



# Prevention and Promotion: Current and Future Applications

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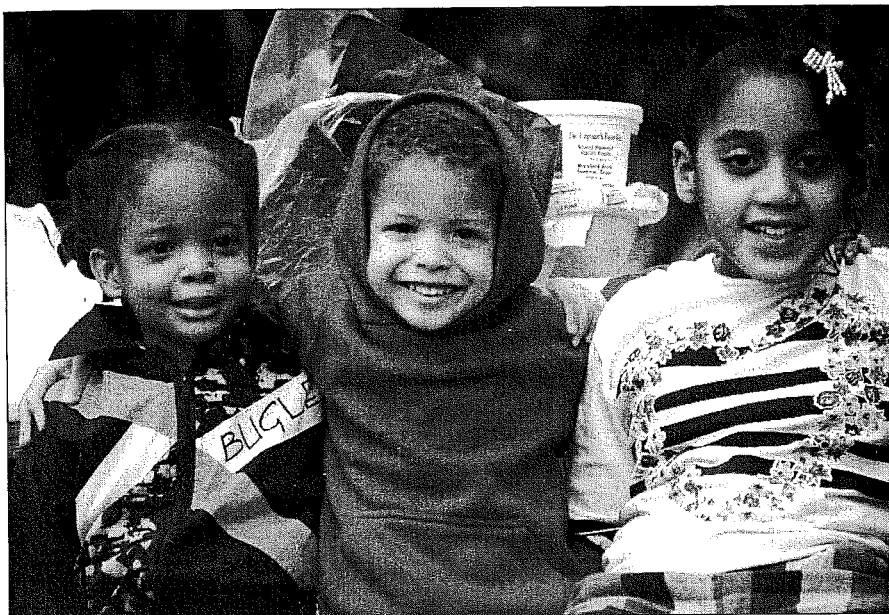
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### PREVENTION AND PROMOTION ARE ALL AROUND YOU

In *Always Wear Clean Underwear*, Gellman (1997) gives children humor-laced insights into why advice kids get from parents is filled with potential to promote our well-being and to prevent difficulties. We learn, for example, that "share your toys" is a way of saying that people should be more important to you than things. "Always say please and thank you" is important, Gellman believes, because people who steal cars start out by stealing candy bars and people who cheat in business start out by cheating in school. By saying "please," we learn that we are not entitled to anything and everything we want when we want it. Thank-yous teach us that we should be grateful for good things that happen and we should tell people who do good things for us that we appreciate them, because then they will care for us more and do even more for us. What about the title, you are wondering? No, it's not about germs, and it's not about avoiding embarrassment if you get into an accident. The message is that what people don't see about you should still be as good as what they do see about you.

No doubt you are questioning what this has to do with community psychology. Our point is this: Every day, parents and many others conduct prevention/promotion programs without the assistance of community psychologists. Prevention and promotion efforts are ubiquitous. Try this exercise: Think of examples

in your own life of efforts (formal programs or informal actions) to promote social competence and prevent problem behaviors. Based on what you learned in Chapters 8 and 9, ask yourself the following: What risk processes were weakened, or protective processes strengthened, by these efforts? Did these efforts promote strengths and thriving? Which efforts had a lasting effect? Why?

In addition, ask yourself this: Does it matter if a formal prevention/promotion program is the work of community psychologists? Snowden (1987) wrote about the "peculiar success" of community psychology: Its approaches are widely adopted, but as a field it is not well known. Since its founding, the field has been interdisciplinary and collaborative, so much so that its members and their work in prevention and promotion appear in many places, including law, education, government, public health, social work, the corporate world, and several fields of psychology (especially developmental, organizational, school, educational, and clinical). Further, members of other disciplines often collaborate on research and interventions that appear as part of collections of work in community psychology. In this chapter we help you recognize some of the work community psychologists are doing in prevention and promotion alongside the work of practitioners in other disciplines and in various countries. We review prevention/promotion programs at multiple ecological levels, emerging areas for the field, and issues in evaluating the effectiveness of prevention/promotion efforts.

## AN ECOLOGICAL TOUR OF PREVENTION/PROMOTION

First, we review efforts at prevention and promotion on three ecological levels: microsystems, organizations/settings, and neighborhoods/communities. In the past, many reviews, including ours, have focused on programs across different developmental periods. We have chosen interventions that have been found effective in longitudinal empirical research and that provide an illustration of prevention/promotion practices with an emphasis on the contexts in which they have been carried out.

However, you should understand that most prevention/promotion efforts actually encompass multiple ecological levels, not just one. An effort to change national social policy, for instance, may also concern individuals, families, workplaces, and localities. A program that focuses on classroom curriculum and learning may also lead to changes in the social climate of the school, on the playground, and in the family and neighborhood. Our categorization here is meant to highlight some important differences among the goals of interventions, but not to restrict your thinking about their processes and outcomes.

Taken together, these interventions cover the range of terms and associated kinds of interventions presented in the Prevention Equations in Chapter 9 (see Table 10.1 and Table 9.1). For reasons of space, we omitted a number of exemplary, effective programs and promising innovations. Prevention/promotion is a growing field with many pathways to the future. We encourage you to sample

**TABLE 10.1 Interventions Derived from Prevention Equations\***

Interventions derived from the individual equation:

1. Reduce/better manage perceived stress.
2. Reduce the negative impact of a physically/biologically based vulnerability.
3. Increase coping skills, problem solving/decision making, social skills.
4. Increase perceived social support.
5. Increase self-esteem/self-efficacy.

Interventions derived from the environmental equation:

6. Reduce/eliminate stressors in key socialization settings, other aspects of environment.
7. Reduce operation/presence of physical risk factors in the environment that result in increased physical/biological vulnerability.
8. Improve socialization practices, ways in which key socialization settings carry out their tasks.
9. Increase accessible social support resources.
10. Increase opportunities for positive relatedness to others and connectedness to positive social institutions, positive social groups, agencies, and other formal and informal settings.

\*See also Table 9.1.

the literature, including online resources to learn about additional prevention/promotion initiatives; we provide a partial listing of prevention/promotion websites at the end of the chapter.

## **MICROSYSTEM-LEVEL PREVENTION/ PROMOTION: HOME, SCHOOL, AND WORKPLACE**

Microsystem-level interventions focus on changing patterns of interactions among members of small groups in settings. Because families, schools, and workplaces exert strong, continuous influences on most individuals, we chose to emphasize them.

### **Family-Based Programs**

**Prenatal/Early Infancy Project** An important target population for preventive efforts is first-time mothers whose children are at risk for birth and early childhood difficulties because the mothers are low income, teenaged, and/or unmarried. The Prenatal/Early Infancy Project, developed by David Olds (1988, 1997) and associates, was designed to provide home-based social support and training in parenting and coping skills to mothers of at-risk infants, leading to reductions in abuse and neglect and improved child health outcomes. The program involved home visits by a trained nurse and health care screenings. Home visits began in the 30th week of pregnancy and continued through the second year of a child's life. The psychological aspects of home-visit discussions were based on developmental

**TABLE 10.2 Principles of Effective Family-Based Programs**

Effective family-based prevention/promotion programs:

1. Focus on the whole family, not just parents or children.
2. Improve family communication and parenting through changes in cognition, emotion, and behavior.
3. Are appropriate to the age and developmental level of children and the cultural traditions of the family.
4. For families with greater needs, begin early in children's lives, with intensive collaboration between program and family.
5. Employ staff who are genuine, warm, empathetic, confident, and skilled, directive teachers.
6. Involve interactive skills training and practice, not just didactic information.
7. Develop a collaborative process in which families are empowered to identify their own solutions to challenges.
8. Address relationships between family and school or community.

SOURCE: Adapted from Kumpfer & Alvarado, 2003.

concepts of family and community relationships (Bronfenbrenner, 1979), self-efficacy (Bandura, 1982), and mother-child attachment (Bowlby, 1969). The program was first implemented in Elmira, New York, primarily with European-American mothers; later in Memphis, primarily with African-American mothers; and in Denver with a multiracial sample. It has since been adopted in some form in many locales.

A randomized field experiment with the Elmira sample compared mothers and children who received home visits with a group who received only health screenings at a clinic. The comparison group had significantly higher rates of child maltreatment, use of emergency medical services, safety hazards at home, and smoking during pregnancy (a health risk for infants). On average, the comparison group provided a less stimulating environment for intellectual and emotional development. Clearly the home visits made a difference in the lives of young mothers.

Olds's (1997) program is not as effective if funding cutbacks in human services do not allow necessary staff to be employed. When client caseloads were increased for the nurses, the impact of the program was reduced (Schorr, 1988). Yet when long-term effects of the original program were studied, services to low-income families who received the home visits cost over \$3,000 less per family than those in the comparison group by the child's fourth birthday. Preventive services thus were significantly less costly than health care and other costs after problems developed (Olds, 1997).

**Effective Family-Based Programs** Strong evidence exists for the effectiveness of preventively oriented home-based services for parents. Table 10.2 summarizes principles of effective family-based prevention/promotion, adapted from an empirical review by Karol Kumpfer and Rose Alvarado (2003). The most effective ones were often **multicomponent** programs, which worked on multiple goals through involving resources within the family, but also outside it, such as peers, school, and community resources.

Elias and Schwab (2004) proposed that school-based programs focus more explicitly on strengthening parenting. Although many educators and researchers

call for greater involvement of parents in schools, other considerations in the home often detract from children's behavior and performance in school: reduced parental time with children at home, differential ability of parents to be genuine participants in school-related concerns, and children not arriving at school ready to learn because of the variety of stressors encountered from the time they awaken to the time they get to the schoolhouse door. Addressing these issues effectively requires more effective parenting as well as more family-based policies at work and in the community and society. Working to promote parenting and to address family-school relationships would build collaboration between family-based and school-based prevention advocates (Christenson & Havasy, 2004). Research has shown that multicomponent family skills training programs such as the Strengthening Families Program effectively address these issues in cost-effective ways (Kumpfer & Alder, 2003; [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)). Later in this chapter we describe Project Family and the Children of Divorce Program, which link families and schools to promote family competence.

### Microsystem Programs in Schools

Schools are a critical KISS, and have been the focus of the greatest amount of research and program development related to prevention and promotion. Research into brain development has made it clear that early childhood is especially important for academic skill development, especially acquisition of reading and language competence. Of particular concern are the executive functions of the left and right frontal lobes that are vital for attention, concentration, frustration tolerance, and social-problem solving skills as well as the right-hemisphere centers for processing nonlinguistic information (Kusche & Greenberg, 2006). When children do not have experiences that provide them with proper stimulation in these areas, especially early in life, they are at risk for falling behind both academically and socially. Thus programs for **social-emotional literacy** (SEL), which build skills in these and related areas, are crucial for healthy development.

Considerable research has been done on prevention/promotion programs in schools. Most of these programs are directed at the classroom level, although many have components that extend to various other aspects of the school environment. Perhaps the best summary of these programs, their characteristics, and the evidence supporting them can be found in *Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning Programs* (Collaborative for Academic, Social, and Emotional Learning, 2003, downloadable at <http://www.casel.org>). Reviewing it, one cannot help but be impressed with the quality of research and the strong evidence in favor of many of these programs. Virtually all of the most successful programs are focused on building student skills in key areas. Their components and procedures have been carefully studied and identified. We have space only to highlight several examples, many of which have been designated as Exemplary or Promising Programs by the U.S. Department of Education.

**Perry Preschool Project** This model program, using the High/Scope curriculum, has become a widely adopted and very important social and

educational innovation. Its premise is that comprehensive early childhood education, especially for children at risk for poor public school performance because of growing up in disadvantaged economic circumstances, could avert early school failure, subsequent school dropout, adult poverty, and an array of associated problems. There are many elements to its curriculum; all must be implemented to obtain positive effects. These methods integrate Piagetian and early childhood development theory with findings from developmental neuroscience research. Children become active learners through child-centered, developmentally appropriate activities (Weikart & Schweinhart, 1997).

The Head Start program has often used a High/Scope curriculum in combination with services for parents, a multicomponent model being used in a growing number of school districts in disadvantaged areas. Although there have been some controversies over methodology and specific findings, the consensus is that when Perry High/Scope curricula and Head Start are implemented according to their performance standards, they are powerful interventions. Follow-up studies of Perry Preschool children 20 years later showed positive impact compared with control children on such indices as arrests, educational attainment, income, and duration of marriages (Berreuta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Weikart & Schweinhart, 1997). Cost-benefit analyses comparing treatment and comparison groups suggest that the program saves \$7.16 in future costs (of social, health, and educational services) for each \$1 invested (Weikart & Schweinhart, 1997). Nevertheless, these methods are not always implemented rigorously or with full funding, and findings show that without such rigor benefits are diluted.

Concern has surfaced recently about U.S. national policy on early childhood development. Just as research accumulates on critical growth periods, developmental risks associated with poverty, and the benefits of early intervention (Brooks & Buckner, 1996; Carnegie Corporation of New York, 1994; Rickel & Becker, 1997), early childhood policy threatens to revert to local control. This is likely to result in varying eligibility standards and compromises in the comprehensiveness of the model used for Head Start (Ripple & Zigler, 2003). Community psychologists can play an important role in preserving the integrity of Head Start and advocating for universally accessible family and school-based preventive services in the early childhood years.

**Interpersonal Cognitive Problem Solving** Myrna Shure (1997; Shure & Spivack, 1988) developed a preschool curriculum to increase children's interpersonal cognitive problem solving (ICPS, now known as "I Can Problem Solve") skills. These are critical thinking skills; the focus at the preschool level is on children's feelings vocabulary (words such as *sad*, *glad*, *mad*, *proud*, *bored*) and prerequisite cognitive concepts, such as "or," "else," "before and after," and "not."

One key premise of ICPS is that children can learn to identify their own problems (e.g., how to share toys, play together, seek help), to imagine possible solutions to these problems, and to consider how each solution may lead to different consequences. A second key premise is that caregivers (e.g., preschool teachers) deliver not only concepts of problem solving, but also give children

opportunities to practice the skills being taught, applying their learning throughout the school day.

The centerpiece of ICPS is teaching caregivers to "dialogue" with children. In essence, "dialoguing" involves asking open-ended questions first, to promote children's own thinking and problem solving, reverting to more of a "telling" mode only as needed. Here are two sets of examples of how teachers in a kindergarten classroom context might handle a situation:

Example 1: Who will help Golnar with the blocks?

1. "Golnar, how can you find someone else to work with you in the blocks area to help you build that fort?"
2. "Could you ask Pedro or Liang or Rivka to work with you, or else join Pat's group after lunch and ask them to help you finish?"
3. "Go ask Sara. If she says no, call me and I will tell her to work with you, or else I will tell George to do it."

Example 2: How will Samara and her friends find something to do at recess?

1. "Girls, what are all the things you can think of to do when you get outside?"
2. "Are you going to want to play on the swings, use the jump ropes, or play tag?"
3. "When you get outside, I want Samara to go to the climbing area, Julia to go to the bikes and cars, and Craig to go to the blacktop. We will switch in 15 minutes so everybody has a chance to do at least two different things."

In each set of these examples, there are three levels of caregiver intervention. The first option is an open-ended question, which is likely to result in an interchange between adult and child that requires children to think about their preferences, to envision possibilities, and to make a choice. The second option keeps the ultimate choice in the hands of the child and stimulates possibilities, but the caregiver provides more ideas and structuring than in the first way. The final approach is to tell the child what to do, with or without explanation. ICPS dialoguing is represented by the first two methods in these examples.

If you have sat through many lectures (a fancy form of telling), you can probably guess that telling leads to less skill development than dialoguing. Learning is promoted by actively working with materials and situations, and with creating our own meanings. That is what ICPS, and an entire genre of similar problem solving and decision-making approaches, aspires to do for children of preschool through high school age (Elias & Clabby, 1992; Elias, Zins et al., 1997). The ICPS approach can be used in many preschool settings, and especially in Head Start, although funding constraints now limit widespread staff training and follow-up.



**Social Decision Making/Social Problem Solving** Elias, Gara, Schuyler, Branden-Muller, and Sayette (1991) examined the impact of an elementary school version of ICPS, the Social Decision Making/Social Problem Solving Program (SDM/SPS; Elias & Bruene-Butler, 2005a), on problem behaviors. SDM/SPS differs from the ICPS program in two major ways. SDM/SPS emphasizes readiness skills designed to build student self-control and group participation and to foster classroom norms to support these skills. SDM/SPS also contains an application phase in which the skills of the program are systematically infused into all aspects of the school routine, including the discipline system, academic areas such as language arts and social studies, and service learning. Elias et al. (1991) found that students followed up six years after receiving a two-year intervention in elementary school showed significantly less likelihood than controls to use alcohol and tobacco. Replications of program effectiveness have been found in settings quite different from the original research site (Bruene-Butler, Hampson, Elias, Clabby, & Schuyler, 1997).

**Second Step: A Violence Prevention Curriculum** Second Step was developed to teach social and emotional skills to children from preschool to grade 9. Empathy, problem solving for impulse control, and emotion management are the focal skills taught, with extensive amounts of application to interpersonal situations related to bullying and conflict resolution. Second Step has strong empirical and practical support. In perhaps the most rigorous study, longitudinal observation of student behavior on the playground, in the cafeteria, and in class showed that Second Step led to moderate decreases in aggression and increases in prosocial behavior in school. In contrast, students at control schools (those *not* using the curriculum) became more physically and verbally aggressive over the school year (Grossman et al., 1997). One additional feature of Second Step is its strong implementation support system, through the Committee for Children and its international partner organizations. It is now actively used in an estimated 20,000 schools across the U.S. and Canada and in thousands more schools in Europe and Asia (Duffell, Beland, & Frey, 2006).

**Life Skills Training (LST)** This program provides junior high school-aged children with knowledge, motivation, and skills to resist influences to use tobacco, alcohol, and other drugs (Botvin & Tortu, 1988). The LST curriculum focuses on awareness of negative consequences of substance use, accurate norms regarding peer use, decision-making skills, building self-esteem, coping with social anxiety, and social-communication skills (including building positive relationships and resistance to peer pressure). The curriculum structure includes 15 lessons in grade 7 and "booster" sessions in grades 8 and 9. Teachers are extensively trained and provided with a detailed manual; another version of LST uses eleventh and twelfth graders as peer leaders. Assessments of the research findings on LST program effectiveness have concluded that the program reduces smoking and is promising in its impact on future alcohol and drug use (Botvin & Tortu, 1988; Botvin, Baker, Dusenbury, Botvin & Diaz, 1995; Epstein, Griffin, & Botvin, 2000). Elements of LST have been adopted in many drug abuse prevention programs in schools.

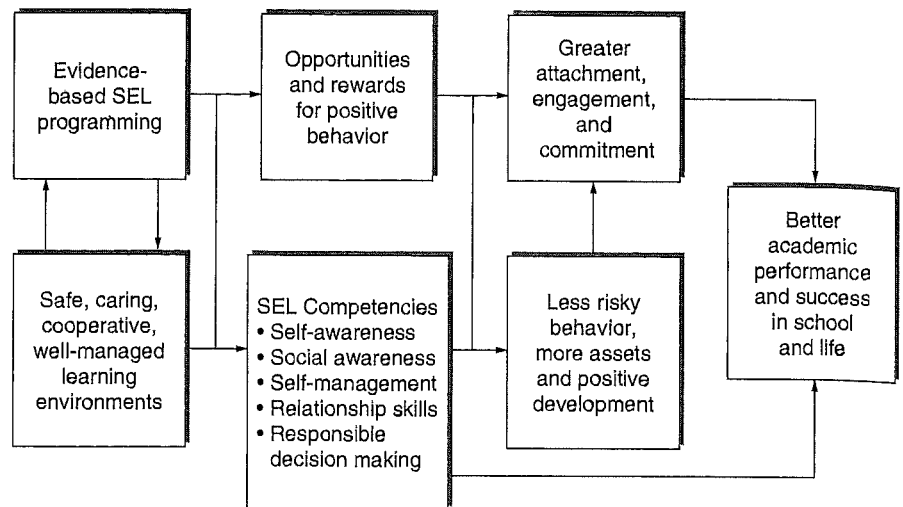
Successful programs directed specifically toward preventing adolescent drug use combine an informational component, training in social influence and skills (often resistance to peer pressure and media advertising), and interventions to alter student norms about the prevalence and acceptability of peer drug use. Reduced alcohol use immediately following programs such as Adolescent Prevention Trial (Hansen & Graham, 1991) and ALERT Drug Prevention (Ellickson & Bell, 1990) have been documented, but enduring effects have been rare, suggesting context effects on ultimate program outcomes.

**Lions-Quest Skills for Action Service Learning Module** This program of Lions-Quest International has three components: (a) a classroom-based curriculum to develop social-emotional and decision-making skills and to address problem behaviors such as substance use, (b) a highly structured service learning component, and (c) a skills bank containing a series of enrichment activities. Thus, Skills for Action (SFA) involves prevention of problem behaviors and promotion of social-emotional competence and of good citizenship.

An evaluation study involving students in grades 9–12 in 29 high schools in urban, suburban, and rural settings found preliminary support for the effectiveness of the program. In two alternative high schools, where the program was a selective intervention (see the IOM model in Chapter 9), students in SFA were suspended less often and had higher grades than controls. No impact was found on substance abuse. In the other 27 high schools, the strongest overall effect was on prevention of dropping out; ninth graders made the most gains, including lower drug and cigarette use (Laird, Bradley, & Black, 1998). Overall, students reported a high degree of satisfaction with the program.

SFA evaluators also found that if students experienced fewer than 15 hours of service learning, no program effects were obtained. Actual implementation of other program components also varied. These factors make it difficult to form firm conclusions about program impact. However, with 3,500 students performing 29,000 hours of service touching the lives of 12,000 people in the pilot studies alone, SFA clearly is important in many schools and communities. Like Second Step, SFA has an extensive international distribution and implementation support system (Keister, 2006).

**Additional School-Based Programs** Related evidence-based programs at the elementary level include Open Circle, Responsive Classroom, and PATHS. Later in this chapter, we also discuss the Primary Mental Health Project, the Children of Divorce Program, and the Child Development Project/Caring School Communities program. Effective programs for middle school and/or high school include Resolving Conflict Creatively Program, Social Competence Promotion Program (Weissberg, Barton & Shriver, 1997), Social Decision Making/Social Problem Solving (Elias & Bruene Butler, 2005b), Teenage Health Teaching Modules, Tribes TLC, and Facing History and Ourselves. Updated detailed information and website linkages for these and other programs can be found in CASEL's *Safe and Sound* document, mentioned earlier. At the conclusion of this chapter, we give website addresses for many of these programs.



**FIGURE 10.1** School-Related Factors Predicting Academic and Life Success

**An Integrative Model of School Program Effects** Zins, Bloodworth, Weissberg, and Walberg (2004) provided a general model, based on empirical research, of how school-based prevention/promotion programs can create positive long-term effects (see Figure 10.1). Programs for social-emotional literacy (SEL), when embedded within safe, caring, organized, cooperative learning environments, provide opportunity structures for positive school participation and benefit, as well as teaching specific SEL competencies (such as those listed in the figure). These, in turn, promote greater emotional bonding and behavioral engagement in school, build positive behaviors and psychosocial assets, and reduce risky behaviors.

### Microsystem Programs in Workplaces

Workplaces are also a critical KISS for adolescents and adults. Workplace prevention/promotion programs have not been as common in community psychology as in schools and families, but several offer important approaches.

**JOBS Project** Adult workers who lose their jobs are clearly at risk for a variety of psychological problems. The JOBS Project intervenes at the point at which these workers begin looking for new jobs and thus is a selective intervention in the IOM framework. Laid-off workers are offered the opportunity to attend 20 hours of group training focused on problem solving, overcoming setbacks, job search skills, and exchange of social support. Evaluation studies using experimental designs showed the program reduced incidence of serious depression and led to obtaining better jobs. Cost-benefit analysis revealed that the cost of the program, approximately \$300 per person, was made up in less than a year in the form of tax revenues contributed by workers once they were back in the work force (Caplan, Vinokur, & Price, 1997; Price, Van Ryn, & Vinokur, 1992; Van Ryn & Vinokur, 1992).

**Worksite Coping Skills Intervention** Kline and Snow (1994) developed an intervention directed at mothers employed in secretarial positions. Their preliminary research uncovered risk for work and family stressors in this population, and their intervention focused on stress management, problem and emotion-focused coping skills, and cognitive restructuring techniques. It was carried out in four different corporate work sites. Compared with a matched comparison group, participants reported lower role stress, less tobacco and alcohol use, and higher perceived support from others at work. At a six-month follow-up, psychological symptoms were also lower in the treatment group.

**Employee Competencies** Spencer (2001) reported on a meta-analysis of employee selection programs based on emotional intelligence competencies. Assessment of five clusters of competencies, covering Achievement, Affiliation, Power, Management, and Personal Effectiveness, was used as the basis for attempting to select superior performers and/or avoid marginal performers. Median productivity increased by 19 percent, median turnover decreased 63 percent, and the median economic value added was \$1.6 million. Average costs for an emotional intelligence competency selection program were far lower than the costs of hiring employees who later were rated unsatisfactory. Pepsi, Inc. found that emotional intelligence-based assessment led to an 87 percent reduction in turnover and saved \$4 million. A large computer firm was able to cut attrition in its staff training from 30 percent to 3 percent based on emotional intelligence assessment procedures, saving \$3.15 million. Spencer also reported similar gains from training current employees in emotional intelligence competencies. In addition, training programs for current employees based on emotional intelligence were nearly twice as effective as other training methods.

## BEYOND MICROSYSTEMS: PREVENTION/ PROMOTION IN ORGANIZATIONS, COMMUNITIES, AND MACROSYSTEMS

Prevention/promotion also can involve changing the informal environment or formal policies of an organization (e.g., school, workplace), locality, or society. Many settings and larger units create stressors for individuals, and reducing these or increasing protective processes has preventive effects. Next, we review programs that reduce risks and enhance protective processes in whole settings.

### Altering Settings

**Programs Addressing School Climates** Some approaches include skill-building curricula but place greater emphasis on creating a school climate that will promote positive mental health and wellness. The Social Development Model is a universal preventive intervention focused on elementary schools (Hawkins, Catalano,

Morrison et al., 1992; Hawkins & Lam, 1987). It addresses the need to teach skills to children but also to change the norms of home and classroom settings and to create opportunities to practice new skills. Teachers were trained in classroom management, cooperative learning, and the use of the ICPS curriculum described earlier. Parents were trained to create norms in the home for child self-control and for performing academic work. When researchers followed children from first into fifth grade, children in the intervention group were less likely than controls to initiate alcohol use, more psychologically attached to school, their families were stronger in communication and involvement, and school rewards and norms were more positive than among controls (Hawkins, Catalano, and Associates, 1992).

The Character Education Partnership promotes school-based programs to help children live their lives according to core ethical values, which they define in terms similar to social-emotional competence but more general in scope: for instance, caring, honesty, fairness, responsibility, and respect for self and others. School policies, teaching and social climate help create an atmosphere in which individual behavior, thinking and emotions are encouraged in accordance with these principles. Updated information on schools whose overall climate promotes character development can be found at their website (<http://www.character.org>).

A well-known and effective whole-school approach is the School Development Program (Comer, 1988), which involves multiple interventions, with students, faculty and staff, to promote a cooperative, caring school climate. We examine this program later in this chapter.

**Changing School Configurations** As we discussed in Chapter 5, Felner and Adan (1988) developed the STEP program, which changed the high school environment to promote peer student support and faculty-student contact. Ninth graders, entering high school, remained with the same classmates for most of their classes and had a smaller number of teachers, who thus knew each student better. Homeroom teachers also were taught to handle more of the students' guidance needs. At year's end, students had better grades, less absenteeism, and a more positive view of school than those in a comparison group. These gains also reduce the risk of conduct disorder (Mrazek & Haggerty, 1994).

Recent research suggests that creating smaller high schools, or schools within schools, with more regular interactions among a limited cohort of students and more stable contacts with a small group of adults, will have similar effects to those obtained by Felner and Adan and will also lead to improved academic performance and decreased school disaffection and dropout, especially in urban areas; however, implementation has been more difficult to accomplish than initially anticipated (Noguera, 2004).

**Transforming Religious Education** An increasing amount of research is being devoted to religious education, a development that seems long overdue. Of particular interest to community psychologists is the emerging consensus that religious education has not been well served by a predominantly person-centered focus. For example, the well-known African phrase, "It takes a village to raise a child," has been invoked for Jewish education with an appropriate cultural

modification, "It takes a Kehilla (entire community) to raise a mensch (moral, unselfish, caring human being)" and then supplemented with some ecological-developmental considerations: "and it requires everyone to do so with integrity and collaboration over a period of many years." This perspective helped shift ways that religious education can be conceptualized and carried out at the local level and beyond (Kress & Elias, 2000). Parallel insights have been made in religious education of other denominations, reinforcing the view that socializing children with a particular religious understanding results from a sustained, coordinated effort across multiple ecological levels, with developmental sensitivity to how different formal and informal instructional experiences interact with emerging levels of spirituality (Kliewer, Wade, & Worthington, 2003).

**Creating Emotionally Intelligent Workplaces** The paradigm of emotional intelligence has received sustained application in the world of work (Cherniss, 2002; Cherniss & Goleman, 2001; Goleman, 1998). In recent years, companies have recognized that the well-being of their employees can have many economic benefits. American Express, Kimberly-Clark, and Ford Motor Company are among the organizations that have devoted substantial resources to changing their microsystems and organizations to emphasize the emotional competence of work groups and key managers. An example that reflects a community psychology perspective comes from Ford. In their attempt to redesign the Lincoln Continental, executives gave the design team extensive contact with owners and potential owners. The improvements in empathy and perspective taking improved their ability to create a successful design. But beyond that, the employees felt strongly empowered and supported by their larger organization (Goleman, 1998). Some organizations, such as Disney, work extensively to ensure that theme parks and stores create a minimum of stress and a maximum of support for consumers.

### Communitywide and Macrosystem Interventions

Prevention/promotion efforts can be pursued at the level of neighborhoods, localities, and macrosystems. These initiatives may involve new programs, as do most of the examples we have just discussed, or changes in the policies and/or practices of localities or larger units, including nations.

**Building Community Collaboration** Canada has long been committed to pursuing the benefits of prevention/promotion for its children. In the 1980s, the province of Ontario created Better Beginnings, Better Futures as a primary prevention project. Government representatives work actively with local boards comprised of residents and local service providers to create projects to prevent behavioral, emotional, learning, and health problems among children, particularly in economically disadvantaged populations. Research findings indicated that participation of community residents in developing prevention/programs had many beneficial effects, such as creating a sense of empowerment, fostering new individual and community competencies, and forging informal social support (Nelson, Pancer, Hawward, & Peters, 2005). However, it is difficult for a

community to keep resources and energies focused on prevention in children for long periods of time (Sylvestre, Pancer, Brophy, & Cameron, 1994; Nelson et al. 2005).

More recently, municipalities within the York region of Ontario, Canada have been participating in a process termed *Character Matters*, designed to create what they call *Communities of Character*. Beginning with a series of town meetings hosted by local schools, community residents came together to identify and affirm a set of ten common attributes that people pledged to use in their personal, familial, workplace, education, and public contexts. These attributes are: Respect, Responsibility, Honesty, Empathy, Fairness, Initiative, Courage, Integrity, Perseverance, and Optimism. Different communities organized to decide on particular attributes to emphasize, and particular ways to do so. Each year, all municipalities come together to celebrate their accomplishment and share ways in which they have put their ideas into action (York Region District School Board, n.d.; website: <http://www.yrdsb.edu.on.ca/>).

Many U.S. localities have formed Communities That Care coalitions to promote positive youth development and prevent a variety of youth problems. These coalitions work within a framework based on the Social Development Model (discussed earlier), which promotes both the use of empirically tested programs and local choice of objectives and programs. Each coalition assesses community needs and resources, sets goals, and plans and implements programs to address those goals. Examples of programs include use of school-based, competence-promotion programs (discussed earlier); coordination among schools, youth service agencies, police, juvenile courts, and other community resources; developing volunteer opportunities to connect youth with positive adult and college student role models; and community events to promote awareness of youth and family issues and resources. An evaluation of the Communities That Care approach in twenty-one Pennsylvania localities found that community readiness for the coalition and the capacity of coalition members to work as a team were key factors in coalition effectiveness (Feinberg, Greenberg, & Osgood, 2004).

In Chapters 13 and 14, we consider community and social change and how to evaluate community programs. Some of our coverage of these topics will provide further examples of how citizens in communities can collaborate in promoting health, youth development, and similar positive goals and also in preventing personal and community problems.

**Interventions Using Mass Media** Leonard Jason (1998a) and associates carried out health promotion interventions at the levels of localities and macrosystems. Among the most effective was collaborating with the Chicago Lung Association and the Chicago Board of Education to work toward smoking prevention among African-American youth. A school-based anti-smoking curriculum developed by the American Lung Association was combined with a three-pronged media intervention: (a) a smoking prevention curriculum run each week on the children's page of *The Chicago Defender*, a local newspaper with a strong African-American readership; (b) eight public service spots on WGCI, a radio station with a listening audience of 1 million, mostly African American, along with a call-in talk

show for parents; and (c) an anti-smoking billboard contest, which also posted the five best entries. Findings indicated lower cigarette use among adolescents and lower rates of cigarette, alcohol, and marijuana use in families. Jason's work suggests that media-based interventions must reach directly into microsystems in order to be effective and that careful targeting, including attention to cultural and ethnic issues, is important (Jason & Hanaway, 1997).

**Influencing State Education Policies** In the United States, individual states are an important ecological level for strengthening prevention/promotion in schools. Efforts are growing to show alignment of social-emotional learning with state education standards (Kress, Norris, Schoenholz, Elias, & Seigle, 2004) and to help states pass legislation mandating character education and related programs (Brown & Elias, 2002). The most concerted efforts are by the Education Committee for the States through its National Center for Learning and Citizenship (NCLC), which has been instrumental in creating the National Voluntary Civic Education Standards to guide state policies. NCLC has defined key civic competencies: Civic Knowledge, Cognitive Thinking Skills, Participatory Civic Skills, and Civic Dispositions (Torney-Purta & Vermeer, 2004). Community psychologists can contribute knowledge and skills on issues such as how to prepare students for sound character and the responsibilities of citizenship. Although public discourse often focuses only on voting as the hallmark of democracy, other voices need to articulate the competencies and sets of actions for genuinely participatory democracy (Gerzon, 1997; Tyack, 1997).

### International Examples

Some of the most interesting work in systems-level prevention is not found in peer-reviewed professional journals. Among our favorite sources is *The Community Psychologist*, a quarterly publication of the Society for Community Research and Action, which provided the following prevention initiatives.

**Preventing Community Upheaval and Violence in Colombia** Guatiguara, Colombia, is a community of 6,000, with 2,500 children, beset by poverty, slum conditions, no social services, and the presence of warring gangs, guerrillas, and paramilitary groups. The Universidad Pontificia Bolivariana and the Pastoral Social Archdiocese of Bucaramanga City led a program designed to prevent community violence and reduce the negative effects of a continuous cycle of poverty. They drew on key community psychology principles: celebrating diversity; sense of community as involving common needs for transcendence; being seen as competent and being deserving of having basic physical, psychological, and spiritual needs met; and a strengths-based perspective. The intervention process began with a series of individual interviews, group discussions, and ethnographic observations. These led to the creation of *Pequeñas Comunidades* (Small Communities), each of which consisted of 10 groups of adults (100 people), 20 groups of children (400), and one group of teens (20), guided by facilitators and leaders who



themselves were provided with weekly training meetings and ongoing support from the university and archdiocese.

The *Pequeñas Comunidades* developed their own projects, including building a chapel, providing more food, and communitywide holiday celebrations attracting over 2,000 participants. Groups within the *Comunidades* met weekly to talk about their rights and develop a positive sense of empowerment via their own folklore, history, and culture; plan programs; and celebrate accomplishments. Martinez, Toloza, Montanez, and Ochoa (2003) reported violence reduction and increased community participation, which they attribute to the effects of organizing the community and fostering individuals' taking collective action.

**Substance Abuse Prevention Policy in Mexico** Mexico provides an example of a national effort to confront problems of drug abuse through prevention (Garza, 2001). Drawing parallels between Mexico and other developing countries beset by poverty and unemployment, an analysis of public policy on this issue concluded:

Implementation is much more efficient when carried out in the streets (consumers) rather than on the borders (distributors, producers). This is because in the end, consumers perpetuate the drug chain. They are the ones that encourage drug dealers to risk more. In the end, it is consumers who pay for aggregated values and they are the only ones that can destroy the incentive for the existing supply. (Roemer, 2001, p. 277)

The array of necessary policy changes, however, is daunting (see Box 10.1). Realistic planning at multiple ecological levels and political support will be essential for ultimate success. Mexico and many other countries have found it difficult to develop a comprehensive and effective drug prevention policy.

**Preventing Victimization and Bigotry in Turkey** Serdar Degirmencioglu (2003), a community psychologist at Istanbul Bilgi University, created a series of preventive interventions for Turkish youth. His first focus was street children, who would come to fleeting public attention after a horrific incident. Degirmencioglu recognized that existing services for these children represented only first-order change. He enlisted representatives from community agencies, community leaders, citizens, and others to form a committee and organize a conference on this issue. An opening panel reviewed children's rights and relevant legal issues; outside keynote speakers brought greater credibility and multiple points of view. Conference work groups developed guidelines for improved practices, and structures were put in place to begin to carry them out.

Another project was inspired by a study Degirmencioglu completed after an earthquake devastated population centers in the Marmara region in 1999. Almost a year later, Degirmencioglu found that the actions of foreigners who provided aid had a positive impact on the relevant attitudes of both the Turkish survivors and the general public. Misconceptions about Greeks and Israelis were especially affected. Degirmencioglu used this experience to provide an intervention at a youth festival that began as an effort of a pan-European student association to

**BOX 10.1 Elements of Drug Abuse Prevention Policy in Mexico**

Business, education, government, and family must work toward a culture of prevention based on shared values.

Greater resources to train specialists who deal with chronic addicts and low-income users.

Efficient treatment and prevention programs for casual or curious users to prevent abuse.

Anti-doping tests must be extended to companies and universities.

Permanent support of scientific research in neuroscience, immuno-prevention, and replacement therapies, including strong international cooperation to bring existing knowledge and practice to Mexico.

Reinforce educational, cultural, sports, and recreational activities within schools and families that foster creation of fundamental values and keep children away from the risk of drug use.

Campaigns to inform the public about services offered by the National Commission on Addictions must be reinforced, involving radio, television, and print media and sending the message that "just saying no" is not enough, only talking about consequences is no guarantee, and it is essential to explain the problem and its basic causes.

Resources of art, especially theater, must be used to teach young people the truth about drugs.

Major cinema has an affect on people's awareness even though plots are more focused on smuggling than addiction; but official organizations, schools, workplaces, and families must adopt a critical position that will serve as an antidote to productions that seek to achieve sensational effects.

Prevent cigarette and alcohol advertising from being broadcast during children's peak viewing times.

At individual and family levels, policies must be directed toward the following:

Ensure children are given love and trust during their upbringing that will teach them to establish limits on their freedom.

Efforts must be made to strengthen children's willpower from an early age, listen to them, find out about their needs at every stage, and establish direct communications with them.

Parents must be trained to prevent the crises caused by drug use in the family by establishing a dialogue with children that will foster discussion of the issue.

The permissiveness that keeps children from being sanctioned by school and society until they reach a point of no return must be avoided.

Children must be taught about the short-term effects of drugs by emphasizing negative aspects such as unpleasant smell of tobacco and alcohol on clothes, bad breath, stained teeth, etc. This will be more effective for children than warning them about health risks.

Parents must establish a dialogue in which they reward children for their progress while showing them that they are loved unconditionally, regardless of their academic performance.

Parent education programs must be organized and taught regularly at schools because most parents would otherwise be unlikely to implement these practices on their own.

SOURCE: Adapted from Roemer & Garza (2001).

bring Greek and Turkish youth together in a KayaFest, a celebration of the music, dance, and artistry from both cultures.

The history of Greek-Turkish relationships is especially revealing of the arbitrary ways in which negative and hostile attitudes have been fostered by historical actions of governments and then adopted by subsequent generations, often without any realization of the political origins of the initial actions. In many areas, a Population Exchange decree forced Greeks and Turks to uproot themselves from a cooperative and comingled existence and move to separate, segregated villages

or neighborhoods. Degirmencioglu conducted a workshop at the KayaFest to show youth the history of their separation and how, through a lack of contact, each group came to see the other as enemies despite the fact that many had relatives from territory in the other's country.

(One author's perspective: My grandparents were Greek and Turkish. However, they would often say that which "side" of the family was Greek or Turkish would depend on which month or year one asked the question, as the territory in which they lived frequently changed hands. My "Turkish" grandmother spoke fluent Greek, and the entire family could never understand late twentieth-century Greek-Turkish conflicts; to them, because they experienced no forced separations, Greeks and Turks were part of a common family. —Maurice Elias)

At KayaFest, Degirmencioglu's youth activities showed the benefits that could result from positive intergroup contact. The final part of the workshop involved a common meal at a local home, including a visit with a 90-year-old Turkish woman who lived in the Festival area before the Population Exchange. She told stories of how everyone lived and worked together and told the youth that they were "all children of the land" (Degirmencioglu, 2003, p. 29). Degirmencioglu concluded, "Now, eighty years later, young people with big hearts and a big dream helped others better understand the big agony of this land. And they also helped them grasp why modern ethnic categories and the overused ethnic adjectives 'Greek' and 'Turkish' can never capture the complex and rich cultures that still exist in this region" (p. 29).

### The Importance of Context

The ecological perspective of community psychology makes it clear that forces in macrosystems, localities, and settings strongly influence the nature of prevention/promotion efforts. In many countries, political administrations vary in their belief about the degree of governmental responsibility to fund, mandate, and/or organize interventions that related broadly to mental health. Perhaps the most powerful example in the United States now is the No Child Left Behind Act of 2001, designed to close the achievement gap between disadvantaged and minority students and their more well-to-do, largely White peers. Local schools and state departments of education are judged based on student performance on standardized tests of academic ability, which are focused on math and reading-related skills. Funding and local autonomy, as well as public praise or blame, are contingent on test score increases.

Sadker and Zittleman (2004) point out numerous biases in the tests, their scoring, and the measurement and interpretation of change and significant gain. Davison, Seo, Davenport, Butterbaugh, and Davison (2004) analyzed data from 47,361 students taking standardized tests created in Minnesota for third- and fifth-grade students. Groups of students who were "behind" in third grade in math never caught up with a matched group of students ahead of them when their fifth-grade scores were examined. Low-income students made less progress than did matched peers who were more affluent. Davison and associates (2004) raise this question: "How will low-income and minority students, when

necessary, make up lost time by learning *faster* than other students?" (p. 758). Under No Child Left Behind incentives, the answer for schools and districts is to spend more and more time on math and reading and to ask parents to serve as virtual academic tutors. To provide more resources for these efforts, funds have been diverted from programs to prevent smoking, drug, and alcohol use and to promote safe, nonviolent schools. Community psychologists, among others, need to examine existing education policy in light of community research and prevention/promotion concepts.

Interestingly, a number of nations are becoming interested in prevention/promotion initiatives (Elias, 2003). How well do prevention/promotion initiatives developed in North America transfer to other countries and cultures? Sundberg, Hadiyono, Latkin, and Padilla (1995) studied this question. They chose programs with empirical support in the United States and designation as prevention models by the American Psychological Association in *14 Ounces of Prevention* (Price, Cowen, Lorion, & Ramos-McKay, 1988). These included the Prenatal/Early Infancy Project (Olds, 1988), Perry Preschool program (PPP; Schweinhart & Weikart, 1988), Interpersonal Cognitive Problem Solving (ICPS; Shure, 1997), and Life Skills Training (LST; Botvin & Tortu, 1988).

Sundberg and associates asked experts in 12 countries in Asia and Latin America to examine each program, considering the need for such a program in their own nations and the feasibility of applying the program there. With regard to need, only the LST program was ranked highly in Latin American countries. Asian experts showed little consensus on estimations of need but were least interested in the PPP, ICPS, and LST programs. Only the LST program was seen as feasible in most countries.

In India, the Prenatal/Early Infancy project would likely only be applied to married women because of the unacceptability of unwed mothers in that society. Training children to be independent problem solvers was not valued in many countries where respect for elders is paramount. (Recall the concept of individualism-collectivism from Chapter 7 and consider how North American problem-solving training might have to be adapted for use in less individualistic cultures.) Cigarette smoking was not seen as a large problem in many countries outside the United States, and there was little concern about its role as a gateway to more serious substance use. Peer-resistance or refusal skills, part of LST and many other drug-use prevention programs, might conflict with the value of *machismo* in Latin America. Finally, the implicit future orientation of prevention concepts conflicts with the focus on the present in many cultures: the Thai concept of *mai pen rai*, translatable as "don't worry," is an example. Beyond these cultural differences, resource issues such as poverty and population limited the feasibility of these programs.

However, Sundberg et al. (1995) also found that the elements of the prevention equations (Chapter 9) were highly valued across different countries. Specific preventive efforts directed toward the goals in those equations can be tailored to be culturally appropriate, based on a detailed familiarity with the contexts and histories of the local areas and populations involved.

Even within a nation, what is effective in one area or culture may not work in another. For instance, Bierman and associates (1997) found that a conduct

disorder prevention program that had been developed in urban areas had to be adapted to rural Pennsylvania localities. Geographic dispersion, limited human services and recreation, predominance of politically conservative climates, stable and insular interpersonal networks among youth and adults, homogeneous populations, and establishing trust were major challenges. Gager and Elias (1997) found that school-based programs in high-risk versus low-risk neighborhoods differed in effectiveness. Having a program coordinator, ongoing training, and explicit linkage of programs to the goals and mission of schools made programs more effective in the most difficult circumstances. As we noted in Chapter 1, Potts (2003) found that an African-centered curriculum for African-American boys in an urban school was more appropriate than a generic ICPS approach.

### PREVENTION/PROMOTION: A FAMILY EXAMPLE

How can prevention/promotion efforts address the challenges and strengths of a particular family?

Inez Watson lived with her three children: Jamal (3 years old), Maritza (6 years old) and Carlos (12 years old). (All names are pseudonyms.) Jamal attended preschool, Maritza the first grade, and Carlos was in middle school. Inez's second husband Robert, Jamal's father, had died recently while serving in the U.S. Army in Afghanistan. Inez and her first husband, Rafael, had divorced a few years earlier. Rafael was the father of Maritza and Carlos. Inez, Robert, and Jamal were African American; Rafael was Latino, and Carlos and Maritza thus had both Latino and African-American ancestry. (For simplicity, we have used Inez Watson's surname for all three children.)

The Watson family experienced a number of difficulties. Most obvious was the loss of Robert. Maritza, already shy, was becoming even more withdrawn. Carlos began hanging around with older students in his middle school and was suspended for smoking at school. He also was truant to an increasing degree. Shortly before Robert's death, Inez had been laid off from her job. Her prior income had been adequate, as were the family benefits from the military. Now the benefits remained, but funds were dwindling.

Naturally, the Watsons also had strengths. Inez was a committed mother, determined to give her children a firm foundation in life. She was sensitive to their needs and committed to their safety and well-being. The children loved and respected her, even when they tested her limits. Each child had gifts: Carlos loved to dance and had vocal talent. Maritza enjoyed stories and art. Jamal had a wonderful smile and an uncanny ability to make others laugh. The family attended church in their neighborhood, where the children had friends. Inez sometimes sang in the choir and assisted other members of the congregation.

**Inez: The JOBS Project** An array of prevention programs were mobilized to assist the Watson family. First, Inez enrolled in the JOBS project (Price et al., 1992), which consisted of eight 3-hour group sessions over a two-week period, led by two trainers. The program provided job search skills as well as rehearsal and

practice for job interviews, a problem-solving group discussion process, anticipation of obstacles and strategies for coping with setbacks, social support from trainers and group members, and an extra confidence-boosting endorsement from the trainers. This intervention has shown positive effects on reemployment rates, quality of reemployment, and pay rate, in randomized control studies. Research into the mechanisms underlying these effects—an important but neglected aspect of prevention science—suggested that job search intention and self-efficacy were critical factors. By supporting and strengthening participants' theory of planned action, trainers could energize coping with the anxiety of job loss and the negative effects of setbacks (Caplan et al., 1997; Van Ryn & Vinokur, 1992). For Inez, trainers and fellow group members formed a supportive unit that continued to meet socially after the training ended. She was successful in finding employment after a few months, though at a lower wage than her earlier job.

**Family Bereavement Program** The entire family participated in the Family Bereavement Program (Sandler et al., 1992). This involved two phases. First, the Watsons joined other bereaved families in a three-session grief workshop. Here, they discussed their grief-related experiences and parents learned how to better communicate with their children around uncomfortable topics and feelings related to death. The second phase was a structured twelve-session program connecting each family with an advisor who focused on four factors:

- emotional support and task assistance
- increasing parent-child warmth, focusing on positive communication, and recognition of strengths
- planning regular positive events such as family meals, story time, and bedtime talks
- specific problem and emotion-focused coping strategies to deal with stressful family events

Randomized control trials of the intervention showed positive impact on parent-child warmth and social support and preventive impact on potential depression and older children's conduct disorder problems (Sandler et al., 1992). Sandler and associates (1992) also explored mediators of the effect of their intervention; the Watsons, for instance, may have benefited from an increased emphasis on promoting parent-child warmth.

**School-Based Promotion** The Watsons also benefited from school-based prevention efforts. The school district used CASEL's (2003) "Safe and Sound" guide to design a comprehensive curriculum approach to build all students' social-emotional competencies and prevent dysfunction, based on these programs:

- *I Can Problem Solve* curriculum, for preschool, kindergarten, and first grade
- *Responsive Classroom* and *Open Circle* methods to foster positive classroom relationships and build such skills as self-control and empathy in the elementary grades

- *Second Step* and *Social Decision Making/Social Problem Solving* curricula in the middle school to provide skills for nonviolent conflict resolution and promote the integration of problem solving in academics and group guidance to help students with the variety of difficult social pressures and decisions faced during these years
- *Facing History and Ourselves* and the *Lions-Quest Skills for Action Service Learning* program, focusing on applying social-emotional skills and ethical principles to understanding traumatic events in history and the present and how to engage in social action to make the classrooms, school, community, and the world in general a better place

Having these curricula in place in a coordinated plan provides a solid bedrock of skills for all students from which other programs can build as students encounter difficulty.

**Jamal** Jamal's preschool worked with the Primary Mental Health Project (PMHP), one of the oldest and best researched programs, with over 2,000 sites across the United States and territories (Johnson & Demanchick, 2004). PMHP is overseen by a school mental health professional, such as a school psychologist, social worker, or counselor. The first step is a systematic screening of children in the focal age range, assessing acting out, mood, and learning difficulties. The idea is to identify children who are at risk for future problems based on normative scores but who are not yet severe enough to warrant diagnosis. Hence, this is a secondary prevention, or selective, program. These children are then paired with trained paraprofessionals who provide empathy, acceptance, active listening, and gentle academic tutoring to needy students on a weekly basis. Jamal had elevated scores in Acting Out and Mood problems. He was seen individually twice per week and then met in a small group for a little over a month. If he were older, he would most likely have had 12–15 individual weekly meetings.

In a recent evaluation of PMHP in a multiethnic county in Minnesota, children were found to make significant improvements in behavior control, assertiveness, peer sociability, and task orientation. The warm and caring relationships between children and their PMHP associates emerged once again as an essential element in program success. This study also highlighted the impact of PMHP on shy children like Jamal. Participation in PMHP has a preventive effect on both mental health problems and learning difficulties, so vital as young children enter a critical period for acquisition of language and reading skills.

**Maritza** In Maritza's elementary school, the school psychologist and guidance counselor co-led groups as part of the Children of Divorce Program (Pedro-Carroll, 1997). Maritza joined four 5- and 6-year-old peers, two boys and two girls, and met in a group for twelve 45-minute sessions once per week in her school. The twelve sessions focused systematically on:

- establishing the group as a safe, supportive place to explore feelings, paving the way for talking about feelings related to divorce

- exploring changes that do and do not occur as a result of divorce, especially children's misconceptions, including viewing themselves as a cause of divorce
- teaching social problem-solving and communication skills to enhance competence and capacity to cope, with particular emphasis on dealing with obstacles they are likely to encounter
- bolstering positive perception of themselves and their families, exemplified by children's creating and keeping an "All About Me Book"

Inez and other parents were kept closely informed via direct contacts, problem-solving assistance, and newsletters focusing on impact of divorce, common reactions and how to deal with them, minimizing parental conflict about childrearing issues, and practical parenting skills.

Pedro-Carroll and Alpert-Gillis (1997) found, in an experimentally controlled study, that children improved in frustration tolerance, in asking for help in getting along with classmates, and in appropriate assertiveness. They appeared less anxious, withdrawn, and disruptive than a matched nonprogram control group of children experiencing divorce.

**Carlos** Carlos was confronted with perhaps the most serious set of difficulties because of his age and the nature of the problems he displayed. Where and how would you want to intervene with Carlos? How would you decide what to do, in what order, for what duration? What Carlos and other youth often need is a planned, holistic prevention/promotion services system, not just isolated programs.

The potential for Carlos to become involved with intensive, health-threatening addictive behaviors looms large. As a public health issue, prevention of smoking and other tobacco use requires a coordinated strategy, including media campaigns, community interventions that affect the norms and social context of smoking, tobacco excise tax increases, and tobacco use cessation programs for teens (Lantz et al., 2000). From an ecological perspective, the presence of smokers in the adolescent microsystem is the most powerful influence on teen smoking (Wang, Fitzhugh, Eddy, Fu, & Turner, 1997), and it is not a simple task for macro-level, neighborhood, and organizational level interventions to penetrate through to all of the relevant microsystems.

School professionals used a dual approach to help Carlos. First, he was treated as a new smoker and received a prevention program designed to help Latino and African-American inner-city youth develop refusal skills around smoking while also building social decision-making and life skills to enhance overall competence (Epstein, Griffin, & Botvin, 2000). The importance of programs including both of these components was highlighted by a study that showed refusal assertiveness as the most influential factor on smoking rates over a two-year time period in urban sixth and seventh graders, and decision-making skills and a sense of personal efficacy as significant predictors of refusal skills. This reflects the more general conclusion of CASEL (Elias, Zins et al., 1997) that, across problem prevention areas a combination of generic decision-making, problem-solving and social-emotional competence promotion skills and skills specific to a problem



area (e.g., bullying, alcohol use, poor health habits) is necessary for significant and lasting preventive effects.

Carlos also was enrolled in the Tobacco Awareness Program (TAP), a type of school-based tobacco cessation program for adolescents. The premise of such programs, which is applicable to other substance use problems, is that behavior change requires movement through five stages: precontemplation (not thinking about changing the behavior), contemplation (starting to evaluate positive and negative consequences of the behavior), preparation (deciding to change and making a plan of action), action (active behavior change), and maintenance (sustaining the change) (Prochaska & DiClemente, 1983).

In a study of implementation of TAP in six high schools over a two-year period (Coleman-Wallace, Less, Montgomery, Blix, & Wang, 1999), the program's key elements were voluntary membership, group format, addressing triggers to use of tobacco and coping strategies, elaborating short- and long-term consequences of smoking, identifying and problem solving around obstacles to quitting and to sustaining changes made, weight management, and individualization of specific approaches to quitting. TAP was developed for use by minority youngsters and has culturally sensitive materials—helpful for Carlos.

At the conclusion of the program evaluation, 16 percent of voluntary TAP students quit smoking (vs. only 9% of those assigned to TAP), significantly better than controls, who rarely quit. TAP also appeared to move a significant number of students to action and maintenance stages. Gains in self-efficacy, along with the influence of close friends, accounted for 53 percent of the variance in tobacco use. For adolescents like Carlos, an organized, school-based program for smoking cessation is a far better option than punishment alone. However, smoking is still subject to microsystem influences beyond students' or professionals' easy control.

**Community Support** The Watsons benefited from informal support provided by their church. The congregation took seriously its role in promoting child and youth development. It provided religious education designed to involve children actively in promoting values consistent with its tradition, emotional and spiritual development, and social connectedness. This included not just religious education classes, but also involving children and youth with adults in the life of the congregation and in activities that reflect youth talents and interests, such as music and art. The congregation was also a strong, consistent source of emotional support.

**Summary** This family case example is hypothetical, yet real-life families similar to the Watsons are numerous. Of course, specific dynamics would be different if the family included children of different ages; tilted toward younger or older; were rural, more or less diverse in ethnic background; strong adherents to other religions; wealthy or middle class; recent immigrants; residents of another country; or differed along other dimensions of human diversity. Still, it is exciting to see the advances in knowledge and practice in prevention that can be arrayed in the service of human problems. In this case, there is a blurring of conceptual distinctions among the various levels of prevention and indeed between what we might consider “community” and “clinical” intervention. Many types of

interventions have a "preventive" effect; in real life, many families need multiple interventions to stave off potential dysfunction and increase their strengths.

### HOW DO WE DETERMINE THE EFFECTIVENESS OF PREVENTION/PROMOTION EFFORTS?

At this point in the development of prevention efforts, anyone implementing a program must move beyond the basic question, "Does it work?" to sophisticated questions such as, "How well does it work, for whom, under what conditions, and what are the mechanisms that account for its effects?" Clear answers are a precursor to making sound decisions about prevention programming, policy, and funding. However, deriving such answers is difficult. In this section we present three approaches to seeking answers to these questions across a broad range of action research studies. The first, *meta-analysis*, represents a quantitative approach. The second, the *best practices approach*, is more qualitative. Third is a *lessons-learned approach*. We illustrate some of the complexities of understanding programs operating with varying target populations and ecological levels by examining three large-scale comprehensive evaluations.

#### Meta-Analyses of Research on Program Outcomes

Meta-analysis compares statistical findings of all quantitative studies done on a given topic that meet certain methodological criteria (e.g., comparison of home visitor programs and control groups in randomized field experiments, all of which used similar dependent variables). For an experimental study of a prevention program, meta-analysis computes a statistical estimate of effect size: the strength of the effect of that intervention (independent variable) on the chosen outcomes (dependent variables). The average effect size is computed for a set of similar programs tested in multiple studies. Although not without controversy (e.g., Trickett, 1997; Weissberg & Bell, 1997), meta-analysis is one useful tool for broad analyses of the effectiveness of prevention programs.

Durlak and Wells (1997) used meta-analysis to examine 177 primary prevention programs directed at children and adolescents. This is a very broad focus, but it provides a useful overview. The authors included both person and environment (e.g., school) level interventions as well as both universal and selective prevention programs for children at risk (Mrazek & Haggerty, 1994). Their conclusions, which have many qualifiers that are best read in the original study, are that from 59 percent to 82 percent of participants in a primary prevention program surpassed the average performance of those in control groups. This indicates clear superiority of prevention groups to controls. Consistently positive effects resulted from programs that helped people cope with significant life transitions, such as first-time motherhood, children of divorce, school entry or transition, and children dealing with stressful medical and dental procedures (Durlak & Wells, 1997).

Durlak and Wells (1998) conducted a second meta-analysis on 130 secondary or indicated prevention programs for children who were experiencing early signs of difficulty such as persistent shyness, learning difficulties, and antisocial behavior. The average participant in these programs was better off than 70 percent of the control group members. These programs were especially effective for children whose externalizing behaviors put them at risk of conduct disorders and delinquency, for which later treatment is difficult.

More recent reviews have been carried out by Catalano et al. (2002), Greenberg, Domitrovich, and Bumbarger (2001), Roth et al. (1998), Tobler et al. (2000), Wilson, Gottfredson, and Najaka (2001), and Weissberg and Durlak (2006) with newer ones emerging constantly. These reviews confirm the Durlak and Wells findings and add some nuances. Successful preventive interventions are developmentally sensitive. Acquisition of social-emotional competencies seems to reduce expected incidence of academic, social, and behavioral problems, including substance use, conduct problems, school absence and dropout. Two caveats also emerge from this literature: (a) implementation intensity ("dosage") and program quality strongly affect outcomes; and (b) outcomes are stronger when programs mobilize environmental supports from peer groups, schools, parents, and communities. Overall, these meta-analytic studies provide consistent support for the beneficial impact of skills-oriented preventive interventions (Elias, 2004).

### Best Practices in Promoting Social-Emotional Learning

The second approach to evaluating prevention/promotion programs is termed the best practices approach. This is not a precise designation. In this section we focus on studying a specific type of program that has been empirically shown to be effective across multiple settings and on gleaning from further studies of those settings the procedures that effective programs of that type have in common. Doing this effectively requires site visits and qualitative research much more detailed and descriptive than is usually found in journal articles.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) identifies best practices in school-based prevention of problem behaviors and promotion of social-emotional competence. CASEL also facilitates effective implementation, ongoing evaluation, and refinement of comprehensive programs in social and emotional learning. Nine action-researchers with many years of experience in the field created a document reflecting their consensus on how best to conduct these programs in schools, *Promoting Social and Emotional Learning: Guidelines for Educators* (Elias, Zins et al., 1997). More recent resources include a special issue of *American Psychologist* (Weissberg & Kumpfer, 2003), CASEL's (2003) *Safe and Sound* document, CASEL's summary and analysis of research on the relationship of social-emotional learning to academic performance (Zins, Weissberg, Wang, & Walberg, 2004), and websites listed at the end of this chapter. Examples of best practices for effective prevention/promotion programs with children and youth are summarized in Table 10.3. (See also Table 10.2, which presented best practices ideas for family-based programs.)

**TABLE 10.3 Principles of Effective Prevention/Promotion Programs for Children and Youth**

Effective prevention/promotion programs:

1. Address risk and protective processes identified in research.
2. Involve families, peers, schools, and communities to address multiple, interrelated goals.
3. Are appropriate to the age and developmental level of children and sensitive to cultural traditions.
4. Strengthen social-emotional skills and ethical values and foster their applications to everyday life.
5. Use teaching-learning approaches that involve participants actively at multiple points in their development.
6. Focus on second-order change in settings and communities, including changes in formal policies and specific practices and developing resources for positive child and youth development.
7. Involve skills training and support for staff to foster high-quality implementation of programs.
8. Monitor local needs and program quality to promote continuous improvement.

SOURCE: Adapted from Weissberg, Kumpfer, & Seligman, 2003; Zins, Weissberg, Wang, & Walberg, 2004.

### Lessons Learned from Large-Scale Prevention/ Promotion Evaluations

The third approach uses comprehensive, large-scale evaluation efforts as a more holistic lens from which to understand the effectiveness of prevention/promotion approaches than can be provided by meta-analyses or best practices compilations alone. The three examples that follow illustrate this approach.

**Child Development Project** This program, now named Caring School Community, seeks to produce a caring community in the elementary classroom and school by creating environments that foster self-determination, social competence, social connectedness, and moral guidance (Solomon, Watson, Battistich, Schaps, & Delucchi, 1996). Its classroom component consists of developmental discipline (in which students participate in developing and maintaining norms and rules and making decisions about violations and changes), cooperative learning and related collaborative small group pedagogy, and literature-based reading instruction. Schoolwide components increase inclusiveness, reduce competition, and promote a sense of shared purpose and the school as a democratic community. A family component in many settings has parent-teacher teams plan activities designed to increase families' bonds to schools.

A comprehensive evaluation of the program in six districts (three on the West Coast and one each in the Northeast, Southeast, and Midwest) involved two implementing schools in each district, which were then matched to comparison schools based on school size, ethnicity, limited English speakers, and achievement test scores (Solomon, Battistich, Watson, Schaps, & Lewis, 2000). Data were collected over a three-year period and included observations and teacher-completed measures of implementation; student surveys of school environment and academic, personal, and social attitudes and motivation; and cognitive/academic performance. When outcomes in all program schools were tested against those in comparison schools, no significant findings emerged on student social-emotional

outcomes, classroom behavior, or achievement. However, five of the twelve program schools showed a pattern of higher-quality implementation of the program. When effects in these five high-implementation schools were compared with their matched comparison schools, a number of small to moderate differences were found, mainly in student attitudes and motivation, sense of community, school engagement, democratic values, conflict resolution, and frequency of self-chosen reading. No such pattern was found in classroom academic behavior or student achievement. Further analyses indicated that quality of program implementation and school sense of community significantly influenced social (but not academic) outcomes. The lessons learned from this evaluation include the following.

- Evaluating outcomes without attending to implementation can yield inaccurate conclusions.
- Even with strong support and resources, implementation of complex, schoolwide programs is difficult.
- The quality of program implementation required to yield consistent, enduring outcomes is not well established, especially for academic indices.
- Case study methods can best identify particular constellations of influences leading to differential implementation within a school or district.

Ultimately, it was the qualitative “stories” of individual schools that the researchers turned to as a way of making sense of the highly complex findings.

**School Development Program** Developed by James Comer and often known as the “Comer process,” the School Development Program (SDP) is a school-based management approach that transforms the relationships among educators, students, and parents (Comer, 1988; Comer, Haynes, Joyner, & Ben-Avie, 1996; Joyner, Comer, & Ben-Avie, 2004). It combines school decision making with strong community input and a commitment to provide all children with the opportunities to proceed competently along six pathways of healthy development (physical, psychological, linguistic, cognitive, social, and ethical). The program was originally developed in New Haven, Connecticut, a diverse, urban school district with many students from disadvantaged families.

SDP creates and links three teams for each school. A School Planning and Management Team (SPMT) includes school administrators, teachers and other staff, and, at times, students. The SPMT is a governing structure and develops, supports, and monitors a comprehensive school improvement plan. The Social Support Team (also termed a school-based Mental Health Team) includes school psychologists, counselors, social workers, nurses, and special education teachers. It addresses children’s special needs and is a vehicle for prevention of problem behaviors via dissemination of information to teachers and parents and organizing skill development and related programmatic interventions. The Parent Team works to increase home-school bonding and support for education by facilitating

parents becoming involved in school governance, fundraising, publicity, volunteering, and sharing of parenting skills.

These structures are necessary but not sufficient; the teams, and ultimately the entire school, must operate along four "process" principles that will eventuate in a more humane and effective school:

- working cooperatively
- using a problem-solving (vs. blame-giving) orientation
- reaching decisions by consensus (vs. voting)
- giving primacy to children's needs and keeping them on healthy developmental pathways

Taken as a whole, this model generates powerful radiating effects, which Comer has described as a sense of empowerment that flows into the classrooms and touches the students while also flowing out in the community and touching residents and service providers who interface with the school (Comer, 2004).

Evaluating a process-oriented program such as SDP is a challenge. Cook, Farah-Naaz, Phillips, Stettersten, Shagle, and Degirmencioglu (1999) undertook an independent evaluation of SDP (i.e., not carried out by SDP-associated researchers). Over a four-year period they conducted a field experiment in 23 middle schools in Prince George's County, Maryland, a racially and socioeconomically diverse school district, involving multiple assessments of over 12,000 students, 2,000 staff, and 1,000 parents. Findings suggested that SDP schools carried out more program components than matched controls, but only to a small degree. Key differences were:

- having a program facilitator and more experienced teachers
- more parent and community involvement
- more agreement on a shared vision for the school by staff, students, and parents
- better implementation of School Planning and Management and Parent Teams

No reliable differences were found in shared governance, democratic decision making, or quality of school improvement plans. Improved school climate appeared to affect student well-being but not academic achievement.

As with the Child Development Project evaluation, these findings were disappointing yet revealing. Both evaluations suggest that school climate interventions do make a difference, primarily on social-emotional outcomes, if implemented with high quality.

If there is a clear message from this study, it is that programs must pay very careful attention to their key elements and ensure that they are being implemented strongly, carefully, and consistently. The mere presence of key elements is not sufficient to produce change, particularly in high-risk youth. Consistent,

high-quality implementation is necessary. A complicating factor is that intervention components being evaluated in the experimental schools sometimes also appear in the control schools without any input from the program developers. This apparently happened in the SDP study.

The Cook et al. evaluation does not represent a final statement on SDP. The Comer team has used action research to make important adjustments:

We learned from our academic component experience, reinforced by many subsequent experiences, that it is very important to obtain district-level understanding and support in all aspects of the school improvement or reform process. Otherwise, there can be a notion that the project is the treatment and will lead to the cure without district-level adjustments. Projects can provide a framework, and even content, but improvement can take place only when school people use supportive tools and information effectively at the building and district levels. Also, because of the turnover and change in school systems, support must be broad based and not dependent on one or even a few leaders. The unavailability of support for staff growth can frustrate initiatives and dampen the hope created by good relationships and a more orderly environment. Despite the eventual attention given to the academic program, significant test score gains did not take place until the eighth year of our project. At this point, the staff and parents were functioning very well and the social program had reached its highest level of effectiveness. Student behavior problems were at a minimum. Today, with more knowledge and skills, under average conditions, the model can help poorly functioning schools bring about improved social conditions in a year or two, and improved academic conditions in three to five years. Many schools have achieved both in one year. (Comer, 2004, pp. 126–27)

**Project Family** This program integrated family, school, and community approaches to substance abuse prevention (Spoth, Redmond, & Shin, 1998; Spoth, Guyll, & Day, 2000). Project Family implemented two family competency promotion programs, Preparing for the Drug Free Years and the Iowa Strengthening Families Program, in rural Iowa communities. Both programs are designed to increase family protective processes and reduce risk processes through family training in group sessions. In an experimental evaluation of Project Family, families linked with 22 experimental schools received the programs; families in another 11 schools served as controls. Results indicated that the program led to changes in specific parenting behaviors, parents' general approach to behavior management, and, in turn, emotional quality of parent-child relationships (Spoth, Redmond, & Shin, 1998).

In practice, such community partnerships involve many components, such as local and state health and social service agencies as well as families and schools. Establishing an organizing structure to operate the partnership and coordinate participation is essential (Adelman & Taylor, 2003). As interventions get more complex, encompassing, and potentially powerful, the quality with which they

are implemented and coordinated becomes more important. In addition, evaluation research becomes more important yet more difficult. In Chapter 14 we discuss evaluation approaches.

### **EMERGING AREAS FOR PREVENTION/ PROMOTION**

The areas of prevention/promotion we have discussed will continue to grow. In addition, several areas are emerging as new foci for preventive efforts. These include bullying, violence, victimization, and suicide among children in schools; youth crime and delinquency; the direct and indirect effects of terrorism; and HIV/AIDS. We could have included other issues such as domestic violence and child maltreatment but limited ourselves because of space considerations. Still, the kinds of analyses we have provided for emerging issues have strong parallels for areas we have not covered explicitly.

#### **School-Based Prevention of Bullying and Suicide**

Go into a high school assembly and ask students to raise their hands to answer "yes" to any one of these three questions:

In the past month, have you or has anyone you know in the school actually attempted to harm yourself?

Have you thought about committing suicide or harming yourself in a significant way?

Have you spoken to a classmate who said he or she had similar thoughts?

You are likely to see half of the hands in the room raised.

Go into any elementary, middle, or high school assembly and ask students to raise their hands to answer "yes" to any one of these three questions:

Have you ever bullied someone in your school, either with your words or actions?

Have you ever been bullied, threatened, or intimidated by someone else in your school?

Have you ever seen or heard someone else in the school being bullied with words or actions, and did not do anything about it?

You are likely to see anywhere from half to three-quarters of the hands up.

These examples are supported by data that indicate that suicide and bullying-related behaviors are problems worldwide (Elias & Zins, 2003; Malley, Kush, & Bogo, 1996; World Health Organization, 2000). Yet, one can certainly find schools where these problems are far less frequent. Suicide and bullying can be conceptualized in ecological terms using the individual- and environmental-level prevention



equations in Chapter 9. Key preventive influences on both of these problems are positive sources of relatedness and connectedness in both school and home life; supportive friends, family members, and other caring adults; and coping skills to deal with frustrations, setbacks, stress, and conflict as well as accurate perception of emotional cues in oneself and others. Suicide and bullying prevention both require multilevel, ecological approaches to intervention (Henry, Stephenson, Hanson, & Hargett, 1993; Kalafat & Elias, 1995; Miller & Du Paul, 1996).

**Protective Factors against Violence in School Environments** Community psychologists are among those asking how it happens that certain schools are organized so that their levels of violence and vandalism are lower than those of other schools. The following conditions have been identified as conducive to low rates of school violence (Felner & Adan, 1988; Hawkins & Lam, 1987; Pepler & Slaby, 1994; Wager, 1993).

- School courses are perceived as highly relevant to students' lives.
- School rules and structures allow students some control over what happens to them at school.
- School discipline policies are viewed as firm, fair, clear, and consistently enforced.
- A rational reward structure in the school recognizes students for their achievement.
- Strong and effective school governance exists, with strong principal leadership.
- Ongoing, positive contacts occur between students and adults.
- The curriculum includes education in social and emotional competencies.

These characteristics are the foci of a growing number of school-based prevention/promotion programs. School safety can be improved as children learn skills for prosocial participation in school life. However, all students must be given the opportunity for such participation without being marginalized or threatened (Cottrell, 1976; Coudrogrou, 1996; Elias, Zins et al., 1997).

**Empirical Research on Program Outcomes** Despite strong guidelines from theory and research, empirical results for suicide prevention approaches have been inconsistent. For example, it appears that suicide prevention curricula using a stress-based model that attempts to normalize suicidal behavior are either not effective or even harmful (Kalafat, 2003; Miller & DuPaul, 1996). Kalafat (2003) notes the difficulty in providing conclusive empirical evidence about interventions to prevent completed suicides or attempts. Best practices for suicide prevention include in-service training for school staff, identifying suicidal and other at-risk students, handling peer reports sensitively and effectively, and taking appropriate action and making referrals as necessary (Miller & Du Paul, 1996). These appear to apply equally well to preventing other problem behaviors.

With regard to bullying, there is a proliferation of programs in schools and in our understanding of bullying phenomena and their prevention (Zins, Elias, & Maher, in press). However, developing effective interventions is far from simple. Even such well-conceived and carefully implemented programs as the Toronto Anti-Bullying Intervention (Pepler, Craig, Ziegler, & Charach, 1994) showed only limited effects on victimization rates and virtually none on encouraging bystanders to intervene in bullying. Uncertainty remains about the intensity and duration of exposure to key program elements. Recent research (Goldbaum, Craig, Pepler, & Connolly, 2003; Neft & Elias, in press) shows that traditional bully-victim distinctions are too simple. Victims can be categorized into desisters (started with high levels of victimization, decreased over time), late onset (increasing victimization over time), and stable victims. The same distinctions can be made with bullies and bystanders as well as with youth who are both victims and bullies. Related distinctions are being made with regard to sexual harassment and cyber (Internet) bullying and victimization of children with disabilities, which seem to be increasing (Elias & Zins, 2003; Willard, 2005).

**Schoolwide Approaches** The largest preventive effects for bullying or suicide come from comprehensive schoolwide efforts that create a climate of non-acceptance, a positive social norm of disclosure, a track record of effective action in response to threats and incidents, and curriculum-based training in social-emotional competencies (Elias & Zins, 2003; Silverman & Felner, 1995). Firm, clear, schoolwide policies, referral procedures, and staff training must exist to deal effectively with student reports of problems. But the jury is still out on establishing a set of procedures that is effective in multiple settings, transportable across different contexts, and sustainable over a long period of time and changes in school personnel. Here we review three approaches that have shown success in some contexts.

**Olweus: Bullying Prevention** Olweus's (Olweus, Limber, & Mihalic, 1999) model has been highly successful in Norway. It focuses on establishing comprehensive school rules for acceptable interaction in all aspects of the environment, including the playground. Intervention components include an educational booklet on bullying used with all students, a parent education booklet, a video depicting the lives of victims of bullying, and a strong school discipline code that labels even nasty verbal comments as bullying and calls for swift consequences, such as removal from the playground or classroom. Repeated offenses quickly bring parents into the school. Evaluation data have indicated significant improvements in satisfaction with school life, feelings of comfort and safety, and less bullying of others. In essence, Olweus's approach creates a school with different patterns of social interaction and a different environmental feel. (This is also a goal of the CDP and SDP programs discussed earlier.) Schools using this approach must have effective ways to promote nonviolent conflict resolution, assertive communication, and ways to respond as a bystander or victim, whether during or after an incident. Research on applying the Olweus model to the United States has had some success but has been challenging to carry

out and sustain (Limber, 2004). There is a clear sense that cultural differences between the U.S. and Norway must be addressed in both program structure and implementation processes.

**Project ACHIEVE** In the United States, comprehensive schoolwide approaches are emerging that incorporate many of the elements necessary for bully/victimization/violence prevention within a broader agenda. Project ACHIEVE (Knoff, in press) illustrates one strategy:

- a schoolwide social skills curriculum focused on friendship development and preventing violence
- individual, grade-level, and schoolwide accountability systems of incentives and consequences related to bullying
- consistent staff and administrative policy and action
- “special situations analysis” of contexts where bullying occurs
- parent and community outreach to communicate the norm that bullying, teasing, taunting, harassing, and aggression are unacceptable and preventable

As with other social-emotional skill-building curricula, ACHIEVE uses a common language of problem solving across grade levels that can be applied to bullying and other problem behaviors (Elias, 2004). Some of its steps include learning to “stop and think,” asking “Are you going to make a good choice or bad choice?” and “What are your choices or steps?”

The special situation analysis examines such areas as cafeterias, hallways, buses, and other common school areas and also the specific subgroups of students (and staff) that seem to be most involved with the problem behaviors. This context-sensitive approach is consistent with community psychology principles. Based on extensive reviews of its evaluation data, Project ACHIEVE has been designated as an Exemplary Model Program by the U.S. Substance Abuse and Mental Health Services Administration, a SElect model by the Collaborative for Academic, Social, and Emotional Learning, and an exemplary program by the White House Conference on School Safety (Knoff, in press).

**School Mental Health Initiatives** Additional comprehensive interventions that address bullying and suicide in the context of other problem behaviors and desired competencies include school mental health initiatives (Hunter et al., 2005), Positive Behavior Intervention Support (Sugai & Horner, 1999), and New Directions for Student Support (Adelman & Taylor, 2006). These initiatives began with relatively narrow goals: addressing mental health problems, misbehavior, and learning difficulties in schools. Yet each has expanded to address the larger climate of education and the academic achievement and social-emotional well-being of all students. All of these initiatives are in early stages and data on their effectiveness across contexts are accumulating slowly. Of the three approaches, New Directions for Student Support is the most detailed and encompassing. Adelman and Taylor (2006) outline three interconnected systems that must be established in

coordinated ways to provide integrative and comprehensive mental health services for all students: *Systems to Promote Healthy Development and Prevent Problem Behaviors*, *Systems of Early Intervention*, and *Systems of Care*. These comprehensive approaches recognize that prevention of bullying and suicide and improvement of school mental health are, in a sense, by-products of longitudinal, multilevel ecological changes in school structure and operation.

**Summary** Attempting to incorporate all relevant research on comprehensive schoolwide efforts relates to an old tale about the builder and the donkey. A builder was making a house in the next village and wanted to have everything with him so he would only have to make one trip. So he loaded up his donkey but kept thinking of other things he would need. He did not notice the poor donkey's legs beginning to buckle as more got loaded on. When the builder declared, "Let's go!" the donkey replied, "Go yourself. I can't move." That is one ending to the story. Another ending is that the builder, outraged, said, "If you don't start moving right now, I will beat you." The donkey replied by drawing up on its wobbly legs, shaking and shaking until most of the material fell to the ground, and then running toward the village. "You will have to build with what I can carry. Since you could not choose, I did."

Like the builder, schools must choose carefully what to do about suicide and bullying. Chapter 11 addresses the complex issues of implementing interventions and the difficult choices that must be made to reconcile the desired and the feasible. From the perspective of community psychology, future efforts to prevent bullying and suicide seem best directed toward fostering children's positive connections and ensuring that meaningful parts of the school day or week reflects their strengths or interests. As a corollary, destructive behavior toward self or others is likely forestalled by ongoing supportive and caring relationships, such as regular contacts with "buddies," older peer mentors, and/or adults in advisory and other formal and informal counseling contexts. Future research should examine the impact of these processes and how they might be given priority even as more comprehensive schoolwide systems are gradually put into place.

### Preventing Youth Delinquency

Delinquency is a legal construct, not a psychological one, because it focuses on behavior by youth that is in violation of law. However, preventing delinquency is a public health concern that is connected with growing public awareness about the operation of gangs in urban and inner-city areas (Roberts, 2004). Community psychology principles provide some insights because delinquency can be conceptualized as one aspect of youth disaffection, which in turn relates to sense of community, empowerment, stress and coping, and other concepts we have discussed. Current research suggests that even though the most powerful predictors of delinquency are parenting factors, additional risk factors are often involved: perinatal risk, cognitive abilities, school achievement, emotion regulation, attachment, family socioeconomic status, marital discord, and levels of community crime and violence.

In a review of delinquency prevention programs, Welsh and Farrington (2003a) identified home visiting programs like the Prenatal/Early Infancy Project (cited earlier), comprehensive child care and preschool programs, and school-based programs as sound strategies. The Houston Parent-Child Development Center (Johnson, 1988) stands as an example of a well-studied child care program. Mothers are taught about child development and provided with parenting, relationship, and cognitive facilitation skills through home visits and group classes. The program also operated a high-quality early child development center. In an eight-year follow-up study, program children were involved in fewer fights and were less impulsive than controls. The Perry Preschool program, described earlier, is marked by high-quality instruction that gives equal emphasis to children's cognitive and social-emotional growth. Welsh and Farrington (2003a) report on a series of studies of the Perry program and similar ones, including a 22-year follow-up, that show such benefits as fewer arrests and chronic offenses in adulthood. Finally, the Seattle Social Development Program (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999) was tested in eight schools over a six-year period of time. The program's emphasis on parent training, social skills development, and creating climates to foster school bonding led to less violence and less alcohol use when compared to controls. Welsh and Farrington (2003b) note that for adolescents, after-school recreation programs are the most empirically supported strategy for delinquency prevention; mentoring and community-based programs have mixed outcomes.

Roberts (2004) and Yoshikawa (1994) suggest that future efforts to prevent delinquency must address multiple issues, focus on early family supports, community networking, and education as implied earlier, and be consistent with these best practices:

- home-based programs implemented during the first five years of life
- high-quality educational day care and/or preschool
- regular, home-based emotional and informational support relating to child development, parenting, and parents' own educational and social goals
- program length of at least two years

They also note that since chronic delinquents commit a relatively high proportion of serious juvenile crimes, interventions that address this group may be especially important.

### **Preventing Negative Impacts of Terrorism**

Citizens of virtually every nation now live under a threat of terrorism. This state of affairs has had undeniable impact on the lives of individuals, families, and communities. In the coming years, community psychologists will need to examine how the interplay of principles of social justice, individual wellness, collaboration, and sense of community can inform efforts to reduce the negative psychological impacts of terrorism.

Terrorism affects its direct victims, witnesses who feel that they may be future targets, and the surrounding environment. Danieli, Engdahl, and Schlenger (2004) describe how acts of terror and massive trauma infuse themselves into the flow of personal, community, and societal life, coloring relationships and conceptions of life's possibilities. Moghaddam and Marsella (2004) explore the many nuances of terror's impacts, emphasizing how they are related to the extent of direct or indirect personal exposure to the events and the degree to which persons are living in a state of intense fear. Recall from Chapter 8 that research on the effects of the September 11, 2001, terrorist attacks showed widespread effects, with more distress associated with more direct exposure to the attacks. However, follow-up studies also showed resilience among the majority of New York City children and adults, with overall symptom rates returning to prior levels after about six months (Galea, Vlahov et al. 2003; see Chapter 8 for other sources). Explaining such resilience would offer promising angles for preventing or reducing psychological impacts of future terrorism.

Focusing on how schools can respond to terrorism, Alpert and Smith (2003) distinguished between selective or secondary prevention that follows a terrorist attack and universal or primary prevention efforts that prepare schools for possible future terrorist incidents. Secondary prevention following an attack involves working at community and organizational levels to reduce the escalation of chaos and minimize short- and long-term negative outcomes for those affected by the crisis. As we mentioned in Chapter 8, community psychology approaches can help schools and communities publicize accurate information on posttraumatic reactions, developmentally appropriate responses, and available resources. Community psychology concepts also can help in planning crisis services and ensure that research has shown them to be effective and culturally appropriate. For instance, organizational interventions such as critical incident stress debriefing have been shown to be often ineffective, sometimes worsening an already stressful experience. Community-oriented psychologists working in schools and workplaces can organize ongoing mutual support, ensure that the most distressed receive coping assistance, and set up systems to monitor later-emerging effects (Aber, 2005; Felton, 2004; Gist, 2002; McNally, Bryant, & Ehlers, 2003; van Emmerick et al., 2002).

Primary prevention poses larger challenges. Toward what should such efforts be directed? Community psychologists are not in any unique position to prevent actual terrorist events. Should a psychological sense of threat be prevented? What is the balance between prudent preparation and life-altering alarmism? How does this balance change developmentally? Core principles of security and freedom are involved, and divergent reasoning (recall this concept from Chapter 2) is needed to strike balances and to imagine creative solutions. These issues play out, for instance, in decisions about profiling as a means of surveillance, screening in airports and subways, security in workplaces and public spaces, laws about government surveillance of email, and how terror alerts are publicized via the mass media. Developing crisis plans and/or crisis teams also involves these issues. As Alpert and Smith (2003) note, such plans and teams serve to reduce anxiety. But what level of rehearsal and practice is necessary for the effectiveness of

these plans to be guaranteed? Indeed, as security drills mount in schools, students seem to become either anxious or habituated; neither response is likely to be adaptive when a crisis occurs. There is no single answer, but rather a need for divergent reasoning and action research on policies, decisions, and their consequences.

Looking beyond schools to communities and societies, can community and other psychologists contribute to public understanding of political and social conflicts involving terrorism and responses to it? How can community psychology concepts of ecological connections among macrosystem forces, communities, and individual lives promote constructive conflict resolution at levels from international to personal? How can ecological-level thinking lead to deeper public understanding of terrorism, and meaning-focused individual coping with its threats? How can community psychology core values of wellness, sense of community, and social justice inform debate? Moghaddam (2005) and Moghaddam and Marsella (2004) gathered some psychological perspectives on related questions. How terrorism is understood involves conflicting social and political values, and deeper understanding requires divergent reasoning and action research. Community psychologists are not the only ones who could contribute to such understanding, but their emphasis on connecting multiple ecological levels and on divergent reasoning can be useful.

### HIV/AIDS Prevention

HIV/AIDS continues to be an epidemic that affects all racial/ethnic groups in all parts of the world (Centers for Disease Control and Prevention, 2003). As powerful medical interventions have changed the course of the disease, prevention efforts seem to have become routinized and driven by less urgency. Wolitski (2003) reports an upsurge of "safe sex fatigue" and "AIDS burnout." This leads prevention messages to be ignored, thereby increasing health risks and perpetuating the epidemic. Disturbingly, these trends have been accompanied by a shift toward greater incidence of the disease in people of color and in non-Anglo nations (Centers for Disease Control and Prevention, 2003).

Marsh, Johnson, and Carey (2003) suggest that prevention efforts toward youth may be best directed toward reduction of sexual risk behaviors. Effective interventions tend to include a focus on communication and negotiation skills with potential sexual partners and involve role-play practice; they also need to include information about condom use (Coates, 2004). Structurally, HIV/AIDS programs seem best to include as part of a larger emphasis on sexual health.

For community psychologists, HIV/AIDS prevention contains many challenges and opportunities. Action research can play a meaningful role in identifying subgroups that are gaining or losing ground with regard to HIV/AIDS, so that prevention efforts can be modified accordingly. Ecological theory and our understanding of diversity and context can lead to research on the impact of families, intimate relationships, peer microsystems and cultural norms on positive sexual

health in adolescents and adults (Kotchick, Dorsey, Miller, & Forehand, 1999; Power, 1998). As Wolitski (2003) noted,

HIV prevention messages, like other forms of persuasive communication, have a shelf life and are destined to become monotonous and stale if they are not frequently changed and updated to reflect new scientific information or changes in community perceptions and norms. . . . Qualitative and quantitative research are needed to promote a deeper understanding of how the social, community, and environmental context affect individual risk and to learn from the experiences of those who have successfully maintained safer sex practices. (Wolitski, 2003, p. 15)

Microsystem-level programs, macrosystem social policy, and intermediate ecological levels are all important arenas for HIV prevention (Coates, 2004).

### Implementation and Sustainability of Programs

As you have seen, answering the question, "Does prevention work?" is much like answering the questions, "Does surgery work?" or "Does education work?" The answer is "yes," but it must be qualified by knowing how well interventions are implemented. More refined questions are appropriate: "Is this program being implemented as designed, in accordance with theory and research?" and "How does it work with specific populations and contexts?"

Thus, a final emerging area for research and action concerns actual implementation of prevention/promotion initiatives in local contexts. As we have noted throughout this chapter, ideas and approaches may work very well in one organization, locality, culture, or other context yet not be applicable in another. Interventions identified as effective by empirical research in multiple settings, even when backed by meta-analytic findings or best practices and supported by lessons learned in certain situations, must be adapted to the "local and particular" dynamics and resources of each setting. Community psychologists and other prevention advocates are continuously learning about the importance of carefully considering implementation plans in context. An equal concern now is how to sustain effective prevention/promotion initiatives even after they have been brought to the point of adequate implementation. We take up these matters in detail in Chapter 11.

### CHAPTER SUMMARY

1. The literature on prevention and promotion is constantly growing. The most reliable conclusions can be gleaned from programs that have been in operation for a number of years and whose effectiveness has been studied empirically. These often focus on factors identified in the prevention equations, listed in Table 10.1.



2. We described a selection of programs focused on *microsystems* in home, school, and workplace settings. Family programs usually focus on parenting skills such as the *Prenatal/Early Infancy Project*. Later in the chapter, we described the *Family Bereavement Program* (pp. 335), and programs that link family-based and school-based efforts, the *Children of Divorce Program* (pp. 336) and *Project Family* (pp. 344). Qualities of effective family-based programs are listed in Table 10.2.
3. School-based programs often focus on teaching *social-emotional competence* or *social-emotional literacy (SEL)*. Examples include the *Perry Preschool Project*, *Interpersonal Cognitive Problem-Solving (I Can Problem-Solve)*, *Social Decision-Making/Social Problem-Solving, Second Step*, and *Lions-Quest Skills for Action*. School-based programs described later in the chapter include the *Primary Mental Health Project*, *Children of Divorce Program*, and the *Tobacco Awareness Program* (pp. 338). Workplace programs include the *JOBS Project* and efforts to build coping skills and social-emotional competencies among workers.
4. Other prevention/promotion approaches focus on *altering settings* to promote quality of life. School-based initiatives seek to alter the social climate of schools, including *Character Education*, the *Social Development Project*, the *STEP* intervention, the *School Development Program*, and the *Child Development Project/Caring School Community* program (the latter two are discussed on pp. 341). Other approaches address religious education and creating “emotionally intelligent” workplaces.
5. Broader approaches to prevention/promotion focus on *communities and macrosystems*. Examples include the *Character Matters* initiatives in Canada and *Communities That Care* initiatives in the U.S. We also described Jason’s culturally tailored mass media interventions to prevent smoking. Advocacy to influence state and national policies can also serve prevention/promotion goals. We also described how the *Pequeñas Comunidades* initiatives empower low-income communities and prevent violence in Colombia, efforts to address substance abuse policy in Mexico, and conferences to prevent victimization and to promote intercultural understanding (*KayaFest*) in Turkey.
6. Context, the ecology of a particular culture, population, community, or setting, is crucial for the effectiveness of prevention/promotion efforts. The *No Child Left Behind Act* in the U.S. has strongly affected the context of prevention/promotion efforts in schools. We also discussed the cross-cultural research of Sundberg et al., which showed that programs developed in North American often translate in limited ways, if at all, in other societies. Even within a society, programs need to be adapted to different cultures or communities.
7. We presented an illustrative family case study, the *Watsons*, to illustrate how various levels and types of prevention programs come together to serve a

family with multiple needs. This case study included discussion of how programs covered earlier in the chapter could be applied to this family as well as description of several additional programs.

8. How do we determine the effectiveness of prevention/promotion programs? We discussed *meta-analysis*, a quantitative way of summarizing the effects of a prevention/promotion intervention across multiple studies. We discussed examples of meta-analyses for primary and secondary prevention.
9. A qualitative approach to evaluation is the *best practices* approach, which focuses on identifying the elements of effective programs and uses those as criteria for evaluating other programs. We illustrated it through the work of the Collaborative for Academic, Social, and Emotional Learning (CASEL), highlighting their guidelines for school-based programs (see Table 10.3).
10. A third approach is that large-scale program evaluations reveal many *lessons learned* from practical experience as well as complexities related to the effectiveness of prevention/promotion. Local context, working at multiple ecological levels, and the quality of program implementation are key issues.
11. Five emerging areas for prevention/promotion research and action include: school-based efforts to prevent bullying and suicide; preventing delinquency; preventing psychological impacts of terrorism; HIV/AIDS prevention; and implementation and sustainability of prevention/promotion programs.

### BRIEF EXERCISES

1. Consider these questions, and then discuss with a classmate:
  - Which prevention/promotion programs described in this chapter are most interesting to you? Why?
  - In what settings, communities, or cultures might these programs work best? Why?
  - In what settings, communities, or cultures might these programs not be effective? Why?
2. Imagine yourself as a member of your local public school board. Which program(s) described in this chapter would you recommend be incorporated into the school curriculum and/or services (spending tax money to do so)? Why?
3. Imagine yourself as a local government official in your community. Which program(s) described in this chapter would you recommend be developed in your community (spending tax money to do so)? Why?

4. Outline a prevention or promotion program. Discuss your ideas with a classmate.
  - Choose a target population (e.g., by age, or those who share the same recent stressor, are in the same setting, or some other similarity).
  - Choose a setting or settings in which to implement your program: an organization, community, or macrosystem. You may focus on changing the setting or on changing microsystems or persons within that setting. You will probably have more useful ideas if you focus on a setting that you know well. You may focus on macrosystems that influence many settings, such as changing state, national, or international policies.
  - Choose at least one goal: a problem to prevent and/or competence to promote.
  - Suggest desired outcomes or objectives that you would use as observable indicators of whether your program attained its goal(s).
  - Describe the specific methods your program would use to accomplish your goal and how these are related to the problem being prevented or competence being promoted.
  - Describe the connection between your program and the concepts of prevention/promotion in Chapters 9–10.

### RECOMMENDED READINGS

- Albee, G., & Gullotta, T. (Eds.) (1997). *Primary prevention works*. Thousand Oaks, CA: Sage.
- Gullotta, T., & Bloom, M. (Eds.) (2003). *Encyclopedia of primary prevention and mental health promotion*. New York: Springer.
- Weissberg, R., & Kumpfer, K. (Eds.) (2003). Prevention that works for children and youth [Special issue]. *American Psychologist* 58(6/7).



### RECOMMENDED WEBSITES

#### Partial Listing of Specific Prevention/Promotion Programs

Character Matters Program: York Region District School Board, Ontario, Canada

<http://www.yrdsb.edu.on.ca/>

Developmental Studies Center: Caring School Community Program (formerly Child Development Project)

<http://www.devstu.org>

Hope Foundation

<http://www.communitiesofhope.org>

I Can Problem Solve (ICPS); Social Decision Making/Social Problem Solving  
<http://www.researchpress.com>

Open Circle/Reach Out to Schools Social Competency Program

<http://www.open-circle.org>

Peace Works

<http://www.peaceeducation.com>

Promoting Alternative Thinking Strategies (PATHS)

<http://www.channing-bete.com>

Resolving Conflict Creatively Program (RCCP)

<http://www.esrnational.org>

Responsive Classroom

<http://www.responsiveclassroom.org>

Second Step

<http://www.cfchildren.org>

Skills for Adolescence, Skills for Action, Violence Prevention

<http://www.quest.edu>

Social Decision Making/Social Problem Solving Program

<http://www.umdj.edu/spsweb>

<http://www.eqparenting.com>

Strengthening Families Program

<http://www.strengtheningfamilies.org>

Tribes TLC: A New Way of Learning and Being Together

<http://www.tribes.com>

### **Information and Best Practices for School-Based Prevention/Promotion**

Collaborative for Academic, Social, and Emotional Learning

<http://www.casel.org>

Character Education Partnership

<http://www.Character.org>

National Association of School Psychologists

<http://www.NASPonline.org>

National Mental Health Association

<http://nmha.org/children/prevent/index.cfm>

National Center for Learning and Citizenship

<http://www.ecs.org/nclc>

U. S. Dept. of Education, Office of Safe and Drug-Free Schools

[http://www.ed.gov/offices/OSDFS/exemplary01/2\\_intro2.html](http://www.ed.gov/offices/OSDFS/exemplary01/2_intro2.html)

Center for Substance Abuse Prevention

U.S. Substance Abuse & Mental Health Services Administration

[http://modelprograms.samhsa.gov/template\\_cf.cfm?page=model\\_list](http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list)

U.S. Centers for Disease Control and Prevention

<http://www.cdc.gov/hiv/projects/rep/compend.htm>

National Institute on Drug Abuse, U.S. National Institutes of Health  
<http://www.nida.nih.gov/prevention/prevopen.html>

Center for the Study and Prevention of Violence, Blueprints Project  
<http://www.colorado.edu/cspv/blueprints/index.html>

National Institutes of Health, consensus findings on youth violence  
<http://consensus.nih.gov/ta/023/023youthviolencepostconfintro.htm>

Center for Social and Emotional Education  
<http://www.csee.net>

School Mental Health Project  
<http://smhp.psych.ucla.edu>

Educators for Social Responsibility  
<http://www.esrnational.org>

### **Partial International Listing of Prevention/Promotion Resources**

United Nations Educational, Social and Cultural Organization  
<http://www.ibe.unesco.org/International/Publications/Educational/Practices/prachome.htm>

(Downloadable, reproducible booklets on social-emotional learning and related topics in multiple languages.)

The World Federation for Mental Health  
<http://www.wfmh.com/>

Center for Social and Emotional Learning (CESEL) of Denmark  
<http://www.cesel.dk/>

Consortium for Research on Emotional Intelligence in Organizations  
<http://www.eiconsortium.org>

German Network for Mental Health  
<http://www.gnmh.de/>

Psychological and Counseling Service/Life Skills Program (SHEFI),  
Education Ministry, Israel  
<http://www.education.gov.il/shefi>

EQ Japan  
<http://www.eqj.co.jp/>

Youth Education Service (YES) of the New Zealand Police  
<http://www.nobully.org.nz/>

Nasjonalforeningen for Folkehelsen, Norway  
<http://www.nasjonalforeningen.no/BarnogFamilie/artikler/folkeskikk.htm>

Partnerships Against Violence Network  
<http://www.pavnet.org>

Promoting Social Competence Project, Scotland  
<http://www.dundee.ac.uk/psychology/prosoc.htm>

Department of Education Sciences, Rand Afrikaans University, South Africa  
<http://general.rau.ac.za/cur/edcur/eduscie/krige.htm>

6 Seconds (Information on promoting emotional intelligence in schools,  
organizations, and families.)

<http://www.6seconds.org>

Social Emotionell Träning, Sweden

<http://www.set.st/>

Emotional Intelligence of Turkey (Türkiyenin Duygusal Zekası)

<http://www.duygusalzeka.com/>

### Resources for Service Learning and Citizenship Education

National Center for Learning and Citizenship

<http://www.ecs.org/nclc>

Center for Information and Research on Civic Learning and Engagement

<http://www.civicyouth.org>

International Education and Resource Network

<http://www.iEARN.org>

(See also Recommended Websites for Chapter 9.)

### INFOTRAC® COLLEGE EDITION KEYWORDS

*community-based, competence(ies), family-based, intervention, prevention(ive)(ing), primary prevention, problem solving, promotion(ing), school-based, social-emotional competence, social-emotional learning*