter outlines the steps for designing an SDFSC program, including selecting strategies that have proven effectiveness or show promise. Chapter 4 categorizes a variety of prevention practices as exemplary, promising, or ineffective in changing student behavior. Chapter 5 details a variety of programs, categorized as "promising practices," which seem likely to contribute to safe and drug-free schools. Chapter 6 consists of summaries of key research studies and evaluations of a variety of prevention programs. *Many of the summaries describe exemplary practices.* The summaries were written by a panel of prevention research experts.

Finally, there are appendixes containing prevention resources, legislation, SDFSC program performance indicators as determined by the California Department of Education (CDE), and sources of support for safe and drug-free schools from the CDE.

What We Know about Drug-Prevention Programs

There is a strong rationale behind the new national interest in accountability. In 1997, the U.S. Department of Education released a study entitled *School-Based Drug Prevention Programs: A Longitudinal Study in Selected School Districts*, conducted by the Research Triangle Institute (RTI). The study collected data each year for four years from approximately 10,000 students in 19 school districts and also included case studies of the drug-prevention programs in those districts. The student surveys covered self-reported use of alcohol and other drugs, and related measures, such as attitudes and beliefs towards drugs. *Although this study was directed at drug-prevention programs, the findings should be considered in the context of all prevention programs, including those for violence prevention*. The results are consistent with national trends from other sources and include the following key findings:

- Some drug-prevention programs improved student outcomes by delaying or reducing drug use, but the effects were small.
- The most commonly used approaches did not show evidence of effectiveness or were not evaluated properly. Drug-prevention approaches that have been shown to be effective are not widely used.
- Student outcomes were greater in districts where the prevention programs had been in place for some time and where program components were more extensive. Those programs targeted both the general student population and high-risk students and included student support services.
- Benefits for students were greater in those programs that had higher numbers of components and students served by them. Those benefits included significantly lower lifetime use of drugs, more antidrug attitudes, and better recognition of the consequences of drug use.
- The most effective approaches teach students how to resist and deal with powerful social influ-

ences for using drugs and alter the misperceptions of peer drug use, commonly called the social influence model. These approaches rely on interactive teaching methods, but teachers have not been trained or supported to use these methods.

- Program delivery was variable and inconsistent because teachers and counselors did not have enough time, support, training, or motivation to provide all the instruction or other activities that they had planned to provide. Inconsistent or incomplete delivery of the prevention curriculum contributes to the reasons why approaches shown to be effective under test conditions fail to show results when implemented in "real life."

- The most common barrier to achieving full implementation of prevention programs is the lack of a full-time program coordinator, particularly when the coordinator has other responsibilities within the district. A full-time prevention program coordinator was associated with greater program stability, more districtwide teacher training, and a comprehensive program. The study recommends that programs have at least a half-time coordinator.

- Fewer than half of all school districts formally evaluated their programs and responded to the evaluation by modifying their courses of action.

Consistent with these findings, both the federal and state governments are requiring a bold new approach for implementing the SDFSCA.

A Framework for Program Design

The programs and strategies which are effective in reducing or preventing AOD use or violence have some common features. These hallmarks of effective programs have been distilled into the following seven guidelines (nonmandated). From these guidelines, districts may select strategies *that meet the identified needs* of their students and families as they create their SDFSC programs. These guidelines appear also in Table 1 (Chapter 3) in conjunction with SDFSCA requirements and national Principles of Effectiveness.

FIGURE 1

California Guidelines for Program Design

- Select strategies that have been shown to be effective.
- Design a program that is comprehensive and responsive to local needs and assets; no single approach works.
- Ensure that strategies are developmentally appropriate.
- Utilize strategies that affect behavior.
- Promote youth development in caring environments.
- Collaborate with families and others in the community to prevent AOD use and violence.
- Evaluate and revise the program until it demonstrates that it is *getting results.*

◆ Select strategies that have been shown to be effective.

Most of the money spent on drug education in the United States is spent on curricula, and most of the curricula that districts buy are those which are aggressively marketed. Unfortunately, these programs may not have been evaluated or may even have been shown not to work (Hansen, Rose, and Dryfoos 1993). Because the new SDFSCA makes districts accountable for preventing or reducing drug use, violence, or disruptive behavior among youths, it is important to examine the evidence for effectiveness beyond a product's claims.

A central theme of this guide is that districts must plan their AOD-use- and violence-prevention programs using an integration of research findings and evaluations of exemplary and promising practices, and identified district and community needs.

In the guide, *exemplary practices* refers to practices which long-term empirical research and evaluation have documented to be effective in reducing AOD use or violence. *Promising practices* are those which are expected to be effective in reducing violence or AOD use but for which there is insufficient empirical research. Districts will want to make informed selections from both categories.

◆ Design a program that is comprehensive and responsive to local needs and assets; no single approach works.

Both AOD use and violent behavior among youth are complex issues, and they can neither be prevented nor solved by a single, prepackaged program. Some students come to school from households where adults are chemically dependent or from communities where violence is a regular occurrence. The needs of those students may be different from those of young people who grow up free from such exposure but may become susceptible to peer and media pressure during early adolescence. Some students may have started to experiment with alcohol and other drugs, whereas others may already be dependent. Some students may be active gang members, committing violence in the community, while others may be speaking out for safer communities. Because "one size doesn't fit all kids," a combination of approaches and strategies that serves the different needs of students is required to promote and sustain a safe and drug-free school and community.

Districts should look at the evidence of effectiveness and evaluation of promising practices (chapters 4 and 5) and make informed choices from among those strategies, based on the district's student population, existing resources, and identified needs. A program with multiple components might include age-appropriate classroom instruction, effective classroom management, skills training for all teachers with ongoing booster sessions, student assistance programs, student support groups, individual and/or group counseling, conflict mediation, mentoring projects, before- and after-school programs, safe and sober dances and school events, parent education, community-wide involvement, and clear school policies related to AOD use and violence prevention. These components should target both the general student population and students who are engaged in harmful AOD use and violence.

Finally, the district's unique combination of components should fit together in a way that ensures that the activities and strategies work cohesively to achieve the program's prevention objectives and goals.

◆ Ensure that strategies are developmentally appropriate.

School-based programs should reach children from kindergarten through high school, and they must be age-appropriate. For example, in the primary grades, children are oriented first to themselves, then to parents and other adults. Therefore, programs that promote prosocial development and a desire to be healthy are effective in the primary grades.

In the upper elementary grades, children are most influenced by parents and teachers, then by peers. They need accurate information and programs which develop competency in decision-making and social skills. By junior high or middle school, peers and role models become important to students. Programs which incorporate the social influence model and include cooperative learning or peer education are most effective.

By high school, students are primarily concerned with individual identity and are oriented to peers and role models. The most effective programs for these students include booster sessions to reinforce skills learned earlier in social influence approaches and AOD- and violence-free positive alternative activities. The value of such programs is heightened even more when they are led by peers who model no-use or non-violent norms.

Finally, because transitions (such as going from elementary to middle school, or middle to high school) can be stressful, programs planned around these turning points may be particularly helpful to youth.

◆ Utilize strategies that affect behavior.

The new SDFSCA requires schools to show evidence that their programs are working, using prevalence rates of AOD use and levels of youth violence and disruptive behavior as gauges. Many curricula that were popular in the past were effective at increasing student knowledge, but they did not actually change student behavior. For example, information-only and affective-only programs do not change AOD use or violent behavior. Also, some programs that have been shown to be effective have not yet been evaluated with a wide diversity of students. Therefore, it is especially important for districts to review evidence that a given strategy positively changes behavior in the kinds of students they serve. Chapter 3 provides suggestions on how to review prevention research studies.

Social influence models are most effective in changing AOD-related behavior. Programs based on that model use interactive teaching techniques (role-playing, discussions, small group activities, and peer-to-peer strategies). Districts may need to provide training in interactive techniques to teachers.

Once the district's comprehensive

SDFSC program is in place, and the strategies and activities are being *implemented as they were intended*, the district must *evaluate and revise* its full program until assessment outcomes show that AOD use and violence are decreasing.

◆ Promote youth development in caring environments.

Youth development approaches help foster resilience in young people by providing three protective processes: caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation. Karen Pittman (1995) emphasizes that youth development expands our thinking from interventions to interactions. The youth development approach shifts the prevention focus from repairing deficits to strengthening assets. As Pittman points out, "Being problem-free isn't enough." Programs that give young people opportunities to build strong relationships with others, to learn new skills, and to give back to the community are solid contributors to healthy youth development.

A recent analysis of interviews from the National Longitudinal Study of Adolescent Health (Resnick et al. 1997) supports the use of youth development approaches by showing that adolescents who feel positively connected to their families and schools are far less likely to use alcohol or drugs or be involved in acts of violence than peers who feel they are without those connections.

Many of the promising practices described in Chapter 5, such as positive alternative activities and service learning, are important components of a comprehensive prevention program because they address and strengthen positive youth development. Similarly, school policies, procedures, and programs can promote youth development by creating a caring environment rather than focusing on punishment. Such an environment emphasizes ways to intervene and assist young people in gaining the skills and support they need.

◆ Collaborate with families and others in the community to prevent AOD use and violence.

Just as the problems of drugs and violence were not created by a single factor, one institution alone cannot take sole responsibility for preventing them. Working together, schools, families, and communities can change environments, norms, laws, and policies as well as individual awareness and behavior. Promising practices such as Healthy Start, before- and

after-school programs, *some* mentoring programs, and environmental approaches (for example, reducing availability of alcohol and drugs) have been shown to have an impact on AOD use and violence among youth (see Chapter 5). Most strategies require partnerships of agencies (schools, community agencies, clinics) and individuals (students and family members) as fundamental components. The successes of partnerships have taught several lessons, including how to begin and sustain positive working relationships that will benefit children and their families.

Many districts already have one or more school, family, and community partnerships operating as part of their district's Local Improvement Plan or School Site Council. Building on the efforts of existing partnerships and expanding their involvement in the creation of safe and drug-free schools will help increase the chance of success for the community, the school, and the district.

◆ Evaluate and revise the program until it demonstrates that it is *getting results*.

The SDFSCA offers great flexibility to a district in creating a program that builds on its mission, priorities, and existing initiatives, but there is a need to *get results*. Each district must select programs and strategies that have proven effectiveness; that will result in a coherent, comprehensive approach that is appropriate for its students and neighborhood; and that will produce measurable reduction of violence and AOD use in periodic evaluations. Such characteristics should lead to increased student success and improved academic achievement.

The CDE encourages districts to carefully review their prevention efforts and make thoughtful decisions to change or strengthen them, based on objective and accurate information. This review process provides an opportunity to step back and look at the big picture — for example, the relationship and integration of classroom instruction, schoolwide activities, school policies and climate, parent involvement, community resources, youth development programs, and partnerships with law enforcement. This process can make a difference in the health and safety of the community but requires a planned and concerted effort. The challenge is great, but so is the opportunity. This guide has been designed to provide tools to begin the process of creating safe and drug-free schools within each district and community in California.

CHAPTER 2

Safe and Drug-Free Schools and Communities

The tragic consequences of violence and the illegal use of alcohol and drugs by students are felt not only by students and such students' families, but by such students' communities and the nation, which can ill afford to lose such students' skills, talents, and vitality.

◆ TITLE IV: SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES

The fundamental requirement of the Safe and Drug-Free Schools and Communities Act (SDFSCA) is that school districts adopt and carry out a comprehensive drug and violence prevention program. Programs, strategies, and activities used to prevent and reduce alcohol use, drug use, and violence among students should be included in every district's Local Improvement Plan that supports the use of IASA funds. Although the SDFSCA requirements are the same for every district, no two programs will be identical. Each district will devise its

own blend of instruction; teacher, staff, and parent education; and community involvement to address the cultural makeup, assets, and needs of the community, youths, and their families.

Figure 2 contains a list of activities that are required by the SDFSCA. These requirements are reiterated in Table 1, together with principles of effectiveness and guidelines for program design. Appendix B contains excerpts of the SDFSCA legislation.

In designing their programs, districts are to consider a wide array of authorized activities, such as those displayed in Figure 3. (See Appendix B for the full description of authorized activities contained in the legislation.) However, districts are not limited to the activities authorized in the statute. They may also use SDFSCA funds for other activities if they can justify through program evaluation that these activities are helping them achieve their AOD-use- and violence-prevention goals. Thus, the new law provides *flexibility* to local school districts in planning and implementing programs that specifically address the unique needs of their students.

FIGURE 2

SDFSCA Requirements for School Districts

- Develop programs in consultation with a local regional advisory council that includes representatives of local government, business, parents, students, teachers, pupil services personnel, appropriate state agencies, private schools, the medical profession, law enforcement, community-based organizations, and others with interest and expertise in drug and violence prevention.
- On an ongoing basis, the advisory council will advise the district on how to best coordinate the program with other related local programs, projects and activities; and the agencies that administer them.
- Conduct an ongoing, objective analysis of current alcohol, tobacco and other drug use and violence, safety, and discipline problems within schools.
- Establish measurable goals for drug-use and violence prevention and a description of the procedures to be used for assessing and publicly reporting progress toward those goals.
- Adopt and carry out a comprehensive drug- and violence-prevention program.
- Include activities to promote the involvement of parents and coordination with community-wide efforts to achieve drug- and violence-prevention goals.

FIGURE 3

SDFSCA Authorized Activities

- Provide age-appropriate drug-use- and violence-prevention and education programs for all students, preschool level through grade 12, that address the legal, social, personal, and health consequences of illegal drug use and violent behavior.
- Prevent drug use through such activities as comprehensive health education, student services, family counseling, early intervention, and integrated delivery of services for students and families from a variety of providers.
- Prevent violence through such activities as conflict resolution strategies, before- and after-school programs, character education, and community-wide strategies to prevent illegal gang activities, including the establishment of anticrime youth councils.
- Disseminate information about drug and violence prevention.
- Train parents, law enforcement officials, judicial officials, social service providers, health service providers, and community leaders about drug-use and violence prevention.
- Develop and implement comprehensive, communitywide drug-use- and violence-prevention strategies, such as community service, service-learning, rehabilitation referral, and mentoring.
- Provide "safe zones of passage" to protect students traveling to and from school through such measures as Drug- and Weapon-Free School Zones and neighborhood patrols.
- Provide before- and after-school recreational, instructional, cultural, and artistic programs in supervised community settings that encourage drug- and violence-free lifestyles.
- Offer professional development and curricula that promote the awareness of and sensitivity to alternatives to violence through courses of study that include related issues of intolerance and hatred in history.
- Develop and implement communitywide strategies to prevent illegal gang activity.

Given the broad flexibility provided to districts in selecting strategies, the SDFSCA demands new levels of *responsibility* from districts to ensure that the programs they design are grounded in research, and of *accountability* to demonstrate that the prevention programs they design reduce levels of violence and the prevalence rates of AOD use.

President Clinton's budget for the 1998 fiscal year includes appropriations language that would improve the accountability of SDFSC programs by requiring districts to use these funds for prevention strategies that are based on four principles of effectiveness:[1] basing the program on objective data; designing activities to meet measurable goals and objectives; selecting and implementing activities that are research-based; and evaluating and refining the program periodically. The principles of effectiveness appear more fully in Table 1 and are embellished in Chapter 3 in the context of program design.

California Implementation of Title IV

The districts examined in the RTI study of school-based drug prevention programs (described in Chapter 1) are no different from most districts in California. The reality is that many districts adopt popular prevention programs without necessarily examining the evidence of their effectiveness, and then implement these programs inconsistently and without providing adequate support. For example, one-shot assemblies or special events are popular drug-use-prevention strategies (Southwest Regional Laboratory 1995) which have not proven to be effective in changing students' behavior .

The California Department of Education (CDE) is responsible for implementing the new provisions of the SDFSCA in California and is sponsoring several projects as a result. The first is the development of this *Action Guide* to support district programs in becoming *research-based*. This guide is intended to help districts use the limited funds that are available to support the transformation of programs from strategies that have not been effective toward programs that are effective.

[1] The principles of effectiveness cited in this *Action Guide* appeared in draft form in the *Federal Register*, 7/1/97. Public comment was solicited and due 9/15/97. At the time of the *Action Guide*'s publication, the principles of effectiveness had not been revised.

Second, since the SDFSCA emphasizes accountability, CDE is focusing on the *systematic collection of measurable data, including prevalence data,* to demonstrate that programs and strategies being implemented are having a positive impact on participants. Specifically, CDE is developing the new Healthy Kids Survey, which will support all districts in conducting student surveys to determine the prevalence of AOD use and violent behavior. In addition, districts are expected to participate in the California Safe Schools Assessment (CSSA), which helps track criminal activity in schools.

The third project through which the SDFSCA is being implemented is the Healthy Kids Resource Center. The Resource Center provides, free of charge, videos, documents, instructional materials, and summaries of published research related to effective prevention programs. One relevant resource is the *Safe and Drug-Free Schools Program Planning Resources Box* (see the listing in Appendix A: Resources for Prevention).

Finally, the CDE supports county offices of education in providing leadership and technical assistance to school districts in adopting and implementing effective prevention programs.

Summary for Districts

In summary, districts should consider the following key points:

It is appropriate to continue the district's drug and violence prevention activities from previous years *only if they have demonstrated effectiveness.*

Programs must address both AOD use and violence, and use prevention strategies and activities that will comprehensively prevent both problem behaviors.

Districts have flexibility to employ a range of prevention activities. Whether a proposed use of SDFSCA funds is appropriate depends on the district's documentation with measurable data of how the supported activity helps to effectively prevent violence and AOD use.

CHAPTER 3

Action Steps for Designing an SDFSC Program

Planning for safe and drug-free schools involves an alignment of statutory requirements with principles of effectiveness and California's program-design guidelines described in Chapter 1. This alignment is not an easy task, and Table 1 is designed to assist districts with this task. Table 1 summarizes and shows the relationship among the key requirements and guidelines for designing an effective SDFSC program that will result in safe and drug-free schools and communities. Figure 4 shows a planning sequence.

This chapter addresses district-level planning and needs assessment because they are required by the SDFSCA, but school-level planning is also strongly encouraged so that the program is owned by and relevant to each unique school site.

TABLE 1

SDFSC Program Parameters at a Glance

SDFSCA REQUIREMENTS	NATIONAL PRINCIPLES OF EFFECTIVENESS	CALIFORNIA GUIDELINES FOR PROGRAM DESIGN
Develop programs in consultation with a regional advisory council.		Collaborate with families and others in the community to prevent AOD use and violence.
	Design and implement activities based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth.	Select strategies that have been shown to be effective.
Conduct an ongoing, objective analysis of alcohol-, tobacco-, and other drug-use and violence, safety, and discipline problems in schools.	Base programs on a thorough assessment of objective data about the drug- and violence-related problems in the schools and communities served .	Design a program that is comprehensive and responsive to local needs and assets.
Establish measurable goals for drug-use and violence prevention and a description of procedures for assessing and publicly reporting progress.	Design activities to meet measurable goals and objectives for drug-use and violence prevention.	
Adopt and carry out a comprehensive drug-use- and violence-prevention program that includes parent involvement.		Assure that strategies are developmentally appropriate. Use strategies that affect behavior. Promote youth development in caring environments.

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TABLE 1

SDFSC Program Parameters at a Glance

SDFSCA REQUIREMENTS	NATIONAL PRINCIPLES OF EFFECTIVENESS	CALIFORNIA GUIDELINES FOR PROGRAM DESIGN
Coordinate programs and projects with community-wide efforts. On an ongoing basis, the advisory council will advise the district on how best to coordinate with related local projects and activities.		
	Evaluate programs periodically to assess progress toward achieving goals and objectives, and use evaluation results to refine, improve, and strengthen the program, and to refine goals and objectives as appropriate.	Evaluate and revise the program until it demonstrates that it is getting results.

FIGURE 4

Planning Sequence for Safe and Drug-Free Schools

Establish a Broad-Based Advisory Council

SDFSCA District Requirement:

Develop the program in consultation with a local regional advisory council that includes representatives of local government, business, parents, students, teachers, pupil services personnel, appropriate state agencies, private schools, the medical profession, law enforcement, and community-based organizations and others with interest and expertise in drug and violence prevention.

California Guideline for Program Design:

Collaborate with families and others in the community to prevent AOD use and violence.

The SDFSC prevention planning begins with a review of the membership and scope of the district's prevention advisory council or with the identification and convening of a new council if one does not already exist.[2] The district may already have a local improvement planning team or other body, or subcommittee thereof, that would be appropriate. If so, the membership should be reviewed carefully to assure that community members are adequately represented. The issues of youth alcohol and drug use and youth violence affect everyone in the community, and many agencies and public and private organizations are concerned. Many may already have programs in place with which the district can coordinate. Persons in the following categories are appropriate to include on the district prevention advisory council:

- Teachers and paraprofessionals
- Administrators
- High-achieving students

[2]Schools which are designated "schoolwide" under Title I will have a School Site Council; one or more members of each Site Council may represent their schools on the district committee and may encourage attention to SDFSCA concerns within their own individual councils.

- Low-achieving students
- Students with behavior problems
- Parents of at-risk students
- Parents of students at low risk for alcohol, drugs and/or violence
- Students and staff from local private schools
- Prevention experts
- Medical professionals
- School or community counselors
- Law enforcement representatives
- Representatives from local businesses, churches, temples, social service agencies
- Community-based leaders, elders, elected officials
- Other interested and relevant people

Groups that are traditionally under-represented, such as students who use alcohol or drugs or are not achieving in the regular academic program and parents and community-based organizations that traditionally have not participated, should be invited to join the council. To encourage participation, advisory council meetings should be held at times and places that are convenient for people of the community to attend.

The main purpose of this advisory council is to involve all levels of the community in establishing a school and community prevention effort. Authority, responsibility, and voice should be shared among parents, community members, and education representatives on the advisory council. Collaborative sharing is key to success. Too often, potential partners give lip service to creating shared programs or goals but are unwilling to *really* share their time, resources, or turf. The district's commitment to a fully inclusive and participatory approach is critical.

In many small communities, the same individuals get asked to participate on multiple committees and end up feeling "burned out" and unproductive. New faces should be encouraged to join the effort, and new voices encouraged to be heard.

Effective collaboration takes time. Parents and community members may be reluctant to get involved in prevention efforts. Agencies and local community organizations may seek to protect their own interests, and interagency rivalry may cause resistance to cooperation. In such cases, emphasis must be placed on the importance of collaboration around common needs and shared goals. Educating each partner about the mission, realities, and constraints that the others face is also important. For example, public agencies, such as the health department or child protective services, may not understand

school governance, and educators may not understand the confidentiality constraints placed on those agencies. However, council members will always agree on the importance of the health and safety of the children in their community, even when they differ on the best means of achieving this.

At the early stage of collaborative development, the focus will be on overcoming barriers by building on incentives and mutual interests to ensure the genuine involvement of parents and community members. A formal team-building process, such as training in board or council development, may be useful at this point. Early council activities should be carefully designed to ensure success and keep motivation high.

A great deal of patience and persistence may be required to involve the community in support of comprehensive AOD use and violence prevention. The plan that ultimately evolves must be supported by key political and economic forces in the local and broader community. It also must meet, at least partially, the survival and developmental needs of existing and evolving agency programs and community groups (Harvey 1997).

Attention to building a collaborative working group is worth the time it takes. Change does not happen in a vacuum, and all the resources of a community must work together. Schools cannot and should not do it alone.

Create a Common Vision

CDE's vision for youth in California is that they are safe and healthy and that the schools and communities where they learn and live foster healthy growth and development. But each community is unique and needs its own vision that comes from youth, families, and educators.

Working together, advisory council members should answer the following questions: How do we want our school/community to look? What do we want for our own kids? The responses will form the vision, which should be written down in enough detail that it can be communicated to others.

The vision should be kept alive and in front of the advisory council during all phases of the comprehensive program: planning, implementation, evaluation, and refinement. The vision statement should be coupled with data about the students and the community (see the next section on assessing local needs) to create goals and measurable objectives for the program.

Assess Local Needs Related to Health, Safety, and Drug Use

SDFSCA District Requirement:

Conduct an ongoing, objective analysis of alcohol-, tobacco- and other drug-use and violence, safety, and discipline problems in schools.

SDFSCA Principle of Effectiveness:

"Local SDFSC prevention programs shall base their programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served.

Each SDFSCA grant recipient shall conduct a thorough assessment of the nature and extent of youth drug use and violence problems. Grantees are encouraged to build upon existing data collection efforts and examine available objective data from a variety of sources, including law enforcement and public health officials. Grantees are encouraged to assess the needs of all segments of the youth population.

While information about the availability of relevant services in the community and schools is an important part of any needs assessment, and while grantees may wish to include data on adult drug use and violence problems, grantees shall at minimum include in the needs assessment data on youth drug use and violence."

(Federal Register, July 1, 1997)

California Guideline for Program Development:

Design a program that is comprehensive and responsive to local needs and assets.

During this step of the planning process, students' needs for information and services should be examined. The effectiveness of the district's existing programs and the gaps between needs and available services should also be reviewed. Including a community risk and resources assessment will enhance the overall process. Although the district's staff may take the lead in compiling the needs assessment, members of the advisory council and other community leaders and residents should be kept involved.

CDE encourages districts receiving SDFSCA funds to build on existing data collection efforts and examine objective data available from a variety of sources. The following list contains a sample of such data:

- California Healthy Kids Survey reports
- California Safe Schools Assessment reports
- California Youth Risk Behavior Survey reports
- California Student Survey reports
- Gun Free Schools Act report
- Attendance reports, truancy, and dropout rates
- Expulsion, suspension, and discipline referrals
- Outcome data, such as grades and test scores
- Law enforcement juvenile offender data
- Teacher credentials, languages, skills
- Health databases and surveys
- Socioeconomic indicators of the community

Information about some of the statewide surveys listed above may be found in Figure 7. These survey results will help the district assess present levels of youth drug use and violence, which is CDE's minimum requirement for the local needs assessment.

Safe Schools: A Planning Guide for Action (1995), a publication from CDE and the Office of the California Attorney General, includes a detailed discussion of how to assess safe school needs, including a discussion of many of the data sources listed here, as well as the creation of new data. The planning guide is available from the California Department of Education, Publications Division, Sales Office, (800) 995-4099. The guide may be previewed in the Healthy Kids Resource Center's *Safe and Drug-Free Schools Program Planning Resource Box* by calling (510) 670-4581.

In addition, new information should be gathered directly from students, school staff, parents and community members about their opinions and ideas regarding problems, needs, and possible actions. Some districts may want to hire consultants to assist them in this area and to allow objective data gathering. It is important for the community, as well as the school, to contribute data to the needs assessment. The needs assessment data are used to pinpoint the most pressing alcohol, drug, and violence issues among students and in the community. There are many methods for collecting this type of information:

- Interviews with community leaders and drug-use- and violence-prevention specialists at the state and county levels
- Focus groups with students and parents
- Informal conversations with students and parents
- Surveys, questionnaires, and checklists

After collecting data, the district and/or an advisory council subcommittee will analyze the results, establish priorities, examine the impact of current programs, and make recommendations to the district. An outside consultant or specially trained member of the advisory council may be used to assist in this process. With this information, measurable goals and objectives for drug-use- and violence prevention can be established and prioritized.

Establish Measurable Goals and Objectives

SDFSCA District Requirement:

Establish measurable goals for drug-use and violence prevention and a description of procedures for assessing and publicly reporting progress toward those goals.

SDFSCA Principle of Effectiveness:

"Local SDFSC prevention programs shall design their activities to meet their measurable goals and objectives for drug and violence prevention.

Sections 4112 and 4155 of SDFSCA require that grant recipients develop measurable goals and objectives for their program activities. Grantees shall develop goals and objectives that focus on program outcomes, as well as program implementation (sometimes called "process" data). While measures of implementation (such as the hours of instruction provided or number of teachers trained) are important, they are not sufficient to measure program outcomes. Grantees shall develop goals and objectives that will permit them to determine the extent to which program activities are effective in reducing or preventing drug use, violence, or disruptive behavior among youth."

(Federal Register, July 1, 1997)

After the district's staff or representatives review the needs assessment data in consultation with the advisory council, goals can be established that reflect the collective vision and address the identified needs. The vision and goals should be reflected in the district's IASA Local Improvement Plan.

Goals are broad, philosophical statements of what the SDFSC program aims to accomplish; they flow directly from the vision. For example, the vision may be *a community where residents are healthy and safe*. To fulfill that vision, one district goal could specify the *development of healthy, resilient learners*. Some goals may address all the students in the district, while others may be specific to certain groups of students, such as those who have

begun abusing substances or engaging in violence.

Objectives describe how each goal will be achieved. They are smaller in scope than goals and can be measured: for example, *Reduce alcohol use among school aged youth by the year 2000 by (a specified) percent as measured by (a specified instrument)*. Objectives are the core of each district's SDFSC program. According to DelVecchio and Adams (1996), good objectives have several specific characteristics. An objective should

- Specify an outcome rather than a process.
- Be stated as an overt behavior that can be observed directly.
- Use strong action verbs.
- Describe a single outcome.

It is helpful to write objectives according to the "Who, What, When, and How Well" principle. This practice helps to ensure that an objective can be measured. An objective should state the following components:

- Audience (*who* will demonstrate the desired behavior)
- Behavior (*what* the audience will do)
- Conditions (*when* the behavior will be performed and under what conditions)
- Degree (*how well* or to what extent the behavior will be carried out)

A Measurable Objective

Students in grades 9-12 at Sanderson High will commit 25 percent fewer criminal acts by the year 2000 as measured by the California Safe Schools Assessment.

A Nonmeasurable Objective

High school students will be less violent.

Once goals and objectives are established, indicators should be created that will show whether the project is on target for achieving the goals and objectives. CDE has adopted Performance Indicators for the SDFSC

program, which may be found in Appendix C. These performance indicators have been approved by the U.S. Department of Education as the goals and measurable objectives to which CDE is accountable. *To achieve these state-level objectives, district goals, objectives, and target benchmarks must be consistent with those of CDE.*

Each of CDE's performance indicators can be measured using the California Youth Risk Behavior Survey, the California Student Survey, the California Safe Schools Survey, or the California Healthy Kids Survey. Results of these statewide surveys can be compared with the district's own pre- and post-surveys, if the district's survey questions are the same.

Match Goals and Objectives to an Overall Prevention Strategy

Goals and objectives should fit into an overall strategic plan. The President's Crime Prevention Council (1995) identified five basic planning questions that can help in setting goals, objectives, and strategies:

- *Who* do we want to affect or impact? (Individual youth? Their families? The systems and communities in which they live?)
- *Which* youth or families do we want to target? (All? Those at risk? Those already involved in alcohol, drugs, or violence?)
- *When* is the best time to intervene? (At what age? With what frequency and intensity?)
- *Where* do we want to focus our efforts? (Which settings?)
- *What* do we want to do? (Which strategies will best accomplish our goals?)

Findings from the Research Triangle Institute evaluation (Silvia and Thorne 1997) discussed in Chapter 1 establish that the more *comprehensive* a program is — the greater the number of elements that target multiple audiences (all students, students engaging in high-risk behavior, families, community members) — the more likely it is that the program will succeed. The more *integrated* a program is — the more the individual elements provide consistent messages and work together to reinforce one another — the more successful a program is. In addition, the small effects shown in most school-based programs suggest that *school-based approaches should be integrated with broader community partnerships.*

As goals, objectives, and strategies are developed, the importance of developing a comprehensive, integrated program that includes a strong community component should be kept in mind.

The National Institute on Drug Abuse (NIDA 1997) has established prevention principles for community programs to consider when developing goals and objectives:

- To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations, and health providers? Are the program components well-integrated in theme and content so that they reinforce each other? Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce school-based curriculum for students and parents, and keep the public informed of the program's progress?

- Can program components be coordinated with other community efforts to reinforce prevention messages (for instance, can training for all program components address coordinated goals and objectives)?

- Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?

- Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation, and review to refinement, with feedback to and from the community at large?

- Are the objectives and activities specific, time-limited, feasible (given available resources), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?

Select Research- and Evaluation-Based Strategies

SDFSCA Principle of Effectiveness:

"Local SDFSC prevention programs shall design and implement activities based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth.

In designing and improving their programs, grant recipients shall select and implement programs that have demonstrated that they can be effective in preventing or reducing drug use, violence, or disruptive behavior. While the U.S. Department of Education recognizes the importance of flexibility in addressing State and local needs, the Department believes that the implementation of research-based approaches will significantly enhance the effectiveness of programs supported with SDFSCA funds. Grantees are encouraged to review the breadth of available research and evaluation literature in selecting effective strategies most responsive to their needs, and to replicate these strategies in a manner consistent with their original design."

(Federal Register, July 1, 1997)

California Guidelines for Program Design:

- *Select strategies that have been shown to be effective.*
- *Assure that strategies are developmentally appropriate.*
- *Use strategies that affect behavior.*
- *Promote youth development in caring environments.*

This section will introduce some basic concepts in understanding research. It will also summarize what research has to say about what works and what doesn't work in drug and violence prevention. Sources of emerging new research in the field appear in Appendix A: Prevention Resources.

Understanding Prevention Research

Prevention programs that work are usually grounded in theory. Theories explain behavior by telling us about what, why, when, and how certain behaviors happen and, therefore, why certain programs should work.

- The *what* identifies the targets of the intervention.
- The *why* identifies the processes by which changes should occur in the target variables.
- The *when* specifies the timing and sequencing of interventions to achieve maximum effect.
- The *how* describes the methods to be used in the intervention.

Therefore, in examining a specific prevention program, it is important to determine whether the program is *based on a particular theory that is accepted by experts in the field*, and whether the theory provides a l*ogical explanation* of why the program would work.

In addition to establishing that the program has a theoretical foundation, research or evaluation studies that examine the program's effectiveness should be reviewed to determine whether the program *produced the desired changes in the target population.*

Thousands of research and evaluation studies are published in academic journals every year. Articles in *peer-reviewed* or *refereed* journals are those in which the greatest trust can be placed because a panel of other researchers must read each article and approve the science upon which it is based before it can be published. Many journals indicate whether or not they are peer-reviewed or refereed on the title page or in the instructions to authors. The source of the study must be considered. Was it conducted by *reputable researchers in a reputable institution*? Figure 5 provides some definitions that are useful in reviewing research and evaluation studies.

FIGURE 5

Useful Research and Evaluation Definitions

Theory ◆ A set of interrelated propositions containing concepts that describe, explain, predict, or control behavior (Glanz, Lewis, and Rimer 1990, p. 20).

Scientific research ◆ Systematic, controlled, empirical, and critical investigation of hypothetical propositions about the presumed relations among natural phenomena (Kerlinger 1973, p. 11).

Evaluation ◆ A way to measure the effects of a program against the goals it set out to accomplish, as a means of contributing to subsequent decision making about the program and improving future programming (Weiss 1972).

Experimental design ◆ Research that compares a group of randomly-selected subjects who receive the treatment (the experimental group), with a group of comparable subjects who do not (the control group) (Wright 1979).

Process evaluation ◆ Any combination of measurements obtained during the implementation of program activities to control, assure, or improve the quality of performance or delivery (Green and Lewis 1986, p. 364).

Quasi-experimental design ◆ Research where experimental and control groups are not randomly assigned, or when the intervention has already taken place (Wright 1979).

Summative evaluation ◆ Any combination of measurements and judgments that permit conclusions to be drawn about the impact, outcomes, or benefits of a program or methods (Green and Lewis 1986, p. 366).

Meta-analysis ◆ A study in which the empirical findings from many summative evaluations are standardized in a way that permits a single summative evaluation of their collective results. This process allows the measures of change or differences between groups to be standardized by controlling for sample size and standard deviation of the changes. In this way, conclusions about the size of effects across many studies can be estimated (Green and Lewis 1986).

Research and evaluation studies in which the greatest confidence can be placed are those with a *rigorous evaluation design*. A rigorous evaluation design is experimental, comparing treatment and control groups, and including random assignment (students or classes are assigned to be part of the research on a random basis rather than according to any individual attributes or qualities). The study should have a demonstrated effect at multiple sites or use a carefully-controlled, quasi-experimental design (comparison between treatment and control groups that have not been randomly assigned) that has been replicated in more than one study.

When the intervention (the program or curriculum, for example) has been studied in multiple settings, *no study should show significant negative effects, including unanticipated negative effects.* In addition, the intervention should have been implemented by school staff rather than by the researchers themselves, and it should appear to be cost-effective. The checklist in Figure 6 will help districts to review the research evidence of effectiveness of a prevention program or strategy, and to decide if the strategy is appropriate for them.

The science of prevention research is a continually evolving field. It is important to stay abreast of new studies in the field. See Appendix A: Prevention Resources for publications and searchable databases that present research findings about programs that may meet specific needs. See also Chapter 5, Summaries of Promising Practices, and Chapter 6, Summaries of Prevention Research and Evaluation.

FIGURE 6

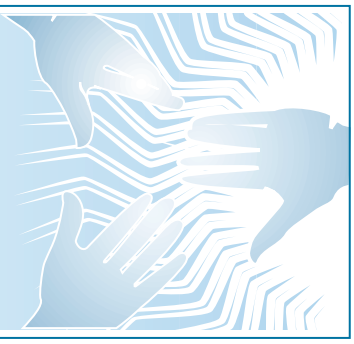
Checklist for Evaluating Research-Based Practices

- ☐ The program is based on theory that is accepted by experts in the field.
- ☐ The theory provides a logical explanation of why the program should work.
- ☐ The program produced the desired changes in the target population.
- ☐ The research was conducted by reputable researchers and published in a reputable journal (preferably a peer-reviewed or refereed journal).
- ☐ The study used a rigorous evaluation design.
- ☐ The study shows few negative effects.
- ☐ The study was replicated at more than one site.
- ☐ The program was implemented by school staff in the study.
- ☐ The students were similar to students in our district.
- ☐ The program appears to be cost-effective.

Coordinate with Other Programs

SDFSCA District Requirement:

Coordinate the district's programs and projects with communitywide efforts to achieve drug and violence prevention goals.



The SDFSC program is required to coordinate with other federal, state, and local programs to avoid duplication of effort and meet all mandated requirements. The Tobacco Use Prevention Education (TUPE) program; IASA, Title XI, Coordinated Services; and CDE's Challenge Initiative are among the numerous programs in a district with which coordination is imperative. For districts participating in the Challenge Initiative, CDE has sought to coordinate and align Challenge district activities with IASA requirements as much as possible.

Categorical funding continues to underwrite programs for students in narrowly defined groups, but it is also true that many common denominators exist in all prevention programs. It is important to respect funding streams, but it is also efficient and effective to coordinate curriculum, intervention, and other activities in a seamless, comprehensive effort. Prevention instruction under the umbrella of a coordinated school health program, for example, meets categorical imperatives in a way that can be planned across the school year and across the grades.

In addition to coordinating the SDFSC program with other state and federal programs, districts are required to coordinate with community programs, especially those funded by the California Mentor Initiative in the California Department of Alcohol and Drug Programs. One of the most effective ways to coordinate with other programs is to invite their program representatives to sit on the SDFSC advisory council. In that position, they will be informed of current plans and can identify ways their programs can coordinate with those of the district as opportunities arise.

Evaluate and Refine the Program

SDFSCA District Requirement:

Establish measurable goals for drug and violence prevention and a description of the procedures to be used for assessing and publicly reporting progress toward those goals.

SDFSCA Principle of Effectiveness:

"Local SDFSC prevention programs shall evaluate their programs periodically to assess their progress toward achieving their goals and objectives, to use their evaluation results to refine, improve and strengthen their program, and to refine their goals and objectives as appropriate.

> *Grant recipients shall assess their programs and use the information about program outcomes to re-evaluate existing program efforts. While the Department recognizes that prevention programs may have a long implementation phase, may have long-term goals, and may include some objectives that are broadly focused, grantees shall not continue to implement strategies or programs that cannot demonstrate positive outcomes in terms of reducing or preventing drug use, violence, or disruptive behavior among youth. Grantees shall use their assessment results to determine whether programs need to be strengthened or improved, and whether program goals and objectives are reasonable or have already been met and should be revised."*
>
> *(Federal Register, July 1, 1997)*

Evaluation is a way to "measure the effects of a program against the goals it set out to accomplish, as a means of contributing to subsequent decision making about the program and improving future programming" (Weiss 1972). Fewer than one-half of the districts in the RTI longitudinal study (Silvia and Thorne 1997) had conducted any evaluation of their drug prevention efforts.

Because districts will be held accountable for whether their programs meet their goals and measurable objectives in reducing drugs and violence, evaluation is essential for gauging progress.

An evaluation should answer questions such as the following:

- What was done in the program?
- How was the program carried out?
- Who participated in it?
- Was the program implemented as intended? Why or why not?
- Did the program achieve what was expected? Why or why not?
- Did the program produce the desired long-term effects? What were they? If none was produced, why not?

Some of the guidelines for a good evaluation design include

- Using tested data collection instruments.
- Obtaining good baseline (pre-intervention) information.
- Using control or comparison groups of people who did not receive the intervention but whose characteristics are similar to those of the people who did receive it.
- Monitoring the quality of program implementation.
- Making sure that postintervention follow-up includes a large percentage of the target population.
- Using appropriate statistical methods to analyze the data.

The SDFSCA requires each district to conduct an ongoing assessment of AOD use and violence prevalence, because a reduction in prevalence is an important outcome measure. The California Healthy Kids Survey and the California Safe Schools Assessment fulfill this requirement. A program may seek to track other outcome measures. Figure 7 shows the major data collection efforts that support the evaluation of the SDFSC program. Data on suspensions/expulsions, discipline referrals, attendance, truancy, and dropout rates should be considered, as well. (Note: These data sources are the same as those used in the needs assessment phase of program development listed earlier in this chapter in the section "Assess Local Needs Related to Health, Safety and Drug Use.")

Monitor Progress

Monitoring a program is one important element in evaluating and keeping a program on track. Monitoring includes the collection of both objective data (the number of disciplinary incidents, for example) and subjective data (the number of students who say they are less likely to get into a fight). Monitoring should indicate whether the activities are on track and whether the intended outcomes are being achieved. For example, the following are questions that should be answered on an ongoing basis:

- Which of the activities or interventions have been implemented?
- Has the activity been implemented in the way it was originally intended?
- To what extent did the activity achieve its immediate objectives?

To monitor progress, the following steps should be taken:

- Examine the objectives. Properly prepared objectives will help identify the information necessary to determine whether the program is on track. Keep records and collect data to see whether the objectives are being achieved.
- Keep records of what has happened during all phases of the program.
- Review performance regularly to make sure things are on track.
- Keep regularly recorded notes by the staff, volunteers, and participants to provide an ongoing history of what has taken place.
- Use data to make decisions about day-to-day activities. If the available data are not helping the program with day-to-day decisions, then decide what information will help and collect that.
- Decide early in the program what things need to be counted (number of students in class or the number of fights, for example). Count them.

Did the activity achieve its long-term measurable objectives, such as fewer fights in school and on the school grounds? A behavioral objective (a reduced number of fights, for example) or health objective (fewer injuries) may not be met for several reasons. The two most common reasons are that the activity simply does not work and that the activity has not been properly done. The collected data can help determine whether the activity has been properly carried out or whether it simply does not work in a particular community.

FIGURE 7

SDFSC Program Data Sources

DATA SET	WHAT COLLECTED	WHEN COLLECTED	WHERE AVAILABLE
California Youth Risk Behavior Survey	State-level data on alcohol, tobacco, and other drug use; safety; violence; and other risk behaviors.	First collected in 1989 and every odd-numbered year since. The latest administration of the survey was in 1997.	Comprehensive Health Program Office, (916) 657-3450
The California Student Survey	State-level data on alcohol, tobacco, and other drug use; attitudes and social influence; related problems and programs; and safety- and violence-related experience, attitudes, and programs.	First collected in 1985 and every odd-numbered year since. The latest administration of the survey was in 1995.	Healthy Kids Program Office, (916) 657-2810 and/or WestEd, (415) 565-3000
The California Healthy Kids Survey	District-level data on alcohol, tobacco, and other drug use; attitudes; social influences; related problems; and programs.	First administration expected in 1998. Will allow all LEAs to collect data on alcohol, tobacco and other drug use; attitudes; related problems; and programs which are generalizable and valid at the LEA level.	WestEd, (415) 565-3000[3]

[3] Technical assistance for the California Healthy Kids Survey is available through WestEd for districts that need help in collecting these data.

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FIGURE 7

SDFSC Program Data Sources

DATA SET	WHAT COLLECTED	WHEN COLLECTED	WHERE AVAILABLE
The California Safe Schools Assessment	District-, county-, and state-level data on the incident rates of different types of school crime, types of weapons used, and classification of victims and suspects.	First collected for the 1995–96 school year and annually thereafter.	Safe Schools and Violence Prevention Office, (916) 323-2183
Gun Free Schools Act Report	District-level data on the number of expulsions for weapons possessions and type of weapons used by grade level.	First collected in Fall 1997. Requires LEAs to report on the number of expulsions and other details related to the Gun Free Schools Act.	Safe Schools and Violence Prevention Office, (916) 323-2183

Rarely are data collected, tabulated, interpreted, and printed in a manner that precisely matches the stated objectives of the program. Sometimes the data are available in files or various records but need to be extracted and assembled. Data should be rearranged into a useful format (CDC 1993).

The program should be monitored on both a micro and macro level. At the micro level, the strategies which are in place and their levels of success are examined. At the macro level, issues of comprehensiveness and integration are addressed (Adams 1996):

Strategies (micro):

- *Are all the lessons being taught?*
- *Are all the volunteers showing up?*
- *Are students getting the services they need?*

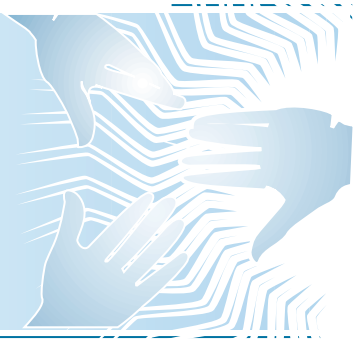
Comprehensiveness (macro):

- *Are all the strategies fitting together?*
- *Are all the domains being addressed?*
- *Are resources allocated as needed?*

Report Progress

Many avenues can be used to inform the public of progress toward achieving the district's goals. Public reports will be best understood and therefore most effective if the community is kept informed of the SDFSC program goals and activities on an ongoing basis. Then, when the results of the California Healthy Kids Survey and the California Safe Schools Assessment (CSSA) are released, the community will have a context for understanding what the results mean. *All reporting should be coordinated among the district, county office of education, and CDE.*

CDE provides a *Communications and Media Relations Technical Assistance Kit* and annual training to LEAs to support public reporting of district CSSA results. A report specific to each district from the Healthy Kids Survey will also be provided to assist the district in reporting information to the public.



Correct Course, as Needed

Both the district and the advisory council should review progress and evaluation data on a recurring basis to determine if the program is moving in the direction that was planned or whether midcourse corrections are necessary. *The program should be given sufficient time to have an effect before changes are considered.*

FIGURE 8

Useful Definitions

Activity ◆ A time-limited task, usually involving direct experience and participation of a student or students.

Drug ◆ Phrases such as drug-use, drug policy, and alcohol and other drugs (AOD) as used in this *Action Guide*, are meant to include tobacco, and other drugs such as marijuana and cocaine.

Exemplary practice ◆ In this *Action Guide*, a practice that has been rigorously evaluated and that shows strong, positive effects on preventing violence or the use of drugs.

Goal ◆ A broad philosophical statement of what the prevention program aims to accomplish.

Objective ◆ The way(s) in which each goal will be achieved. Objectives are measurable and smaller in scope than goals.

Performance indicators ◆ Target benchmarks that show if a program's goals and objectives are being achieved. Performance indicators can be measured by specific data collected through assessment or survey tools.

Program ◆ A planned, coordinated group of activities or projects designed for a specific purpose. A program may include multiple projects.

Project ◆ A planned set of tasks or activities designed for a specific purpose.

CONTINUED

FIGURE 8

Useful Definitions

Promising practice ◆ In this *Action Guide*, a practice that shows promise for reducing alcohol and other drug use and violence or for increasing protective factors against alcohol and other drug use or violent behavior. Promising practices still need further evaluation before they are termed exemplary.

School environment ◆ The school and its community, its culture, and its physical aspects. A school environment provides the cornerstone for academic reform. An environment that is equitable, accessible, supportive, secure, drug-free and safe supports the educational goal that all children shall attain high personal and academic standards. To ensure that the school environment is conducive to teaching and learning, all stakeholders, including parents and community members, must be involved in and committed to a shared vision.

Strategy ◆ A plan for how to accomplish a goal. An SDFSC program should use drug- and violence-prevention strategies that are exemplary or promising.

Violence ◆ Physical and nonphysical harm that causes damage, pain, injury, or fear. It is a public health and safety condition that often results from individual, social, economic, political, and institutional disregard for basic human needs. Violence disrupts the school environment and results in the debilitation of personal development, which may lead to hopelessness and helplessness.

Vision ◆ A shared picture of the future that a group seeks to create. In an SDFSC program, the district's prevention advisory council, made up of members who represent a broad cross section of the community, creates a vision statement for how they want their schools and community to be.

CHAPTER 4

Strategies for Prevention

In a comprehensive Safe and Drug-Free Schools and Communities (SDFSC) program, districts should use multiple strategies, including those that are described as exemplary or promising in this guide. Here, the term "exemplary practices" is used to describe programs that meet all or most of the points in the checklist (see Figure 6) in the previous chapter (i.e., the programs have been rigorously evaluated and show strong, positive effects). The term "promising practices" is used for strategies that show promise for reducing alcohol and other drug (AOD) use and violence or for increasing protective factors against AOD use or violent behavior, although the strategies still need further evaluation before they are definitively termed effective in creating safe and drug-free schools and communities. The exemplary and promising practices described in this chapter appear in a summary table at the end of this chapter.

Exemplary Practices in Prevention of Alcohol and Other Drug Use

Some exemplary practices noted by researchers are as follows:

- A comprehensive, integrated prevention program design is the foundation for success. A comprehensive program includes all of the essential strategies, activities, and environments involving school, community, family, students, and peers. This approach is integrated if all the various strategies work in a coherent way by pushing in the same direction to achieve the desired outcomes (Silvia and Thorne 1997).
- Often, the programs judged most effective under ideal research conditions are rendered less effective when they are used in the typical school district. That is not because the program itself is ineffective but because the district's implementation is inconsistent with the original research conditions. Prevention programs are certain to be effective only when they are provided in exactly the way in which they were designed and shown to be effective. Picking and choosing among program components undermines the likelihood of success (Silvia and Thorne 1997).
- The social influence model is one of the most recent and most promising approaches to the prevention of drug use. The original versions of this approach focused on the external influences, especially pressures from family, peers, and the media, that push adolescents toward drug use. Newer versions also stress internal pressures to use drugs — subtle influences of which an adolescent may never be aware, such as the desire to be accepted, to look cool, and to be part of the crowd (Ellickson 1997). (Several programs that are based on the social influence model are described in the research summaries in Chapter 6.)
- Exemplary social influence models require interactive teaching methods in which the teacher can tailor the message to the needs of the students. Teachers may need training in interactive pedagogy and need support as they strive to implement new methods (Silvia and Thorne 1997).
- Curricula should be age-appropriate. At the elementary level, programs should promote bonding to school and family. Districts should emphasize curricula based

on the social influence model in the middle school years and provide booster sessions in high school (Ellickson 1997).

- Mentoring of young people by adults has been shown to be effective in reducing violence and the use of drugs *if the mentoring relationship is sustained and nonprescriptive and if the mentors and youths are carefully matched.* Training and support of mentors is a critical element to the success of a mentoring program (Tierney, Grossman, and Resch 1995). Mentoring relationships that are noncontingent and are uncritically supportive are *not* effective. (See Chapter 6 for a summary of one major mentoring study.)

Much of what is known about effective prevention strategies comes from research on curricula. The National Institute on Drug Abuse (NIDA 1997) offers the following checklist on prevention principles for school-based programs.

NIDA Prevention Principles for School-Based Programs

- Do the school-based programs reach children from kindergarten through high school? If not, do they at least reach children during the critical middle school or junior high years?
- Do the programs contain multiple years of intervention (all through the middle school or junior high years)?
- Do the programs use a well-tested, standardized intervention with detailed lesson plans and student materials?
- Do the programs teach drug-resistance skills through interactive methods (modeling, role-playing, discussion, group feedback, reinforcement, extended practice)?
- Do the programs foster prosocial bonding to the school and community?
- Do the programs:
  - Teach social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally and developmentally appropriate?
  - Promote positive peer influence?
  - Promote antidrug social norms?
  - Emphasize skills-training teaching methods?
  - Include an adequate "dosage" (10 to 15 sessions in year 1 and another 10 to 15 booster sessions)?
- Do the programs retain core elements of the effective intervention design to maximize benefits?
- Is there periodic evaluation to determine whether the programs are effective?

Promising Practices in Prevention of Alcohol and Other Drug Use

The following promising practices are described fully in Chapter 5:

- Coordinated school health programs
- Comprehensive integrated services, such as Healthy Start
- District policies, including those addressing use of alcohol and other drugs, violence, firearm possession, uniforms, and closed campuses
- Service learning
- Environmental strategies to reduce the availability of alcohol, other drugs, and firearms.
- Home/family-school partnerships
- Early intervention, including student assistance programs
- Positive alternative activities (such as after-school programs, safe and sober dances)

Ineffective Practices in Prevention of Alcohol and Other Drug Use

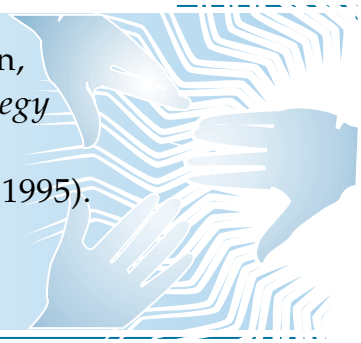
The following approaches have been shown to be ineffective in reducing use of alcohol and other drugs:

- Information-only programs about the negative effects of drugs
- Affective-only programs; for example, those that focus only on increasing self-esteem
- Scare tactics
- Testimonies of ex-addicts
- Prepackaged curricula used in isolation
- One-shot assemblies

Exemplary Practices in Violence Prevention

The field of violence prevention is younger than that of drug prevention; therefore, there is less research on effective violence-prevention programs. However, a considerable number of practices have shown effectiveness.

For a full discussion of the practices listed in this section, see the *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (Office of Juvenile Justice and Delinquency Prevention, 1995). Available from the Juvenile Justice Clearinghouse in Rockville, MD; telephone (800) 638-8736.



Based on a review of the research that was sponsored by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (Howell 1995), interventions that have consistently demonstrated protective factors and positive effects on risk factors for delinquency and violence among young people include the following:

- Reductions in size of classes for kindergarten and first grade
- Continuous-progress instructional strategies
- Cooperative learning
- Tutoring
- Computer-assisted instruction
- Diagnostic and prescriptive pullout programs
- Grouping of students by ability within classes in elementary school
- Nongraded elementary schools
- Classroom behavior-management techniques
- Monitoring and reinforcing the requirements of school attendance, academic progress, and school behavior
- Parent training
- Family counseling
- Youth employment and vocational training programs with intensive education components

Promising Practices in Violence Prevention

Some of these promising practices are described more fully in Chapter 5:

- Structured playground activities
- Consultation for schools on applied behavioral analysis
- Special educational placements for disruptive secondary school students
- Conflict resolution and violence-prevention curricula
- Peer mediation (See Chapter 6 for a summary of an evaluation study of one peer mediation program.)
- School organizational structure
- Mentoring relationships *that include behavior management techniques*
- After-school recreation
- Gang-prevention curricula
- Gang crisis intervention and mediation
- Youth service programs
- Installation of metal detectors in schools
- Intensified motorized patrol of school grounds
- Interrogations by police officers of suspicious persons in the vicinity of the school
- Community policing
- Neighborhood block watch

Ineffective Practices in Violence Prevention

Evaluations of the following interventions showed no effect or negative effects on risk and protective factors:

- Humanistic and developmental instructional strategies
- Teacher aides
- Tracking or between-class (as opposed to within one class) grouping by ability
- Nonpromotion of students to the next grade
- Special educational placements for elementary school students who are disruptive, emotionally disturbed, or learning disabled
- Peer counseling
- Youth employment and vocational training programs without an intensive educational component

The following practices have not been adequately evaluated to permit their classification as either effective or ineffective. However, the evidence in the evaluations that are available suggests that the following practices are *not* effective:

- Mentoring relationships *that do not include reinforcement of appropriate behavior*
- Citizen patrols

TABLE 2

What Works in Prevention of Alcohol and Other Drug Use and Prevention of Violence

ALCOHOL AND OTHER DRUGS

EXEMPLARY PRACTICES

Comprehensive, integrated programs with a community component

Extensive components in place over time

Age-appropriate curricula (prosocial bonding in elementary school, social influence approach in middle school with booster session in high school)

Complete and consistent implementation (Do not pick and choose components.)

Interactive teaching, with teacher training as necessary

Approaches built on social influence model

Full-time prevention coordinator with more training for greater stability and more comprehensive programs

Mentoring *if the relationship is sustained and nonprescriptive and adults and youths are carefully matched*

PROMISING PRACTICES

Coordinated school health programs

Comprehensive integrated services (e.g., Healthy Start)

District policies addressing use of alcohol and other drugs

Service-learning

Environmental strategies to reduce the availability of alcohol and other drugs

Home/family-school partnerships

Early intervention, including student assistance programs

Positive alternative activities (e.g., Friday Night Live)

VIOLENCE

EXEMPLARY PRACTICES

School structure and management (reduced class size in K-1, pull-out programs, nongrading and ability grouping in elementary school, classroom behavior management, monitoring and reinforcement of behavior, graduated sanctions)

Instructional strategies (continuous progress, tutoring, computer-assisted instruction)

Cooperative learning

Parent training

Family counseling

Youth employment and vocational training *with intensive educational components*

Mentoring *if the relationship is sustained and nonprescriptive and adults and youths are carefully matched*

PROMISING PRACTICES

Structured playground activities, after-school recreation

District policies addressing violence, firearm possession, uniforms, closed campuses

Special educational placement for disruptive secondary school students

Conflict resolution, gang-prevention and violence-prevention curricula

Mentoring relationships *that include behavior management techniques*

Peer mediation

School organizational structure

Gang crisis intervention and mediation

Youth-service programs

Intensified motorized patrol, field interrogations, community policing, neighborhood block watch

Metal detectors

Behavioral analysis consultation

TABLE 3

What Does *Not* Work in Prevention of Alcohol and Other Drug Use and Prevention of Violence

ALCOHOL AND OTHER DRUGS	VIOLENCE[4]
Information-only programs about negative effects of drugs	Humanistic and developmental instructional strategies
Affective-only programs (e.g., those that focus only on increasing self-esteem)	Teacher aides
Scare tactics	Tracking or between-class (as opposed to within a class) grouping by ability
Testimonies of ex-addicts	Nonpromotion of students to the next grade
Nonpromotion of students to the next grade	Special educational placement for elementary school students who are disruptive, emotionally disturbed, or learning disabled
Pre-packaged curricula used in isolation	Peer counseling
One-shot programs (e.g., assemblies)	Youth employment and vocational training programs *without an intensive educational component*
	Mentoring relationships that do not include reinforcement of appropriate behavior.
	Citizen patrols

[4] The interventions in this column showed no effect or negative effects on risk and protective factors *related to violence*.

CHAPTER 5

Summaries of Promising Practices

This chapter describes some promising practices that may be included in a comprehensive, integrated approach and summarizes what is currently known about their effectiveness. These programs lack sufficient research to prove their effectiveness. In some cases, such as coordinated school health programs, research on effectiveness is missing because the approach is too complex for an evaluation to be implemented in a cost-effective manner. In other cases, such as conflict resolution, the field may be too new for a sufficient research base to be established. Nonetheless, these approaches should contribute toward the creation of safe and drug-free schools and together contribute toward a comprehensive approach.

When a district considers including promising practices in its drug- and violence-prevention program, the principles for selection and implementation remain similar to those for programs that have been shown to be effective. The district should

- Consider the pragmatics of a given program:
  - Does the program address a pressing need in the school?
  - Is it relevant to the school's student population — socially, culturally, ethnically?
- Make a commitment to the duration, integrity, and intent of the program-do not pick and choose components.
- Be sure the program is a logical piece of a districtwide comprehensive effort.

The following promising practices are presented in this chapter:

- Comprehensive Integrated Services: Healthy Start
- Conflict Resolution
- Coordinated School Health Programs
- District Policies
- Early Intervention
- Environmental Strategies
- Family Involvement
- Full-Service Schools
- Gang Intervention
- Positive Alternative Activities
- Service-Learning Programs

Comprehensive Integrated Services: Healthy Start

The Healthy Start Support Services for Children Act (Chapter 759, Statutes of 1991) is the centerpiece of California's prevention agenda for children. Schools and community agencies and organizations work together to improve the well-being and achievement of young people and their families and the effectiveness of the systems that serve and support the community. These school/community collaboratives provide culturally appropriate, integrated, accessible, and strengths-based educational, health, mental health, social, and other support services at or near the school site. The initiative recognizes that educational achievement, physical and emotional health, and family strengths are interdependent.

The intent of Healthy Start is to improve the lives of children and families by:

- Ensuring that each child receives the physical, emotional, and intellectual support that he or she needs — in school, at home and in the community — to learn well
- Building the capacity of students and parents to be participants, leaders, and decision makers in their communities
- Helping schools and other child- and family-service agencies to reorganize, streamline, and integrate their programs to provide more effective support to children and their families

The school-linked services that are being offered to meet the needs of children, youths, and families in Healthy Start centers include:

- Family support (child protection, parenting education, child care)
- Basic needs (food, clothing, shelter, transportation)
- Medical/health (vision, hearing, dental, Child Health and Disability Prevention, acute care, preventive health)
- Academic/educational (tutoring, dropout prevention)
- Employment (career counseling, job placement, job training)
- Youth development (recreation, service learning, community service)

For example, one Northern California school district has Healthy Start sites at a middle school and a high school and has received funding for a group of six elementary schools. The funding has been parlayed into in-home family counseling, Boys and Girls Clubs after-school activities, Parents as Teachers curriculum, dental screenings, nutrition education for students and parents, physical examinations for students wanting to participate in sports, and a Healthy Start Family Resource Center. The director of integrated services for the district reports that two ingredients are necessary for success. "You have to look at what you already have that's great and what's in the community that you can link to what you have," she says. "And you need at least four or five people who are passionate about making it work. We build from there." She also notes that collaborating with community agencies is hard work and may result in occasional turf wars but that the efforts are worthwhile.

Districts may use up to 5 percent of their Improving America's Schools Act (IASA) funding for this purpose under the provisions of Title XI, Coordinated Services Projects, which is the IASA term for comprehensive integrated services.

Research-Based Evidence of Effectiveness

By redesigning service systems to be more effective, more accessible, and more responsive to families, local initiatives strive for measurable improvements in such areas as school readiness, academic success, health and mental health, and family functioning. Positive results have been shown for students and their families in the following areas:

- Standardized test scores for grades one through three increased an average of 3 percentage points
- Family mobility rates decreased by 12 percent
- School violence decreased
- The suspension rate and unexcused absences decreased
- Elementary schoolchildren's classroom behavior improved
- Parent participation increased for all school activities.

Evaluations of 65 local Healthy Start operational grantees that were funded in 1992 and 1993 and one privately funded school-linked services initiative in California were conducted (Wagner, Newman, and Golan 1996). The study found small increases in the number of students who reported that their use of alcohol or drugs caused problems for them at school or at work. However, the authors theorize that involvement with alcohol and other drugs might be expected to grow as students mature or become more comfortable discussing their substance use with counselors. Flattening the rate of growth or experiencing an actual decline would be an indicator of a positive impact. It is therefore difficult to establish the effectiveness of school-linked services in reducing alcohol and other drug use.

In contrast, a statistically significant reduction in gang involvement was reported among teens in the local initiatives which had set such a goal for themselves. An earlier study of Healthy Start services (Wagner and Golan 1996) had also revealed a decrease in school violence (not statistically significant) among Healthy Start sites.

For More Information:

Healthy Start Office
California Department of Education
721 Capitol Mall, Room 556
Sacramento, CA 95814
(916) 657-3558

Healthy Start Field Office
CRESS Center, Division of Education
University of California, Davis
Davis, CA 95616-8729
(530) 752-1277

Coordinated School Health Programs

A coordinated school health program is better known within California as a comprehensive school health system. *The Health Framework for California Public Schools* introduces eight components of comprehensive school health systems:

- Health education
- Physical education
- Health services
- Nutrition services
- Psychological and counseling services
- Health promotion for school staff
- Safe and healthy school environment
- Parent and community involvement

The term "coordinated school health program" is preferred because the term "coordinated" describes a model of eight complementary and integrated components, as opposed to eight independent elements. Because this is a system, what happens in one component affects the others. For example, health education in the classroom is reinforced by district policies that support safe and drug-free schools; the district policies, in turn, support a full-service school approach. Further, implementing a coordinated school health program can contribute toward the development of a positive school climate and promote student attachment to the school.

At a middle school in southeastern Fresno, the school's full-time nurse works with the full-time school psychologist to implement a coordinated school health program. To prevent alcohol and other drug use, the program includes interdisciplinary lessons on drug and alcohol abuse and weekly support groups for the Children of Alcoholics program. Other support groups help students build self-esteem or cope with the loss of a loved one through death or divorce. The Think First curriculum, developed in response to gang-related problems, teaches members how to manage anger and resolve conflicts. The physical education department has incorporated a health curriculum, including Family Life Education, to supplement health-related topics taught in science classes. An on-campus health clinic offers students and community members comprehensive physical exams and referrals. The Future Positive program, funded by local hospitals, involves community agencies in after-school programs for students. The school also holds a monthly Parent Education Night and conducts parenting classes in English and Spanish.

Research-Based Evidence of Effectiveness

No full-scale evaluation of a complete coordinated school health program has been undertaken because of cost and other constraints. Therefore, it is not possible to say without equivocation that a coordinated school health program can reduce the prevalence of alcohol, drugs, and violence. There is, however, evidence that individual components have been effective. In addition, a recent literature review (Symons, Cinelli, James, and Groff 1977) establishes clear links between students' health risks (including exposure to intentional injuries; tobacco, alcohol and other drug use; dietary behaviors; physical activity behaviors; and sexual behaviors) and their academic performance. Therefore, it appears reasonable to assume that implementing a complete and coordinated program would enhance the likelihood of success. Silvia and Thorne (1977) note that the more comprehensive a program, the greater the likelihood of success in reducing drug and alcohol use.

For More Information:

Comprehensive School Health Programs
California Department of Education
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 657-3450
Fax (916) 657-5149

Healthy Kids Resource Center
Alameda County Office of Education
313 West Winton Avenue, Room 180
Hayward, CA 94544
(510) 670-4581

Health Framework for California Public Schools, Kindergarten Through Grade Twelve (1994).
Order from CDE, Publications Division, Sales Office, P.O. Box 271, Sacramento, CA 95812-0271, (800) 995-4099

Conflict Resolution

Conflict resolution teaches young people how to manage conflict in a productive way to reduce incidents of violent behavior. Conflict resolution education includes problem solving in which the parties in dispute express their points of view, voice their interests, and find mutually acceptable solutions. Those programs that appear to be the most effective are comprehensive; involve multiple components, such as the problem-solving processes and principles of conflict resolution, the basics of effective communication and listening, and critical and creative thinking; and place an emphasis on personal responsibility and self-discipline.

In addition to teaching conflict resolution skills to all students in the classroom, conflict resolution programs may include peer mediation, which involves having specially trained student mediators work with their peers to resolve conflicts. These programs reduce the use of traditional disciplinary actions, such as suspension, detention, and expulsion; encourage effective problem solving; decrease the need for teacher involvement in student conflicts; and improve the school climate.

Generally, conflict resolution programs fall into two categories: (1) programs in which the disputants work among themselves to settle their differences; and (2) programs in which a mediator (an objective third party) helps the disputants reach agreement.

The major themes of conflict resolution programs include the following:

- Active listening, in which participants summarize what each has said to ensure accurate comprehension
- Cooperation between disputants
- Acceptance of each other's differences
- Creative problem solving, taking into account each disputant's position

"Conflict resolution is a way of life for my kids and for the staff," says the dean of students at an elementary school in Oakland. With the help of student conflict managers, students usually resolve conflicts among themselves without an adult having to step in. The school has had a conflict management curriculum in place since 1985. As early as kindergarten, students begin learning about identifying feelings, listening to others, and using "I" messages. The entire school staff is also trained in conflict resolution techniques. For the peer mediation program, students in each grade three through grade six classroom elect conflict managers by secret ballot. Conflict managers receive additional training and meet with program leaders every other week. The school, despite its location in one of Oakland's high-crime neighborhoods, has one of

the city's lowest suspension rates; it suspended only two students in the past year, and neither incident involved fighting with others.

Research-Based Evidence of Effectiveness

Conflict resolution programs remain largely unevaluated (Tolan and Guerra 1994). In a review of research on conflict resolution, Johnson and Johnson (1996) conclude that such programs do increase students' abilities to resolve conflicts through the use of integrative negotiation and mediation strategies. Much of their research is based on evaluations of their own Teaching Students to Be Peacemakers Program; most other conflict resolution programs still lack solid evaluation data. Elliott (1997) suggests that because many programs do not provide practice scenarios that are realistic to students, there may be little transference of skills from classroom to community.

Therefore, it is important to ask to see an evaluation study when considering implementation of a conflict resolution program.

Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings (October, 1996). Available from the Office of Juvenile Justice and Delinquency Prevention; call (800) 638-8736 for further information.

School-Based Conflict Resolution Programs — A California Resource Guide. Produced by the California Department of Education in cooperation with the Sacramento County Office of Education. The guide presents an overview of available approaches for school-based conflict resolution programs, describes some successful California programs, and provides resources for further investigation. Contact the Safe Schools and Violence Prevention Office at (916) 323-2183 for further information.

Racism and intolerance often contribute to conflict among youths. Teaching young people to appreciate the cultural diversity around them may also help to reduce violence.

A Handbook on the Rights and Responsibilities of School Personnel and Students in the Areas of Providing Moral, Civic, and Ethical Education, Teaching Religion, Promoting Responsible Attitudes and Behaviors, and Preventing and Responding to Hate Violence (1995).
Adopted by the California State Board of Education on October 14, 1994.
The handbook may be ordered from CDE, Publications Division, Sales Office, (800) 995-4099.

A handbook entitled *Hate Motivated Behavior in Schools* (1997).
Produced by the California Department of Education in cooperation with the Alameda County Office of Education. The handbook may be ordered from CDE, Publications Division, Sales Office, (800) 995-4099.

Regional workshops on dealing with hate-motivated behavior are also offered throughout the state.

For More Information:

Safe Schools and Violence
Prevention Office
California Department of Education
560 J Street, Suite 260
Sacramento, CA 95814
(916) 323-2183

http://www.cde.ca.gov/spbranch/safety/safetyhome.html

District Policies

District policies outline the rules and norms concerning violence and the possession and use of alcohol, tobacco, and other drugs on school campuses. Information about policies on specific topics is provided below.

Alcohol and other drug use.

The U.S. Department of Education suggests policies should

- Prohibit unlawful use, possession, and distribution of drugs in school and at school functions.
- Apply to students, school staff, and any member of the community attending a school function.
- Explain what constitutes a drug offense:
  - Define drugs, including alcohol and tobacco products, that are illegal for students.
  - Specify the extent of school jurisdiction; for example, school property and all school-related functions on or outside school grounds.
  - Outline types of violations; for example, possession of drugs (including storage in lockers), use of drugs, under the influence of drugs, distribution of drugs and drug paraphernalia, sale of drugs and drug paraphernalia.
- Identify the consequences of a student's first offense and of repeated offenses — always including parental notification as a part of the procedure — and link any punitive action with referrals for treatment and counseling.[4]
- Ensure that procedures regarding search of students' lockers or persons, suspension, and expulsion are in accordance with federal, state, and local laws. (Consult your school district's attorney to obtain that assurance.)
- State the school's position if a student is caught possessing, using, or selling drugs off school grounds during nonschool hours.
- Identify the responsibilities of school officials, parents, law enforcement officers, and others who will implement the policy.

[4] Senate Bill 966 (Ch. 972, Statutes of 1995) amended *Education Code* Section 48915 to require immediate suspension, subsequent expulsion, and referral to a program that meets specified conditions for any student who unlawfully sells a controlled substance listed in *Health and Safety Code* sections 11053-11058.

The California School Boards Association (CSBA) provides sample district policies on multiple topics, including alcohol and drugs and dress codes. Request a copy of sample board policies by calling the CSBA at (916) 371-4691.

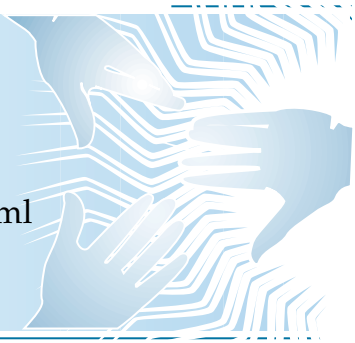
Closed campuses.

Closed school campuses — those that require students to stay on the school campus during the entire school day — can contribute to a comprehensive approach to school safety. Closed school campuses are a critical step toward eliminating off-campus smoking, drinking, and other drug use during the school day. Parents or other volunteers can participate in the implementation of closed campus policies by providing noontime supervision of the campus. Such supervision can be made more manageable by designating some areas of the campus as off-limits during the lunch hour, and students caught in those off-limits areas should be subject to disciplinary action. *Education Code* Sections 35290 et seq. address provisions for a closed campus in the school's disciplinary rules and procedures. When such provisions are included in the school's official disciplinary plan, all school employees have the duty to enforce each of the rules and procedures.

To close a campus, begin by creating a broad-based advisory group that includes all major stakeholders. This group can help identify important issues; gather data and suggestions from the larger community; create a support group for schools closing their campuses; promote "buy-in" from students, parents, local businesses, and other community groups; develop a clear rationale for closing the campus; and offset possible negative media coverage.

Closing a campus may require a long-term action plan that addresses a wide variety of issues, such as the availability of facilities and food services.

An extensive discussion of closed campuses may be found on CDE's Safe Schools and Violence Prevention Office Web site at http://www.cde.ca.gov/spbranch/safety/safetyhome.html or by contacting the office at (916) 323-2183.



Dress codes.

Dress code policies are one way in which to minimize the influence of gangs and to create an environment that is conducive to learning on school campuses. The philosophy behind such policies rests with the belief that wearing certain colors or items attributable to gangs can incite serious campus disruption. The California Legislature recognized the possibility of campus disruption in 1993, when it declared that "gang-related apparel" is hazardous to the health and safety of the school environment. It enacted a law that authorizes district governing boards to adopt reasonable dress code regulations (*Education Code* Section 35183).

Uniforms.

Requiring or encouraging students to wear school uniforms can help alter the school environment by:

- Decreasing violence and theft among students over designer clothing or expensive sneakers
- Helping prevent gang members from wearing gang colors and insignia at school
- Instilling discipline in students
- Helping parents and students resist peer pressure
- Helping students concentrate on their schoolwork
- Helping school officials recognize intruders who come to school

When an urban district in southern California adopted a mandatory public school uniform requirement in kindergarten through grade eight, it experienced a dramatic decline in violence. From 1993-94 to 1994-95 the district found a 51 percent drop in physical fights, a 34 percent drop in assaults and batteries, a 50 percent drop in weapons offenses, and a 32 percent drop in suspensions.

Manual on School Uniforms. Available from the U.S. Department of Education; call (800) 624-0100. Full text is also available through the U.S. Department of Education's Web site at http://www.ed.gov.

Drug-free school zones.

Many schools establish drug-free school zones within a 1,000-foot radius around the perimeters of their schools to help prevent students' access to alcohol and drugs and to enhance safety on the school grounds. More severe penalties are imposed for drug-related activities that occur within the zone. Some schools have adopted strategies to enhance their drug-free zones, including beautification projects, such as graffiti abatement, and school patrols in which parents are trained to patrol the perimeter of the zone and report potential threats to the safety and well-being of the students in the school. Some districts annually reaffirm their drug-free zone status at assemblies, rallies, parades, and so forth.

Truancy.

Truancy is often a precursor to delinquent behavior. California has a compulsory education law that requires everyone between the ages of 6 and 18 to attend school except for those persons 16 and older who have graduated or passed the *California High School Proficiency Examination* and obtained parental permission to leave. Prevention of truancy begins with a school board policy on attendance. The policy should reflect a philosophy that school attendance is important to all members of the school community and should establish a formal means of acknowledging and recognizing good student attendance. In addition, the policy should recognize the importance of families and of collaboration with community agencies in preventing truancy.

School attendance review boards (SARBs) were established by the Legislature in 1974 as a way of coordinating school, community, and home efforts to deal with student attendance and behavior problems. Local SARBs are composed of parents, representatives from the school district, and members of the community at large, including representatives from law enforcement, welfare, probation, mental health, and youth service agencies and the district attorney's office. Students are referred to SARB if they have persistent attendance and behavior problems in school and when the normal avenues of classroom, school, and district counseling do not resolve the situation. The goal of the SARB is to identify a solution or appropriate resources to resolve the student's problem.

School Attendance Review Boards Handbook (1995). Provides guidance for identifying and handling attendance problems early. The handbook may be ordered from CDE, Publications Division, Sales Office, (800) 995-4099.

Gun-free schools.

The Gun-Free Schools Act (GFSA) was passed in October 1994. It is Title XIV of the Improving America's Schools Act (IASA) of 1994. Appendix B contains a copy of the section regarding gun possession. The GFSA requires each state receiving federal funds to (1) have a state law requiring local educational agencies (LEAs) to expel from school for a period of not less than one calendar year a student who is determined to have brought a weapon (firearm) to school; (2) have a state law allowing the "chief administering officer" to modify the expulsion requirement on a case-by-case basis; and (3) report annually to the U.S. Department of Education expulsion information submitted by LEAs. No LEA may receive any IASA funds unless it has an expulsion and referral policy related to firearm possession consistent with these requirements. Therefore, LEAs are required to provide assurance to the California Department of Education that (1) the GFSA requirement for the locally adopted one-year expulsion policy is met; (2) the LEA's data on the number of expulsions due to firearm possession will be presented in an annual report to the Department; and (3) there is a locally adopted policy for referring expelled students to the criminal justice or juvenile justice systems (local law enforcement). These assurances are included in the Consolidated Application for funding categorical aid programs and are also part of the coordinated compliance review program items (the section titled "Safe and Drug-Free Schools and Communities").

The one-calendar-year expulsion requirement does not allow school districts to waive due process rights for students. If, after due process has been accorded, a student is found to have brought a weapon (firearm) to school, the GFSA requires an expulsion period of not less than one calendar year subject to the case-by-case exception.

Alternative programs.

Zero tolerance for serious acts[5] does not mean zero tolerance for individuals. Once students are expelled for bringing alcohol or other drugs to school, for example, the expelled student is out on the street with time on his or her hands, with an even greater potential for drug use and violence. It is vital for students to receive graduated consequences coupled with educational counseling and possibly other support services to help modify their behavior prior to resorting to expulsion. Without such progressive discipline and coordinated services, students generally return to school no better disciplined and no better able to manage their drug use or violent behavior. They will also have fallen behind in their education, and the underlying causes of their drug use or violent behavior may be unresolved.

Districts are required to provide alternative programs for expelled students. The components of effective alternative programs typically include:

- Lower student-to-staff ratio
- Strong and stable leadership
- Highly trained and carefully selected staff
- A vision and set of objectives that are shared by all staff and are integrated into the way in which staff and administrators interact with the program
- Districtwide leadership support of programs
- Innovative presentation of instructional materials with an emphasis on real-life learning
- Working relations with all parts of the school system and with other collaborating agencies that provide critical services to youths
- Linkages between schools and workplaces
- Intensive counseling and monitoring of youths

[5] The California Legislature enacted laws (*Education Code* Sections 48915[c] and 48916[d]) labeled "zero tolerance" that call for a mandatory recommendation of expulsion from school for those students who commit any of the following acts unless the punishment was considered inappropriate for the circumstance of the act: (1) possessing or selling a firearm; (2) brandishing a knife at another person; (3) selling a controlled substance; (4) committing or attempting to commit a sexual assault or committing a sexual battery.

Research-Based Evidence of Effectiveness

According to Hawkins and Catalano (1992), there is consensus among researchers that district policies are effective when they are comprehensive; address a wide range of environments and drug-related behaviors; include clear, reasonable but not overly punitive consequences; and are consistently communicated and implemented.

Early Intervention

Early detection and intervention is the key to stopping or modifying alcohol and other drug use and experimentation. The earlier the identification of the problem, the earlier the intervention. The earlier the intervention, the greater the likelihood of success at the lowest cost.

A student assistance program is a comprehensive, multilevel systems approach to improving the health and academic success of students. Students are identified as exhibiting one or more behaviors that are potential indicators of a health or school performance problem. Examples of these behaviors include inappropriate classroom behavior, increased number of absences, poor social skills, and so forth. Students are then referred to a multidisciplinary team that gathers additional data about the students' behaviors and makes recommendations regarding interventions. The intervention may be something as simple as a hearing test or as complex as drug treatment.

Components of a student assistance or early intervention program that are frequently used are student support groups, individual counseling, referrals to community-based treatment, family support and other services available within the community.

Research-Based Evidence of Effectiveness

Few early intervention approaches, including student assistance programs, have been adequately evaluated; and little is known about their long-term effectiveness. Most communities do not have adequate adolescent treatment resources (Klitzner et al. 1993).

Environmental Strategies

Reducing the availability of alcohol and drugs in the community can be an important strategy in reducing alcohol and drug use and related problems among young people. Similarly, reducing the availability of firearms can be an important strategy in reducing gun-related violence. Availability refers to the times and occasions in the community when alcohol or drugs are available for sale or consumption or when firearms are available for sale as well as the places where these items are available (Wittman 1997).

At the community level, the use of alcohol, tobacco, and drugs occurs within three domains:

- Retailing — the sale of alcohol, tobacco and drugs
- Public policy — municipal laws and public agencies' policies on alcohol, tobacco, and drug availability and use that set the standard for how the community perceives alcohol and drug issues
- Social norms — the customary patterns of drinking and tobacco and drug use within the community

Specific environmental prevention strategies include the following:

1. Reduction of purchases of alcoholic beverages by underaged persons at retail alcohol outlets.

This strategy includes:

- The promotion of sting operations and other firm enforcement measures
- Stringent Conditional Use Permit requirements that reduce the number or density of alcohol outlets in the community
- Training in responsible beverage sales practices
- Neighborhood organizing to work directly with the outlet operator to ensure compliance with the law

2. Restrictions on advertising and promotions of alcohol and tobacco directed at young people.

This strategy includes:

- Preventing the placement of billboards near schools
- Engaging in counteradvertising
- Organizing counterpromotional campaigns, such as "Hands-off Halloween"

3. Creation of attractive sober events at which alcohol and other drugs are not available.

Such events include:

- Holiday celebrations
- Alcohol-free public events
- Alternative social activities, such as environmental cleanups that include adults and older role models

4. Zero tolerance for teenage driving under the influence (DUI).

Measures include:

- Roadside breath test checks
- Extensive public campaigning that involves young people directly

5. Increase in tobacco and alcohol sales taxation.

State legislatures set these policies; community groups can work for the passage of sales tax increases by seeking to influence their representatives in Sacramento.

Environmental strategies can also be effective in reducing the availability of firearms in the community. State law limits the types of local regulations that can restrict gun availability within a municipality. However, with support from community coalitions, cities can adopt ordinances that impose business license fees or require retailers of inexpensive "junk guns" (e.g., so-called Saturday night specials) to meet certain conditions. An example is Ordinance No. 11424 in Oakland, which establishes criteria for denial of a license, requires proof of liability insurance in the amount of $1,000, and requires proof that the weapons to be sold will be stored securely.

Other environmental issues that can be addressed through a district's SDFSC program include truant youths who are unsupervised in the community during school hours and the safety of students as they travel to and from school. For example, a district may choose to designate and enforce drug-free and safe-school zones along major student travel routes. Students could take part in a service-learning project that surveys stores near schools to identify those retail outlets that aggressively market alcohol to youths through low prices and eye-catching displays.

The San Fernando Valley Partnership, Inc., is a community-based organization for the prevention of substance abuse. It coordinates with schools and other community organizations to implement environmental strategies to reduce the availability of alcohol and tobacco. The effort began with public hearings to let policymakers and the public know the extent to which malt liquors and fortified wine products are available to youths. Testimony was gathered from experts, community members, and student members of the Partnership's San Fernando Valley Youth Organization. Community

members are encouraged to ask local retailers to stop selling malt liquor or, at the least, to move the containers out of the cooler and sell them from the shelves. When warm, the beverages have less appeal. The organization is also working toward a ban on alcohol and tobacco advertisements on billboards throughout the city of Los Angeles. After hearing testimony from local residents, the city council agreed to draft an ordinance, which still faces fierce opposition. In the meantime the Partnership is reaching out to parents' organizations and presenting in-school programs about targeted alcohol and tobacco marketing.

Research-Based Evidence of Effectiveness

Studies demonstrate that changes in the environment can impact behavior. For example, increased beer prices have been shown to lead to less frequent and reduced levels of drinking among youths (Coate and Grossman 1988) and the reduced incidence of some types of crime (Cook and Moore 1993). Silvia and Thorne (1997) report that interventions such as these that go beyond the school may be needed in many communities. They note, however, that the field lacks research on how to do so effectively and what the outcomes might be.

For More Information:

San Fernando Valley Partnership
333 North Maclay Street, 2nd Floor
San Fernando, CA 91340
(818) 837-7767
Fax (818) 837-9117

Family Involvement

The California Strategic Plan for Parental Involvement in Education and the State Board of Education's policy on parent involvement describe six types of family involvement that schools may engage in to build effective partnerships between families and schools. These are as follows:

- Help parents develop parenting skills and foster conditions at home that support children's efforts in learning.

- Provide parents with knowledge of techniques designed to assist children in learning at home.
- Provide access to and coordinate community and support services for children and families.
- Promote clear, two-way communication between the school and the family about school programs and children's progress.
- Involve parents, after appropriate training, in instructional and support roles at the school.
- Support parents as decision makers and develop their leadership in governance and advisory and advocacy roles.

At a school in San Diego, Colaborativo SABER encourages parents to become students, educators, and leaders. The end result, ideally, will be stronger families and better students. Colaborativo SABER is a collaborative effort between the school and the Sherman Heights Community Center. It sponsors a Parents as Teachers home-based instruction program to support the health and development of children under age three, and a Home Visitors program for families that need help securing resources and developing parenting skills. Both were based on existing programs, which provided initial training for parent volunteers. Another group of parents was trained as facilitators for the Happy Child, Inc., program on substance-abuse prevention for children and adults.

Research-Based Evidence of Effectiveness

Children who grow up in families that are involved in their education in positive ways achieve higher grades and test scores, attend school more regularly, complete more homework, display more positive attitudes and behaviors, graduate from high school at higher rates, and are more likely to go on to higher education (Henderson and Berla 1994).

For More Information:

Family and Community Partnerships Office
California Department of Education
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 653-3768
Fax (916) 657-4969

Colaborativo SABER
450 24th Street
San Diego, CA 92102
(619) 225-8247
Fax (619) 225-8045

The following ERIC Clearinghouse maintains the National Parent Information Network:

ERIC Clearinghouse on Elementary
and Early Childhood Education
University of Illinois
Children's Research Center, Room 9
51 Gerty Drive
Champaign, IL 61820-7469
(217) 333-1386
(800) 583-4135
Fax (217) 333-3767
e-mail: eirceece@uiuc.edu

Full-Service Schools

Youths are more likely to be both victims and perpetrators of violence during the hours and months when schools are not in session. At those times students need a safe place to be where they can develop into healthy adults. One solution may be seen in the burgeoning development of "full-service schools." A full-service school helps meet the challenge of providing positive alternatives to youths by opening its doors before the start of the school day and keeping them open until late at night, six or seven days a week, including vacations and summers. Although these full-service school programs resemble many traditional after-school enrichment programs, they are broader in program design and may include academic and computer classes, sports activities, job training, drama, art and music, leadership and support groups, social services, health care services, parenting classes, and counseling. Full-service schools may also provide comprehensive integrated services to parents and community members.

A middle school in Modesto, in partnership with the Red Shield service organization which has a facility next door to the campus, offers students a recreational program that lasts well into the evening hours. The program is staffed by Red Shield volunteers and employees, and activities are held on the school grounds and at Red Shield's building. In addition, students from the local junior college come to the school in the evenings to tutor the middle school students; in

return, the tutors gain teaching experience and receive college credits. Funding for the additional bus service for the students is provided through IASA, Title I.

Research-Based Evidence of Effectiveness

Full-service schools emerged only a few years ago; and there is still an insufficient research base to establish their effectiveness in preventing youths from becoming involved with alcohol, drugs, and violence.

Gang Intervention

Gangs pose a threat of violence in many communities — urban, suburban, and rural. Although there is no standard definition of the term, the following criteria for defining the makeup of a gang have been used in research studies: A gang (1) has a formal organizational structure; (2) has identifiable leadership; (3) is identified with a territory; (4) has recurrent interaction; and (5) engages in serious antisocial or violent behavior (Howell 1994).

Early identification of youths who are at high risk of joining gangs and intervention with students who have already joined gangs are critical in reducing youth violence. Partnering with local law enforcement agencies in community-based programs that use law enforcement suppression policies can enhance the effectiveness of gang intervention programs.

Research-Based Evidence of Effectiveness

Unfortunately, few effective, well-evaluated prevention and intervention approaches have been identified. The most promising approaches appear to be those providing positive opportunities (in education, work, and so forth) for gang members and developing community organization strategies both for communities with chronic gang problems and for communities where gangs are just beginning to emerge (Howell 1994).

For More Information:

Safe Schools and Violence Prevention Office
California Department of Education
560 J Street, Suite 260
Sacramento, CA 95814
(916) 323-1027

On Alert! Gang Prevention: School In-Service Guidelines (1994). Provides guidance and resources for an in-service training program to teach administrators, staff, and parents the skills to recognize and prevent gang involvement in their schools and community. *On Alert!* is available from the CDE, Publication Division, Sales Office. Call (800) 995-4099 to place an order.

Positive Alternative Activities

Positive alternative programs are simply alcohol-, tobacco-, and drug-free, safe activities. They are likely to include one or more of the following elements:

1. Promotion of skills, knowledge, and attitudes that might cause participants to refrain from future substance use, gang involvement, or other inappropriate behavior
2. Occupation of free time that might otherwise be idle or unstructured
3. Community service and other activities that provide meaningful involvement in prosocial activities
4. Opportunities to interact with prosocial peers
5. Adult supervision or the development of positive relationships with adults

Specific programs may encompass an immense range of activities and approaches, such as the following:

- Events, such as sober prom and graduation events
- Athletic and other recreational activities
- Adventure-oriented programs, such as a wilderness challenge course
- Events based on the culture or the traditions of a specific ethnic group
- Entrepreneurial ventures
- Community service
- Creative or artistic activities
- Community drop-in centers, homework centers

Research-Based Evidence of Effectiveness

There is not a great deal of research evidence to show the effectiveness of alternatives or to guide programs in implementing the most effective strategies (Carmona and Steward 1996). However, single, one-time events that are not part of a comprehensive, integrated program are ineffective.

For More Information:

Boys and Girls Clubs of America
Pacific Region
P.O. Box 9248
Long Beach, CA 90810
(310) 549-4150

California Association of
Peer Programs
P.O. Box 550725
Pasadena, CA 91115
(818) 796-9729

California Parks and
Recreation Society
P.O. Box 161118
Sacramento, CA 95816
(916) 446-2777

California Police Activities League
305 Washington Street
Oakland, CA 94607
(800) 622-5725

California Friday Night Live
Partnership
2637 West Burrell Avenue
P.O. Box 5091
Visalia, CA 93278-5091
(209) 737-4231

Friday Night Live builds partnerships which engage young people in actively contributing to their own well-being and the well-being of the communities in which they live; change community norms related to alcohol, tobacco, and other drugs; and prevent and reduce harm to young people and community members.

Californians for Drug-Free Youth, Inc. (CADFY)
1329 Howe Avenue, Suite 210
Sacramento, CA 95825-3363
(916) 927-9894
Fax (916) 927-0180

Californians for Drug-Free Youth, Inc., is an organization of dedicated individuals working together to empower youths and adults to lead positive, healthy, drug-free lives. CADFY is a state partner of National Family Partnership, Inc. (NFP). In addition to organizing the Red Ribbon Campaign, CADFY supports year-round prevention efforts through youth-to-youth conferences and the establishment of communitywide partnerships for preventing the use of alcohol, tobacco, and other drugs.

Service-Learning

Service-learning, one of the authorized activities under the SDFSCA, is a teaching method that integrates community service into the school curriculum. Service-learning engages young people in community activities in which they use academic skills to solve real-life problems. At the same time program activities help students understand the meaning of citizenship and recognize their ability to determine the quality of life in their communities.

An example of a service-learning model is a project in the Los Angeles Unified School District in which students were engaged in year-long service-learning projects to promote safe schools. The goal of the project was to promote positive relations between youths and law enforcement officers because the majority of students had negative impressions of the police. First, the students identified community problems by surveying students in their schools and local police officers. They visited the Police Academy to learn more about law enforcement work. Students also developed lesson plans to increase student awareness of drug abuse, gang violence, and law enforcement activities. Their final report was a student manual that presented their research findings, including recommendations for improving interaction between youths and law enforcement personnel.

Research-Based Evidence of Effectiveness

A National Evaluation of Learn and Serve America School and Community-based Programs (Melchior et al. 1997) suggests that participation in service-learning resulted in a marginally significant impact on involvement in self-reported delinquent behavior of high school students. No statistically significant impact was found for alcohol and other drug use. Melchior suggests that the findings of this evaluation, when coupled with the findings of other program evaluations that showed reductions in some risk behaviors for programs that incorporated community service or service-learning, indicate that service-learning can contribute to reducing risk-behaviors when it is included as a part of a comprehensive, integrated effort.

For More Information:

The National Service-Learning Clearinghouse
808-SERVE
e-mail: serve@maroon.tc.umn.edu
gopher: gopher.nicsl.coled.umn.edu (Port 70)

The National Youth Leadership Council, collaborating with the University of Minnesota, is cooperating with numerous other universities and organizations around the country to develop a clearinghouse for information and technical assistance on service-learning. The clearinghouse is funded by the Corporation for National and Community Service; its goal is to assist Learn and Serve America grantees and to help educators and community agencies develop and expand service-learning opportunities for all youths.

Services include providing information on:

- The Learn and Serve America program
- Organizations engaged in promoting service-learning and community service
- Service-learning programs around the country
- Databases dealing with youth service, youth development, youths at risk, dropout prevention, youth employment, and related topics
- A national calendar of conferences and training opportunities related to service-learning

The clearinghouse will also provide:

- Bibliographies and literature on service-learning
- Names and phone numbers of people who can provide technical assistance on all aspects of service-learning
- Access to computer networks and databases to provide information on various topics related to service-learning and youth service

CalServe K-12 Service Learning Initiative Office
(916) 654-3741
Fax (916) 657-4969

Through the CalServe Initiative the California Department of Education provides direct funding assistance to 36 school-community partnerships that are implementing service-learning according to the federal definition. These partnerships involve an average of approximately 70,000 students annually along with 4,450 community volunteers and agencies in 385 schools in 133 districts in urban, rural, and suburban communities throughout the state. Additionally, the CalServe Initiative provides resource information to schools, districts, community partners, and county offices of education interested in using service-learning as a teaching strategy.

CHAPTER 6

Summaries of Prevention Research and Evaluation

This chapter contains summaries of key research studies in the field of alcohol and other drugs (AOD) and violence prevention. They were identified by five leading research experts as studies that inform our understanding of what works and does not work in AOD use and violence prevention.

The programs described herein are diverse. Some summaries are of evaluations of curricula, comprehensive school-community programs, out-of-school interventions, or school reform efforts. Others are summaries of longitudinal research studies focusing on inter-related behaviors. Some programs are included because they are classics, while some are state-of-the-art in prevention research. The summaries should be reviewed to gain an understanding of the current thinking in the fields of AOD use and violence prevention, and for insight into how one might critique prevention research.

Research is a continually evolving field, and new studies appear every month. As new studies are published, they can be reviewed and filed in this section so the district maintains its own collection of research on effective prevention practices that can guide the development of a comprehensive, integrated SDFSC program.

The researchers who selected and summarized the studies included in this manual are listed below:

Alcohol- and Other-Drug Prevention

Phyllis Ellickson, Ph.D., RAND Corporation, Santa Monica

Rodney Skager, Ph.D., University of California, Los Angeles

Violence Prevention

Delbert Elliott, Ph.D., University of Colorado Center for Violence Prevention

Michael Furlong, Ph.D., University of California, Santa Barbara

Resiliency and Youth Development

Bonnie Benard, M.S.W., Resiliency Associates, Berkeley

Summaries of the following programs and strategies are included in this chapter, in the order listed below:

Alcohol- and Other-Drug-Prevention Studies

PROGRAM, STRATEGY, OR RESEARCH	DESCRIPTION
Adolescent Drug Use and Psychological Health Study	Longitudinal research following subjects from preschool through age 18
Alcohol Misuse Prevention Study	Evaluation of social influence program for grades 5-8
Big Brothers/Big Sisters	Evaluation of a mentoring program
Drug, Alcohol, and Tobacco Education Evaluation	Critique of California's Drug, Alcohol, and Tobacco Education Evaluation
Drug Abuse Resistance Education	Meta-analysis of 18 DARE evaluations

Etiological Theories and the Primary Prevention of Drug Use	Review and critique of existing approaches to drug use prevention
Life Skills Education	Evaluation of a drug prevention program in grade 7 with booster sessions
Meta-Analysis of Adolescent Drug-Prevention Programs	Analysis of evaluations of 120 secondary school-based programs
Prevention of Teenage Substance Abuse Study	Longitudinal research following students from grade 1 until age 16
Problem Behavior and Psychosocial Development Study	Longitudinal research following students from grade 7 until age 27
Project ALERT	Evaluation of a social influence program for grades 7-8
Project Northland	Evaluation of a social influence communitywide program, including school-based components for grades 6-8
Project STAR	Evaluation of a social skills, assertiveness training program in grades 6-7 with several community components
Yale-New Haven Primary Prevention Project	Evaluation of a systems approach to AOD prevention

Violence-Prevention Studies

PROGRAM, STRATEGY, OR RESEARCH	DESCRIPTION
BrainPower Program	Evaluation of a program for aggressive youth in the upper elementary grades

Bullying at School Study	Evaluation of change of school norms in grades 4 through 7
Fifteen Thousand Hours	Longitudinal research following youth from age 10 through age 16, with findings focusing on resiliency
Functional Family Therapy	Research on out-of-school intervention targeting chronically delinquent youth
Multisystemic Therapy	Research on out-of-school intervention
Nurse Home Visitation	Longitudinal research on the effects of home visits to unmarried pregnant girls
Peer Mediation Training	Evaluation of a conflict resolution program in grades 2 through 5
Perry Preschool Program	Longitudinal research following youth from preschool through age 19
Project ACHIEVE	Evaluation of school improvement process
Project PATHE	Evaluation of a school organization program in middle and high schools
Quantum Opportunities	Evaluation of a graduation incentive program for at-risk youth
Resiliency Study	Longitudinal study of resiliency of 700 children through age 32
The Subculture of Violence and Delinquency Study	Longitudinal research on high school boys and the influence of individual and school values on violent behavior

Alcohol- and Other-Drug Prevention Studies

Adolescent Drug Use and Psychological Health Study

Summary by Rodney Skager, Ph.D.

This unique longitudinal study assessed family and psychological factors in a racially and socioeconomically diverse group of children monitored from preschool through age 18. A rich set of data on personality, cognitive, and social characteristics as well as quality of parenting was collected long before initiation of drug use during adolescence. The study also separated participants into *abstainers* (never used marijuana or other drugs), *experimenters* (used marijuana no more than once a month and had tried no more than one other drug), and *frequent users* (used marijuana once a week or more often and had tried at least one other drug). This distinction was based on research establishing that only some adolescents who experiment with marijuana become abusers. The possibility that family and psychological factors of heavy users differ qualitatively from those of occasional users (rather than falling on a continuum of psychosocial health as usually assumed) suggested this distinction, which has significant implications for resource allocation and prevention/intervention programming.

Comparisons between the three groups were made for current personality characteristics, childhood personality characteristics, and quality of parenting. Both child and adolescent personality assessments were based on independent, systematic ratings by four psychologists who observed the participants in a variety of activities. Assessments of quality of parenting were based on similar independent ratings by two psychologists who observed parent-child interactions in a variety of structured situations. The adolescent ratings were made without the raters knowing the extent of participants' drug use. Most significant, the longitudinal data make it possible to relate preexisting characteristics of the children and quality of parenting to the children's later drug use.

The most noteworthy finding was that experimenters and frequent users differed significantly on both personality and quality of parenting. The former were found to be psychologically healthy, sociable, and inquisitive. Frequent users were found to be insecure, unable to form healthy relationships, and emotionally distressed as children. The latter were also judged to have received poorer maternal parenting (mothers who were cold,

critical, and rejecting). The authors concluded that "because experimenters and frequent users are, psychologically, very different kinds of people, the meaning of drug use in these two groups is very different. (For experimenters drug use reflects) age-appropriate and developmentally understandable experimentation. (For frequent users it reflects) a . . . pattern of maladjustment . . . that appears to predate adolescence and . . . initiation of drug use."

These and other researchers have interpreted the occasional use of marijuana by otherwise healthy and sociable teenagers as understandable given that (a) use of this substance at their age level is so common as to be normative and (b) healthy adolescent development involves exploring and trying things out. In other words, in the real social context of adolescent social life, drug experimentation becomes one of many options open to normally curious and adventurous youth. The researchers also observed that typical efforts at drug education are marked by two serious errors:

- They portray normative adolescent experimentation as pathological, but evidence for this conclusion suggests that it is merely one of many exploratory behaviors.
- They divert awareness and attention away from the personal and social factors characterizing those adolescents whose frequent, heavy drug use is clearly abusive.

Finally, given the limited success of drug education at reducing overall drug use among adolescents, the authors suggest that "society's limited resources might better be invested in interventions focusing on the personality syndrome underlying problem drug use." Presumably suspension and expulsion policies would be replaced by student assistance and other helping programs for substance abusers.

Reference:

Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health. *American Psychologist*, 45(5), 612-630.

The Social Influence Model

Summary by Phyllis Ellickson, Ph.D.

The social influence model is the most recent and most promising approach to drug use prevention. The original versions of the model focused on the external influences, especially pressures from family, peers, and the media, that push adolescents toward drug use. Newer versions also stress internal pressures to use drugs—subtle influences of which an adolescent may not even be aware, such as the desire to be accepted, to look cool, and to be part of the crowd.

This model recognizes that adolescents are especially vulnerable to social pressures. In their desire to put childhood behind them and to appear grown up, they tend to emulate what they perceive as adult behavior, including drinking, smoking, and using drugs. Accordingly, drug education programs based on the social influence model seek to familiarize adolescents with the sources—both internal and external—of pressure to use drugs, to help them counter prodrug arguments, and to teach them techniques for saying no in pressure situations.

The social influence model explicitly recognizes that teaching children *how* to resist drugs is not enough—programs must also *motivate* them to resist. Creating understanding of the consequences of drug use, undermining beliefs that "everyone uses," and reinforcing group norms against use are all ways in which social influence programs seek to motivate resistance to drug use. Because adolescents tend to be present-oriented and unconcerned about serious harm in the distant future, discussions focus on how drugs can affect them now, in their daily lives and social relationships.

The theoretical underpinnings of this model, as well as the methods used in programs based on it, derive primarily from William McGuire's social inoculation theory and Albert Bandura's theories of social learning and self-efficacy. Social inoculation theory argues that exposure to persuasive arguments reduces susceptibility to subsequent persuasion. Social learning theory stresses the importance of modeling (imitation) and reinforcement (social approval or disapproval) on learning, and the self-efficacy theory highlights the importance of believing in one's capacity to accomplish a task. Most programs include several strategies for reinforcing resistance self-efficacy that are derived from Bandura's work: modeling of the desired behavior, repeated practice, reinforcement of successful performance, and statement of proximal goals.

Many social influence programs use peers (older or same-age individuals) to help deliver the curriculum. Although it is widely believed that peers are more credible than teachers or parents, research on peers' efficacy is inconclusive. Some studies have reported better results for students in peer-led (versus teacher-led) conditions; others have suggested that peer leaders may not be equally effective for all children, or have found no difference in effectiveness when older teenagers were involved in program delivery and when they were not.

Recent studies suggest that school-based programs based on the social influence model are most effective when reinforced by congruent community and societal messages and by continued prevention efforts in high school.

Alcohol Misuse Prevention Study

Summary by Phyllis Ellickson, Ph.D.

The Alcohol Misuse Prevention Study (AMPS) is a social influence program developed at the University of Michigan that focuses on preventing alcohol misuse. It defines misuse as overindulgence (getting drunk, getting sick), using because of trouble with friends (of the same or opposite sex), or using because of trouble with adults (parents, teachers, or police). The program for fifth and sixth graders was originally tested in 49 Michigan schools that were randomly assigned to treatment or control conditions. A second study involved an expanded test of a three-year program for sixth, seventh, and eighth grade students, with eight lessons in grade 6, five in grade 7, and four in grade 8. Thirty-five elementary and middle school buildings were matched within districts and then randomly assigned to treatment or control conditions. Analyses were reported by classroom or students, not schools; hence significance tests were adjusted for intra-class correlation.

An early evaluation of the four-lesson curriculum for fifth and sixth graders who had participated in the program in 1984 found no effects on participants' alcohol use, although their awareness of the curriculum content had increased (Dielman, Shope, Butchart, & Campanelli 1986). Evaluation after two years (213 classrooms from 49 randomly assigned schools) found that the treatment reduced the rate of increase in alcohol misuse among eighth graders who had received the program in grade 6 and had already used alcohol in both unsupervised and supervised settings. No impact was found, however, on the amount or frequency of their drinking. Also, no effects were noted for children who received the program in fifth grade or for children who either had no previous alcohol experience or had used alcohol only in supervised settings (Dielman, Shope, Leech, & Butchart 1989). Later analyses of the expanded program indicate that the impact on alcohol misuse lasted through grade 10 for unsupervised drinkers who had the initial lessons in grade 6, about one-sixth of the targeted group (Shope, Kloska, Dielman, & Maharg 1994).

The findings suggest that the social influence approach can curb alcohol misuse over at least three years, but not how much or how often adolescents drink. The effects on alcohol misuse tend to be confined to a small, but high-risk, group of adolescents who have engaged in unsupervised drinking at an early age; they do not

show up for adolescents who were nondrinkers or supervised drinkers by grade 6. The findings also suggest that the social influence approach is not effective when delivered to students in grade 5 and below. The revised curriculum covers three years, with eight lessons in grade 6, five in grade 7, and four in grade 8.

References:

Dielman, T. E., Shope, J. T., Butchart, A. T., & Campanelli, P. C. (1986). Prevention of adolescent alcohol misuse: An elementary school program. *Journal of Pediatric Psychology, 11*, 259–282.

Dielman, T. E., Shope, J. T., Leech, S. L., & Butchart, A. T. (1989). Differential effectiveness of an elementary school-based alcohol misuse prevention program. *Journal of School Health, 59*, 255–263.

Shope, J. T., Kloska, D., Dielman, T. E., & Maharg, R. (1994). Longitudinal evaluation of an enhanced alcohol misuse prevention study (AMPS) curriculum for grades six-eight. *Journal of School Health, 64*(4), 160–166.

Big Brothers/Big Sisters

Summary by Bonnie Benard, M.S.W.

In 1995 Public/Private Ventures (P/PV), a national not-for-profit research corporation based in Philadelphia, published the fourth and final volume of its three-year, $2 million evaluation of Big Brothers/-Big Sisters of America (BB/BS), an impact study of the oldest and most carefully structured mentoring effort in the United States. Using a classical experimental research methodology with random assignment, P/PV conducted a comparative study of 959 10- to 16-year-olds who applied to BB/BS programs in eight geographically diverse cities in 1992 and 1993. Half of these youths were randomly assigned to a treatment group for which BB/BS matches were made or attempted, and the other half were assigned to waiting lists. After 18 months the two groups were compared.

Participants in a BB/BS program were less likely to start using drugs and alcohol: 46% less likely to start using illegal drugs and 27% less likely to start drinking. However, the effect was even stronger for minority participants, who were 70% less likely to initiate drug use than other similar

minority youths. Little Brothers and Sisters were about one-third less likely than control youths to hit someone. They skipped half as many days of school as did control youths, felt more competent about doing schoolwork, skipped fewer classes, and showed "modest gains in their grade point averages" — with the strongest gains among minority Little Sisters. Lastly, they improved their relationships with both their parents and their peers relative to their control counterparts.

Of particular note is that probably all of these youths — both treatment and control groups — would be considered "high-risk" youths:

- Ninety percent lived with only one of their parents.
- Over 80% came from impoverished homes.
- Over 40% of families received food stamps and/or cash public assistance.
- Forty percent came from homes with a history of alcohol and drug abuse.
- Nearly 30% came from families with a record of domestic violence.
- Nearly 30% were victims of emotional, physical, or sexual abuse.

Conversely, the Big Brothers/Big Sisters were generally well-educated young professionals. About 60% were college graduates, and nearly two-thirds had a total household income over $25,000 (with 40% over $40,000). Also of note, about three-fourths of the volunteers were white. In essence, despite enormous social differences between the youths and the volunteers, they were able to establish successful relationships — across their class and race differences. To what, then, does P/PV credit this accomplishment?

To answer this question, we must look at the three earlier studies in P/PV's four-part evaluation of Big Brothers/-Big Sisters. The earlier studies looked respectively at (a) program practices (implementation of the program model), (b) volunteer recruitment and screening, and (c) the nature of the relationships between volunteers and youth (how they form, are sustained, and end).

From the earlier examinations, the researchers attribute the successful outcomes to two overall characteristics: the one-to-one relationship between volunteers and youths and the program's supportive infrastructure. First of all, the relationship was of sufficient intensity. In the 400 matches studied, more than 70% met three times a month for an average of three to four hours per meeting, and 50% met once a week — about 144 hours of direct contact a year — not counting telephone contacts.

Second, even though this outcome study did not examine the nature of the relationships between the adults and youths, the third companion study (Morrow, & Styles 1995) illuminated the nature of the relationships that were of sufficient intensity and duration to produce these effects. The sustained relationships were those in which the mentor saw himself or herself as a friend, not as a teacher or preacher (IV, p. 51). These "developmental" relationships were grounded in the mentor's belief that she or he was there to meet the developmental needs of the youths — to provide support and opportunities the youths did not already have. The volunteers placed top priority on enjoyable relationships and fun for both partners. Furthermore, they were "there" for the young people, listened nonjudgmentally, looked for the youths' interests and strengths, and incorporated the youths into the decision-making process (gave them "voice and choice") in their activities.

In contrast to these developmental relationships (two-thirds of the 82 relationships examined were developmental) were the "prescriptive" relationships, in which the adult volunteers believed their primary purpose was to guide the youths toward the values, attitudes, and behaviors the adult deemed positive. For these volunteers, risk lay within the youths.

Two major implications for prevention, education, and youth development should be noted:

- The youth development/resiliency approach is key to successful learning and social development. Perhaps the finding with the greatest implication for prevention and education is the power of a non-problem-focused intervention to produce positive — and superior — results than the problem-focused interventions that dominate the prevention field, from substance abuse to dropout, to teen pregnancy, to violence.

- Creating "mentor-rich" environments must be a major focus of our work, as well as the central focus of reform efforts. According to Freedman (1993), creating mentor-rich environments in schools, community-based organizations, and communities as a whole means relationships must be the top priority in any prevention effort or educational reform.

References:

The Big Brother/Big Sisters evaluation was published in four volumes, which are available through Public/Private Ventures, 2005 Market Street, Suite 900, Philadelphia, PA 19103; (215) 557–4400:

I. Big Brothers/Big Sisters: A Study of Program Practices (Winter 1993).

II. Big Brothers/Big Sisters: A Study of Volunteer Recruitment and Screening (Fall 1994).

III. Building Relationships with Youth in Program Settings (May 1995).

IV. Making a Difference: An Impact Study of Big Brothers/Big Sisters (November 1995).

Freedman, M. (1993). *The kindness of strangers: Adult mentors, urban youth, and the new volunteerism.* San Francisco: Jossey-Bass.

Morrow, K. V., & Styles, M. B. (1995). *Building relationships with youth in program settings: A study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.

Drug, Alcohol, and Tobacco Education Evaluation

Summary by Rodney Skager, Ph.D.

The Drug, Alcohol, and Tobacco Education (DATE) Evaluation was a three-year, statewide study of California school-based drug, alcohol, and tobacco education programs at the elementary, middle, and high school levels. The study analyzed (a) the types of social influence used in the DATE programs; (b) student evaluations of the programs and the people who delivered them; and (c) student views on how drug education needed to be changed.

Over 5,000 students in grades 7 through 12 from 118 schools in 77 school districts participated in the quantitative (objective questionnaire) part of the study. Students and professional staff in 108 schools from 50 California school districts were assessed in the qualitative component, which involved interviews of staff and student focus groups. Data from both of these sources were analyzed systematically through a process in which content categories were initially developed by individual research team members and then compared and revised at regular meetings of the research team until they reached consensus.

Interviews of school and district staff revealed that three major influence strategies were used in the schools to prevent use of substances:

- *Harmful consequences strategies* using the social influence methods of information and expertise involving "graphic portrayals of presentations of the consequences of substance use" (p. 68) designed to create fear about damage to health and trouble with the law.

- *Reward strategies* involving assemblies, poster contests, and Red Ribbon Weeks. Students who made a commitment not to use substances received prizes or honors.

- *Self-esteem strategies*, also based on the social influence methods of information and expertise, in which students were trained to make right, or "no-use," decisions and taught strategies for avoiding pressure from peers to use substances.

Student responses to objective questions on how much their decisions to use or not to use substances were influenced by school drug education programs and their teachers (external locus of control) vs. made on their own (internal locus of control) revealed the following:

- When asked whether their decisions to use or not use were affected by school classes, the majority of students reported either that (a) their decisions were "not at all" affected (43%) or (b) they did not know (14%). Only 15% said that their decisions were affected "a lot" or "completely."

- Virtually the same results were reported when students were asked how much their use decisions were affected by the people who delivered DATE programs.

- A clear majority of the students (58.5%) said their decisions were either "a lot" or "completely" made on their own.

- When asked how much they "like the people who" delivered DATE programs, the largest group (39%) answered "neither like nor dislike," and 30% reported that they disliked them either "a little" or "a lot."

Analysis of data from student focus groups revealed that students' dissatisfaction with drug education programs increased with grade level. This finding was based in part on the fact that "outside school, students report seeing people using a variety of substances, at varying levels, in different social contexts, and with different perceived outcomes" (p. 79). Students often complained that they were not getting honest information. They were also concerned that educa-

tors were not interested in helping students who had substance abuse problems. Students wanted credible teachers, which, in their perception, would include people who had used substances. The authors concluded that discrepancies between drug information and experience outside the classroom, plus the lack of teacher credibility, led students to make their own decisions on whether or not to use substances.

In light of these results, the authors call for a conceptual shift in school-based drug education. Such an approach would recognize that students gather experience about substances in a variety of contexts and relationships outside of the school. The new approach would include only honest information and recognize that students are best equipped to make appropriate decisions when they are aware of, and responsible for, their own thinking and behavior. The authors conclude that "we should implement and evaluate programs emphasizing the decision-making capabilities of the majority of youth who experiment with substances, provide credible information, serve to reduce the potential harm resulting from substance use, and offer assistance for the minority of youth who need it" (p. 80).

Reference:

Brown, J. H., D'Emidio-Caston, M., & Pollard, J. (1997). Students and substances: Social power in drug education. *Educational Evaluation and Policy Analysis*, *19*(1), 65–82.

Drug Abuse Resistance Education

Summary by Rodney Skager, Ph.D.

Drug Abuse Resistance Education (DARE) is the only drug education program named specifically in the 1986 Drug-Free Schools and Communities Act. It is also the most widely used drug education curriculum. Because DARE enjoys special status, evaluations of its effectiveness are especially important. Public response to the results of those evaluations also reveals whether drug policy is influenced by scientific research findings.

Use of the "meta-analysis" procedure makes this particular study more significant than any study yet conducted on the DARE program. This procedure combines the findings of prior independent evaluations into an overall, summary finding. Eighteen evaluation studies of DARE were scrutinized in the light of rigorous selection criteria.

Eight large-scale, high-quality studies in the upper elementary grades were judged worthy of inclusion. Six program effects were selected: (a) knowledge about drugs, (b) attitudes about drug use, (c) drug use itself, (d) social skills, (e) self-esteem, and (f) attitudes toward police. The results of the eight studies were then combined for each of the six program effects into a single index, or *effect size*. The effectiveness of DARE was then tested statistically for each of the six outcomes. In addition, effect sizes were compared with Tobler's earlier evaluations of 25 non-DARE programs in the upper elementary grades. The latter were classified as *noninteractive* (delivered by an expert in a didactic style) vs. *interactive* (focusing on social skills and competencies and using interactive teaching strategies, especially peer to peer).

Comparisons between DARE students and control/comparison students were only marginally positive:

- DARE had no effect on overall drug use (average for alcohol, tobacco, and drugs).
- DARE registered significant effects for drug knowledge and social skills but only marginal effects on attitudes toward the police, attitudes about drug use, and self-esteem.
- When uses of alcohol, marijuana, and tobacco were tested for separately, DARE students showed less use in the case of tobacco only.
- Comparisons between the DARE program and interactive vs. non interactive programs (Tobler's data) on knowledge, attitudes, social skills, and drug use strongly supported interactive approaches:
  - DARE effects were smaller than those for interactive programs on all measures. On drug use and social skills, they were only one-third or less as large.
  - For alcohol, tobacco, and drugs separately, the DARE effect sizes were smaller than those for interactive approaches, and except for tobacco, slightly smaller than those for noninteractive programs.
  - Compared to results in noninteractive programs, DARE effect size for drug use was slightly lower, but higher for knowledge, attitudes, and social skills.

Comparisons with Tobler's data revealed DARE's impact on the use of alcohol, tobacco, and marijuana, collectively and individually, to be *substantially less* than those for interactive programs. Except for tobacco use, DARE effects were also less than those for traditional, noninteractive programs. *Teaching style*, rather than curriculum content, was most likely to account for the superiority of interactive programs over DARE.

References:

Ennett, S. T., Tobler, N. S., Ringwalt, C. L., & Flewelling, R. L. (1994). How effective is drug abuse resistance education? A meta-analysis of project DARE outcome evaluations. *American Journal of Public Health, 84*(9), 1394–1401.

Tobler, N. S., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention, 18*, 71–128.

Etiological Theories and the Primary Prevention of Drug Use

Summary by Rodney Skager, Ph.D.

This article is a research-based review and critique of existing approaches to drug-use prevention. The author offers several recommendations for development of primary prevention practice and research.

Drug-use prevention in the last 30 years has focused on three distinct phases, in the following order: (a) information, (b) self-esteem, and (c) social skills. Each approach reflects a simplistic, single-cause theory about drug use by youths. Standardized curricula based on each theory are, as a result, "one size fits all" approaches in which important distinctions among adolescents' vulnerability to problems associated with drug use have been ignored. The key factor in contemporary social influence programs is peer pressure, the theory that young people begin using drugs because peers persuade or coerce them to do so. Evaluations of the effectiveness of social influence programs, including the life-skills education now recommended by some federal agencies, are at best mixed. Proponents argue that their effectiveness has been demonstrated. Others respond that program effects (when present at all) are small, of questionable practical significance, and limited to subgroups of the target populations rather than students in general.

Substantial dissent is voiced by some researchers who view the theory underlying social skills education as incomplete and misleading. Since there are multiple and indirect paths to drug use, interventions targeted at

different groups of young people are needed. The Seattle Social Development Project is cited as an example of a sophisticated, research-based approach that focuses on the family and the school as the principal institutions of socialization in modern society. This program targets students in grades 1 through 4 and includes parental curricula addressing a variety of parenting skills. Enhancing parent-child communication and creating positive home learning environments are emphasized. A classroom teaching component emphasizes interactive teaching, cooperative learning, and other tactics likely to increase a child's bonding to school. The overall goal of this approach is to reduce academic failure, early conduct disorder, and rejection by peers, all of them conditions associated with later substance abuse. Evaluation research on this program reports significantly lower rates of initial alcohol use in the upper elementary grades.

We have long known that adolescents group themselves into a few well-defined peer clusters, or "crowds," and that abusive drug use is most common in one of these crowds ("druggies," "dirts," "burnouts," etc.). Members of this group also differ in a variety of psychological and family characteristics. Early childhood intervention programs are especially pertinent, as are student assistance programs later on. Threat of discipline and expulsion from school generally has little effect on these young people.

A number of other specific suggestions are offered on how to identify young people who are especially vulnerable to, or "at risk" of, drug problems. Above all, the attitude of "one size fits all" must be abandoned if the stagnation that has characterized drug prevention for the past 10 to 15 years is to end. It is implicit in the paper that the most vulnerable groups of young people are not likely to be affected by current approaches to prevention, including social skills education. Early intervention addressing specific behavioral, family, and school problems and vulnerabilities is essential. Assistance, rather than punishment, needs to be available for youths who abuse drugs. This kind of radical change demands courage on the part of practitioners, because it focuses on specific problems and harms rather than substance use among youths in general. By addressing real harms associated with use, the author inevitably de-emphasizes use among youths who may experiment with drugs, but who are likely to terminate use as they become adults.

Reference:

Gorman, D. M. (1996). Etiological theories and the primary prevention of drug use. *Journal of Drug Issues, 26*(2), 505–520.

Life Skills Education

Summary by Rodney Skager, Ph.D.

This evaluation of life skills education (LSE) is of special importance. It assessed in grade 12 the effects of a drug prevention program originally administered in grade 7 (15 classroom hours), with booster sessions provided in grades 8 (10 hours) and 9 (5 hours). Moreover, the approach has won increasing recognition from the U.S. Centers for Disease Control and Prevention and from the Center for Substance Abuse Prevention, based on this and earlier studies.

Life skills education incorporates two major components: (a) increasing self-esteem and personal competence (resisting advertising, managing anxiety, communicating, developing personal relationships, and asserting rights) and (b) resisting social influences to use alcohol, tobacco, and other drugs. LSE is, thus, based on two hypotheses about drug use which are assumed to apply to *all* adolescents: (a) *low self-efficacy/esteem*, that young people do not feel competent socially or good about themselves and (b) *peer pressure*, that adolescents do not know how to say no or are afraid to do so. These hypotheses, while undoubtedly applicable to *some* youth, have been criticized in the light of research suggesting that (a) most youth who restrict their use to occasional or experimental use are psychosocially competent and (b) spontaneous imitation of what others are perceived to do or think is more important among adolescents than response to direct peer pressure.

The critical findings of this complex study were derived from two sets of comparisons against the control group, the first for the *total* follow-up sample (divided into two groups taught by teachers who were trained in a one-day workshop vs. by a two-hour videotape), and the second for a high-fidelity sample that was selected from the total sample and that contained only students in classrooms in which 60% or more of the LSE material was covered. For the total sample, virtually the only significant effects noted were for some of the measures on cigarette smoking. In contrast, for the high-fidelity sample, significant effects were also found for use of alcohol and marijuana, for heavy marijuana use and drunkenness, and polydrug use. The authors concluded that the results for the *high-fidelity* sample demonstrated the effectiveness of LSE fortified with booster sessions. However, a possible bias has already been pointed out in the literature. No way was found to identify and remove from the control group

students who *would* have been in low-fidelity classrooms had they had LSE training. If these students had engaged in more drug use than other students, the results would be biased in the direction of the LSE conditions.

Widespread implementation of the LSE curriculum may be premature. The first concern is whether *cooperation* would be sufficient from regular teachers who are not confronted with random visits by research staff conspicuously checking on curriculum implementation. Remember that significant effects using the *total* experimental sample were observed for smoking only. Would even these meager results have been obtained under normal conditions? Even under the special conditions associated with the research, a lower limit for program high-fidelity was set at only 60% (of the material covered), and almost 25% of the experimental sample was deleted for not meeting this criterion.

Second is the issue of *cost effectiveness*. We have recently been cogently reminded in most drug education research that statistical significance is not the same thing as practical significance. The actual effects on prevalence of substance use and specific harms from such use may be trivial, despite statistical significance. The model tested in this research was an ambitious program incorporating teacher training, 30 hours of classroom instruction for students, and corresponding administrative costs. Large-scale implementation will require a major financial investment, one that would surely require the use of funding that might be better used in other ways. Finally, we have the question of whether LSE is appropriate for all adolescents, especially when other research has shown that substantial numbers of adolescents who experiment with drugs are not deficient in social and related skills.

Reference:

Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, *273*(14), 1106–1112.

Meta-Analysis of Adolescent Drug-Prevention Programs

Summary by Bonnie Benard, M.S.W.

In 1986, Tobler published the first meta-analysis of school-based alcohol- and other drug-prevention programs. Tobler analyzed 98 secondary school programs and categorized their strategies in the following groups:

- Knowledge only
- Affective only
- Peer programs
- Knowledge plus affective
- Alternatives

The outcome measures for which she determined effects were:

- *Knowledge* gains
- *Attitudes* and values in general and toward the use of alcohol and other drugs
- *Use* of alcohol and other drugs
- *Skills* relevant to use (affective, assertiveness, decision making, and self-esteem)
- *Behavior* directly measured by actual drug use (reports from principals, parents, and police; arrests; hospitalizations) and indirectly measured by school grades, attendance, and comprehensive tests

The major findings of this extensive analysis of the actual *use* measures were as follows:

- For the average adolescent, "*Peer programs* are dramatically more effective than all the other programs"—even at the lowest level of intensity (hours spent in prevention programming).
- For the high-risk adolescent, "*Alternatives* showed an effect size for increasing skills and changing behavior in both direct drug use and indirect correlates of drug use" equivalent to that obtained by peer programs for the average adolescent.

Tobler's recommendations were threefold:

- Discontinue knowledge-only and affective-only programs.
- Focus on peer programs which emphasize communication,

decision-making, and peer-refusal skills.

- For at-risk youths, supplement peer programs with alternatives (e.g., community-based activities, physical adventures, mastery learning, job skills).

In 1993, Tobler published another meta-analysis in which she looked at 120 school-based drug-prevention programs in grades 5 through 12. She evaluated success based only on self-reported drug use. While her 1986 analysis looked only at program content, her 1993 analysis included how the program was delivered. The major *content* domains included knowledge, affective education, refusal skills, generic skills, safety skills, extracurricular activities, and "other" (including peer help with homework, rewards, parent involvement, and communitywide coordination and involvement). Program *process* was divided into *noninteractive* (primarily didactic presentations with an interpersonal focus) and *interactive* (participatory group process and peer interaction and focused on interpersonal competence).

Tobler makes the following recommendations for how prevention programs are delivered:

- *Interactive:* "Interactive programs have a success rate of 10.6%. That means you should be able to reduce drug use in a school or school district by 10.6% by putting in a good interactive program. And you can get this with a program that offers only 10 hours of instruction" (interview in *Youth Today*, May/June, 1993).

- *Communitywide:* Reduction of drug use impact is *doubled* when the school-based interactive program is incorporated into a community-wide effort.

- *Teacher training in group process:* According to Tobler, "The paramount question for school boards and administrators is whether they will provide the necessary money, class time, extra personnel, and aggressive teacher training in the use of interactive group process skills. An interactive program must include participation by everyone, preferably in small groups. Without the extra leaders to form small groups, the adolescents can interact only a few times and the essential part of the interactive programs is missing—that of active involvement, exchange and validation of ideas with their peers, and enough time to practice and truly acquire interpersonal skills" (1996).

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Tobler, N. (1986). Meta-analysis of 143 adolescent drug prevention programs. *Journal of Drug Issues, 16*, 537–567.

Tobler, N. (1993). Updated meta-analysis of adolescent drug prevention programs. In Montoya, C., Ringwalt, C., Ryan, B., & Zimmerman R. (Eds.). *Evaluating school-linked prevention strategies: Alcohol, tobacco, and other drugs* (pp. 71–86). San Diego: University of California, San Diego, Extension.

Tobler, N., & Stratton, H. (1996). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention, 18*(1), 71–128.

Prevention of Teenage Substance Abuse Study

Summary by Bonnie Benard, M.S.W.

Kellam and his colleagues at the University of Chicago followed 1,200 (primarily African American) students from an urban, poor community for 10 years, from the beginning of first grade until they were age 16. By the end of the first grade, researchers identified social and psychological characteristics of the children that were associated with developing substance abuse problems at age 16. Among their findings:

- Children who are having trouble learning react with "inward distress" and show marked risk of later depression, paranoia, and overall distress.
- Boys and girls generally respond to school learning problems differently. Boys tend to "act out" their trouble in recognizable ways, while girls tend to react inwardly with more subtle "psychiatric symptoms," such as sadness and crying.
- Boys with learning problems usually fit one of three profiles: "aggressive"—acting out trouble by fighting or disrupting; "shy"—not speaking up in class, not having many friends, and "shivering in fear" that the teacher will call on them; and "shy aggressive"—sitting alone and also fighting and breaking rules.

- First-grade boys who are both shy and aggressive have the highest risk of becoming substance abusers.

- First-grade boys who are only aggressive have the next highest risk of becoming users, followed by boys who are shy.

- The factors of shyness or aggressiveness do not appear to apply to girls.

- The major risk factor for abuse of alcohol, tobacco, and other drugs in girls appears to be the children with whom they associate, indicating that peer pressure plays a significant role for them.

- A fourth risk factor is intelligence: Boys and girls who are bright tend to experiment with drugs earlier and more frequently than their classmates.

Kellam recommended the following:

- Cut class size to no more than 25.

- Set up a curriculum that "reaches every single child in the classroom at the point the child is at in learning and takes them forward step by step with one small increment after another." The teacher must be free to create a varied, enriched classroom where each child has an opportunity to use learning styles that work best for him or her.

- Teachers must reach out to students in trouble. Appoint shy children as classroom and peer helpers, and include them in structured ways. Aggressive children must be taught to behave and should be rewarded when they act appropriately, learn, and participate.

- Teachers and parents must form partnerships so the child receives similar messages at school and home.

Reference:

Kellam, S., Brown, H., & Fleming, J. (1982). The prevention of teenage substance use: Longitudinal research and strategy. In *Promoting adolescent health: A dialog on research and practice* (pp. 171–200). New York: Academic Press.

Problem Behavior and Psychosocial Development Study

Summary by Bonnie Benard, M.S.W.

In *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth* (1977), Jessor and Jessor report on a study that began in 1969 with over 400 students in grades 7, 8, and 9 from a Colorado community. The students were surveyed annually for four years through 1972. In 1979, after a seven-year hiatus, almost all the subjects were located and asked to participate in a follow-up study. The fifth data wave was collected in 1979 and the sixth in 1981 (when participants were 25 to 27 years old).

The theoretical outcome of the study was problem behavior theory, which describes the social-psychological relationships within and between three major systems: personality, perceived environment, and behavior.

A key point emphasized by the Jessors (1977) is that substance abuse and other problem behaviors serve important psychosocial functions in normal adolescent development. For example, drug use by adolescents can be a way of affirming their independence from parents, signaling commonality with the peer group, expressing opposition to the norms and values of the larger society, coping with feelings of inadequacy, having fun, and marking the transition to adulthood (i.e., serving as a rite of passage). In a later study, Richard Jessor (1984) states, "Many of the problem behaviors are age-graded; sooner or later most adolescents will engage in them; and experimentation and exploration of various risk behaviors are going to occur as part of normal adolescent development" (p. 49).

In summing up the contribution that problem behavior theory has made to research on prevention of substance abuse, Murray and Perry (1985) state, "The problem behavior approach offers a great deal of useful information to the prevention researcher" by having focused attention on the following:

- The social environment rather than only on dysfunctional personality attributes
- The functionality of substance *use* for adolescents
- The concept of substance abuse as part of a behavioral syndrome that can be predicted and that is maintained over time
- The study of multiple behaviors

- The role of substance use in normal adolescent development
- The importance of minimizing substance use, preventing abuse, and delaying the onset of use

In their longitudinal follow-up study of the high school sample, the Jessors found that problem drinking in adolescence is not predictive of problem drinking as a young adult. Among the males who were problem drinkers in adolescence, half (49%) are no longer classified as problem drinkers as young adults; for females, three fourths (74%) of the adolescent problem drinkers are no longer problem drinkers.

In a subsequent paper (1984), Jessor identifies the following implications from problem behavior theory for planning programs to prevent substance abuse:

- Given that proneness to adolescent problem drinking consists of personality, environmental, and behavioral characteristics, logic necessitates planning *comprehensive prevention programs that target three systems simultaneously*.
- Since problem drinking is part of a constellation of interconnected behaviors, we need to enlarge the scope of prevention programs *to focus on health promotion*.
- Jessor cautions against the "premature labeling and social processing" of adolescents as problem drinkers.
- Because substance use and other problem behaviors by adolescents serve important psychosocial functions that mark the developmental transition to adulthood, prevention programs should *provide and reinforce alternative behaviors that are positive, healthy substitutes* for the health-risk behaviors of substance abuse, precocious sexuality, etc.
- Experimentation with and exploration of various risk behaviors are going to occur as part of normal adolescent development. Therefore, the goals of a prevention program should be:
  - *Minimization* of involvement
  - *Insulation* of the experimenter from serious, long-term negative consequences
  - *Delay of onset* since (a) the course of development after the age of 15 is different from that in earlier years and (b) drinking is an acceptable adult behavior in our culture

Jessor advocates the incorporation of problem behavior theory within a health promotion orientation that focuses on promoting "physical, psychological, social, and personal health"

at both the individual and environmental levels. Furthermore, "Changes in cultural values, societal norms, and the socioeconomic structure of opportunity—for education, employment, recreation, and self-development—must be considered an essential part of any broad approach to the promotion of health" (Perry & Jessor 1982, p. 183).

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Project ALERT

Summary by Phyllis Ellickson, Ph.D.

Project ALERT (Adolescent Learning Experiences in Resistance Training) is a school-based program that was tested in 30 highly diverse schools in California and Oregon. Developed at RAND, the curriculum targets seventh and eighth graders and includes homework assignments for them to do with parents. It extends the social influence approach by incorporating aspects of the health-belief model and the self-efficacy theory of behavior change. To motivate young people to resist using drugs, the program (11 lessons in grade 7, three boosters in grade 8) addresses their beliefs about the consequences of drug use and their own susceptibility to those consequences, builds confidence in their ability to resist prodrug pressures, helps them recognize that most teenagers do not use drugs, and clarifies the benefits of resistance. To develop resistance skills, the curriculum offers a repertoire of ways to say no and provides repeated practice in how to identify and resist internal as well as external pressures.

This study randomly assigned schools to one of three treatment conditions (with teen leaders, without teen leaders, and control) and used extensive statistical controls to rule out alternative explanations of the findings. Results after 3, 12, and 15 months showed that Project ALERT reduced both marijuana and cigarette use. It was equally effective in schools with high and low minority populations when taught by adults alone or adults plus teen leaders (Ellickson & Bell 1990a, 1990b). The program delayed initiation of marijuana use among nonusers of marijuana and cigarettes and held down regular (weekly) marijuana use among prior users. It also curbed frequent, heavy smoking among students who had previously experimented with cigarettes and induced a significant number to quit. However, it was less successful in combating alcohol use—early effects on drinking disappeared by grade 8—and it had a negative effect on students who were confirmed smokers by grade 7. Follow-up analyses showed that the program's impact on drug use eroded after students made the transition into high school, although its effect on some cognitive risk factors lasted through grade 12 (Ellickson, Bell, & McGuigan 1993; Bell, Ellickson, & Harrison 1993).

The results suggest that the social influence approach is more effective at curbing the use of cigarettes and marijuana than alcohol use and that it works across a broad array of environ-

ments and student populations—urban, rural, and suburban communities, high- and low-minority schools, and high- and low-risk adolescents. However, some high-risk adolescents (those who committed to smoking by grade 7) need earlier, more comprehensive interventions. The results also indicate that adolescents need continued reinforcement for resisting drugs during the high school years.

References:

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Project Northland

Summary by Phyllis Ellickson, Ph.D.

Project Northland is a community-wide program for preventing use of alcohol by adolescents. It includes a home-team program for sixth graders, a school-based curriculum for grades 7 and 8, peer participation, parent involvement and education programs, and community task force activities. The school-based curriculum is highly participatory, using a variety of methods to help young people understand why people use alcohol, alternatives to its use, strategies to resist prodrinking influences, and normative expectations that most people their age do not drink. The parent component uses home booklets for parents and children and includes a newsletter for parents. Peer participation centers on planning alcohol-free activities for middle-school adolescents. The communitywide task forces worked on passing alcohol-related ordinances and resolutions, gold-card discounts from local businesses for students who pledged to be alcohol and drug

free, and sponsorship of alcohol-free activities for teens.

Project Northland was tested between 1991 and 1994 in 24 school districts. Four smaller districts were combined with nearby ones and randomized to treatment (n = 10) and control (n = 10) conditions. Ninety-four percent of the participating students were white in these mostly rural, lower-middle-class to middle-class communities. Using mixed model regression methods that can accommodate fixed effects, random effects, and intraclass correlation, analyses found that, compared to controls, treatment students who were nondrinkers at baseline reported lower levels of drinking in the past month and past week at the end of three years. Baseline drinkers were not affected. Results for cigarette and marijuana use were reported for different measures (more than one or two occasions for cigarettes; at least once in the last year for marijuana). They also showed effects for only baseline nondrinkers (Perry et al. 1996).

These findings suggest that school-based social influence programs can curb recent drinking for previous nondrinkers when they are accompanied by extensive community efforts to change norms about drinking, to provide alternative alcohol-free activities, and to involve parents in prevention efforts. Community involvement may have been facilitated by the primarily rural and small communities in which the program was tested; hence further testing of this kind of approach in urban and suburban environments is needed.

Reference:

Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., McGovern, P. G., Finnegan, J. R., Forster, J. L., Wagenaar, A. C., & Wolfson, M. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health, 86*, 956–965.

Project STAR

Summary by Phyllis Ellickson, Ph.D.

The Midwestern Prevention Project (Project STAR) is a school-based program with several community components. Developed at the University of Southern California, the program was implemented in 50 schools in Kansas City (Kansas and Missouri) beginning in 1984, and in 57 schools in Indianapolis, Indiana, three years

later. Schools were randomly assigned to treatment and control conditions in Indianapolis but not in Kansas City. Elements of the intervention include a two year 15- to 18-session school curriculum, which incorporates a social-skills, assertiveness-training model; parent programs (involving, for example, homework assignments with their children); training for community leaders; changing community health policies; and media campaigns.

Results of Project STAR have been reported for various Kansas City subsamples. To compensate for the lack of random assignment in those schools, the first analysis (of students from eight schools) tested several statistical models, concluding that the program did reduce cigarette use after one year, but had no effect on drinking and ambiguous results for marijuana use (Dwyer et al. 1989). Another study yielded different results after one year. Reporting school-level findings for 42 schools (not randomly assigned), it found reductions of 30% in current (last month) use of alcohol, cigarettes, and marijuana (Pentz et al. 1989). A more recent analysis covered three years and individuals from eight schools; it reported modest reductions in recent cigarette and marijuana use, but not in recent alcohol use (Johnson et al. 1990).

Taken as a group, these reports suggest that the social influence model can have a significant impact on both cigarette and marijuana use, but is less effective at preventing or mitigating teenage drinking. Results from the more rigorous Indianapolis test that included random assignment of schools have not yet been reported in peer-reviewed journals, but brief discussions in review articles suggest that the program had significant long-term effects on use of alcohol, cigarettes, and marijuana (Pentz 1995). These later findings indicate that the addition of mass media efforts and community components may reinforce and enhance the effects of school-based programs.

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Pentz, M. A. (1995). The school-community interface in comprehensive school health education. In Stansfield, S. (Ed.). *1996 Annual Report, Institute of Medicine, Committee on Comprehensive School Health Programs*. Washington, DC: National Academy Press.

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Yale-New Haven Primary Prevention Project

Summary by Phyllis Ellickson, Ph.D.

A systems approach to improving schools has been tested by Comer (Yale) in Connecticut and Maryland. Comer describes his interventions as a process rather than a curriculum or set of teaching techniques. The program, which is based on mental health principles, aims to create a social environment in high-risk schools (serving poor, usually minority, children) that promotes a child's psychological development and supports her or his learning. Though not designed with substance use in mind, it does address risk factors (poor school performance, weak attachment to school) associated with drug use. Bonding to the teacher is considered essential. The theory is that children who suffer a mismatch between mainstream values and those learned at home, which Comer calls "sociocultural misalignment," will not form such bonds because the teacher will not react positively to them. Such children are likely to have trouble learning and to seek self-affirmation in nonmainstream groups, both of which may put them at risk for dropping out, teenage pregnancy, drug abuse, crime, or other problem behaviors.

First implemented in two New Haven public schools in 1968, Comer's program includes four school management elements (details of the program vary for each school): a governance and management group composed of teachers and parents; parent participation in classroom and school activities; mental health staff who provide services to children, staff, and parents; and overall academic goals and strategies established for the entire school, with education programs tailored to the individual needs of at-risk students.

Data on program outcomes are confined to school-related behaviors, and the initial analyses lacked a control or comparison group. The intervention, tracked from 1969 to 1984, resulted in improved attendance, improved reading and math skills, and improved parent participation within the test schools. A follow-up study comparing seventh graders who had participated in the program in elementary school with a matched control group showed the former to score significantly better on achievement tests, to be at grade level in mathematics and reading, and to have better grades (Comer 1985). When implemented in 10 largely black schools in Maryland, the program yielded average percentile gains on the *California Achievement Test* that exceeded the gains for the district as a whole (Comer 1988).

Combined with studies indicating that weak bonds with school and family increase a child's vulnerability to pro-drug pressures and thereby set the stage for drug use, these results suggest that improving the school environment may help curb drug use (as well as increase school performance). Such efforts are particularly appropriate during the elementary school years, when the school acts as a major agent of socialization. When high-risk schools are targeted for institutional change, the systems approach also provides a strategy for reaching high-risk children without engaging in two strategies that risk fostering negative behavior—labeling specific individuals as troubled kids and lumping the "bad" kids together in a pull-out program.

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Violence-Prevention Studies

BrainPower Program

Summary by Michael Furlong, Ph.D.

This study builds on the research of Kenneth Dodge and his colleagues, who have examined the role that cognitive attributions play in youths' aggressive behavior. This research has shown that some youths are particularly vulnerable to displaying reactive, hostile aggression because of their propensity to misinterpret social cues from their peers. These misattributions are more likely to occur in ambiguous social interactions with reactive, aggressive youths, who are more likely to presume hostile intent than their nonaggressive peers. The BrainPower intervention described and evaluated in this study has a strong theoretical foundation in the literature on child clinical and child cognitive development.

Intervention • The BrainPower program is specifically designed for implementation in school settings, taking into account scheduling and system demands. It is a 12-session small-group intervention designed to be used with youths who have been identified by peers and teachers as exhibiting the most aggressive behavior at school. This study is offered by the author as providing in-depth activities through which youths are taught how to examine social cues from their peers and to interpret them in a more reflective, nonreactive fashion. The premise of the BrainPower program is that aggressive youths are more likely to perceive ambiguous and negative behaviors of peers as being under their (the peers') control. Consequently, when such behaviors occur, they infer intentionality and "jump to the conclusion" that their peers are acting "purposively." BrainPower teaches youths to look for, identify, and process reactions to peer encounters. They learn about hostile, accidental, helpful, and ambiguous types of social intent. This intervention makes extensive use of modeling, homework practice, and video demonstrations in an attempt to effect generalization.

Participants • Although BrainPower appears to have broad application, it was designed specifically to be used with African American males in upper elementary grades. This particular study was conducted with youths from the Los Angeles area. Children

were selected for participation based on teacher and peer nominations. Teachers completed a teacher checklist (developed by John Coie), and classmates completed a sociometric rating that included items pertaining to aggressive behavior at school (e.g., "someone who starts fights"). The sample was limited to African American students in the 17 participating classrooms. They were considered to be "aggressive" if their teacher ratings were above the median, their peer social preference was ≤0, and they received twice as many aggressive as prosocial ratings from peers. Nonaggressive youths from the same classrooms who had the opposite characteristics were also identified. Seventy-two aggressive youths were selected and randomly assigned to the BrainPower group, an attention-training group, or a no-treatment control group. The nonaggressive youths completed all pretest and posttest measures.

Evaluation Measures • Four outcome measures were used in this study: (a) student ratings of hypothetical scenarios examining their assessment of typical peer interactions at school; (b) teacher ratings of aggressive behavior at school; (c) school office and disciplinary referrals; and (d) performance on a laboratory task designed to assess students' actual behavior in a live peer interaction.

Results • Overall, the outcome of this study provides strong support for the use of the BrainPower program in schools. On the hypothetical scenarios, the aggressive youths in the BrainPower program showed a significant reduction in their expression of attitudes related to hostile intention, anger expression, and aggressive behavior. They appear to have learned and understood how peer behavior has to be scrutinized closely before one presumes negative intentionality from peers.

Less positive outcomes were found when the teacher ratings were examined, and the only positive changes did favor the BrainPower group. Teachers reported a significant reduction in aggressive and reactive hostile behaviors of the BrainPower youths compared with the behaviors of other aggressive youths. Nonetheless, the BrainPower youths were still reported to exhibit aggressive behaviors at a higher rate than their nonaggressive peers. No improvement of prosocial behavior or academic performance was found.

Changes in school disciplinary referrals showed mild, positive changes for the students in the BrainPower program three months after the program's implementation. Twenty percent of the BrainPower youths had real reductions in the number of office referrals they received.

Finally, very positive results were found on the frustration laboratory task administered one week after the program was implemented. BrainPower youths were much less likely to infer hostile intent and much more likely to use neutral verbalization than the other aggressive participants.

Summary • The BrainPower program is designed specifically for use in school settings, and its content is highly relevant to peer interactions at school. It is being further evaluated as part of a grant funded by the Centers for Disease Control and Prevention. It has demonstrated some positive outcomes in well-controlled studies; nonetheless, it shows how resistant even upper-elementary grade youths can be to changing their beliefs about aggressive behavior and their reactively aggressive behavior in school.

Reference:

Hudley, C. A. (1994). The reduction of childhood aggression using the BrainPower program. In Furlong, M. J., & Smith, D. C. (Eds.), *Anger, hostility and aggression: Assessment, prevention, and intervention strategies for youth* (pp. 313–344). New York: Wiley.

Bullying at School Study

Summary by Michael Furlong, Ph.D.

This paper describes two studies. Study 1, which is described briefly, examined the impact of bully victimization 7 to 10 years after it occurred. Study 2, reviewed in greater detail, describes the outcomes of a school-based program to reduce the incidence of bullying. These studies draw upon research conducted in Scandinavian countries. Other studies have found similar patterns of school bullying behavior in America, Japan, Australia, New Zealand, and other countries.

Among the most consistent findings of studies of school bullying is that bullies tend to exhibit aggressive behavior in many settings and feel comfortable using aggression to meet their needs. They tend to enjoy using power over others and seek to dominate them. In the school context, this characteristic is particularly problematic because they use this power to single out other youths as potential victims. Bullying is defined as the intentional infliction of discomfort, harm, or injury on or to another person. This harm is inflicted in a relationship that is characterized as having an asymmetry of power—it is not a "fight" or disagreement among

individuals of equal status and/or physical power. In contrast to the bully, victims tend to be physically weaker and socially isolated at school. It is the victims who are more likely to have low self-esteem and inadequate feelings about themselves. Bullying is characterized by long-term, repeated victimization of other students.

The short-term discomfort and harm to bully victims is obvious. In this paper (and others), Olweus describes the long-term impacts for both bullies and their victims. In their early 20s, bullies are much more likely to become law violators. In fact, 35% to 40% of them have three or more convictions by their early 20s. In contrast, victims are found to be disproportionately susceptible to low self-esteem and at increased risk of depression. Olweus presents convincing arguments to suggest that bully victims experience maladjustment and feelings of inadequacy during the school years and that this condition can contribute to continued mental health problems in adulthood.

The school-based bully-prevention program developed by Olweus is a multicomponent one that has as its primary objective a systems-level change of school and classroom norms pertaining to bully-victim behavior. The intervention seeks to create school conditions that are antagonistic to the development of aggressive behavior.

The four components of the program are (a) enhancement of general awareness through an information-dissemination campaign; (b) school- level activities that involve systemic student surveys, a school bully conference, improved recess supervision, and PTA presentation; (c) class-level activities related to establishing class rules against bullying and periodic class meetings to process student bully-victim experiences; and (d) follow-up with bullies and victims when bullying occurs, parent conferences, and home-school problem-solving collaboration. To varying degrees, this program was implemented at 42 schools, and multitime, cohort-based data were gathered to evaluate its effectiveness.

The results of Study 2 show that 8 and 20 months after baseline data collection, both boys and girls in grades 4 through 7 showed reductions in the reported incidence of both bully and victim experiences. Even more promising were associated reductions in other antisocial behaviors at school (vandalism, fighting, theft, truancy) and improvement in social climate markers.

Finally, factors contributing to the success of this program are as follows:

- The program focuses directly on negative bullying behavior and established antibullying norms.

Although the program includes elements that seek to "change" the bully, the emphasis is on limiting the context in which bullying can occur and motivating bystanders to embrace a norm that does not allow such behavior to occur at school. In this regard, the program establishes conditions that protect victims from further harm while fostering a positive, nurturing school climate.

- Because this program is implemented at multiple levels (parents, campus, classroom, individual), it fosters a sense of collective determination to take a strong stance against bullying.
- The program is designed primarily to relieve the immediate negative effects of bullying. It may be helpful also to consider components to reduce the potential long-term negative effects of bullying on both bullies and their victims.
- Because the program focuses on relieving immediate pain experienced by bully victims, it is usually easy to generate support for the program among the school community. As such, the program provides a nice opportunity for schools to begin to address violence and safety issues within a broader school improvement context.

Reference:

Olweus, D. (1994). Bullying at school: Long-term outcomes for the victims and an effective school-based intervention program. In Huesmann, L. R. (Ed.), *Aggressive behavior: Current perspectives* (pp. 97–130). New York: Plenum.

Fifteen Thousand Hours

Summary by Bonnie Benard, M.S.W.

Probably the most powerful study documenting the power of schools to promote positive development — and naming the characteristics of schools to do so — is the longitudinal study *Fifteen Thousand Hours* (Rutter, Maugham, Mortimore, & Ouston 1979). That study began as part of a large-scale epidemiological study of children, age 10 to 11 years, living in an inner London borough. The children were followed through their secondary school years, with systematic measurements of their behavior, attendance, and academic attainments taken at ages 14 and 16. Police

records were checked for delinquent acts, and employment patterns were evaluated one year after graduation. Rutter and his colleagues found that even within the same poverty-stricken areas of London, some schools showed considerable differences in students' rates of delinquency, behavioral disturbance, attendance, and academic attainment — even after controlling for family risk factors. Moreover, the number of problem behaviors exhibited by students decreased over time in the "successful" schools and increased in the "unsuccessful" schools.

The successful schools (i.e., those with fewer student problem behaviors), moreover, appeared to share certain characteristics:

- An academic emphasis
- Teachers' clear expectations and regulations
- High level of student participation
- Vocational work opportunities
- Rewards
- Library facilities
- Art and music

Of the seven protective factors identified by the larger study, three relate directly to schools:

- A positive school climate was the critical variable differentiating between schools with high and low rates of delinquency. Schools that provide students with opportunities for participation and with responsibilities provide one of the most effective protective factors for children under stress: a sense of success at meaningful tasks.
- Because planning skills emerged in a complementary study as the key factor in young women's successful achievement and adaptation despite early lives of abuse, Rutter and his colleagues recommend that schools provide lots of opportunities for planning and decision making by students.
- A warm, close, personal relationship with an adult also described these resilient youths. This relationship depends more on the "quality, strength, and security of the relationship rather than on the particular person with whom the relationship happens to be formed."

Success, mastery, and the sense of self-efficacy described the resilient youths in the Rutter study, most of whom had positive experiences at school. Success did not always mean academic success, but often success in sports, achievement in music, positions of responsibility in the school,

or a good relationship with a teacher. The authors concluded that "schools that foster high self-esteem and that promote social and scholastic success reduce the likelihood of emotional and behavioral disturbance."

Reference:

Rutter, M., Maugham, B., Mortimore, P. D., & Ouston, J. (1979). *Fifteen thousand hours*. Cambridge, MA: Harvard University Press.

Functional Family Therapy

Summary by Delbert Elliott, Ph.D.

The goals of functional family therapy (FFT) are to assess family behaviors that maintain delinquent behavior, modify communication in dysfunctional families, train family members to negotiate effectively, and set clear rules about privileges and responsibilities. Treatment includes approximately 30 hours of therapy coupled with supportive system services, such as remedial education, job training, and school placement. Services are provided by trained paraprofessionals.

Program Sites • Programs operate in Salt Lake City (multiple sites and replications), Philadelphia, and Ohio.

Experimental Design • Two types of design have been used. First, in a true experimental design, families from an eligible pool (with a targeted adjudicated youth) were randomly assigned to one of three groups: (a) FFT, (b) an alternative form of family therapy, and (c) families receiving no professional treatment. Second, in a quasi-experimental design, matched experimental and control groups were drawn from state training schools and adjudicated youth populations.

Findings • At one year posttreatment, the FFT group had lower prevalence and frequency of arrests. This effect was sustained to three years posttreatment. At three years posttreatment, siblings of targeted youth in FFT families also had fewer delinquency court records.

Costs • No general estimate of costs is available. Gustafson, Gordon, & Arbuthnot (1986) report that FFT costs were less than those for a probation control group in that particular study.

Implications for School Practice • This is an out-of-school intervention that targets youths who are chronically and seriously delinquent. This intervention would be a valuable referral resource for schools that identify such youths and want to provide an effective intervention for them.

References:

Alexander, J .F., & Parsons, B. V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology, 81*, 219–225.

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Gustafson, K., Gordon, D. A., & Arbuthnot, J. (1986). A cost benefit analysis of in-home family therapy vs. probation in treating delinquents. Unpublished manuscript.

Multisystemic Therapy

Summary by Delbert Elliott, Ph.D.

Multisystemic therapy (MST) views individuals as being nested within a complex of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Behavior problems can be maintained by dysfunctional transactions within or between any one or a combination of these systems. This approach is typically delivered in home and community settings and involves approximately 30 hours of direct contact over three months by a master's-degree-level counselor. Family interventions attempt to provide the parents with the resources they need to parent effectively, develop increased family structure and cohesion, and empower youths to cope with family, peer, school, and neighborhood problems.

Program sites • Sites (partial list) include Memphis, Tennessee; Simpsonville, South Carolina; and Columbia, Missouri.

Experimental design • Design includes clinical trials with randomly assigned pretest-posttest control groups. Participants were juvenile offenders who were referred by

courts, or emotionally disturbed youths referred by mental health agencies. Comparisons were alternative programs available at each site.

Findings. • At the end of treatment, results favoring the MST group included lower self-reported offending rates, improved family relations, and decreased behavior problems reported by parents. At four to five years postreferral, results favoring MST included lower arrest rates (by one-half to one-third), arrests for less serious offenses, and fewer substance-related arrests.

Costs • Based on a client-therapist ratio of 4:1, and a three-month course of treatment, the cost per client for treatment in the MST group was about $2,800 ($31.43/day). By contrast, the average course of institutional placement in South Carolina costs about $16,300, not counting several hidden costs (sheriff's time, transportation, after-care planning, parole board proceedings, etc.).

Implications for school practice • This out-of-school intervention addresses school-related problems for youth at high risk for violence, crime, and substance abuse. Such programs would be valuable referral resources for schools with identified at-risk youth.

References:

Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies, 2*, 283–293.

Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. J*ournal of Consulting and Clinical Psychology, 6*, 953–961.

Nurse Home Visitation

Summary by Delbert Elliott, Ph.D.

The nurse home visitation program sends nurses to the homes of pregnant women who are at risk of preterm delivery and babies with low birth weights. The women they see are primarily poor, teenage, and single. The goal of the program is to improve outcomes for parent and child. Home visits promote the physical, cognitive, and social-emotional development of

the children and provide general support, as well as instruction in parenting skills, to the parent(s). The intervention begins during pregnancy, with nurses making an average of eight visits lasting about 1 hour and 15 minutes each. They continue to 24 months postpartum, with visits diminishing in frequency to approximately every six weeks. Screenings and transportation to local clinics and offices are also offered as part of the intervention.

Program sites • Program sites are located in Elmira, New York; Memphis, Tennessee; and Denver, Colorado.

Experimental design • The program design includes randomized, clinical trials in which participating families (stratified on the basis of marital status and race) are assigned to one of four treatment groups: Treatment 1 (served as control) received no services other than screening for sensory and developmental problems. Treatment 2 received screening and free transportation for regular prenatal and well-child care at local clinics and offices. Treatment 3 received home visits by a nurse during pregnancy in addition to the screening and transportation services. Treatment 4 services were the same as those in Treatment 3, plus continued visits until the infants were 18 to 24 months of age.

Findings • (1) At delivery: higher birth weights for babies, fewer health problems for mothers and babies, reductions in smoking by mothers. (2) At 24 months postdelivery: lower rates of child abuse and neglect, fewer emergency room visits and injuries to the infants, higher child development quotients. (3) At four years postdelivery: fewer injuries to and emergency room visits for children, higher rate of return to school by mothers who were not high school graduates, higher employment rates, fewer subsequent pregnancies, and delayed subsequent pregnancies. (4) At 15 years postdelivery: fewer and delayed subsequent pregnancies, lower rates of families receiving aid to families with dependent children (AFDC), lower rates of alcohol and drug problems, fewer reported cases of child abuse or neglect, fewer arrests for children age 15, less smoking by the children.

Costs • Per mother/child through age 4, $3,246. If government savings (AFDC, food stamps, unintended subsequent pregnancies) are taken into account, $1,582 per mother/child for the whole sample, and $180 for the low-income sample.

Implications for school practice • This intervention targets unmarried junior and senior high-school age girls who become pregnant. Schools can refer these girls to the program. It has

demonstrated effectiveness in reducing substance abuse, violence, and crime for both teen mothers and their children and earlier return of the mothers to school.

References:

Olds, D. L., Henderson, C. R., & Kitzman, H. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? *Pediatrics, 93*, 89–98.

Olds, D. et al. (1997). Long-term effects of home visitation on maternal life course, child abuse and neglect, and children's arrest: 15 year follow-up of a randomized trial. Denver: University of Colorado Medical School (unpublished).

Peer Mediation Training

Summary by Michael Furlong, Ph.D.

Information about the types of conflict children typically have in schools and other settings is limited. This study was designed to compile information about such conflicts and the strategies children use to try to resolve them. Data were gathered in the context of implementing a conflict resolution/-peer mediation program in an elementary school.

Method • This study was conducted at a midwestern elementary school and involved 144 students attending six classes (grades 2/3 through 5). These classes were randomly selected from 22 volunteer classes. In addition, 83 students from three classes (grades 3 through 5) participated in a control group. All students attended the same school.

Conflict resolution (CR) training was presented to all experimental classes in 12 to 18 sessions during the fall of a school term. Students were taught to identify when conflict occurs and negotiation-mediation procedures. The training emphasized a five-step negotiation procedure (jointly defining the conflict, sharing positions and interests, reversing perspectives, inventing at least three solutions for mutual gain, and finding an integrative agreement) and a four-step mediation procedure (ending hostilities,

developing commitment to mediation, facilitating negotiations, and formalizing a mutual agreement). Each day two students from each class were selected to be "mediators." They wore T-shirts identifying this role and used the mediation and negotiation procedures they learned to help students reach integrative solutions to conflicts occurring in the classroom or on the playground.

As part of the evaluation of the program, all 227 students weekly completed a "Conflict Report Form (CRF)." Students were asked to identify and describe on the form a conflict they had had during the previous week. The conflict could have occurred in any setting. Students' responses were rated for (a) type of conflict, (b) conflict resolution strategy used, and (c) location of the conflict.

Findings • By comparing the responses that the students gave prior to, during, and after participation in the training, the authors were able to evaluate changes in how the students managed their personal conflicts. The results were supportive of conflict resolution as a viable means to influence children's behavior. Notable outcomes included the following:

- Although the study was conducted in a school setting, the students were about 2.5 times more likely to report about conflicts that occurred at home than at school.
- Conflicts reported at home differed from those reported at school. More than four out of five conflicts at home involved issues related to preferences and possession/access (e.g., which TV program to watch, who gets to use the computer). Preference-related conflicts were also the most frequently reported (52%). Conflict related to physical fights and insults accounted for 25% of the school conflicts, compared with only 8% of the conflicts at home.
- Prior to the training program, 35% of the reported conflicts had no apparent solution. This figure decreased to 12% during training and remained low (20%) after training was completed.
- The most positive outcome was a large change in the reporting of integrative agreements. Prior to the training only one student reported an integrative solution. This frequency increased to 29% of all reported conflicts during training and remained at 26% after program implementation.
- Another important finding was that students reported using conflict resolution procedures at home.

Summary • Without CR training, children tend to use either forceful, heavy-handed or withdrawal strategies in conflict situations. Participation in training and experience as a peer mediator appear to have potential to expand children's repertoire of behaviors in conflict situations.

Reference:

Johnson, D. W., Johnson, R., Dudley, B., Ward, M., & Magnuson, D. (1995). The impact of peer mediation training on the management of school and home conflicts. *American Educational Research Journal, 32*, 829–844.

Perry Preschool Program

Summary by Bonnie Benard, M.S.W.

The Perry Preschool Program began in Ypsilanti, Michigan, in 1962 as a longitudinal study of children from poor African American families. The children, ages 3 and 4, attended a preschool program that focused on their cognitive, language, social, and behavioral development. The High/Scope model that was tested emphasized active child-initiated learning, problem solving, decision making, and a high degree of interaction between adults and children and among the children themselves. In addition, teachers conducted weekly home visits and encouraged parents to be involved as volunteers in the classroom.

Children who participated in the program showed the following outcomes at age 19, compared to a control group:

- Cognitive gains
- Improved scholastic achievement during school years
- Decrease in crime/delinquency
- Decrease in teen pregnancy
- Increase in postsecondary enrollment
- Increase in high school graduation rate
- Increase in employment rates

A more recent study by High/Scope (Schweinhart & Weikart 1986) compared 15-year-olds who participated in the High/Scope model with children who attended a traditional nursery school with a direct-instruction, academically-focused approach. Students from the High/Scope model and the nursery school reported engaging in half as many acts of per-

sonal violence, one-fifth as many acts of violence against property, one-half as many status offenses, and one-half as many acts of drug abuse. Also, both groups reported that they participated more in sports and after-school activities and that their families regarded them more favorably.

Overall, the program's benefits exceeded costs sevenfold.

References:

Berruta-Clement, J., Schweinhart, L., Barnett, W., Epstein, A., & Weikart, D. (1984). *Changed lives: The effects of the Perry Preschool Program on youth through age 19*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L., & Weikart, D. (1986). Consequences of three preschool curriculum models through age 15. *Early Childhood Research Quarterly 1*(1), 15–45.

Project ACHIEVE

Summary by Michael Furlong, Ph.D.

Project ACHIEVE seeks to improve the academic and social development of students through a broad-based school improvement process. It has received national exposure as an outstanding educational initiative and was selected as a "promising practice" at the Governor's National Education Goals Panel's Safe Schools, Safe Students Conference on violence in the schools. This project, funded by a grant from the U.S. Department of Education, Office of Special Education, began in 1990.

Description • This project is based on theoretical models that emphasize school reform principles as well as behaviorally based models of instruction for academically struggling students. It has been implemented at various schools in central Florida and at other comparison schools. It is based on the premise that if all staff are committed to helping each student to learn and develop to her or his capacity, then aggressive behavior and discipline problems should decrease. A variety of in-service and consulta-

tion training activities are used to enhance school staff members' skills to address and resolve the unique challenges facing their school. The project has the following major elements:

- Each school engages in strategic planning and organizational analysis and development.
- All staff are taught a problem-solving/consultation procedure with which they can better understand the functionality of school-wide conditions and individual student problems.
- Based on previous work with The Instructional Environment System, in-service and consultation activities are offered to enhance the effectiveness of classroom instruction. Much of the training is provided by school staff after they have received training.
- A curriculum-based assessment system supports teachers' efforts to evaluate student progress and to adjust curriculum plans accordingly.
- Teachers are also taught behavioral consultation and intervention procedures. These are strongly rooted in behavioral traditions and include in-service activities to help teachers identify whether students are exhibiting social problems because of deficits in skill, production, or self-management. Skill deficits are addressed through the use of Goldstein's Skills Streaming program.
- Parents are considered to be integral parts of the project. Various parenting enhancement programs are offered, as well as programs to increase parents' participation in school and classroom activities.
- Careful research and accountability procedures are used.

This project was implemented over a three-year period at an elementary school where 87% of the students qualified for free or reduced-price school lunches. Data were collected for the year prior to project implementation and for each year of the project. Data were also collected from a comparison school.

Results • This paper describes the outcomes at one school that conducted ACHIEVE for three years. Child, teacher, and school-level outcomes were determined and compared to those at a matched comparison school that did not implement ACHIEVE. Outcome measures included academic performance (on curriculum-based tests), social skills ratings, and rate of student placement in special education programs. With respect to violence at school, data on suspensions, expulsions, and disciplinary referrals were gathered. A matched-comparison-school method and a single-school, multiple baseline method were used in the analyses of the program's effectiveness.

Based on baseline levels at the implementation school, marked decreases were determined for special education referrals (75%), special education placement (67%), disciplinary referrals (28%), grade retention (90%), and suspensions (64%). In addition, positive changes in student achievement were noted, particularly in comparison to student achievement in the matched school.

Summary • Efforts to reduce aggressive behavior and other school disciplinary problems may benefit from a strategic approach that considers violence reduction within a broader school improvement program. Focusing on academic and social skills and seeking to change a school's philosophy and style of instruction (climate) can reduce school discipline problems. Although ACHIEVE requires considerable time and logistical planning to implement, it shows that real changes in school culture can foster multiple desirable outcomes, including reduced disciplinary problems.

Reference:

Knoff, H. M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*, 579–603.

Project PATHE

Summary by Delbert Elliott, Ph.D.

Project PATHE is a school organizational project which simultaneously altered the organizational and management structures and provided treatment for high-risk youths (a pull-out program that provided tutoring and counseling within the existing school structure). The intervention was designed to increase students' educational achievement and occupational attainment, increase bonding to the school, and reduce levels of disorder in the school.

Program sites • The project was conducted in seven middle and high schools in Charleston, South Carolina, between 1980 and 1983.

Experimental design • The project design included four experimental middle schools, and one control middle school; and three experimental high schools, and one control high school. Students were predominantly African American and resided in both urban and rural areas. The school

was the unit of analysis, and students were surveyed in 1981, 1982, and 1983. In 1981 a random sample of 300 students was surveyed in the participating high schools. The entire student and teacher populations were surveyed in the other years (79%-86% response rates). In the fall of 1982, the comparison high school closed. Thus, the evaluation covers a three-year period for the middle schools in the sample and a one-year period for the high schools.

An experimental design was employed to evaluate the direct-service component for high-risk youth. A pool of high-risk students was established through teacher referrals and examination of students' academic records and behavioral referrals. These students were randomly assigned to experimental and control conditions.

Findings • Significant reductions were made in serious delinquency, drug involvement, and suspensions in the experimental high schools and in suspensions in the experimental middle schools. Only one significant change was found on these indicators in the control schools: a significant *increase* in serious delinquency in the middle school. Significant increases were made in attachment (bonding) to school in the experimental schools, while control schools evidenced a decrease in levels of attachment. Both students and teachers reported improvement in school safety, administration, staff morale, clarity of rules, and fairness of rules for all project schools. In comparison schools, the only improvement was in the area of school safety.

The intervention for the high-risk sample failed to produce any significant effects (delinquency rates, negative peer influence, attachment to school, belief in rules, or self concepts) other than a higher graduation rate for the control group.

Cost • No information on costs was available.

Implications for school practice • This very intrusive intervention is designed to change the social climate of the school. Program development evaluation (PDE) guided the organizational change process. A district-level administrator used this evaluation approach to develop a general plan for the seven experimental schools and to structure specific school-level planning interventions. The intervention did achieve significant positive effects on school climate, as well as small reductions in delinquency, drug use, and school suspensions.

References:

Gottfredson, D. C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology 24*, 707–731.

Gottfredson, D. C. (1987). An evaluation of an organization development approach to reducing school disorder. *Evaluation Review 11*, 739–763.

Quantum Opportunities

Summary by Delbert Elliott, Ph.D.

The Quantum Opportunities Program provides educational training, employment, and developmental and service activities, coupled with a sustained relationship between a peer group and a caring adult, for small groups of disadvantaged teens over the four years of high school. The goal of the program is to help high-risk youth from poor families and neighborhoods to graduate from high school and attend college. The program includes (a) 250 hours per year of self-paced and competency-based training in basic skills, taught outside regular school hours; (b) 250 hours per year of developmental opportunities, including cultural enrichment and personal development; and (c) 250 hours per year of service opportunities for students in their communities. These opportunities help students develop the prerequisite work skills. Financial incentives are offered to increase student participation, high school completion, and long-range planning.

Program sites • Programs are conducted in Philadelphia; Saginaw, Michigan; Oklahoma City; San Antonio; and Milwaukee.

Experimental design • Program participants were students who were beginning the ninth grade and were from welfare families (eligibility criteria). Participants were randomly recruited from a list of eligible students. A control group was also randomly selected from the same list. Participants included 100 youths in four sites, 25 per site (the Milwaukee site had difficulties with implementation and participant follow-up, and it was ultimately excluded from the analysis). There were also 100 youths in the control group, 25 per site. By the fall of 1993 (end of treatment), 83 youths remained in the experimen-

tal group and 76 in the control group (again, excluding the Milwaukee sample).

Findings • Significant differences favoring the experimental group were found for (partial list) high school graduation rates, admission to post-secondary educational programs, arrest rates, and teen pregnancy rates. Many of these effects were sustained for two years following completion of the program.

Cost • The average cost was $2,500 per student, per year. Forty percent of this cost was in direct payments to participants in the form of stipends and bonuses. The current value of projected increases in earning resulting from increased education, reduced child-bearing and welfare costs, and reduced criminal costs is estimated to be $38,650 per participant. With increased taxes and reduced welfare and crime costs, taxpayers save $1.55 for each dollar invested in the program.

Implications for school practice • This is an in-school graduation incentive program for at-risk youth. It is integrated with current school programs and staffing and is not particularly intrusive. It is a relatively expensive intervention for a school district. The Bureau of Labor is currently funding the implementation of this program at five sites, and the Ford Foundation is funding implementation at two additional sites.

References:

Greenwood, P. et al. (1996). Diverting children from a life of crime: Measuring costs and benefits (MR-699.0-UCB/RC/IF). Santa Monica: RAND.

Hahn, A. (1995). Quantum Opportunities Program: A brief on the QOP pilot program. Unpublished. Brandeis University, Center for Human Resources, Waltham, MA.

Resiliency Study

Summary by Bonnie Benard, M.S.W.

A landmark longitudinal study now spanning four decades has provided a wealth of data on the protective factors for healthy, successful development despite cumulative risk. Werner and Smith have followed the nearly 700 children born on the island of Kauai in 1955. In their original study, the high-risk group—about a third of these children—was defined as having four or more early risk factors, including poverty, perinatal stress, family conflict, and parental psychopathology. Their seminal follow-up study, *Vulnerable but Invincible* (1989), when these children reached age 18, documented that about a third of these high-risk children were doing well in getting along with parents and peers, doing fine in school, avoiding serious trouble, and having good mental health. According to the researchers, these youths were "competent, confidant, and caring," despite their stressful childhoods.

Another follow-up study, *Overcoming the Odds* (1992), when the subjects were age 32, again found this "self-righting tendency" — about two-thirds of the high-risk adolescents at age 18 had become successful adults: They were competent in their work, able to maintain long-term relationships (including marriage), and, of special importance since many had been abused as children, were successful at parenting.

Three clusters of protective factors distinguished the resilient youths from those who did develop problems during adolescence:

- Engaging social skills which enabled them to reach out to family and other support
- The presence of a committed caregiver (especially during the first year of life)
- A broad community support system (an informal multigenerational kinship network and supportive role models in school, church, youth group, etc.)

Werner's observations/recommendations to school personnel include the following:

- It is the model of the adults—not the building, the bricks, the curriculum, etc.—that makes the difference. "Among the most frequently encountered positive role models in the lives of [these] children, outside of the family circle, was a favorite teacher. For the

resilient youngster a special teacher was not just an instructor for academic skills, but also a confidante and positive model for personal identification" (1989).

- Participation in "community" activities that foster cooperation is also a very important protective buffer in the lives of children. "It was an activity where you were not just a passive recipient, but where you were called upon to help someone else and you grew up in the process" (1996).

- Mastery—especially the development of literacy—is crucial. The self-confidence of resilient children comes from the development of competence in reading and problem-solving skills, from a special hobby, talent, or "gift that they can be proud of, that they can [use to] be accepted by their peers, and that can also provide them [with] solace when things fall apart in their home" (1996).

Werner also asks all people who care about children to spread the message that (a) most delinquent youth and pregnant teens stage a turnaround—and do not become either criminals or welfare recipients as adults—if they are provided opportunities for participation in adult society, that is, college and jobs; and (b) it's never too late to intervene and change a life's course from risk to resilience (1992; 1996).

Her major message, from the most powerful study of human development ever done, follows: "We've learned from resilient youngsters that competence and confidence and caring can flourish, even under adverse circumstances. If children encounter persons who provide them with a secure basis for the development of trust, autonomy, initiative, and competence they can successfully overcome the odds. That success brings hope. And that is a gift each of us can share. You can share that gift with a child at home, in a classroom, on the playground, or in the neighborhood. The rediscovery of the healing powers of hope may be the most precious harvest you can glean in the work you do—for yourself and for the youngsters whose lives you touch" (1996).

References:

Werner, E., & Smith, R. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Banister, and Cox.

Werner, E., & Smith, R. (1992). *Overcoming the odds: High-risk children from birth to adulthood.* New York: Cornell University Press.

Werner, E. (1996). Observations on resiliency. *Resiliency in Action, 1*(1), 18–29.

The Subculture of Violence and Delinquency Study

Summary by Michael Furlong, Ph.D.

This study addresses a fundamental question about school violence: Do youths engage in violence predominately because they are socialized to accept violence values or because a social control process emanating from a subculture of violence influences their behavior? In other words, are youths violent because of personal values (private acceptance of violence) or because a social group molds their behavior (public compliance)?

One way to understand what the authors examined in their study is to consider the behavior of professional hockey players. Some of them regularly engage in very aggressive, violent behavior in a public setting. One can ask if this violence reflects their personal beliefs or if it reflects a normative structure in the game of hockey that supports such behavior (subculture of violence). In the example of a hockey game, a strong case could be made that players engage in violence because it is not only sanctioned by the normative structure of the game but also is encouraged, and in some situations expected (you have to protect your teammates). Some team members actually assume the role of "enforcers."

Similarly, schools are places in which students' behaviors may be motivated by their personal values, the normative expectations of peers, and the general climate of the school. This study provides sophisticated analyses that separated out these factors in an attempt to better understand if some schools might develop a "subculture" of violence and thereby have higher levels of associated delinquent behaviors.

Design • This study examined how individual violence and delinquency are influenced by school values and by individual values. Data for this study were taken from a longitudinal study of high school students involving 2,213 boys attending 87 public high schools. Self-reporting questionnaires were administered at two time periods. A multilevel analysis was conducted that used aggregate (school-level), individual, and contextual (school characteristics) variables.

The dependent variables that were used in these analyses were (a) an interpersonal violence index (frequency of eight aggressive behav-

iors), (b) a theft and vandalism index (frequency of nine of these behaviors), and (c) a school delinquency index (frequency of five behaviors related to truancy and noncompliance with school rules).

The key independent variable was a measure of adherence to a subculture of violence. This measure was operationalized using items that expressed support of the use of aggression as a means of responding to personal attacks.

In addition, the following variables were examined in the analyses: acceptance of academic values, size of the city in which the school was located, percentage of African American students in the school, residential stability of the students (number of residential changes), family stability (living with both parents), socioeconomic level, and school size.

Findings • Although this study does not specifically examine the effectiveness of a school-based violence-reduction program, it has strong implications for violence reduction within a contextual, school climate. The findings point to the relationship between school characteristics and to violence, vandalism, and other delinquency that can occur at school.

- Support was found for the influences of the subculture of violence on the behavior of high school males. There was a significant independent effect of attitudes toward violence at school Z (the proportion of students at the school endorsing violence as a legitimate response) on both violent and delinquent behavior independent of each student's attitudes. This finding suggests that violent and delinquent behaviors in schools are affected by a social influence or control process. In other words, among the males who did not internalize violence attitudes and beliefs, those at school with a greater number of students who did accept these values reported that they had engaged in aggressive and delinquent behaviors.

- The pattern of results suggest that associations found for the subculture of violence most likely are more broadly associated with a subculture of delinquency. It may be helpful to consider aggressive and violent behavior as part of a more general pattern of an acceptance of various forms of delinquency. In this context, violence is a tool or by-product of this subculture of delinquency—delinquency values tend to cluster with one another.

- Perhaps not surprisingly, it was found that students with high academic values are less likely to engage in any type of delinquent

behavior. Showing the importance of this multilevel analysis, it was found that academic values at the contextual level (schoolmates' academic values) were positively associated with delinquency. This is interpreted to mean that at some schools, youths with low academic values may be "pushed" into increased delinquency if their classmates tend to have high academic values. Thus, a school climate emphasizing strong academic values may reduce various forms of delinquency if "most" students embrace these values. In such a school, however, youths who do not have a strong academic orientation may become frustrated and engage in more delinquency behaviors.

Reference:

Felson, R. B., Liska, A. E., South, S. J., & McNulty, T. L. (1994). The subculture of violence and delinquency: Individual vs. school context effects. *Social Forces, 73*, 155–173.

APPENDIX A

Prevention Resources

The following sources can help you identify effective drug- and violence-prevention strategies and programs.

Alcohol and Other Drugs

Healthy Kids Resource Center
Alameda County Office of Education
313 West Winton Avenue
Hayward, CA 94544
(510) 670-4581
Fax (510) 670-4582

The Healthy Kids Resource Center maintains a comprehensive collection of drug- and violence-prevention materials and other health-related materials that should be useful for teachers, administrators, other professionals, parents, and community personnel who work with students in kindergarten through grade 12. The materials include scholarly journals, conference proceedings of professional health organizations, and audiovisual and multimedia items. The center will also provide printed catalogs free of charge, upon request. On its Internet Web site, the center will also provide the catalog and summaries of key research articles related to drug- and violence-prevention; copies of the full articles are available. The center circulates all materials on a free-loan basis. Materials can be borrowed by visiting the enter or requesting shipment.

Of particular interest is the *Safe and Drug-Free Schools Program Planning Resource Box*, which contains research-based prevention strategies, quantitative data and qualitative information on school violence, program planning guidelines, reviews of instructional resources, and fund-raising strategies and resources. The box is available for a three-week loan.

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
Fax (301) 468-6433

The National Clearinghouse for Alcohol and Drug Information (NCADI) maintains an extensive database of research studies and reports, as well as a database of prevention materials. Interested parties can search these databases directly through the Internet or request that a search be done.

NCADI also publishes *Prevention Pipeline*, a quarterly magazine that reports on new approaches in prevention and includes summaries of recent research. Contact NCADI at the address above for information about subscribing to *Prevention Pipeline*.

The Resource Center

Department of Alcohol and Drug Programs
1700 K Street, First Floor
Sacramento, CA 95814-4037
(800) 879-2772 (in California)
(800) 662-4357 (elsewhere in the United States)
(916) 327-3728
Fax (916) 323-1270
TTY (916) 445-1942
e-mail:
adp.drepace@hw1.cahwnet.gov

The Resource Center at the California Department of Alcohol and Drug Programs provides or maintains information and referral services on alcohol and drugs, a clearinghouse of materials, technical assistance, electronic information transfer, and a library. Available information includes research reports, articles, program descriptions, books, published evaluations, planning documents and other materials.

The Resource Center also administers the *California Mentor Initiative*.

The Resource Center is part of the Regional Alcohol and Drug Awareness Resource (RADAR) Network and the Treatment Improvement Exchange (TIE). Also, the center is the home of the CommunityWORKS Network

(CWN), a California electronic bulletin board linking alcohol and drug program agencies and organizations working in treatment and prevention. A free CWN application is available from the center.

Violence

National Criminal Justice Reference Service

Juvenile Justice Clearinghouse
P.O. Box 6000
Rockville, MD 20849-6000
(800) 638-8736
Fax (301) 519-5212
e-mail: askncjrs@ncjrs.org
http://www.ncjrs.org

Information specialists offer referral services, technical assistance, grant writing expertise, and training. The clearinghouse provides free and low-cost documents on violence prevention, including the latest evaluation research.

Partnerships Against Violence Network (PAVNET)

c/o John Gladstone
10301 Baltimore Avenue
Beltsville, MD 20705
(301) 504-5462
e-mail: jgladsto@nal.usda.gov

The goal of Partnerships Against Violence Network (PAVNET) is to share ideas and resources to help build safer, less violent communities. It includes an online search and retrieval system; a printed directory of approximately 600 programs, 200 information and technical assistance sources, and about 125 funding sources; networking among more than 30 federal clearinghouses and resource centers; and an Internet mail group.

National School Safety Center

4165 Thousand Oaks Boulevard, Suite 290
Westlake Village, CA 91362
(805) 373-9977

The National School Safety Center (NSSC) serves as a national clearinghouse for school safety programs and activities related to campus security, school law, community relations, student discipline and attendance, and the prevention of drug abuse, gangs, and bullying. NSSC produces publications and provides technical assistance to school districts and law enforcement agencies nationwide in the areas of school crime prevention, weapons in school, crisis management, and safe school planning.

Center for the Study and Prevention of Violence

University of Colorado
IBS #10
Campus Box 442
Boulder, CO 80309-0442
(303) 492-8465
Fax (303) 443-3297
e-mail: cspv@colorado.edu
http://www.colorado.edu/cspv

The Center for the Study and Prevention of Violence collects, evaluates, and disseminates data regarding violence and adolescence, including research on program effectiveness. It provides technical assistance on how to design and implement program evaluation; how to write grant proposals to fund long-term evaluations; and how to collect, analyze, and interpret research findings. Upon request, center staff will also conduct database searches to provide references on curricula and other resources related to a particular topic in the field of violence prevention.

Safe Schools and Violence Prevention Office

California Department of Education
560 J Street, Suite 260
Sacramento, CA 95814
(916) 323-2183

The Safe Schools and Violence Prevention Web site is devoted to offering the latest information regarding safe and drug-free schools and communities. Interested browsers will find information regarding its programs, including the School/Law Enforcement Partnership, Conflict Resolution and Youth Mediation, Gang Risk Intervention Program, and the Targeted Truancy and Public Safety Program. This Web site also provides downloadable grant applications and links to other safety-related Web sites, many of which include research information.

APPENDIX B

Legislation

``*Title IV of the Improving America's Schools Act — Safe and Drug-Free Schools and Communities*

``SEC. 4001 • SHORT TITLE.

``This title may be cited as the `Safe and Drug-Free Schools and Communities Act of 1994'.

``SEC. 4002 • FINDINGS.

``The Congress finds as follows:

``**(1)** The seventh National Education Goal provides that by the year 2000, all schools in America will be free of drugs and violence and the unauthorized presence of firearms and alcohol, and offer a disciplined environment that is conducive to learning.

``**(2)** The widespread illegal use of alcohol and other drugs among the Nation's secondary school students, and increasingly by students in elementary schools as well, constitutes a grave threat to such students' physical and mental well-being, and significantly impedes the learning process. For example, data show that students who drink tend to receive lower grades and are more likely to miss school because of illness than students who do not drink.

``**(3)** Our Nation's schools and communities are increasingly plagued by violence and crime. Approximately 3,000,000 thefts and violent crimes occur in or near our Nation's schools every year, the equivalent of more than 16,000 incidents per school day.

``**(4)** Violence that is linked to prejudice and intolerance victimizes entire communities leading to more violence and discrimination.

``**(5)** The tragic consequences of violence and the illegal use of alcohol and drugs by students are felt not only by students and such students' families, but by such students' communities and the Nation, which can ill afford to lose such students' skills, talents, and vitality.

``**(6)** While use of illegal drugs is a serious problem among a minority of teenagers, alcohol use is far more widespread. The proportion of high school students using alcohol, though lower than a decade ago, remains unacceptably high. By the 8th grade, 70 percent of youth report having tried alcohol and by the 12th grade, about 88 percent have used alcohol. Alcohol use by young people can and does have adverse consequences for users, their families, communities, schools, and colleges.

``**(7)** Alcohol and tobacco are widely used by young people. Such use can, and does, have adverse consequences for young people, their families, communities, schools, and colleges. Drug prevention programs for youth that address only controlled drugs send an erroneous message that alcohol and tobacco do not present significant problems, or that society is willing to overlook their use. To be credible, messages opposing illegal drug use by youth should address alcohol and tobacco as well.

``**(8)** Every day approximately 3,000 children start smoking. Thirty percent of all secondary school seniors are smokers. Half of all new smokers begin smoking before the age of 14, 90 percent of such smokers begin before the age of 21, and the average age of the first use of smokeless tobacco is under the age of 10. Use of tobacco products has been linked to serious health problems. Drug education and prevention programs that include tobacco have been effective in reducing teenage use of tobacco.

``**(9)** Drug and violence prevention programs are essential components of a comprehensive strategy to promote school safety and to reduce the demand for and use of drugs throughout the Nation. Schools and local organizations in communities

throughout the Nation have a special responsibility to work together to combat the growing epidemic of violence and illegal drug use and should measure the success of their programs against clearly defined goals and objectives.

``**(10)** Students must take greater responsibility for their own well-being, health, and safety if schools and communities are to achieve the goals of providing a safe, disciplined, and drug-free learning environment.

``SEC. 4003 • PURPOSE.

``The purpose of this title is to support programs to meet the seventh National Education Goal by preventing violence in and around schools and by strengthening programs that prevent the illegal use of alcohol, tobacco, and drugs, involve parents, and are coordinated with related Federal, State, and community efforts and resources, through the provision of Federal assistance to —

``**(1)** States for grants to local educational agencies and educational service agencies and consortia of such agencies to establish, operate, and improve local programs of school drug and violence prevention, early intervention, rehabilitation referral, and education in elementary and secondary schools (including intermediate and junior high schools);

``**(2)** States for grants to, and contracts with, community-based organizations and other public and private nonprofit agencies and organizations for programs of drug and violence prevention, early intervention, rehabilitation referral, and education;

``**(3)** States for development, training, technical assistance, and coordination activities;

``**(4)** public and private nonprofit organizations to conduct training, demonstrations, and evaluation, and to provide supplementary services for the prevention of drug use and violence among students and youth; and

``**(5)** institutions of higher education to establish, operate, expand, and improve programs of school drug and violence prevention, education, and rehabilitation referral for students enrolled in colleges and universities.

``SEC. 4115. • LOCAL APPLICATIONS.

``**(a) APPLICATION REQUIRED.** —

``**(1) IN GENERAL.** — In order to be eligible to receive a distribution under section 4113(d) for any fiscal year, a local educational agency shall submit, at such time as the State educational agency requires, an application to the State educational agency for approval. Such an application shall be amended, as necessary, to reflect changes in the local educational agency's program.

``**(2) DEVELOPMENT.** — ``(**A**) A local educational agency shall develop its application under subsection (a)(1) in consultation with a local or substate regional advisory council that includes, to the extent possible, representatives of local government, business, parents, students, teachers, pupil services personnel, appropriate State agencies, private schools, the medical profession, law enforcement, community-based organizations, and other groups with interest and expertise in drug and violence prevention.

``**(B**) In addition to assisting the local educational agency to develop an application under this section, the advisory council established or designated under subparagraph **(A)** shall, on an ongoing basis —

``**(i)** disseminate information about drug and violence prevention programs, projects, and activities conducted within the boundaries of the local educational agency;

``**(ii)** advise the local educational agency regarding —

``**(I)** how best to coordinate such agency's activities under this subpart with other related programs, projects, and activities; and

``**(II)** the agencies that administer such programs, projects, and activities; and

``**(iii)** review program evaluations and other relevant material and make recommendations to the local educational agency on how to improve such agency's drug and violence prevention programs.

``**(b) CONTENTS OF APPLICATIONS.** — An application under this section shall contain —

``**(1)** an objective analysis of the current use (and consequences of such use) of alcohol, tobacco, and controlled, illegal, addictive or harmful substances as well as the violence, safety, and discipline problems among students who attend the schools of the applicant (including private school students who participate in the applicant's drug and violence prevention program) that is based on ongoing local assessment or evaluation activities;

``**(2)** a detailed explanation of the local educational agency's comprehensive plan for drug and violence prevention, which shall include a description of —

``**(A)** how the plan will be coordinated with programs under this Act, the Goals 2000: Educate America Act, and other Acts, as appropriate, in accordance with the provisions of section 14306;

``**(B**) the local educational agency's measurable goals for drug and violence prevention, and a description of how such agency will assess and publicly report progress toward attaining these goals;

``**(C)** how the local educational agency will use its distribution under this subpart;

``**(D)** how the local educational agency will coordinate such agency's programs and projects with community-wide efforts to achieve such agency's goals for drug and violence prevention; and

``**(E)** how the local educational agency will coordinate such agency's programs and projects with other Federal, State, and local programs for drug-abuse prevention, including health programs; and

``**(3)** such other information and assurances as the State educational agency may reasonably require.

``**(c) REVIEW OF APPLICATION.** —

``**(1) IN GENERAL.** — In reviewing local applications under this section, a State educational agency shall use a peer review process or other methods of assuring the quality of such applications.

``**(2) CONSIDERATIONS.** — ``**(A)** In determining whether to approve the application of a local educational agency under this section, a State educational agency shall consider the quality of the local educational agency's comprehensive plan under subsection (b)(2) and the extent to which such plan is coordinated with programs under this Act, the Goals 2000: Educate America Act, in accordance with the provisions of section 14306.

``**(B)** A State educational agency may disapprove a local educational agency application under this section in whole or in part and may withhold, limit, or place restrictions on the use of funds allotted to such a local educational agency in a manner the State educational agency determines will best promote the purposes of this part, except that a local educational agency shall be afforded an opportunity to appeal any such disapproval.

``SEC. 4116 • LOCAL DRUG AND VIOLENCE PREVENTION PROGRAMS.

``**(a) PROGRAM REQUIREMENTS.** — A local educational agency shall use funds received under this subpart to adopt and carry out a comprehensive drug and violence prevention program which shall —

``**(1)** be designed, for all students and employees, to —

``**(A)** prevent the use, possession, and distribution of tobacco, alcohol, and illegal drugs by students and to prevent the illegal use, possession, and distribution of such substances by employees;

``**(B)** prevent violence and promote school safety; and

``**(C)** create a disciplined environment conducive to learning; and

``**(2)** include activities to promote the involvement of parents and coordination with community groups and agencies, including the distribution of information about the local educational agency's needs, goals, and programs under this subpart.

``**(b) AUTHORIZED ACTIVITIES.** — A comprehensive drug and violence prevention program carried out under this subpart may include —

``**(1)** age-appropriate, developmentally based drug prevention and education programs for all students, from the preschool level through grade 12, that address the legal, social, personal and health consequences of the use of illegal drugs, promote a sense of individual responsibility, and provide information about effective techniques for resisting peer pressure to use illegal drugs;

``**(2)** programs of drug prevention, comprehensive health education, early intervention, pupil services, mentoring, or rehabilitation referral, which emphasize students' sense of individual responsibility and which may include —

``**(A)** the dissemination of information about drug prevention;

``**(B)** the professional development of school personnel, parents, students, law enforcement officials, judicial officials, health service providers and community leaders in prevention, education, early intervention, pupil services or rehabilitation referral; and

``**(C)** the implementation of strategies, including strategies to integrate the delivery of services from a variety of providers, to combat illegal alcohol, tobacco and drug use, such as —

``**(i)** family counseling;

``**(ii)** early intervention activities that prevent family dysfunction, enhance school performance, and boost attachment to school and family; and

``**(iii)** activities, such as community service and service-learning projects, that are designed to increase students' sense of community;

``**(3)** age-appropriate, developmentally based violence prevention and education programs for all students, from the preschool level through grade 12, that address the legal, health, personal, and social consequences of violent and disruptive behavior, including sexual harassment and abuse, and victimization associated with prejudice and intolerance, and that include activities designed to help students develop a sense of individual responsibility and respect for the rights of others, and to resolve conflicts without violence;

``**(4)** violence prevention programs for school-aged youth, which emphasize students' sense of individual responsibility and may include —

``**(A)** the dissemination of information about school safety and discipline;

``**(B)** the professional development of school personnel, parents, students, law enforcement officials, judicial officials, and community leaders in designing and implementing strategies to prevent school violence;

``**(C)** the implementation of strategies, such as conflict resolution and peer mediation, student outreach efforts against violence, anti-crime youth councils (which work with school and community-based organizations to discuss and develop crime prevention strategies), and the use of mentoring programs, to combat school violence and other forms of disruptive behavior, such as sexual harassment and abuse; and

``**(D)** the development and implementation of character education programs, as a component of a comprehensive drug or violence prevention program, that are tailored by communities, parents and schools; and

``**(E)** comprehensive, community-wide strategies to prevent or reduce illegal gang activities;

``**(5)** supporting `safe zones of passage' for students between home and school through such measures as Drug- and Weapon-Free School Zones, enhanced law enforcement, and neighborhood patrols;

``**(6)** acquiring and installing metal detectors and hiring security personnel;

``**(7)** professional development for teachers and other staff and curricula that promote the awareness of and sensitivity to alternatives to violence through courses of study that include related issues of intolerance and hatred in history;

``**(8)** the promotion of before-and-after school recreational, instructional, cultural, and artistic programs in supervised community settings;

``**(9)** drug abuse resistance education programs, designed to teach students to recognize and resist pressures to use alcohol or other drugs, which may include activities such as classroom instruction by uniformed law enforcement officers,

resistance techniques, resistance to peer pressure and gang pressure, and provision for parental involvement; and

``**(10)** the evaluation of any of the activities authorized under this subsection.

``**(c) LIMITATIONS. —**

``**(1) IN GENERAL. —** Not more than 20 percent of the funds made available to a local educational agency under this subpart may be used to carry out the activities described in paragraphs (5) and (6) of subsection (b).

``**(2) SPECIAL RULE. —** A local educational agency shall only be able to use funds received under this subpart for activities described in paragraphs (5) and (6) of subsection (b) if funding for such activities is not received from other Federal agencies.

``**(d) AMINISTRATIVE PROVISIONS. —** Notwithstanding any other provisions of law, any funds expended prior to July 1, 1995, under part B of the Drug-Free Schools and Communities Act of 1986 (as in effect prior to enactment of the Improving America's Schools Act) for the support of a comprehensive school health program shall be deemed to have been authorized by part B of such Act.

``Subpart 3 — General Provisions

``SEC. 4131 • DEFINITIONS.

``For the purposes of this part:

``**(1) COMMUNITY BASED ORGANIZATION. —** The term `community-based organization' means a private nonprofit organization which is representative of a community or significant segments of a community and which provides educational or related services to individuals in the community.

``**(2) DRUG AND VIOLENCE PREVENTION. —** The term `drug and violence prevention' means —

``**(A)** with respect to drugs, prevention, early intervention, rehabilitation referral, or education related to the illegal use of alcohol and the use of controlled, illegal, addictive, or harmful substances, including inhalants and anabolic steroids;

``**(B)** prevention, early intervention, smoking cessation activities, or education, related to the use of tobacco by children and youth eligible for services under this title; and

``**(C)** with respect to violence, the promotion of school safety, such that students and school personnel are free from violent and disruptive acts, including sexual harassment and abuse, and victimization associated with prejudice and intolerance, on school premises, going to and from school, and at school-sponsored activities, through the creation and maintenance of a school environment that is free of weapons and fosters individual responsibility and respect for the rights of others.

``**(3) HATE CRIME. —** The term `hate crime' means a crime as described in section 1(b) of the Hate Crime Statistics Act of 1990.

``**(4) NONPROFIT. —** The term `nonprofit', as applied to a school, agency, organization, or institution means a school, agency, organization, or institution owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

``**(5) SCHOOL-AGED POPULATION. —** The term `school-aged population' means the population aged five through 17, as determined by the Secretary on the basis of the most recent satisfactory data available from the Department of Commerce.

``**(6) SCHOOL PERSONNEL. —** The term `school personnel' includes teachers, administrators, guidance counselors, social workers, psychologists, nurses, librarians, and other support staff who are employed by a school or who perform services for the school on a contractual basis.

``SEC. 4132 • MATERIALS.

``**(a) `WRONG AND HARMFUL' MESSAGE.** — Drug prevention programs supported under this part shall convey a clear and consistent message that the illegal use of alcohol and other drugs is wrong and harmful.

``**(b) CURRICULUM. —** The Secretary shall not prescribe the use of specific curricula for programs supported under this part, but may evaluate the effectiveness of such curricula and other strategies in drug and violence prevention.

``SEC. 4133 • PROHIBITED USES OF FUNDS.

``No funds under this part may be used for —

``**(1)** construction (except for minor remodeling needed to accomplish the purposes of this part); and

``**(2)** medical services, drug treatment or rehabilitation, except for pupil services or referral to treatment for students who are victims of or witnesses to crime or who use alcohol, tobacco, or drugs.''

GUN-FREE SCHOOLS ACT
"Part F — Gun Possession

"SEC. 14601 • GUN-FREE REQUIREMENTS.

"**(a) SHORT TITLE. —** This section may be cited as the 'Gun-Free Schools Act of 1994'.

"**(b) REQUIREMENTS. —**

"**(1) IN GENERAL —** Except as provided in paragraph (3), each State receiving Federal funds under the Act shall have in effect a State law requiring local educational agencies to expel from school for a period of not less than one year a

student who is determined to have brought a weapon to a school under the jurisdiction of local educational agencies in that State, except that such State law shall allow the chief administering officer of such local educational agency to modify such expulsion requirement for a student on a case-by-case basis.

"**(2) Construction. —** Nothing in this title shall be construed to prevent a State from allowing a local educational agency that has expelled a student from such a student's regular school setting from providing educational services to such student in an alternative setting.

"**(3) Special Rule. — (A)** Any State that has a law in effect prior to the date of enactment of the Improving America's Schools Act of 1994 which is in conflict with the not less than one year expulsion requirement described in paragraph (1) shall have the period of time described in subparagraph (B) to comply with such requirement.

"**(B)** The period of time shall be the period beginning on the date of enactment of the Improving America's Schools Act and ending one year after such date.

"**(4) Definition. —** For the purpose of this section, the term 'weapon' means a firearm as such term is defined in section 921 of title 18, United States Code.

"**(c) Special Rule. —** The provisions of this section shall be construed in a manner consistent with the Individuals with Disabilities Education Act.

"**(d)Report to the State.** — Each local educational agency requesting assistance from the State educational agency that is to be provided from funds made available to the State under this Act shall provide to the State, in the application requesting such assistance —

"**(1)** an assurance that such local educational agency is in compliance with the State law required by subsection (b); and

"**(2)** a description of the circumstances surrounding any expulsions imposed under the State law required by subsection (b), including —

"**(A)** the name of the school concerned;

"**(B)** the number of students expelled from such school; and

"**(C)** the type of weapons concerned.

"**(e)REPORTING. —** Each State shall report the information described in subsection (c) to the Secretary on an annual basis

"**(f) REPORT TO CONGRESS. —** Two years after the date of enactment of the Improving America's Schools Act of 1994, the Secretary shall report to Congress if any State is not in compliance with the requirements of this title.

"SEC. 14602 • POLICY REGARDING CRIMINAL JUSTICE SYSTEM REFERRAL.

"**(a)IN GENERAL. —** No funds shall be made available under this Act to any local educational agency unless such agency has a policy requiring referral to the criminal justice or juvenile delinquency system of any student who brings a firearm or weapon to a school served by such agency.

"**(b)DEFINITIONS. —** For the purpose of this section, the terms 'firearm' and 'school' have the same meaning given to such terms by section 921(a) of title 18, United States Code.

APPENDIX C

Safe and Drug Free Schools and Communities Program Performance Indicators

CALIFORNIA DEPARTMENT OF EDUCATION

Program Goal:

To help ensure that all schools are safe, disciplined, and drug free by promoting implementation of high-quality drug and violence prevention programs.

OBJECTIVE [BY YEAR 2000]	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
OUTCOMES:		
1. Increase student disapproval of drug use.	1. An increasing percentage of students will report that frequent use (daily or almost daily) of tobacco, alcohol, and other drugs (marijuana, etc.) is somewhat harmful, harmful, or extremely harmful.	The California Student Survey (questions 57, 58, and 59) The California Healthy Kids Survey (questions TBA)
2. Reduce alcohol and drug use and availability of those substances in schools.	2a. A decreasing percentage of students will report that they used tobacco, alcohol, or marijuana at school. 2b. A decreasing percentage of students will report having ever been high at school on alcohol or another drug.	The California Youth Risk Behavior Survey (questions 32, 40, and 44) The California Student Survey (question 46) The California. Healthy Kids Survey (questions TBA)
3. Reduce alcohol and drug use among school-aged youth.	3. A decreasing percentage of students will report using tobacco, alcohol, marijuana, and cocaine within the past 30 days.	The California Youth Risk Behavior Survey (questions 28, 38, 43, and 47) The California Student Survey (questions 29, 31, 33, and 34) The California Healthy Kids Survey (questions TBA)
4. Reduce the number of criminal and violent incidents in schools.	4. The number of criminal and violent incidents perpetrated in school by students will continue to decline.	California Safe Schools Assessment (All items) The California Youth Risk Behavior Survey (question 17) The California Student Survey (questions 68-74, and 77–81) The California Healthy Kids Survey (questions TBA)

OBJECTIVE [BY YEAR 2000]	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
OUTCOMES:		
5. Reduce the number of weapons carried to school by students.	5a. The number of weapons carried to school will continue to decline. 5b. The number of firearms carried to school will continue to decline.	California Safe Schools Assessment (All items) The California Youth Risk Behavior Survey (questions 12–14 and 16) The California Student Survey (questions 77-79) The California Healthy Kids Survey (questions TBA)
6. Reduce the number of physical fights in school and physical attacks on students.	6a. The number of physical fights resulting in injury will continue to decline. 6b. The number of physical attacks occurring will continue to decline.	California Safe Schools Assessment (All items) The California Youth Risk Behavior Survey (questions 18–20) The California Student Survey (questions 70, 73, 74, and 82) The California Healthy Kids Survey (questions TBA)
7. Reduce the number of physical assaults on teachers.	7. The number of physical attacks on and threats to teachers will continue to decline.	California Safe Schools Assessment (All items)
8 Reduce the number of students who are fearful of going to school.	8. The number of students who don't go to school because they feel unsafe will continue to decline.	The California Youth Risk Behavior Survey (question 15)
9. Reduce the number of school-associated homicides.	9. The number of school-related homicides will continue to decline.	The California Safe Schools Assessment (All items)

OBJECTIVE [BY YEAR 2000]	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
OUTCOMES:		
10. Reduce the number of classroom disruptions in schools.	10. No indicator	No data available
11. Number of LEAs providing violence-prevention programs (e.g., conflict resolution) will increase.	11. All LEAs receiving SDFSC funds will provide students with violence prevention programs/activities.	The California Student Survey (questions 86 and 89) California coordinated compliance review process (compliance item/test III-SDFSC 4)
12. Number of LEAs providing alcohol and drug prevention programming will increase.	12. All LEAs receiving SDFSC funds will continue to provide students with alcohol-and drug-prevention programming.	California coordinated compliance review process (compliance item/test III-SDFSC 4)
13. Number of LEAs that involve parents in drug or violence prevention will increase.	13. A decreasing percentage of students will report knowing an adult who regularly uses marijuana, cocaine, and methamphetamine.	The California Student Survey (questions 60–62) The California Healthy Kids Survey (questions TBA)
14. Number of LEAs that involve community groups in prevention programs will increase.	14a. An increasing percentage of students will report that it is fairly difficult or very difficult to get tobacco, alcohol, and marijuana; and 14b. An increasing percentage of students will report attending a meeting, group, or program to help stop use of tobacco, alcohol, marijuana, or other drugs.	The California Student Survey (questions 51–53) The California Student Survey (questions 97–98) The California Healthy Kids Survey (questions TBA)

OBJECTIVE (BY YEAR 2000)	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
OUTCOMES:		
15. The number of LEAs that involve students in planning or critiquing prevention programs will increase.	15. An increasing percentage of students will be involved in activities to make their school or neighborhood safer.	The California Student Survey (questions 85f and 85g)
16. The number of LEAs that provide prevention activities that are research-based will increase.	16. All LEAs receiving SDFSC funds will be given, and will use, a research-based guidebook on which future technical assistance for alcohol- and other drug-prevention programs will be based.	Distribution of a research guidebook will be monitored through the maintenance of mailing lists, and follow-up technical assistance will be monitored through quarterly progress reports.
POLICIES:		
17. LEAs will have policies requiring notification of law enforcement of all firearms violations.	17. By the end of the 1996-97 school year, and thereafter, all LEAs receiving IASA funds will have a policy requiring notification of law enforcement of all incidents involving a firearm.	Data collected on the Gun Free Schools Act California coordinated compliance review process (compliance item/test III-SDFSC 13)
18. LEAs will have policies requiring expulsion of students bringing firearms to school.	18. By the end of the 1996-97 school year, and thereafter, all LEAs receiving IASA funds will have policies requiring the expulsion for a year of students who bring a firearm to school.	Data collected on the Gun Free Schools Act California coordinated compliance review process (compliance item/test III-SDFSC 12)
19. LEAs will have policies prohibiting smoking in school by students and faculty.	19. Ninety-five percent of the LEAs receiving SDFSC funds will have a school policy prohibiting the use of tobacco in school and on school grounds.	The adoption and implementation of tobacco-free policies is monitored through the CDE's Tobacco-Free School Recognition program and database.

OBJECTIVE (BY YEAR 2000)	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
POLICIES:		
20. LEAs will have policies prohibiting the sale, distribution, and use of alcohol and drugs at school or at school-sponsored functions.	20. No indicator	No data available
ADMINISTRATION:		
21. The number of persons satisfied with products produced by SDFSC will remain at high levels.	21. No indicator	No data available
22. Strong administrative and fiscal control will be maintained over the state and discretionary grant programs.	22. No indicator	No data available
23. The number of LEAs collecting and assessing data regarding alcohol and drug use will increase.	23. An increasing percentage of LEAs will collect and assess data on alcohol and drug use using the California Healthy Kids Survey.	Monitoring of the number of LEAs participating in the California Healthy Kids Survey through quarterly progress reports and an annual report
24. The number of LEAs collecting and assessing data regarding violence incidents will increase.	24. All LEAs will collect and report data on individual incidents of school crime.	California Safe Schools Assessment (all items)

OBJECTIVE [BY YEAR 2000]	INDICATOR AND TARGET/BENCHMARK	DATA SOURCE AVAILABILITY
ADMINISTRATION:		
25. The number of LEAs collecting data on firearms brought to school will increase.	25. All LEAs will collect and report to the SEA incidents that are in violation of the Gun Free School Act.	Data collected on the Gun Free Schools Act
26. All LEAs will develop and use performance indicators.	26. No indicator	No data available
27. All LEAs will develop and use performance indicators for programs funded with SDFSC funds.	27. All LEAs receiving SDFSC funds will have performance indicators described in their Local Improvement Plans.	Performance indicators described in the LEAs' Local Improvement Plans were approved by CDE upon the review and recommendation of peer reviewers.

NOTE: The objectives listed above are the national objectives developed by the United States Department of Education in accordance with the Government Performance and Results Act.

APPENDIX D

Sources of Financial Support for Safe and Healthy Schools Available through the California Department of Education

Grants listed in the following tables are available at http://www.cde.ca.gov/fg/fo/index.asp.

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Safe Schools and Violence Prevention (SSVP)				
Safe School Plan Implementation Grants (Requires a Safe School Plan)	$5,000 each (plus district matching funds); 100 issued each year	To assist schools in implementing a portion of their Safe School Plans	Schools	Safe Schools and Violence Prevention Office (916) 323-2183
Conflict Resolution and Youth Mediation Grant Program	$8,000 each	To provide training in conflict resolution to school teams	School districts	Safe Schools and Violence Prevention Office (916) 323-2183 Attorney General's Office (916) 324-7863
School Community Violence Prevention Grant Program	$50,000 each	To address local communities' own unique needs for non-violence strategies	School districts and county offices of education	Attorney General's Office (916) 324-7863 Safe Schools and Violence Prevention Office (916) 323-2183
School Violence Reduction Grant Program	$3.2 million state-wide in 1997-98; county entitlement per enrollment	To implement a variety of safe schools strategies based on local needs	Schools and school districts through county offices of education	Safe Schools and Violence Prevention Office (916) 323-2183
GRIP (Gang Risk Intervention Program)	$3 million statewide each year	To intervene and prevent gang violence	County offices of education (grant award preference is given to existing programs.)	Safe Schools and Violence Prevention Office (916) 323-2183
Targeted Truancy and Public Safety Grant Program	$10 million for eight or more sites (three-year demonstration grant)	To implement integrated interventions to prevent repeated truancy and related behaviors	School districts and county offices of education	Safe Schools and Violence Prevention Office (916) 323-2183

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Safe Schools and Violence Prevention (SSVP)				
SB 1095: High-Risk First-Time Offender and Transitioning High-Risk Youth Grant Programs	$3.6 million for 1997-98	To design and implement early interventions to prevent chronic juvenile delinquency	School districts and county offices of education	Safe Schools and Violence Prevention Office (916) 323-2183
Title IV (IASA) Safe and Drug-Free Schools and Communities (*This is not a grant.*)	$4.80 per pupil (Federal fund entitlement)	To initiate and maintain alcohol/drug/tobacco- and violence-prevention programs in schools	School districts and county offices of education	Safe Schools and Violence Prevention Office (916) 323-2183 Healthy Kids Program Office (916) 657-2810
Tobacco Prevention				
Tobacco Use Prevention Education (TUPE) Grades 4-8	$14,400,000 (Entitlements, not grants)	To provide tobacco education and prevention programs for grades 4-8 based on ADA	County offices of education and school districts	Healthy Kids Program Office (916) 657-2810
TUPE County Offices of Education	$2,500,000 (Administrative entitlements)	To enable county offices of education to provide TUPE technical assistance to school districts	County offices of education	Healthy Kids Program Office (916) 657-2810
TUPE Innovative Projects	$2,666,667	To promote and expand innovative and promising tobacco projects	Districts and county offices of education with innovative and promising projects	Healthy Kids Program Office (916) 657-2810

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Comprehensive Integrated Services				
Healthy Start Support Services for Children Act (SB 620)	$39 million statewide: $50,000 planning grant; $400,000 operational grant	Through planning grants or implementation/expansion grants, to enable schools to provide integrated support and services to assist children, youths, and families in achieving success	County offices of education and school districts; targeted at schools with high population of low-income and LEP students	Healthy Start Office (916) 657-3558
Coordinated Services (IASA)	*Federal* Title XI, Improving America's Schools Act (up to 5% of funds allocated for other IASA titles)	To develop, implement, or expand coordinated social, health, and education support and service programs for children and their families	Schools, districts	Healthy Start Office (916) 657-3558
HIV/AIDS Grant Programs — Comprehensive School Health Program Office				
HIV/AIDS Prevention Education Grant Program	$30,000 basic grant; $80,000 demonstration project (both for 18-month period, 1/1/98-6/30/99)	To use local HIV/AIDS prevention resources to develop age-appropriate and culturally sensitive HIV/AIDS prevention education activities for youth in school	County offices of education and school districts	Comprehensive School Health Program Office (916) 657-3450

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
McKinney Homeless Assistance Act				
McKinney Homeless Assistance Act	$2.3 million statewide (approximately)	To ensure that homeless children are provided the same free, appropriate public education as that provided to other children and youth	County offices of education and school districts	Elementary Academic Support Office (916) 657-2916
Teenage Pregnancy Prevention				
Teenage Pregnancy Prevention Grant Program	$10 million statewide each year	Through a 5-year competitive grant program; to delay the onset of sexual activity and reduce the incidence of teenage pregnancy	County offices of education and school districts	Family and Community Partnerships Office (916) 653-3768
Education Reform and Innovation				
Goals 2000	Educate America Act	Through a broad range of activities and services; to meet children's and families' needs in support of standards-based reform	School districts and county offices of education	Reading and Mathematics Policy and Leadership Office (916) 657-5140

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Education Reform and Innovation				
Grade Level Reform Initiatives	California Department of Education General Education funds	To establish the vision and strategies to enable academic success for all students, including collaborative partnerships with parents, other agencies, and community members. Grade-level reform documents are available from CDE	School districts and county offices of education	Child Development Division (916) 322-6233 Elementary Teaching & Learning Division (916) 657-3351 Middle Grades Teaching & Learning Division (916) 654-4617 High School Teaching & Learning Division (916) 657-2532
School Improvement Program (SIP)	*State* School improvement funding, *Education Code 62002*	To provide activities that improve all students' ability to learn and schools' instructional programs for all students	Schools and districts	Elementary Teaching & Learning Division (916) 657-3351 Middle Grades Teaching & Learning Division (916) 654-4617 High School Teaching & Learning Division (916) 657-2532
Challenge School District Initiative	Assistance is available to obtain waivers for sections of the *Education Code* and federal regulations	To improve academic achievement for students by setting higher standards; adopting clear accountability measures; building partnerships with parents, businesses, and communities; and moving critical decisions to the school and district levels	School districts and county offices of education	Challenge Initiative Network (916) 657-4849 or (800) 700-5800

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Education Reform and Innovation				
Even Start Family Literacy	*Federal* Improving America's Schools Act (IASA)	Through innovative approaches to serve families (parents with children age 0-7 living in a low income area) by integrating early childhood education, adult basic education, parenting education, and coordination of service delivery agencies through partnerships	Schools, districts, county offices of education, community-based organizations, universities/colleges	Even Start Office (916) 657-5218
Individuals with Disabilities Act	*Federal* PL 94-142, Part H	To provide assessment and preventive services for very young children at risk of developmental disabilities. Also, foster transition into appropriate school setting. Requires individualized plan	Schools, districts, county offices of education	Special Education Division (916) 445-4613
School-to-Career Initiative	*Federal* Direct School-to-Work Opportunities Act grants	To create systems that offer all youth access to performance-based education and training that results in credentials; preparation for first jobs in high-skill, high-wage careers; and increased opportunities for higher education	Local employment development departments, school districts, county offices of education, schools, and community colleges	School-to-Career Office (916) 657-2541

Sources of Financial Support for Safe and Healthy Schools

INITIATIVE/PROGRAM	FUNDING	PURPOSE	WHO IS ELIGIBLE	CONTACT AT CALIFORNIA DEPARTMENT OF EDUCATION
Education Reform and Innovation				
Job Training Partnership Act, 8% Statewide Education Coordination and Grants	JTPA 8%-30% Projects, $75,000; JTPA 8%-50% GAIN education services	To provide to youth and adults with barriers to employment a range of occupational skills through school-to-career and CalWORKS projects, including employment preparation, adult basic education, ESL, and GE	Private Industry Council in collaboration with local educational agencies (school districts, county offices of education, adult schools, regional occupational programs/centers; and community colleges	Employment Preparation and Interagency Relations Office (916) 324-9605
Adult Education	Federal and state	To provide to adults and out-of-school youth basic/remedial education, ESL, and vocational education services	Schools, districts, and community colleges	Adult Education Field Assistance Unit (916) 322-5012

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