

## Bibliography of CRTs currently in C2-SPECTR

### Prepared for the Campbell Collaboration Briefing Conference on Place Randomized Trials in Education, Crime, Social Welfare, and Health at the Rockefeller Foundation, 12/18/03

Extracted from the 12/9/03 C2-SPECTR database by Julia Lavenberg

1. Aarons, S. J., Jenkins, R. R., Raine, T. R., El-Khorazaty, M. N., Woodward, K. M., Williams, R. L., Clark, M. C., & Wingrove, B. K. (2000). Postponing sexual intercourse among urban junior high school students - A randomized controlled evaluation. Journal of Adolescent Health, 27(4), 236-247.  
Abstract: This article reports on a trial in which 6 junior high schools in Washington, D.C. were randomly assigned to intervention or control conditions of a school-based program to delay sexual intercourse among urban teens. The intervention group received reproductive health classes, the Postponing Sexual Involvement curriculum and health risk screenings in seventh grade. Intervention students also received "booster" educational activities during eighth grade. Brief abstract created and entered into C2-SPECTR by J. Lavenberg, 7/29/03.
2. Achara, S., Adeyemi, B., Dosekun, E., Kelleher, S., Lansley, M., Male, I., Muhiaddin, N., Reynolds, L., Roberts, I., Smailbegovic, M., & van der Spek, N. (2001). Evidence based road safety? The Driving Standards Agency's schools programme. Third International Inter-disciplinary Evidence-Based Policies and Indicator Systems Conference .  
Abstract: This article refers to a forthcoming Cochrane Review (no date given) and contains references to one CRT and two RCTs conducted in Australia, the US, and New Zealand. entered into C2-SPECTR on 5/21/03 by J. Lavenberg.
3. Alexopoulos, G. S., Bruce, M. L., Katz, I. R., & Ten Have, T. (1999). Effectiveness of a suicide intervention for elderly patients in primary care settings. Unpublished Grant Proposal.  
Abstract: This study was designed in response to the NIMH RFA inviting research to "test models of depression recognition and treatment to prevent and reduce suicidal behavior in older patients in primary care settings." Elderly suicide most frequently occurs in the context of mild to moderate depression. In primary care patients, suicidal ideation is a risk factor for suicide and has been identified almost exclusively in patients with depressive symptoms and signs. Since most suicide victims are seen by their primary care physicians within a few weeks of their death, intervening at the doctor's office may be life saving.

This study will investigate the effectiveness of an intervention aimed at improving the recognition of suicidal ideation and depression by the practices and facilitating the implementation of a treatment algorithm based on the AHCPR guidelines. The linchpin of the intervention is the use of Depression Specialists (DS) who will collaborate with the physicians and help them to increase recognition of depression, offer timely and appropriately targeted treatment recommendations, and encourage patients to adhere to treatment. In addition, procedures aimed at educating patients, families, and physicians on depression and suicidal ideation and behavior and generate a practice model that has the ability to incorporate the advances of our clinical science.

The study will be conducted by the Intervention Research Centers (IRC) of Cornell, U. Penn, and U. Pittsburgh. The intervention will be offered in 6 primary care practices from 3 geographic areas (metropolitan and suburban New York, Philadelphia, and Pittsburgh) and its impact will be contrasted to that of 6 comparable practices offering usual care. Data will come from a representative sample of patients aged 60 years and older selected through an age-stratified, two-stage sampling design and followed for two years. The group will consist of 1,200 subjects and comprise patients with depressive symptoms and signs (CES-D $\geq$ 11; estimated total N=920; per center N=307) and a random sample of patients without significant depressive symptomology (CES-D<11; estimated total N=280; per center N=93). Beyond direct systematic clinical assessment of patients, information will be obtained on health services utilization from practice-based medical records and for patients who die during the study period, from death certificates. Data will also be collected to document the impact of intervention on patient care, and on physician knowledge, attitudes, and satisfaction and test hypotheses derived from preliminary studies of the three IRCs.

4. Alpasca, M. R. A., Siegel, D., Mandel, J. S., M. Santana, R. T., Paul, J., Hudes, E. S., Monzon, O. T., & Hearst, N. (1995). Results of a model AIDS prevention program for High school students in the Philippines. AIDS, Supplement 1, 7-13.

**Abstract: Background and Study Objectives**

In the last decade, hundreds of AIDS prevention programs have been developed to educate youngsters on HIV infection. Evaluations of school-based AIDS prevention programs in the United States have shown that they are effective in increasing students' knowledge. Unfortunately, the amount of behavioral change associated with one's increase in knowledge is known to be minimal (Chandarana, Conlon, Noh, and Field, 1990; Belgrave, Randolph, Carter, Braithwaite, and Arrington, 1993; Brown, Barone, Fritz, Caballero, and Nossau, 1991; Ashworth, DuRant, Newman, and Gaillard, 1992).

The purpose was to evaluate the effect of a culturally sensitive AIDS education program on the AIDS-related knowledge, attitudes and planned preventive actions of Filipino public high school students.

**Intervention and Target Population**

The intervention in this study was developed on the basis of the cognitive learning theory. The program consisted 12 lessons delivered by trained teachers in Physical Education, Health, Music, and Value Education classes.

The target population was public high school students in the Philippines.

**Evaluation Design**

This is a randomized place based trial design with pretest/posttest evaluation. Using the cluster sampling method, participants were sampled from four demographically similar schools in the semi-urban district of Metro Manila. Of these four schools, two were randomly assigned to the intervention and two, to the control groups. Within each school, four classrooms were engaged in the treatment or control condition. Of 845 high school students who participated in the baseline survey, 804 (95%) completed a post-intervention questionnaire, comprising 5420 intervention and 384 control students.

**Variables Measured**

This study used self-administered questionnaires to get at the demographic characteristics: age, sex, grade level, parents' education and economic status. The measure of economic status had a Cronbach's value of .76 and was highly correlated with the parents' education.

AIDS-related knowledge was assessed in three scales: AIDS biology (6 items), transmission (10 items), and prevention (5 items). There is no reliability reported.

Attitudes were rated along a four point Likert scale from 1 (strongly disagree) to 4 (strongly agree). The attitudinal scales measured avoidance of people with AIDS (5 items, = .60), compassion toward people with AIDS (5 items, = .80), and intentions regarding AIDS preventive behavior (8 items, = .70).

Sexual behavior patterns were assessed by a 6-item inventory. Drug-related patterns were assessed by 4 items.

**Results**

Two-tailed Student's t-tests were used to compare the mean changes in scores for subjects in each experimental group. As each school was randomly allocated to either control or experimental group, an estimate of the interclass correlation was obtained from a series of one-way analysis of variance for each outcome variable separately within the intervention (8 classrooms) and the control (8 classrooms) groups. The p value reported in this study are based on these modified statistics.

After implementation of the AIDS prevention program, statistically significant effects favoring the intervention group were observed in knowledge and attitudes toward people with /aids. While there was no statistically significant overall effect on intended preventive behavior, the program appeared to delay the students' intended onset of sexual activity.

There is no statistically significant change intended or actual behavior as a result of the AIDS education program.

Author/Editor: Szu-Hsien Lee/Boruch, 10/17/01, Draft

5. Arbeit, M. L., Johnson, C. C., Mott, D. S., Harsha, D. W., Nicklas, T. a., Webber, L. S., & Berenson, G. S. (1992). The Heart Smart Cardiovascular School Health Promotion: Behavior correlates of risk factor change. Preventive Medicine, 21, 18-32.

Abstract: Four elementary schools in suburban New Orleans, Louisiana were randomly assigned to either a cardiovascular health promotion intervention or control condition. This article provides observations obtained during the 2 and 1/2 years of the study. Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.

6. August, G., Lee, S., Realmuto, G., & Bloomquist, M. (2003). Three-year outcomes of a prevention program for aggressive, urban-residing children: An effectiveness trial of the Early Risers Program. 11<sup>th</sup> Annual Meeting of the Society for Research Prevention .

Abstract: The Early Risers "Skills for Success" program is a multifaceted, preventive intervention for aggressive children that is implemented during the elementary school years. The intervention targets multiple risk and protective factors to deflect children off the antisocial developmental pathway. Efficacy of the program was initially demonstrated in a randomized trial with a sample of aggressive children living in rural communities (August et al., 2001, August, Hektner, et al., 2002). Effectiveness of the program over two years was examined in another randomized trial when the program was implemented by neighborhood family resource centers available to urban children and their families (August, Lee, et al., 2002). The present paper evaluated the sustained effects of the effectiveness trial following two years of intensive intervention and one year of maintenance. The initial evaluation of the two-year effects of the effectiveness trial indicated that intervention children showed significant gains on measures of school adjustment and social competence. The most aggressive program children showed reduction in disruptive behavior, and program parents reported reduced levels of stress. A total of 2,112 kindergarten and 1st grade children in two annual cohorts were screened for aggressive behavior and recruited for participation (N = 327) in a longitudinal study of school adjustment. Children were randomized to two model variations of the Early Risers Program (a full strength model that included child and parent/family intervention components and a partial strength model that included only the child component) and a no-intervention control group. The child-focused component included an annual 6-week summer school session, an after-school youth program, focused social skills groups, and a monitoring and mentoring teacher consultation program. The parent/family-focused component included a home-based family support, empowerment, and service-brokering program tailored to the unique needs of families. During the maintenance year, children continued to participate in the after-school youth program and parents were contacted by their family advocates. Mean age of the subjects at baseline was 6.3 years and 80% were of African-American heritage. Three-year outcomes will be analyzed with a two-level random mixed random regression model, with time points nested within individual participants. An 'intent-to-intervene' strategy will be applied to the analyses. We will provide results from the analyses and discuss about urban community collaboration in dissemination research and development of culturally sensitive prevention programs that fits with the cultural expectations of the population served. Entered into C2-SPECTR on 6/22/03 by J. Lavenberg.

7. Avorn, J., Soumerai, S. B., Everitt, D. E., Ross-Degnan, D., Beers, M. H., Sherman, D., Salem-Schatz, S. R., & Fields, D. (1992). A randomized trial of a program to reduce the use of psychoactive drugs in nursing homes. The New England Journal of Medicine, 327, 168-173.

Abstract: This article refers to a trial in which nursing homes were the units of random allocation. Doctors, nurses, and aides participated in an educational program in geriatric psychopharmacology in the treatment group, while the control group did not. Type and quantity of drugs received by patients was measured at baseline and again five months after the intervention. Entered into C2-SPECTR on 5/21/03 by J. Lavenberg.

8. Azevedo, K., Redmond, C., & Lillehoj, C. (2003). Discrepancies between in-home and in-school self-reports of intervention-targeted behaviors in adolescent youth. 11th Annual Meeting of the Society for Prevention Research .

Abstract: A critically important aspect of the evaluation of preventive interventions with adolescents is valid and reliable self-reporting of problem behaviors. The sensitive nature of many behaviors targeted by preventive interventions, such as substance use, can threaten the honest reporting of such behaviors. The issue of the validity of adolescent self-reports of problem behaviors has received considerable attention. However, findings do suggest that there are many factors that may influence the validity of self-reports involving sensitive information. One such factor concerns the setting in which the data is collected. This study examines the effects of data collection setting (school vs. home) on adolescent self-reports of substance use behaviors.

Data collected as part of the Capable Families and Youth (CaFay) project are used to examine the effects of setting and other factors on substance use self-reports. The CaFay project is an evaluation of universal

interventions designed to prevent substance use and other problem behaviors among rural Iowa pre-adolescents and adolescents. The project includes 36 schools randomly assigned to one of three conditions; 2 interventions and a control. (See Spoth, R., Redmond, C., Trudeau, L., and Shin, C. 2002.) In this ongoing study, we currently have available 4 waves of data, including in-school assessments in all selected schools consisting of written questionnaires focusing on school attitudes and behaviors, plus self-reports of problem behaviors, including substance use. In addition, approximately one-half of all families (randomly selected) of students included in the in-school assessment completed written questionnaires and videotaped discussions in their homes at each wave. At the first wave, 1,677 students completed the in-school portion; of these students, 691 also completed the in-home interviews.

We explore disparities between in-home and in-school responses of students within schools and across experimental conditions. The reason for the discrepancies between home and school settings and the implications about self-report validity remain to be elucidated. Data suggest that higher levels of substance use are typically reported on written questionnaires administered in schools than when administered in the home. Among the possible explanatory factors, uncertainty of confidentiality might differentially affect willingness to admit to certain behaviors in different settings and possibly explain some of the discrepant data. Another factor possibly related to setting-related differences is the use of a bogus pipeline procedure in the school setting to encourage honesty in self-reported tobacco use. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

9. Bain, H. P., & Achilles, C. M. (1986). Interesting Developments on Class Size. Phi Delta Kappan, 67(9), 662-665. Abstract: The education reform movement has fostered renewed interest in class size. Tennessee and Indiana experiments with smaller class size in primary grades have yielded improved student behavior and achievement scores. Tennessee's new student-teacher achievement ratio project (STAR) is a longitudinal study furthering research on small class benefits. (7 references) (mlh) [By permission, ERIC Processing and Reference Facility, US Department of Education]
10. Bain, H. P., & Jacobs, R. (1990). The Case for Smaller Classes and Better Teachers. Streamlined Seminar: National Association of Elementary School Principals, 9(1). Abstract: The impact of class size reduction at the early levels on student achievement in various states is discussed in this report. The Tennessee Student Teacher Achievement Ratio (STAR) study, a statewide longitudinal evaluation of the effects of class size on student achievement and development in primary grades K-3, analyzed demographic and basic skill data from student records of 2,837 students in classes of various sizes. Findings indicate that small class size is a significant factor in kindergarten readiness achievement and is most effective in cases of low socioeconomic status and high attendance. A second phase of project STAR, based on observations and interviews with 49 effective first-grade teachers, identified shared characteristics and instructional teaching strategies. Findings indicate that effective teachers have high expectations for student learning, stress family involvement and individual attention, and have clear discipline and organizational policies. An accompanying article by Brad Duggan discusses "real issues and false assumptions about class size." Based on observation of the Texas school system, a conclusion is that reductions in class size at early levels has had a significant positive impact on student achievement. (Lmi) [By permission, ERIC Processing and Reference Facility, US Department of Education]
11. Bain, H. P., & Jacobs, R. (1990). Project STAR Research Synopsis: The Effect of Reduced Class Size on Kindergarten Reading Readiness. U.S., Tennessee: Tennessee State Department of Education. Abstract: Effects of teacher-pupil ratio on kindergartners' mastery of reading readiness objectives were studied. The study was part of Tennessee's project STAR, a 4-year study of class size. About 2,850 students in 38 elementary schools that served 4 types of communities: innercity, suburban, urban, and rural, in 26 Tennessee school systems participated. Basic reading skills objectives were divided into three strands: word identification skills, comprehension skills, and reference and study skills. There were three categories of classes: small, regular, or regular with full-time teacher aide. Data were collected from individual or group profiles indicating mastery or nonmastery of objectives tested. Data were analyzed with a five-way analysis of variance and a cross-tabulation procedure with a chi-square test of significance. Findings suggested that class size was a significant factor in kindergarten reading readiness achievement. Small classes achieved greater mastery on 25 basic skills first objectives and 20 comprehension objectives, but not on 5-word identification objectives. Students who did not receive free lunches outscored students who received free or reduced cost lunches in every comparison. Innercity students obtained the lowest scores of the four geographic localities. Students in the lowest attendance

category obtained the lowest average scores in each of the three class size conditions. (Rh) [By permission, ERIC Processing and Reference Facility, US Department of Education]

12. Balli, S. J., Wedman, J. F., & Demo, D. H. (1997). Family involvement with middle-grades homework: Effects of differential prompting. Journal of Experimental Education, 66 (1), 31-48.
13. Barrett, P., & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school-based trial. British Journal of Clinical Psychology, 40, 399-410.  
Abstract: This study examined the effectiveness of a 12-session, cognitive-behavioral, school-based preventive intervention for childhood anxiety (Friends for Children) among 10-12 year old (grade six) children. Ten schools in metropolitan Brisbane, Australia participated in this study; schools were randomly assigned to either (a) teacher-led intervention, (b) psychologist-led intervention, or (c) standard curriculum/monitored control condition. Participants in both intervention conditions reported fewer symptoms of anxiety at post-intervention than participants in the monitored control condition.  
Summary created by J. Lavenberg and entered into C2-SPECTR 5/13/03.
14. Barrow, C. R. (1978). Field Experimentation: One Approach to Contemporary Issues Concerning the Deterrence Doctrine. Unpublished doctoral dissertation, University of Arizona, Tucson, AZ .  
Abstract: Arizona Indian Youth Center Late Return Experiment  
  
Nine homes in a community residential treatment center (for Native American youth) were randomly assigned to three types of responses to youths returning late to the center. The 1100% reaction' condition called for house parents to apply sanctions in all cases of late returns. The 150% reaction' condition required house parents to apply sanctions for late returns in half the cases. House parents in the 'no reaction' condition ignored late returns. The deterrence hypothesis was tested in the experiment; 100% reaction homes should have fewer late infractions during the experiment. This was not supported in the analysis.  
(Abstract by: Weisburd, D., Sherman, L., and Petrosino, A. J., 1990)
15. Bartlett, A. V., Englander, S. J., Jarvis, B. A., Ludwig, L., Carlson, J. F., & Topping, J. P. (1991). Controlled trial of giardia lamblia: Control strategies in day care centers. American Journal of Public Health, 81(6), 1001-1006.  
Abstract: This article reports on a trial in which 31 day care centers in Phoenix, Arizona were randomly assigned to one of three intervention groups for treating giardia infection in infants and toddlers.  
Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
16. Basen-Engquist, K., Parcel, G. S., Harrist, R., Kirby, D., Coyle, K., Banspach, S., & Rugg, D. (1997). The Safer Choices project: Methodological issues in school based health promotion intervention research. Journal of School Health, 67(9), 365-371.  
Abstract: Uses Safer Choices--a school-based program for preventing HIV, sexually transmitted diseases, and pregnancy--to examine methodological issues in large-scale school-based health promotion research, discussing randomization of small numbers of units; reasons for using a cohort or cross-sectional design; and analysis of data by appropriate statistical methods. (SM). ERIC abstract. Entered into C2-SPECTR on 5/25/03 by J. Lavenberg.
17. Bauman, K. E., La Prelle, J., Brown, J. D., Koch, G. G., & Padget, C. A. (1991). The influence of three mass media campaigns on variables related to adolescent cigarette smoking: Results of a field experiment. American Journal of Public Health, 81, 597-604.  
Abstract: **Background and Study Objectives**  
This article addresses the problem of unexpected intercommunity variation effects on the dependent variable when evaluating community intervention programs.  
The study looked at the influence of three mass media campaigns on variables related to adolescent cigarette smoking.

#### **Intervention and Target Population**

The design is discussed in detail in Bauman et al. (1991)

#### **Evaluation Design**

This is a place based randomized trial. Ten study communities were selected from 81 Standard Metropolitan Statistical Areas (SMSA) in the southeast U.S.A. Homogeneity was increased by including communities with population between 200,000 - 500,000 and using other factors as well.

Three related media campaigns on smoking rates. There were 6 treatment communities and 4 control communities, i.e., two communities for each treatment. Adolescents (N=164) were sampled from each community. For a uniform sample an average of 80 geographical clusters in each community were sampled. To maintain regional homogeneity, outliers in racial or educational make up were excluded. Also attempted to reduce unwanted variance by statistical adjustment for relevant personality and socio-demographic variables.

The three campaigns shared similar elements. So, aggregating the three treatments in to one 6-community group was possible.

### **Variables Measured**

The outcome and stratification variables included (1) Alveolar breath and saliva samples, and (2) self-administered questionnaire for adolescents and mothers providing information on demographic and smoking behavior information.

### **Results**

No media effects on smoking behavior variables were found. Substantial SMSA to SMSA differences in smoking rate in both 1985 and 1987 data on both dependent variables that were not related to treatment.

A preliminary analysis suggests there are differences in smoking rate between communities in the 1985 sample that are independent of the media campaign.

Author/Editor: Wickrema/Boruch, 10/17/01, Draft

18. Bean, T. W., Searles, D., Singer, H., & Cowan, S. (1990). Learning concepts from biology text through pictorial analogies and an analogical study guide. Journal of Educational Research, 83(4), 233-237.  
Abstract: Findings from a study of 111 high school biology students indicate that students who received instruction combining a pictorial analogy comparing the cell to a factory and an analogical study guide displayed significantly better comprehension of this material than did their peers, whose instruction did not include the pictorial representation. (IAH) [By permission, ERIC Processing and Reference Facility, US Department of Education]

The following abstract was created by Tamara Baker-Sucoloski. Entered into C2-SPECTR by J. Lavenberg on 7/13/03.

*Objective:* This study tested the hypothesis that the presentation of a pictorial analogy along with written instruction would result in greater understanding of biology concepts.

*Description of the Program:* Research suggests that relating new concepts to some familiar concrete object in an analogy can enhance learning. This experiment looked at whether pictorial representation of the analogy further increased that understanding. 111 students from a multicultural urban high school in southern California were given different types of lessons on cell structure. 25 students received a lecture comparing cell parts/functions to a factory depicted in a diagram on the board, accompanied by an analogical study guide. 28 students received the same lecture and study guide, without the pictorial representation. Another 28 students received a related lecture that did not actually describe cell function or structure, but were given the analogical study guide. Finally, the control group of 30 students listened to an unrelated lecture and did not have access to the analogical study guide. All groups were assigned a reading passage about the topic of cell structure and function following the lectures.

*Study Design:* Students were randomly assigned by class to the aforementioned treatment and control conditions. No analysis demonstrating a lack of systematic difference among the groups was mentioned.

*Response Variables:* Two post test measures were used: a 14-item cell structure and function matching test and a short essay test.

*Results:* Students who received the pictorial representation demonstrated significantly better performance on the outcome measures than their peers in the other three groups. There was no significant difference between the second experimental group that received a teacher explanation during the lecture as well as a study guide and the third experimental group that only received the study guide. However, both of these groups outperformed the control group that only received the reading assignment, demonstrating support for the analogical representation in the study guide as a helpful instructional technique.

19. Beardslee, W., & Gladstone, T. (2003). A family-based approach to the prevention of depression in children at risk: Evidence of parental and child change. 11th Annual Meeting of the Society for Prevention Research

Abstract: Recent reports have emphasized the need to consider prevention for children of depressed parents, who are at increased risk for psychiatric disorders, relative to children with non-ill parents (Beardslee, Versage, & Gladstone, 1998). We developed preventive intervention strategies that target these children, and that are compatible with a range of practices (e.g., internists, pediatricians, school counselors). In developing these interventions, we followed the sequence outlined in the Institute of Medicine (1994) report. This investigation represents the first family-centered primary prevention study of children at risk for depression and other psychopathology due to parental mood disorder.

Based on a public health model, we developed two manual-based prevention programs that target the family and aim to reduce risk factors and enhance protective factors for relatively healthy children (ages 8 to 15) of parents with mood disorder. Our prevention approaches were designed to provide information about mood disorder to parents, and then to equip parents with the skills they need to promote resilience in their children. We expected that parental change in child-related behaviors and attitudes would produce change in two proximal outcomes in children: (1) understanding of parental illness; and (2) internalizing symptomatology. We tested two hypotheses: (1) the amount of parental change will vary by group; and (2) more parental change will be associated with more child change in understanding and internalizing symptomatology.

Ninety-three families including 123 children were assigned randomly to either the lecture or the clinician-facilitated intervention program. Family members were assessed for psychopathology and for functioning at intake, and for psychopathology, functioning, and response to intervention immediately post-intervention, approximately one year post-intervention, and again approximately 2.5 years post-intervention.

Relative to lecture program parents, parents in the clinician-facilitated program reported more change in child-related behaviors and attitudes ( $\eta^2_1 = 40.1$ ,  $p < .001$ ). There was a significant relation between the amount of parents' child-related behavior and attitude change and the amount of children's change in understanding of parental illness ( $\eta^2_1 = 37.3$ ,  $p < .0001$ ). Finally, children who participated in our intervention programs reported decreased internalizing symptomatology over time ( $\eta^2_1 = 7.3$ ,  $p = .007$ ). These findings suggest that brief, manual-based preventive intervention programs can have long-standing effects in how families problem-solve around parental mood disorder. We hope to present these data, as well as data from our next time point, at the SPR meeting in June. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

20. Behrman, J., Sengupta, P., & Todd, P. (2001). Philadelphia, Pennsylvania: Department of Economics, University of Pennsylvania; and Washington, D.C.: International Food Policy Research Institute (IFPRI):

Abstract: **Background and Study Objectives**

Children in rural Mexico often work for family or in the fields rather than go to school so as to provide income support for their families. The study's main object was to determine whether an income transfer program at the village level would increase children's school attendance.

There were other objectives, including determining the income transfer's effect on health and nutrition, as well as education status.

#### **Intervention and Target Population**

The intervention, PROGRESA, involved providing financial incentives to all families in a random allocated village sample in Mexico. The intervention is labeled as an anti-poverty and human capital resource program.

The specific intervention involves income transfer payments to families that are contingent on family children's regularly attending schools. The income transfer varies with the child's grade level to recognize that older children are more likely to engage outside work.

The average total cash transfer to a family is \$55 per month. This is believed to represent over a

fifth of the average income of eligible families in this study.

PROGRESA also provided resources to schools within localities, to offset deterioration of school services that might come about because of increased school enrollments.

Nutritional supplements and monetary transfers worth about \$12/month were also made available.

The target population of children within localities includes children who are 6 to 16 years old. The targeted grade levels cover grade 1 (children who are six years old), through grades 4 to 5 (ten-year olds), through grades 6, 7, and beyond.

### **Evaluation Design**

This was a place-based randomized trial. From the eligible target population of localities (villages), 320 were randomly assigned to the income transfer intervention and 186 localities (villages) were assigned to a control condition in which the income transfer program operated.

The localities' eligibility, i.e., target population of villages, was selected on the basis of 1990 and 1995 census data to establish a "high degree of marginality".

About 30,000 children participated in this trial. They are in the localities allocated to the income transfer program and in the control localities.

### **Variables Measured**

A major dependent variable is the number of children enrolled in school over time, about 2-3 years so far. Grade repetition was also measured.

The stratification and blocking variables and covariates include the child's gender and age.

The categorical independent variable measure is being in the income transfer or not.

### **Results**

The results from the reports cited are after two years of PROGRESA's operations

The income transfer intervention has zero effect on children's enrollment rates for children below the age of 11 when primary school ends.

The income transfer intervention has a positive effect with older children. For age 10 or 11 and older, the intervention's impact on school enrollment for boys is substantial, and substantially higher for boys than for girls. The effect for girls is complicated and may be higher.

Gender gap analyses for age specific effects are underway.

21. Behrman, J., & Todd, P. (1999). Washington, D.C.: International Food Policy Research Institute (IFPRI).: Abstract: Please refer to Behrman, J., Sengupta, P. & Todd, P. (2001) for a description of this cluster randomized trial.
22. Bell, R. M., Ellickson, P. L., & Harrison, E. R. (1993). Do drug prevention effects persist into high school? How Project ALERT did with ninth graders. *Preventive Medicine*, 22, 463-83. Abstract: This article reports on the two year follow-up of a school-based drug prevention trial in which 30 middle schools in California and Oregon were randomly assigned to condition (Project ALERT with teacher instruction, Project ALERT with older teen leaders, no instruction). Please refer to Ellickson, Bell, & McGuigan (1993) for additional information. Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
23. Bickman, L. (1985). Randomized Field Experiments in Education: Implementation Lessons. New Directions for Program Evaluation, (28), 39-53. Abstract: This chapter describes the implementation and lessons learned from the conduct of three field experiments in education. All three evaluation designs used randomized assignment. Results showed even under very adverse and unstable conditions, randomized designs can be maintained. (LMO) [By permission, ERIC Processing and Reference Facility, US Department of Education] Descriptive Note: Theme issue with title "Randomization and Field Experimentation." CIJMAY86 [ERIC]
24. Biglan, A., Ary, D. V., Smolkowski, K., Duncan, T., & Black, C. (2000). A randomised controlled trial of a community intervention to prevent adolescent tobacco use. Tobacco Control, 9, 24-32. Abstract: Communities in the United States were the unit of randomization. Brief abstract will be added

soon. 5/21/03. JGL

25. Blank, R. K., Porter, A., & Kaufman, M. (2000). Improving Effectiveness of Instruction in Mathematics and Science with Data on Enacted Curriculum. Unpublished Grant Proposal.  
Abstract: Council of Chief State School Officers  
Wisconsin Center for Education Research  
The Regional Alliance for Mathematics and Science Education Reform

Improving Effectiveness of Instruction in Mathematics and Science with Data on Enacted Curriculum  
Project supported by a grant from the National Science Foundation

Project Schedule and Steps in Assistance and Professional Development with Schools

Phase I: Select Sites and Schools, Collect Data, Provide Assistance and Professional Development (Year One: January 2001 - Year Two: December 2002)

Select and Establish Links to Schools (January - March '01). The project team will select 40 middle schools in 10 to 14 large urban school districts. All the districts in the project are active in standards-based reform of math and science. In each district, from 2 to 8 middle schools will be asked to participate. Schools will be randomly assigned to treatment and control groups.

Project staff will contact schools selected as Phase I, or treatment group, schools to identify a planning team to oversee the project intervention process. Teams will be composed of a building administrator, mathematics and science department chairs or curriculum coordinators, and two to three teachers. Staff will convene meetings with school teams in geographic proximity to discuss project goals, activities, and plans for data collection and implementing the assistance model.

Data Collection in Sites, Baseline Surveys of Enacted Curriculum (February - April '01)

Data on classroom practices will be collected from all middle school teachers in Phase I (treatment group) and Phase II (control group) schools using the Surveys of Enacted Curriculum (SEC) in mathematics and science. The survey instruments will provide a comprehensive indicator data on teaching activities and curriculum content. Additional data on classroom practice will be collected from a sub-sample of teachers and classrooms using teacher interviews, classroom observations, and curriculum materials to validate the self-report survey data. Additionally, all schools will be asked to provide information on current standards, curricula, and professional development activities as well as assessment data.

Plan with Schools. (May - July '01) Following completion of data collection, analysis and initial data reports, project staff will meet with Phase I school planning teams to determine how to report SEC data to their staffs and to develop detailed plans for working with schools and staff.

Professional Development Session 1 (August - September, 01). Project staff will conduct two-day professional development sessions for planning teams and mathematics and science faculty from Phase I schools. The session, "An Overview of Collaborative Inquiry for Mathematics and Science Education Reform" will be highly interactive, featuring teamwork, simulations, modeling, opportunities for practice, and work with data. It will include the following content:

- Overview of collaborative inquiry, purposes and phases;
- Why and how to use curriculum data?  
Assessment data?
- Principles of effective data use;
- Dimensions of math/science education reform;
- Seven norms of collaborative work;
- Data-driven dialogue: activate and engage, analyze, and integrate;
- Application of principles and process to actual SEC data; and

- Planning for study groups, next steps.

Technical Assistance to Schools. (October - November '01) Project staff will provide technical assistance to school-based study groups and planning teams at their school sites to continue data analysis and planning. Networking across school sites will take place through the Regional Alliance's electronic listserv. Interested study groups may also pursue an on-line data course. Study groups will prepare their data analyses and preliminary action plans to present at the next group professional development session.

Professional Development Session 2. (December, 01). Project staff will conduct a full-day professional development session on "Moving from Inquiry to Action" for mathematics and science faculty and planning teams in geographic proximity. Building on the work of the previous session and each school's work with its own SEC data, this session will introduce participants to:

- Tools for root-cause analysis, triangulating SEC data, formulating a problem statement, and finding a focus for improvement;
- Key elements of effective action planning, including goal-setting, clear designation of responsibility and decision-making, timetables, systems thinking, action focused on improving student learning, and monitoring of results;
- Processes for researching, generating, advocating for, and deciding action alternatives.

Work with School Teams. (Yr. Two: December 01 - April, 02) Regional Alliance staff will meet with study groups and planning teams at the school sites to refine action plans, connect staff to relevant resources, and support implementation of local plans.

Implement improvement plans. Treatment schools will implement plans, including locally initiated, content-based professional development while study groups continue to meet to reflect on classroom practice. Project staff will provide distance technical assistance through e-mail and phone.

Professional Development Session 3. (Year Two: May - June, 02). Project staff will conduct a one-day professional development session on "Sustaining Change" for planning teams and staff with clusters of schools. The session will include:

- Principles of effective professional development;
- Multiple professional development strategies;
- Framework for professional development design;
- Monitoring implementation of reform;
- Managing and sustaining change;
- Building critical supports.

On-site Technical assistance. (Year Two: June - December '02). Project staff will conduct on-site technical assistance with school planning teams and study groups on sustaining their implementation of reform.

Phase II: Collect Follow-Up Data, Analyze Change in Instructional Practices and Content, and Provide Assistance and Professional Development (Year Three: January - October, 03)

Data Collection in Sites, Follow-up (Year Three: January - March '03)

The methods of data collection used in Year One will be repeated with the Phase I (treatment) and Phase II (control) schools, and the same teachers, in Year Three. The Surveys of Enacted Curriculum in mathematics and science will be administered in all schools, and on-site data collection involving interviews, observations, and curriculum materials will be completed with the same sub-sample of schools as in Year One. The analyses of instructional data and alignment of standards and assessments will again be carried out.

Provide Assistance and Professional Development with Phase II Schools. (April - December '03) Following completion of data collection, the Phase II schools (study control group) in each site will be provided assistance in use of data to improve instruction. This step is important to follow through on initial agreements and arrangements with districts for access to schools, i.e. ensuring that Phase II schools receive benefits from the data collection and analysis process. In year three, the Project team will carry out all of the steps completed in year one and two with the Phase I schools. Professional development sessions and technical assistance and all materials will be provided Phase II schools.

Analysis of Results and Study Report. (April - December '03). The project research staff will analyze data from all the study schools, measure the changes in practices and curriculum for the two groups of schools, and determine outcomes from the project. Study findings will be prepared in several

reports for all participants, for NSF, and for wide dissemination of results of the study..

#### Project Staff Leadership

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#### Project Model for Assisting Schools with Data-Driven Curriculum Improvement: Explanation

Loucks-Horsley, Hewson, Love, & Stiles (1998) identified and described the current research-based knowledge and exemplary models for improving curriculum and teaching practices in their recent book, *Designing Professional Development for Teachers of Science and Mathematics*. The work is a practical tool for developing programs with teachers based on what has been learned about “best practice.” Professional development strategies and models are linked to the central themes of state and national standards for science and mathematics. Principles for effective professional development described in this book have been adopted by the collaborative team for this project (CCSSO/ WCER/ Regional Alliance):

- well-defined image of effective classroom learning and teaching
- opportunities for teachers to build knowledge in disciplines and pedagogical knowledge
- model strategies with teachers that they will use with students, e.g., investigations, inquiry, collaborative work, building on existing skills/knowledge
- building a learning community in the school for teachers and students
- support teachers in leadership roles; and link to initiatives in district or state
- continuous assessment and improvement.

**Model Based on Experience and Prior Work.** The model for assisting schools with curriculum improvement based on data builds on prior research, development, and field testing of a set of Surveys of Enacted Curriculum. The model also builds on the experience of the Regional Alliance for Mathematics and Science Education Reform in working with schools and educators to systematically use data to improve teaching and learning of math and science.

The Council of Chief State School Officers (CCSSO) and the Wisconsin Center for Education Research (WCER) have worked collaboratively for five years to design, develop and field test a survey approach for collecting reliable, comparable data on the enacted curriculum in mathematics and science classrooms. The surveys provide comprehensive information on classroom instructional practices, subject content (including topics by expectations for learning), teacher preparation, and conditions for

teaching. A two-year project with 11 states supported by NSF has successfully tested the surveys and methods of collecting, analyzing, summarizing and reporting data that can now be used by states and local educators to evaluate their curriculum in relation to standards, policy initiatives, and assessments. The project results are summarized in a new report, *Using Data on Enacted Curriculum Data in Mathematics and Science* (CCSSO/WCER, 2000).

The assistance and professional development effort with selected schools will be carried out by staff from TERC, a nationally renowned mathematics and science research and development organization based in Cambridge, MA. Over the past five years, The Regional Alliance, a U.S. Department of Education-funded Eisenhower Consortium based at TERC, has developed and field-tested an approach to helping schools sustain learning communities that systemically use data to improve the teaching and learning. The Regional Alliance's approach focuses on building a school staff's capacity to work collaboratively, inquire into their practice, and collect and analyze data in order to plan and implement significant improvements in student learning. This emphasis on capacity-building is well-grounded in research, which confirms that professional community, collaborative norms, and shared decision making are conditions which enable the effective use of data for school improvement. Over the last five years, the Regional Alliance has field-tested this approach to collaborative inquiry and data use in a network of 70 schools across seven states and the territories of Puerto Rico and the Virgin Islands.

Out of this work, the Regional Alliance has developed a comprehensive guidebook, *Using Data—Getting Results: Collaborative Inquiry for School-Based Mathematics and Science Reform* (Love, 2000), that describes how school staff can work as a team to use data to uncover gaps in performance and opportunities to learn and guide local improvement. In addition to a theoretical framework, the guidebook provides readers with practical tools for data collection and analysis and planning related to student learning, curriculum, instruction, and assessment reform, equity, and critical supports such as effective leadership and sustained professional development. *Using Data-Getting Results* is a valuable resource for schools and districts embarking on the process of analyzing data to bring about systemic change. It clearly lays out the rationale, the steps, and the resources needed for utilizing data to fuel continuous improvement. The guidebook will anchor the Regional Alliance's work with project treatment schools.

The Regional Alliance's approach is particularly well suited to the CCSSO/ WCER design for Surveys of Enacted Curriculum. First, a major focus of the guidebook and its approach is using data about curriculum, instruction, and assessment practices to “diagnose and even prevent problems and target the best intervention” (Love, 2000). The guidebook embeds actual examples of CCSSO/ WCER surveys and data generated from them into its discussion of curriculum reform. Second, the guidebook is targeted specifically to mathematics and science education reform and is rich in content-specific data strategies and resources, such as approaches to aligning curriculum, instruction, and assessment with standards and implementing high quality standards-based curriculum materials. Finally, guidebook tools and processes are easily adaptable to enacted curriculum data, as author Nancy Love demonstrated with SEC data from CCSSO's 11-state study at a CCSSO-sponsored workshop in 1999.

**Design and Implementation.** Drawing on the guidebook, experience, and research, The Regional Alliance staff will carry out an intervention with project treatment schools targeted to school administrators and all professional staff who are involved in teaching mathematics or science. The intervention has the following goals:

Participants will:

- Gain skills in collecting, analyzing and displaying data, working collaboratively, organizing data-driven dialogue, setting measurable student learning goals, and developing data-driven, local improvement plans;
- Understand key dimensions of mathematics and science education reform, including alignment of standards with curriculum, instruction, and assessment, inquiry-based teaching and learning, identification and adoption/adaption of high-quality instructional programs that meet local and state standards, equity and equal opportunities to learn, effective professional development design, and management of the change process;
- Establish a site-based planning team to coordinate local planning and implementation;
- Establish study groups of teachers that meet bi-monthly to inquire into practice and plan for improvement; and
- Develop and implement systemic plans for improving the teaching and learning of mathematics and science, guided by SEC data.

To accomplish these goals, Regional Alliance staff will implement a multi-step intervention over the three-year project period. The intervention process build from the recent work with a network of schools in the Northeast states. Combining in-person and online professional development, technical assistance, and networking, this intervention will draw on the expertise and experience of Regional Alliance staff in carrying out similar work using several resources already in place. These include Using Data–Getting Results , professional development sessions based on the guidebook, an online course on using data, electronic listserves that will support communication and information dissemination, and the Regional Alliance’s web site. In addition to these resources, participants will receive two Eisenhower National Clearinghouse publications Ideas That Work: Science Professional Development and Mathematics Professional Development and Carlene U. Murphy and Dale W. Lick’s book, Whole-Faculty Study Groups: A Powerful Way to Change Schools and Enhance Learning. Each school will be provided with a copy of Designing Professional Development for Teachers of Science and Mathematics (Loucks-Horsley, et al., 1998) and other materials targeted to their local priorities and needs.

Using Data for Formative Assessment. In this project we view teachers as learners and as reflective practitioners (Schon, 1987). Most standards are written as visionary documents that describe ideals for curriculum and instruction, but few of the writers of the standards have actually seen or experienced classrooms where students can engage in the kinds of activities they describe. So teachers are left to learn as they go, and to reflect on their own practice in relation to some ideal. Sharing data with teachers about what they teach and how they teach, and how their own practice compares with other teachers and with state standards is one mechanism for helping teachers participate in their own formative assessment. Black and William (1998) describe formative assessment as encompassing all the activities undertaken by teachers and/or their students which provide information to be used as feedback to modify teaching and learning. Most often such activities are thought of as teacher-generated, with students providing data to teachers and to themselves for feedback on student learning. Another way to think of the activities would include data given to teachers about their own practice, with opportunities for discussion, examination and reflection. Giving teachers such opportunities has been shown to be a main influence on professional growth for teachers (Clarke, 1997; Mewborn, 1999).

What kinds of data would teachers in this project have to reflect upon? First, from the Survey of Enacted Curriculum they can obtain a picture of the scope and breadth of content they teach. Second, they can see the depth of expectations for students for each topic taught. Taken together, these dimensions offer teachers the potential for insight into their own curricular and instructional decisions. From the Survey teachers can also learn how their own pedagogical decisions compare with those of their peers. Perhaps most powerful of all is the opportunity the data provides for teachers to gain more understanding of abstract ideals, such as “solving novel problems.” Sharing a common vocabulary from the survey can give groups of teachers common ground upon which to reflect and discuss such issues. Finally, the assistance to teachers on use of data will cover their own state and district student assessment results, and teachers can join the analysis of their teaching with the results and analysis of student achievement.

26. Bloom, H. S., & Gillespie, B. (1999). The Feasibility of Using Interrupted Time Series Analysis to Measure Jobs-Plus Impacts on Employment and Earnings: Preliminary Findings for Cleveland and Denver. New York: Manpower Demonstration Research Corporation.

**Abstract: Background and Study Objectives**

This and other reports focus on Jobs-Plus, a demonstration program designed to enhance employment, earnings, and self-sufficiency in complete housing developments. The studies aim to estimate relative effects of Jobs-Plus on adults, children, and youth, and to document the extent to which Jobs-Plus was implemented and how it was implemented in seven cities.

**Intervention and Target Population**

Jobs-Plus is a saturation employment initiative directed toward people who live in public housing developments. The three main activities involve (a) implementing best practices in employment and training through the development, (b) providing financial incentives to work, including waivers from income based residence rules, and (c) community supports for work.

The individual level targets are people living in each housing development, especially adults. Children in the sites are also part of the target population. The organizations within development, such as renters coalitions, are part of the target. At the highest level of aggregation, the entire housing development and everyone and all organizations in it is the target.

The interventions have been deployed in Baltimore, Chattanooga, Cleveland, Dayton, Los Angeles, Seattle, and St. Paul. Not all sites are included in all analyses.

### **Evaluation Design**

Estimates of Jobs-Plus' relative effect are based on a randomized trial design. Within each of the seven cities, in the trial, housing developments are matched then randomly assigned to Jobs-Plus and a control condition. This randomized design is coupled to a time series analysis of data from both Jobs-Plus and control sites.

### **Variables Measured**

The main economic outcomes include employment, earnings, and welfare receipt. Data come from Unemployment Insurance (UI) records on earnings from over 28 quarters.

Outcomes data collected for children concern health insurance, extracurricular activities, suspensions and expulsions from school, and involvement with police such as arrest. Both positive and negative outcome, measurable before and after Jobs-Plus, was deployed in each site.

### **Results**

The study is underway.

Author/Editor: Boruch/No Editor, 10/18/01, Draft

27. Bloom, H. D., & Riccio, J. A. (2002). Using place-based random assignment and comparative interrupted time-series analysis to evaluate the Jobs-Plus Employment Program for public housing residents. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation .  
Abstract: This paper describes a place-based research demonstration program to promote and sustain employment among residents of selected public housing developments in six U.S. cities. Because all eligible residents of the participating public housing developments were free to take part in the program, it was not possible to study its impacts in a classical experiment, with random assignment of individual residents to the program or a control group. Instead, the impact analysis is based on a design that selected matched groups of two or three public housing developments in each participating city and randomly assigned one to the program and the other(s) to a control group. In addition, an 11-year comparative interrupted time-series analysis is being used to strengthen the place-based random assignment design. Preliminary analyses of baseline data suggest that this two-pronged approach will provide credible estimates of program impacts.  
Paper presented at: Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.  
  
Entered into SPECTR: 12/3/02.
28. Bloom, H. S., Bos, J. M., & Lee, S. W. (1999). Using Cluster Random Assignment To Measure Program Impacts: Statistical Implications for the Evaluation of Education Programs. Evaluation Review, 23(4), 445-489.  
Abstract: Explores the possibility of randomly assigning groups (or clusters) of individuals to a program or control group to estimate the impact of programs designed to affect whole groups. Applies the cluster-assignment approach to the evaluation of education programs targeting whole schools. Discusses statistical implications of the method. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]. Note: a specific program is not examined in this article - inferences are made using data from individual students in 25 Rochester, NY elementary schools (note added by J. Lavenberg 5/30/03).
29. Bloom, S. E. (2000). Job-Plus Site-by-Site: An Early Look at Program Implementation. New York: Manpower Demonstration Research Corporation.  
Abstract: **Background and Study Objectives**  
This and other reports focus on Jobs-Plus, a demonstration program designed to enhance employment, earnings, and self-sufficiency in complete housing developments. The studies aim to estimate relative effects of Jobs-Plus on adults, children, and youth, and to document the extent to which Jobs-Plus was implemented and how it was implemented in seven cities.

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The main economic outcomes include employment, earnings, and welfare receipt. Data come from Unemployment Insurance (UI) records on earnings from over 28 quarters.

Outcomes data collected for children concern health insurance, extracurricular activities, suspensions and expulsions from school, and involvement with police such as arrest. Both positive and negative outcome, measurable before and after Jobs-Plus, was deployed in each site.

## **Results**

The study is underway.

Author/Editor: Boruch/No Editor, 10/18/01, Draft

30. Bosworth, K., Espelage, D., DuBay, T., Dahlberg, L. L., & Daytner, G. (1996). Using multimedia to teach conflict-resolution skills to young adolescents. *American Journal of Preventive Medicine*, 12(Suppl 2), 65-74.  
Abstract: brief summary will be added soon. 5/27/03. JGL
31. Botvin, G. J., Baker, E., Botvin, E. M., Filazzola, A. D., & Millman, R. B. (1984). Prevention of alcohol misuse through the development of personal and social competence: A pilot study. *Journal of Studies on Alcohol*, 45, 550-552.
32. Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-Term Follow-up Results of a Randomized Drug Abuse Prevention Trial in a White Middle-Class Population. *JAMA*, 273(14), 1106-12.  
Abstract: OBJECTIVE--To evaluate the long-term efficacy of a school-based approach to drug abuse prevention. DESIGN--Randomized trial involving 56 public schools that received the prevention program with annual provider training workshops and ongoing consultation, the prevention program with videotaped training and no consultation, or "treatment as usual" (ie, controls). Follow-up data were collected 6 years after baseline using school, telephone, and mailed surveys. PARTICIPANTS--A total of 3597 predominantly white, 12th-grade students who represented 60.41% of the initial seventh-grade sample. INTERVENTION--Consisted of 15 classes in seventh grade, 10 booster sessions in eighth grade, and five booster sessions in ninth grade, and taught general "life skills" and skills for resisting social influences to use drugs. MEASURES--Six tobacco, alcohol, and marijuana use self-report scales were recorded to create nine dichotomous drug use outcome variables and eight polydrug use variables. RESULTS--Significant reductions in both drug and polydrug use were found for the two groups that received the prevention program relative to controls. The strongest effects were produced for individuals who received a reasonably complete version of the intervention--there were up to 44% fewer drug users and 66% fewer polydrug (tobacco, alcohol, and marijuana) users. CONCLUSIONS--Drug abuse prevention programs conducted during junior high school can produce meaningful and durable reductions

in tobacco, alcohol, and marijuana use if they (1) teach a combination of social resistance skills and general life skills, (2) are properly implemented, and (3) include at least 2 years of booster sessions.

33. Botvin, G. J., Baker, E., Filazzola, A. D., & Botvin, E. M. (1990). A cognitive-behavioral approach to substance abuse prevention: One-year follow-up. *Addictive Behaviors*, *15*, 47-63.
34. Botvin, G. J., Baker, E., Renick, N. L., Filazzola, A. D., & Botvin, E. M. (1984). A cognitive-behavioral approach to substance abuse prevention. *Addictive Behaviors*, *9*, 137-147.
35. Botvin, G. J., Batson, H. W., Witss-Vitale, S., Bess, V., Baker, E., & Dusenbury, L. (1989). A psychosocial approach to smoking prevention for urban black youth. *Public Health Reports*, *104*(6), 573-82.
36. Botvin, G. J., Dusenbury, L., Baker, E., James-Ortiz, S., Botvin, E. M., & Kerner, J. (1992). Smoking Prevention Among Urban Minority Youth: Assessing Effects on Outcome and Mediating Variables. *Health Psychology*, *11*(5), 290-9.  
Abstract: We tested the effectiveness of a social resistance/competence enhancement approach to smoking prevention among predominantly Hispanic seventh graders (N = 3,153) from 47 New York City schools. After blocking on school type (public and parochial) and ethnic composition (percent Hispanic), schools were randomly assigned either to receive the 15-session prevention program or to serve as no-contact controls. Using the school as the unit of analysis, significant program effects were found for cigarette smoking, normative expectations concerning peer and adult smoking, smoking prevalence knowledge, social acceptability knowledge, and knowledge of smoking consequences. Using structural modeling techniques, a significant relation was found between the normative expectation and knowledge variables affected by the intervention and posttest smoking, suggesting that changes on these variables mediated the impact of the intervention on cigarette smoking. This study extends the results of previous prevention research and demonstrates the generalizability of this approach to predominantly Hispanic urban minority students.
37. Botvin, G. J., Griffin, K. W., Diaz, T., Scheier, L. M., Williams, C., & Epstein, J. A. (2000). Preventing Illicit Drug Use in Adolescents: Long-Term Follow-Up Data from a Randomized Control Trial of a School Population. *Addictive Behaviors*, *25*(5), 769-774.

Abstract: **Background and Objectives**

The study analyzed follow-up data from a large-scale randomized prevention trial to investigate whether “participation in a cognitive-behavioral skills-training prevention program led to less illicit drug use than for untreated controls.”

**Intervention and Target Population**

In regard to intervention, students in the program condition received a drug abuse prevention program comprised of a year-long intervention in seventh grade and subsequent booster interventions during eighth and ninth grades. Six and a half years after the pretest, follow-up surveys gauging drug use were sent out.

The data were collected as “part of a larger long-term follow-up study of a randomized drug abuse prevention trial.” From this larger study, a subsample of students completed independent questionnaires related to illicit drug use. At the end of 12<sup>th</sup> grade, data was collected by mail from approximately 450 individuals. The majority of the sample was white with a mean age of 18.1 years. Most of the participants resided in middle-class suburban and rural areas of New York State and were living in two-parent families.

**Theory**

National data indicates that, since 1992, illicit drug use has increased steadily among adolescents. This upward trend supports the need to identify effective prevention efforts aimed at reducing the use of both licit and illicit drugs. Research suggests that approaches focusing on teaching general life skills, such as social resistance skills, can markedly decrease the initiation of tobacco, alcohol, and marijuana use among adolescents. Furthermore, it is suggested that these efforts may produce effects that are durable.

**Evaluation Design**

Selected schools were surveyed and divided into high, medium, or low smoking prevalence prior

to randomization. Following this, schools were randomized into the program or control conditions.

### **Variables Measured**

To obtain a baseline, the survey included items assessing demographics of participants, school grades, and use of cigarettes, alcohol, and marijuana. The follow-up survey gathered additional information on illicit drug use (marijuana, cocaine, sniff glue or gas, amyl or butyl nitrates, amphetamines, barbiturates, quaaludes, tranquilizers, heroin, narcotics other than heroin, LSD, PCD, ecstasy).

### **Results**

The findings supported the study's objective by showing that students who received the prevention program (Life Skills Training) during junior high school reported less use of illicit drugs than controls. Prevention effects were found for specific illicit drugs including the use of hallucinogens and narcotics. Individuals receiving the prevention program had lifetime rates of illicit drug use (other than marijuana) that were 25% lower than for controls (22.5 vs. 30.1), rates of hallucinogen use that were 38% lower (13.0 vs. 21.0), and rates of narcotics use that were 56% lower than for controls (2.4 vs. 7.7). These findings suggest that similar prevention efforts targeting adolescents during junior high school have the potential to produce effects that are durable beyond the end of high school. The results of the study also support the prevention of illicit drug use by addressing licit (gateway) drug usage early on. The authors suggest that a successful prevention approach must be "comprehensive (target multiple risk and protective factors), have a strong initial dosage, and include booster sessions."

Author/Editor: Janelle Brown/Robert Boruch, 3/25/02.

Entry by: Sujie Shin, 5/08/02.

38. Botvin, G. J. (1990). Preventing Adolescent Drug Abuse through a Multimodal Cognitive-Behavioral Approach: Results of a 3-Year Study. *Journal of Consulting & Clinical Psychology*, 58(4), 437-445.  
Abstract: Students (n=4,466) in 56 schools participated in 3-year study on effectiveness of cognitive-behavioral approach to substance abuse prevention. Students who received at least 60 percent of prevention program (n=3,684) were included in analyses of program effectiveness. Significant prevention effects were found for cigarette smoking, marijuana use, and immoderate alcohol use. (Author/nb) [By permission, ERIC Processing and Reference Facility, US Department of Education]
39. Bowen, G. L., Richman, J. M., & Bowen, N. K. (1999). Does the Availability of Assessment Information Improve the Outcomes of Students "At Risk" of School Failure?: An Experimental Analysis. Research Report. Chapel Hill, NC: Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill.

Abstract:

### **Background and Objectives**

Obtaining reliable information from children who are at risk of school failure is important but difficult. This study's main objective was to determine whether a particular approach to obtaining information and assuring its use led to discernable effects. The approach tested was the School Success Profile (SSP), an inventory whose reliability had been well researched. The study was done during the 1995-1996 Academic year.

### **Intervention and Target Population**

The School Success Profile (SSP) is the main intervention in the study. This SSP involves school students reporting on their social environments, such as information about their neighborhoods and safety, school, supportiveness of teachers, norms set by peer groups, and family. It involves the students reporting also about their individual state and adaptation, including avoidance of problem behavior, health status, self-esteem, school grades, and other information.

The information generated in SSPs is available at the student level and at the group level.

The target sample in this study includes 19 schools in North Carolina and Florida that deployed a Communities in Schools (CIS) program, a stay-in-school effort. These particular schools are a sample of all schools participating in CIS, a large network in the U.S. These are middle schools and high schools.

Within CIS schools, children and youth are the target population.

### **Evaluation Design**

In this place-based trial, CIS schools were randomly assigned for intervention conditions. Students in Group 1 schools completed both pretests and posttests on the SSP, and practitioners were trained to use the SSP to develop individualized programs for students.

Students in Group 2 CIS schools completed pre and post-test SSPs and practitioners were provided with the results. No special assistance was given as to how results could be used.

Students in Group 3 CIS schools completed pretests and posttest. Practitioners received no information on results. This is a control condition for Groups 1 and 2.

Students in Group 4 received only the posttest SSP. The data from this group would help to determine whether pretests affect results.

### **Variables Measured**

Data on background demographic characteristics were obtained partly to assure similarity of these randomized groups. These included variable such as race, gender, and the level of schooling.

The main outcome variables appear to have been seven dimensions of the School Success Profile (SSP): home academic culture; social support; educational monitoring by parents and others; peer satisfaction; adjustment; influence; and neighborhood peer culture.

Some 23 dimensions are mentioned in the report. The nature of the 23, in relation to the 7 dimensions of SSP, is not clear.

### **Results**

Results of this study cannot be summarized easily because the text of the report at hand refers to numbered tables but the tables are not numbered. Further, it is hard to tell at times whether analyses were done using schools as units or children as units of analysis. Finally, it is hard to tell whether all dimensions of SSP were averaged in some analyses.

We are following up with original authors to learn whether updated reports have been produced from this interesting study.

Author/Editor: Boruch/No Editor, 11/05/01, Rough Draft

40. Braaksma, M. A. H., Rijlaarsdam, G., & van den Bergh, H. (2002). Observational learning and the effects of model-observer similarity. Journal of Educational Psychology, 94 (2), 405-415.  
Abstract: to be added at a later date.5/19/03.JGL
41. Brett, A., Rothlein, L., & Hurley, M. (1996). Vocabulary acquisition from listening to stories and explanations of target words. The Elementary School Journal, 96(4), 415-422.  
Abstract: Studied effects of three conditions on fourth-grade students' vocabulary acquisition: (1) listening to stories, with brief explanation of unfamiliar words; (2) listening to stories with no explanation of unfamiliar words; and (3) having no exposure to stories or to word explanations. Found that simple word explanations in the context of an interesting story was a practical and effective technique. (ET) ERIC abstract. Entered into C2-SPECTR on 10/28/03 by J. Lavenberg.
42. Brodney, B., Reeves, C., & Kazelskis, R. (1999). Selected prewriting treatments: Effects on expository compositions written by fifth-grade students. Journal of Experimental Education, 68( 1), 5-20.
43. Brown, C. H., Kellam, S., Sloboda, Z., Feaster, D., Szapocznik, J., & Muthen, B. (2003). Trial Designs for Effectiveness and Beyond. Society for Prevention Research, 11th Annual Meeting: Research to Policy .  
Abstract: This symposium focuses on new classes of randomized trial designs to test and refine interventions within natural settings. We discuss a range of methodologic issues involved in such trials as well as community and institutional partnerships that allow these trials to take place. An introductory talk focuses on underlying principles. We then introduce three randomized trials and discuss shared and unique aspects of these randomized trials. The Baltimore Prevention Program's third generation preventive trial, supported by NIDA, integrates a developmental epidemiologic prevention approach in school within the school system's long-term vision of children's improved learning, teachers' in-service training, and parents' involvement with the schools. This trial, conducted within 12 elementary schools and three cohorts, involves three stages: an effectiveness trial, a sustainability trial, and a scalability trial. The New DARE trial, supported by Robert Wood Johnson, tests a newly designed 7th and 9th grade drug

prevention curriculum delivered by trained police officers. Finally, the Clinical Trials Network, supported by NIDA, tests the effectiveness of Brief Strategic Family Therapy for drug abuse with multiple community-based treatment programs. Across these different studies there are a range of research questions involving examination of effectiveness, implementation, participation, sustainability, scalability, dosage, and variation in impact. All three of these trials compare their interventions in real world settings, against a background of existing variation in current programs. They also deal with multi-level designs and group level randomization; blocking and cluster-level adjustment are two methods of improving statistical power. Finally, each of the trials deal with missing data and developmental data in unique ways. In addition to discussing these three trials, we discuss general principles for combining different aspects of intervention designs. Entered into C2-SPECTR by J. Lavenberg on 6/17/03.

44. Bulgren, J. A., Deshler, D. D., Schumaker, J. B., & Lenz, B. K. (2000). The Use and Effectiveness of Analogical Instruction in Diverse Secondary Content Classrooms. *Journal of Educational Psychology*, *92*(3), 426-41. Abstract: Explores the use of analogies while teaching important concepts in secondary content classrooms containing students of diverse abilities. Measures included students' knowledge of concepts, the numbers and types of analogies teachers used, and teacher and student satisfaction. Results reveal that teacher use of the routine led to increased student retention and expression of information. (Contains 49 references and 2 tables.) (Author/GCP)
45. Caplan, M., Weissberg, R. P., Grober, J. S., Sivo, P. J., Grady, K., & Jacoby, C. (1992). Social competence promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, *60*(1), 56-63.
46. Cardelle-Elawar, M. (1990). Effects of feedback tailored to bilingual students' mathematics needs on verbal problem solving. *The Elementary School Journal*, *91*(2), 165-176. Abstract: Describes a study of the effect of teachers' verbal feedback on the ability of bilingual sixth graders to solve mathematical word problems. Treatment was based on Mayer's model of problem solving. Results indicated that theory-based feedback targeted to bilingual students' individual and class needs improved student mathematics performance. (GH) ERIC abstract. Entered into C2-SPECTR on 10/28/03 by J. Lavenberg.
47. Carpenter, L. M., Kamali, A., Payne, M., Kiwuuwa, S., Kintu, P., Nakiyingi, J., Kinsman, J., Nalweyiso, N., Quigley, M. A., Kengeya-Kayondo, J. F., & Whitworth, J. A. G. (2002). Independent effects of reported sexually transmitted infections and sexual behavior on HIV-1 prevalence among adult women, men, and teenagers in rural Uganda. *Journal of Acquired Immune Deficiency Syndromes*, *29*, 174-180. Abstract: will be added soon. 5/21/03.JGL
48. Carr, E. M., Dewitz, P., & Patberg, J. P. (1983). The effect of inference training on children's comprehension of expository text. *Journal of Reading Behavior*, *15*(3), 1-18. Abstract: Study objective: to evaluate the effectiveness of inference training with sixth grade students  
Target population: sixth grade students  
Intervention: an eight week, instructional intervention held during 40 minute social studies class periods.  
Condition 1: Structured overview-cloze treatment; Condition 2: cloze treatment; or Condition 3: Control (supplemental reading in social studies magazine and working on map skills).  
Evaluation design: self contained classrooms were randomly assigned to condition  
Variables measured: students' ability to infer (measured via experimenter-designed tests)  
Results: students in both treatment groups increased inferential comprehension; below average readers benefitted the most from the instruction  
Structured description developed and entered into C2-SPECTR by J. Lavenberg on 11/4/03.  
  
ERIC abstract: also entered into C2-SPECTR on 11/4/03.  
Concludes that sixth-grade students taught with methods that used a structured overview to activate background knowledge, the cloze procedure to develop an inferential thinking strategy, and a self-monitoring checklist to maintain the strategy increased their inferential comprehension skills as measured by both immediate and delayed transfer tests. (FL)

49. Chang, K.-E. , Sung, Y.-T., & Chen, I.-D. (2002). The effect of concept mapping to enhance text comprehension and summarization. Journal of Experimental Education, 71(1), 5-23.
50. Chao, S.-J., Stigler, J. W., & Woodward, J. A. (2000). The effects of physical materials on kindergartners' learning of number concepts. Cognition & Instruction, 18(3), 285-316.  
 Abstract: Examined the effects of using structurally organized tile patterns or diverse objects in various patterns to represent numbers on kindergartners' learning of number concepts. Found that at the level of numerical operations, structured materials facilitate children's choice of non- finger strategies and speed up response time for finger-strategy users, whereas varied materials facilitate accuracy for finger-strategy users. (Author/JPB)
51. Clayton, R. R., Cattarello, A. M., & Johnstone, B. M. (1996). The Effectiveness of Drug Abuse Resistance Education (Project Dare): 5-Year Follow-up Results. Preventive Medicine, 25(3), 307-18.  
 Abstract: BACKGROUND: This article reports the results of a 5-year, longitudinal evaluation of the effectiveness of Drug Abuse Resistance Education (DARE), a school-based primary drug prevention curriculum designed for introduction during the last year of elementary education. DARE is the most widely disseminated school-based prevention curriculum in the United States. METHOD: Twenty-three elementary schools were randomly assigned to receive DARE and 8 were designated comparison schools. Students in the DARE schools received 16 weeks of protocol-driven instruction and students in the comparison schools received a drug education unit as part of the health curriculum. All students were pretested during the 6th grade prior to delivery of the programs, posttested shortly after completion, and resurveyed each subsequent year through the 10th grade. Three-stage mixed effects regression models were used to analyze these data. RESULTS: No significant differences were observed between intervention and comparison schools with respect to cigarette, alcohol, or marijuana use during the 7th grade, approximately 1 year after completion of the program, or over the full 5-year measurement interval. Significant intervention effects in the hypothesized direction were observed during the 7th grade for measures of students' general and specific attitudes toward drugs, the capability to resist peer pressure, and estimated level of drug use by peers. Over the full measurement interval, however, average trajectories of change for these outcomes were similar in the intervention and comparison conditions. CONCLUSIONS: The findings of this 5-year prospective study are largely consonant with the results obtained from prior short-term evaluations of the DARE curriculum, which have reported limited effects of the program upon drug use, greater efficacy with respect to attitudes, social skills, and knowledge, but a general tendency for curriculum effects to decay over time. The results of this study underscore the need for more robust prevention programming targeted specifically at risk factors, the inclusion of booster sessions to sustain positive effects, and greater attention to interrelationships between developmental processes in adolescent substance use, individual level characteristics, and social context.
52. Collins, J. F., & Elkin, I. (1985). Randomization in the NIMH Treatment of Depression Collaboration Research Program. New Directions for Program Evaluation, 28, 27-38.
53. Cook, T. D., Habib, F., Phillips, M., Settersten, R. A., Shagle, S. C., & Degirmencioglu, S. M. (1999). Comer's School Development Program in Prince George's County, Maryland: A Theory-based Evaluation. American Educational Research Journal, 36(3), 543-597.  
 Abstract: **Background and Objective**  
 Based on numerous claims that Comer's School Development Program (SDP) can initiate a variety of "positive developmental changes," it has been supported by numerous foundations and school districts across the country. As a result of the many assertions that have been made about the program's positive impact and because of its "national reputation" and focus on minority children, it is important that the SDP be evaluated. Prior studies have not provided conclusive evidence regarding the program's effectiveness. This study investigates the implementation of the Comer program in Prince George's County, Maryland. The evaluation investigates "whether variation in program implementation affected school social climates and students' psychological well-being, social beliefs and behaviors, and academic achievement."

### **Intervention and Target Population**

The SDP was conducted and evaluated in 23 middle schools in Prince George's Country, Maryland. The focus on middle schools was a result of the MacArthur Foundation's Program on Successful Adolescence in High Risk Settings, which sought to discover a school reform program capable

of impacting adolescents across a variety of outcomes.

The population in this study was comprised of 22,314 students, predominantly African American, who were enrolled in the 23 county middle schools when the early-seventh-grade questionnaire was distributed. It is interesting to note that there was “considerable variation” in socioeconomic status. Following informed consent, 12,398 students participated in the study. The total sample was comprised of 66% African American students, 24% White students, 4% Asian Americans students, and 6% students of other ethnic backgrounds. A total of 1,046 parents participated in the study.

### **Theory**

James Comer, the program developer, reports that a variety of student skills, including interpersonal relationships, a school’s social climate, and, ultimately, academic achievement can be improved through his intervention. A central tenet of Comer’s theory is the belief that each school should set its own academic and social goals.

Comer’s program structure is comprised of three central teams. The main team, comprised of school administrators, teachers, staff, parents, and sometimes students, is the School Planning and Management Team. The purpose of this team is to “develop a school improvement plan, elicit support across the entire school community, monitor progress, and suggest midcourse corrections.” The second team, the Social Support Team, is comprised of individuals in the school who are concerned with the “psychological and social welfare” of students. This team responds to “students with special needs” and works to prevent social problems from developing at school. The third team, the Parent Team, is responsible for mobilizing parent support in a variety of areas. Comer asserts that by following certain “process principles,” these teams’ functions will spread throughout the school.

Important to the SDP program, is the belief that “improving a school’s climate will reduce the teacher-student culture gaps, help students acquire some of the middle-class interaction habits that teachers value, and make learning easier” as a result of students feeling safer.

### **Evaluation Design**

The study is a result of a four-year randomized experiment involving twenty-three middle schools, 12,000 students and 2,000 staff. More than 1,000 parents were surveyed, and the researchers were able to gain access to student records. To develop evaluation measures and to ensure that the program was developmentally appropriate for middle-school students, two of the twenty-three schools were used as pilot sites for a year. The remaining twenty-one schools assigned randomly by a coin toss to either program or control status. Prior to this, the schools were matched according to “racial compositions and achievement test scores for two years prior” to the study. Students were evaluated “in three adjacent cohorts that began seventh grade in 1991, 1992, or 1993.” The total period of study was four years as a result of students attending middle school for two consecutive years. Each year, questionnaires, school records, and telephone interviews were used for assessment purposes.

### **Variables Measured**

Measures of program implementation focused on the extent to which the three “process principles” of the SDP were followed, “the extent to which the principal’s governance style was democratic, the extent to which relationships among adults in the school were positive, level of parent and community support, and team deliberation and problem-solving.” Measures of school climate included “global school attachment, quality of student relations with staff, friendly and affiliative student climate, predictable, orderly climate, student commitment to conventional values, quality of staff interpersonal relations, staff morale, shared leadership and decision making among staff, staff perception of student social behavior, staff promotion of social and academic development, teachers’ academic expectations for students, and staff perceptions of parent involvement.” Student moderator measures included race, gender, school lunch, and family composition. Academic achievement variables included grade point average, California Achievement Test Scores, Maryland State Readiness test scores in math, and absenteeism.

### **Results**

Results suggest that schools participating in the SDP program implemented some of the program’s central elements better than control schools. However, in many important implementation areas, there were no reliable differences that were found. Specifically, evidence was not found that “the principal made decisions more democratically, that school governance was shared, that the quality of the school improvement plan was higher, that Comer’s process principles were used more often, or that these

program teams were judged more effective in influencing the school at large.” It is suggested that the poor implementation may have resulted in an absence of change for students in the experimental schools versus the control schools. Taken together, results suggest that placement in the SDP did not affect school climate. Furthermore, no significant effects on students’ academic outcome were evident in those schools participating in the program. Again, it is suggested that the lack of significant effects was a result of the less than optimal implementation practices that were followed. Nonexperimental analyses indicates that schools, participating in Comer’s program, may yield “positive changes in social behavior and psychological adjustment” but not in math scores.

Author/Editor: Janelle Brown/Robert Boruch, 3/25/02.

Entry by: Sujie Shin, 5/08/02.

54. Cook, T. D., Hunt, H. D., & Murphy, R. F. (1998). *Comer’s School Development Program in Chicago: A theory-based evaluation*. Chicago, IL: Institute for Policy Research, Northwestern University.
55. Cook, T. D., Murphy, R. F., & Hunt, H. D. (2000). Comer’s School Development Program in Chicago: A Theory-based Evaluation. *American Educational Research Journal*, 37(2), 535-597.

Abstract: **Background and Objectives**

Many foundations and school districts support Comer’s School Development Program (SDP) and numerous statements have been made in regard to the program’s effectiveness. The (SDP) program is nationally reputed and is growing rapidly. It is particularly important to minority students. Important claims have been made about its effectiveness in furthering healthy social and academic development. This study concentrated on “(1) how well the SDP was implemented in Chicago; (2) whether the program improved school climate and various student outcomes; and (3) whether and how the social and academic dimensions of school climate mediate between program participation and outcome changes.”

**Intervention and Target Population**

The SDP was evaluated in 10 inner city Chicago schools and, over a 4-year period, was contrasted with nine selected no-treatment comparison schools. In this study, the selected elementary schools were among the worst in Chicago. They served mostly African American students living in public housing. In this study, there was as much emphasis placed on improving the academic focus as on the social climate. This ensured that addressing problem children and enhancing social relationships in the school did not take precedence over academic issues.

In total, 19 schools in inner city Chicago were included in the sample and over 10,000 students in fifth through eighth grade were surveyed over a 5-year period. On average, approximately 1,000 staff members were surveyed annually. The selected schools were predominantly African American, with some Latino (mostly Mexican American) and Asian American students.

**Theory**

James Comer, the program developer, reports that a variety of student skills, including interpersonal relationships, a school’s social climate, and, ultimately, academic achievement can be improved through his intervention. A central tenet of Comer’s theory is the belief that each school should set its own academic and social goals.

Comer’s program structure is comprised of three central teams. The main team, comprised of school administrators, teachers, staff, parents, and sometimes students, is the School Planning and Management Team. The purpose of this team is to “develop a school improvement plan, elicit support across the entire school community, monitor progress, and suggest midcourse corrections.” The second team, the Social Support Team, is comprised of individuals in the school who are concerned with the “psychological and social welfare” of students. This team responds to “students with special needs” and works to prevent social problems from developing at school. The third team, the Parent Team, is responsible for mobilizing parent support in a variety of areas. Comer asserts that by following certain “process principles,” these teams’ functions will spread throughout the school.

Important to the SDP program, is the belief that “improving a school’s climate will reduce the teacher-student culture gaps, help students acquire some of the middle-class interaction habits that teachers value, and make learning easier” as a result of students feeling safer.

## Evaluation Design

The researchers conducted a pilot year in four program schools. Following this, a multiyear randomized experiment was begun with 10 matched pairs. Over a two-year period, one school from each pair was assigned to either program or control status. Given the questionnaire's written requirement, only students in Grades 5 through 8 were included in this study. The pilot sites were located on the west side of Chicago and were largely poor African American neighborhoods. Eight Phase I schools were selected from a population of volunteer schools in the same area. Using prior data, schools were matched according to average academic achievement and student racial composition. Next, the schools were randomly assigning them to program or control status. A year later, in Phase II, 12 additional schools were assigned using the same procedures. Prior to treatment assignment, all the schools' principals "agreed to abide by a coin toss and to support the full measurement plan."

Of the original 24 schools, five dropped out of the study. As a result, the experiment was compromised because more program (SDP) schools dropped out than did control schools. Furthermore, the "treatment confounded with principal turnover" creating another potential compromise to the study. The researchers sought to determine if any biases resulted from adding the pilot schools to the Phase I schools, resulting in the creation of 8 Phase I schools (4 program and 4 controls) and 11 Phase II schools (6 program and 5 controls). This required that the second year in pilot schools be considered the first year of legitimate data collection.

Schools were the primary unit of random allocation and analysis. Deeper analyses, using both schools and units within schools, were based on hierarchical linear models.

## Variables Measured

The researchers obtained "staff ratings of program implementation, including effectiveness of the School Planning and Management Team, the Social Service Team, the Parent Teacher Association, the school improvement plan, and communication between teams. They obtained "staff climate ratings, including school social climate, school academic climate, and parental involvement." An "ethnographic component described the operation of Comer teams and local school councils, the plans, behaviors, and attitudes of principals and teachers, and the extent of parent participation."

The Iowa Test of Basic Skills, a standardized measure, was used as an achievement indicator.

## Results

The findings indicate that: (1) the implementation of the (SDP) program may have been fostered by the system-wide reform effort that was taking place in Chicago at the time; (2) certain elements were implemented better in program (Comer) schools, especially "setting up the teams, increasing parental involvement, involving more school constituencies in decision-making, and making decision more often by consensus"; (3) implementation of other central program elements was not better in the average Comer school, particularly "the quality of the school improvement plan, the quality of team functioning, the use of human development principles, openness to change, and improving race relations among staff"; (4) there was large variation in the degree to which program details were implemented in Comer schools; and (5) by late 1997, implementation was not without error in any Comer school.

The findings in regard to school climate indicate that: (1) "as students in the longitudinal sample age, they tend to see the social climate as deteriorating; (2) social climate is consistently higher in the Comer schools, with the mean difference being marginally reliable in school-level analyses and reliable in individual-level ones; and (3) no reliable slope differences emerge in any analysis." Hence, in regard to student social climate, there may have been a first-year effect that persisted over four years.

The academic climate findings yield similar results for both teacher and student reports. In each case, a slightly faster rate of change occurs in the program schools. There is less clarity in regard to the social climate results. According to the student data, Comer schools perform better than controls and maintain this edge by the very first posttreatment assessment. Both initially and subsequently, the control schools generally outperform the program schools in regard to staff data.

"Students in Comer schools reported less acting out over time, adopted more conventional beliefs about misbehavior when compared with controls", and reported less frequent anger. No increase in positive behaviors was reported in Comer schools, despite reduced reports of these negative behaviors. Furthermore, the program did not have any discernable positive effects on mental health, other than addressing anger.

The program appears to have had an effect on reading and mathematics scores. The effect sizes are small relative to some standards, but important according to the study's authors because they show what can be in schools in high-risk neighborhoods.

Author/Editor: Janelle Brown/Robert Boruch, 3/25/02.

Entry by: Sujie Shin, 5/08/02.

56. Cook, T. D., Hunt, H. D., & Murphy, R. F. (1999). Comer's School Development Program in Chicago: A Theory-Based Evaluation. (Report No. WP-98-24). Evanston, IL: Institute for Policy Research, Northwestern University.

Abstract: Using 5th through 8th grade students, the Comer School Development Program was evaluated in 10 inner city Chicago schools over four years, contrasting them with 9 randomly selected no-treatment comparison schools. Comer schools implemented more program details than the controls but were not faithful to all program particulars. Student ratings of the school's social climate improved soon after the program began and, by the last two study years, both the students' and teachers' perceptions of the school's academic climate had also improved relative to the control schools. By these last years, Comer schools were also gaining about three percentile points more than the controls in both reading and math and students in them reported less acting out on a scale whose items are correlated with more serious offending in later life. Students in Comer schools also endorsed more conventional norms about misbehaving and reported greater ability to control their anger. However, the Comer program did not benefit either students' mental health or their participation in activities that adults consider wholesome. Explanations for the achievement and acting out results are offered based on student and staff data about school climate, on insights from an ethnography conducted in the program schools, and on contrast with the evaluation results from Prince George's County, Maryland, where a different variant of the program failed to achieve any positive outcomes.

57. Coulson, J. E. (1978). National Evaluation of the Emergency School Aid Act (ESAA): A Review of Methodological Issues. Journal of Educational Statistics, 3(1), 1-60.

Abstract: Problems encountered in large-scale educational evaluations are discussed using the evaluation of the emergency school aid act as an example. This extensive article focuses primarily on methodological issues. (Jks) [By permission, ERIC Processing and Reference Facility, US Department of Education]

58. Council of Chief State School Officers . (2000). Using Data on Enacted Curriculum in Mathematics and Science. Washington, D.C.: Mathematics and Science. Washington, C.S.: CCSSO.

Abstract: **Background and Study Objectives**

In the United States, "standards-based reform" in some states means that many teachers and school staff must take seriously new standards for curriculum content identified and enumerated in different parts of a state's education system. Education decision makers have to figure out how to assist schools and staff to meet the objectives set in standards. Further, determining whether particular approaches to this work is important.

This study's main objective is to learn about deployment and effects of a model teacher instructional program in mathematics and science education in urban middle schools. The project's plan and operations is supported by the National Science Foundation; earlier evidence produced was supported by the US Department of Education's Planning and Evaluation Service. A main justification for the effort is that we can learn to improve students' achievement only by first learning how to improve teaching.

### **Intervention and Target Population**

The intervention involves a continuous improvement approach to instruction, based on objective data and formative evaluation, and school-based collaboration and networking that encourages teachers to share ideas, models, and strategies for improvement. The object is data driven improvement in instruction. The intervention's main ingredients are put in place sequentially.

The target population for this study is schools that are willing to commit to the effort. This entails agreements to assist, with support, in coordinating the intervention's deployment, providing people time to do so, and support planning teams.

### **Theory**

The intervention involves designing and deploying professional development efforts that stress six features of professional developed thought to be effective based on nonrandomized trials:

collaborative approaches; longer duration for activity, participation; focus on deepening teachers' content knowledge; active learning rather than passive learning; coherence in the sense of linkages with teachers' prior experience and state or local academic standards and student assessments. This is based on the Garet et al (1999) review.

### **Evaluation Design**

This is a place-based randomized (cluster randomized, group randomized) trial. Forty middle schools were targeted for random assignment to the new instructional program and to a control condition. The forty were spread out over four urban districts: Chicago; Miami-Dade, Philadelphia; and Charlotte-Mecklenberg. Thirty-six schools were in the study as of 8/01.

Baseline data, to be collected in spring 2001, includes statistical indicators of teaching activities and curriculum content and narrative information based on teacher interviews, classroom observations, and curriculum materials. Auxiliary information on teacher development activities, standards, etc. will also be collected. Side studies involve case oriented work are designed to understand the validity of information generated in surveys of teachers.

### **Variables Measured**

The main outcome is measured using a uniform survey of the Enacted Curriculum in Mathematics and Science. Subsamples of teachers are targeted for in-depth interviews to deepen the information on what is taught and how.

### **Results**

This study is underway. The main comparison is between the randomized intervention schools and control schools. This is to estimate the effect of the intervention of professional development that is data driven on what teachers do, relative to the control schools.

Author/Editor: Robert Boruch/No Editor, Rough Draft, 11/14/01

59. Coyle, K., Kirby, D., Parcel, G., Basen-Engquist, K., Banspach, S., Rugg, D., & Weil, M. (1996). Safer Choices: a Multicomponent School-Based Hiv/Std and Pregnancy Prevention Program for Adolescents. Journal of School Health, 66(3), 89-94.  
Abstract: Given the serious consequences of HIV infection, other STDs, and pregnancy among teens, professionals must develop and evaluate new approaches to reduce risks associated with adolescent sexual behavior. The Safer Choices intervention is a comprehensive, theoretically based program designed to reduce risk behaviors and increase protective behaviors to prevent HIV, other STDs, and pregnancy among high school adolescents. The program includes five components: a School Health Promotion Council involving administrators, school staff, students, parents, and community members; curriculum and staff development activities; school environment activities designed and implemented by a team of peer educators; parent education activities; and school-community linkage activities. The School Health Promotion Council is responsible for planning and overseeing program implementation. This article describes the theoretical framework, process for intervention development, and key intervention strategies used in Safer Choices.
60. Coyle, K., Basen-Engquist, K., Kirby, D., Parcel, G., Banspach, S., Collins, J., Baumler, E., Carvajal, S., & Harrist, R. (2001). Safer Choices: Reducing Teen Pregnancy, HIV, and STDs. Public Health Report, 116(supplement 1), 82-93.  
Abstract: This article reports on a randomized trial involving 20 high schools in California and Texas.  
Entry: 7/29/03, J. Lavenberg.
61. Coyle, K., Basen-Engquist, K., Kirby, D., Parcel, G., Banspach, S., Harrist, R., Baumler, E., & Weil, M. (1999). Short-Term Impact of Safer Choices: A Multicomponent, School-Based HIV, Other STD, and Pregnancy Prevention Program. Journal of School Health, 69(5), 181-188.  
Abstract: Evaluated the effectiveness of the first year of "Safer Choices," a two-year, multicomponent HIV, STD, and pregnancy-prevention program for high school students based on social theory. Student self-report surveys indicated that "Safer Choices" succeeded in reducing selected risk behaviors and in enhancing selected protective behaviors. The findings are encouraging because they reflect only one-half of the intervention. (SM) ERIC abstract. Entered into C2-SPECTR on 5/28/03 by J. Lavenberg.

62. Cramer, K. A., Post, T. R., & delMas, R. C. (2002). Initial fraction learning by fourth- and fifth-grade students: A comparison of the effects of using commercial curricula with the effects of using the rational number project curriculum. Journal for Research in Mathematics Education, 33(2), 111-144.
63. Cross, D. R., & Paris, S. G. (1988). Developmental and instructional analyses of children's metacognition and reading comprehension. Journal of Educational Psychology, 80(2), 131-142.  
Abstract: The developing relationship between children's metacognition and reading comprehension was examined for 87 third and 84 fifth graders. Students using the experimental curriculum -- Informed Strategies for Learning-- made significant gains in metacognition and the use of reading strategies when compared with control students. (TJH). Abstract downloaded from ERIC and entered into C2-SPECTR 5/13/03.
64. Cunningham, L. J., & Gall, M. D. (1990). The effects of expository and narrative prose on student achievement and attitudes toward textbooks. Journal of Experimental Education, 58(3), 165-176.
65. Darch, C. B., Carnine, D. W., & Kameenui, E. J. (1986). The role of graphic organizers and social structure in content area instruction. Journal of Reading Behavior, 18(4), 275-295.  
Abstract: This article reports on a study that examined the effectiveness of organization and content area instruction within the context of either group or individual instruction. 4 sixth grade classrooms were randomly assigned to one of four conditions: (1) graphic organizers taught in a group social situation; (2) graphic organizers taught in an individual social situation; (3) content area texts taught in an individualized variation of SQ3R approach; or (4) content area texts taught to the whole classroom using a variation of Stauffer's (1969) directed reading-thinking activity. Brief summary created by J. Lavenberg and entered into C2-SPECTR on 11/6/03.
66. Davis, R., & Medina-Ariza, J. (2001). Results from an Elder Abuse Prevention Experiment on New York City. Research in Brief, September 2001.  
Abstract: **Background and Objectives**  
National estimates of the incidence of elder abuse have risen 150% since 1986. Coordinated community efforts that involve police, victim assistance groups, and other agencies are thought to be promising in handling household violence including elder abuse. This study was designed to evaluate the effects of a coordinated approach to reducing elder abuse in housing projects in New York.

### **Interventions and Target Population**

The intervention deployed in 30 of the 60 housing projects in the study involved posters, leaflets, and in-person presentations on victim rights, police assistance and social service assistance. The elderly were targeted for this public education within the intervention housing projects.

Further, within all the 60 projects in the study, half the household that reported elder abuse to police received home visits by a police officer and domestic violence counselor. The aim of the visits included linking people to services, educating households about legal options and police procedures. Victims were encouraged to call police in a repeated occurrence of the violence.

### **Evaluation Design**

This was a place-based trial in that 60 housing projects were randomly split, half being assigned to the elderly abuse prevention program and half being assigned to the control condition.

Further, among all households in the study that had made violence calls to police, half were randomly assigned to home visits by police officer and a domestic violence counselor. The remaining household serves as a control group.

### **Variables Measured**

Major outcome variable included calls to police and incidents of violence following the intervention. Further, outcomes included reported physical abuse and reported psychological abuse.

Victims were interviewed six and twelve months after the event that precipitated the initial call to police. Police records provided data on incidence of police calls.

Elder people were also asked about what they knew about social services and elder abuse issues following the interventions.

## **Results**

It was possible to make home visits to only half of the households randomly targeted for visits. Further, visits occurred on an average, nearly two months after the precipitating episode.

At the housing project level, only about 6% of elderly at the randomly targeted housing projects attended meetings on elder abuse.

Elderly people's knowledge about social services and abuse issues did not differ across the intervention housing projects, and the control projects. The finds for the six-month follow-up are as follows.

In housing projects that received the public education about abuse and among households within them that had received home visits, reported incidence of abuse was higher than reported in the control projects. This difference appears in data based on household interviews and police records.

More surprisingly, households that received home visits and were in the housing projects targeted for public education reported higher levels of physical abuse. This is in comparison to households receiving neither intervention, and households receiving only the home visits.

The findings for the twelve-month follow-up are as follows. The difference in the rate at which police were called disappears. The intervention projects and control projects look the same. Households that had home visits and were in the public education housing projects continued to be reported with more physical abuse.

Original micro records are available for secondary analysis.

67. Davis, R. C., & Taylor, B. G. (1997). A Proactive Response to Family Violence: The Results of a Randomized Experiment. *Criminology*, 35(2), 307-333.

**Abstract: Background and Objectives**

This study investigates a joint law enforcement-social services approach to reduce the incidence of repeat domestic violence. In the mid-1980's, the New York Police Department and Victim Services began the Domestic Violence Intervention Education Project (DVIEP) as a response to family violence hot spots in New York City. The approach is a joint police and social services program based upon the hot-spot concept of Sherman and consistent with the tenets of community policing. Through home visits and public education, the program encourages victim reporting of family violence to the police, links victims to services, and tries to reduce incidents of family violence.

This study analyzed the effects of home visits and public education on renewed violence, on reporting violence to the police, and on victims' knowledge and use of services. The researchers tested whether victims in the households that received either of the two interventions would be more likely than those who did not receive the interventions to report new violent acts to the police, would report new violence sooner to the police than those households that did not get the intervention and would be more aware of and more often use social services for family violence victims than those who did not receive the interventions.

## **Intervention and Target Population**

This intervention consisted of a leaflet and poster campaign and presentations at community and tenant association meetings. The leaflets contained information on the legal rights of victims, locations of emergency and long-term services, and the importance of the police in ending family violence. Presentations were designed to familiarize residents with the family violence team and to educate the community about family violence.

The team consists of a police officer and a social worker who are dispatched to follow up on the initial police response to domestic complaints. During home visits, the DVIEP social worker informs victims of their rights and about services available to them. The police officer talks to perpetrators to make it clear to them that the household is being monitored by the police department. All victims are encouraged to call the police if repeat violence occurs. One of the immediate objectives of the DVIEP is to increase confidence of victims of family violence in the police so that they will call the police more readily when violence occurs.

Every public housing household in the 23<sup>rd</sup>, 25<sup>th</sup>, and 32<sup>nd</sup> precincts that reported a family violence

incident through 911 during the intake period was eligible for the study. The final sample encompassed 436 incidents reported on Housing Authority property. Victims in the sample were predominantly female (87%) with a median age of 35 years. In contrast, perpetrators were predominantly male (78%) with a median age of 2 years. Three in 10 of the victims were employed. Two in 10 perpetrators had arrest histories.

### **Theory**

Two significant waves of change, community policing and stronger enforcement of domestic abuse laws, have come together to create new approaches for dealing with households where family violence occurs. Sherman's (1989) work on "hot spots" in Minneapolis prescribe a proactive law enforcement approach, consistent with the tenets of community policing, for locations that generate multiple calls to the police, many of which are domestic in nature. A number of jurisdictions have combined a law enforcement response with a social work perspective and a number of states have experimented with community intervention projects in which victim advocates work cooperatively with law enforcement officials.

### **Evaluation Design**

The research design randomly assigned households reporting domestic violence incidents within two public housing police service areas in New York to two treatments. The first treatment was public education: Participants either received or did not receive information about family violence. Assignment to levels of public education was by housing project: Sixty-four individual housing projects (total population 93,000) were matched for size and sociodemographic characteristics. One member of each pair was randomly assigned to receive the public education intervention and the other served as a control. The second treatment was home follow-up: Participants either received or did not receive a follow-up visit from a police officer and social worker within several days of the initial police response to a complaint of family violence. The units assigned to levels of home visits were households that generated police complaints: Households were randomly assigned on an individual basis to levels of home visits. Every public housing household in the 23<sup>rd</sup>, 25<sup>th</sup>, and 32<sup>nd</sup> precincts that reported a family violence incident through 91 during the intake period was eligible for the study. In addition, housing projects in the same area were randomly assigned to receive or not receive public education about domestic violence.

### **Variables Measured**

Variables measured included background information, victim self-reports of violence (e.g., number of times victims were assaulted with a weapon; threatened with a weapon; hit, kicked, or shoved; had their property damaged; and harassed), official police reports of violence, and awareness and use of family violence services.

### **Results**

Neither treatment in the present produced a reduction in violence. However, households in projects that had received public education and households that received the follow-up visits were both more likely to report new violence to the police than households that did not receive the treatments. The increased reporting of family

violence for those who received the home visit is consistent with the fact that 94% of the victims found the home visit to be helpful. Moreover, the effect of the follow-up visit was more pronounced among households with more serious histories of violence. The results suggest that the interventions increased citizens' confidence in the ability of the police to handle domestic situations.

Author Editor: Janelle Brown/Robert Boruch, 12/20/01, Draft under revision

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Abstract: to be added at a later date.5/20/03. JGL
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70. Dent, C. W., Sussman, S., & Flay, B. R. (1993). The Use of Archival Data to Select and Assign Schools in a Drug Prevention Trial. *Evaluation Review*, 17(2), 159-181.  
Abstract: School-based prevention trials typically face large variations in school composition & levels of preintervention behavior, which may inhibit efforts to maximize internal & external validity. A method for using school-level attributes in sample description & random assignment of schools to conditions is presented. Findings from archival data from 35 schools indicate a small set of attributes could efficiently predict the observed school-level variations in smoking & other drug use. It is recommended that these attributes be used by other school-based studies to enhance experimental field studies. 4 Tables, 2 Figures, 2 Appendixes, 16 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
71. Development Associates. (1994). Learner Outcomes and Program Results: Fourth Report of the National Evaluation of Adult Education Programs. Arlington, VA: Development Associates.  
Abstract: Fourth report of a four year national evaluation of federally supported adult basic education, GED preparation, and English as a Second Language programs. This document summarizes findings and conclusions with respect to client enrollment and attendance, client educational and employment outcomes, and the impact of the program on the country's continuing literacy needs.
72. Development Associates. (1992). Profiles of Service Providers: First Interim Report of the National Evaluation of Adult Education Providers. Arlington, VA: Development Associates.  
Abstract: First report of a four year national evaluation of federally supported adult basic education, GED preparation, and English as a Second Language programs. This publication provides descriptive information on the adult education delivery system, focussing on such topics as program professionalism, services integration, outreach and recruitment activities, and client retention efforts.
73. Dolan, L. J., Kellam, S. G., Brown, C. H., Werthamer-Larsson, L., Rebok, G. W., Mayer, L. S., Laudolff, J., Turkan, J. S., Ford, C., & Wheeler, L. (1993). The short term impact of two classroom-based preventative interventions on aggressive and shy behaviors and poor achievement. *Journal of Applied Developmental Psychology*, 14, 317-345.
74. Donner, A., & Klar, N. (2000). Design and Analysis of Cluster Randomized Trials in Health Research. New York: Oxford University Press.  
Abstract: This textbook contains many examples of cluster randomized trials. Entered into C2-SPECTR on 5/25/03 by J. Lavenberg.
75. Donner, A. (2000). Cluster randomisation trials in mental health research. *Evidence-Based Mental Health*, 3(4), 101-103.  
Abstract: Brief summary will be added soon. 5/23/03.JGL
76. Dukes, R. L. (1995). An Evaluation of D.A.R.E. (Drug Abuse Resistance Education), Using a Solomon Four-Group Design with Latent Variables. *Evaluation Review*, 19(4), 409-435.  
Abstract: Results of an analysis to evaluate the effectiveness of the drug abuse resistance education (d.a.r.e.) With 440 classrooms and 10,000 students over 4 years indicated that d.a.r.e. Participation resulted in greater self-esteem, stronger institutional bonds, and endorsement of fewer risky behaviors. Program effects counteracted the negative effects of student maturation. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]

DARE is the most widely used school-based drug use prevention program in the United States. The focus is on improving problem solving skills, resisting peer pressure, and mastering difficult social situations to give pre-adolescents' resistance skills before they enter middle school or junior high. Classrooms are used as the units of analysis. The DARE program is presented during the last semester of elementary school. Half of the classrooms were assigned to receive the DARE program. The other classrooms were the control group. Half of the DARE schools and half the classes in control schools were randomly assigned to receive a pretest that measured attitudes toward the self, family, teachers, police, peer group, and risky behaviors regarding alcohol, tobacco, and other drugs. At the end of the semester, students in all the classes received a posttest that was identical to the pretest. The sample included over 10,000 students from 480 classrooms in 60 elementary schools in 5 school districts in Colorado Springs. Usable

data were obtained from 440 classrooms. Average classroom size: 21.7 students. The effects of the DARE program in Colorado springs were at least twice as large as those reported in a meta-analysis of eight DARE evaluations. Moderate to large effect sizes were found in four constructs examined in this study: self-esteem; resistance to peer pressure; family, teacher, and police bonds; and acceptance of risky behaviors. Using classroom as the unit of analysis decreased the number of cases available for the analysis from 9,552 to 440; however, greater precision in effect sizes was possible because of the Solomon design. The study design allowed for testing maturation effects. Results from this study reveal that maturation actually ran counter to the goals of DARE which appeared to intervene at a time during which preteens were losing self-esteem and becoming more estranged from societal institutions such as family and school. The DARE program reversed some of the maturation effect. (second abstract by Karen Fattorossi, University of Pennsylvania)

77. Dukes, R. L. (1996). Three-Year Follow-up of Drug Abuse Resistance Education (D.A.R.E.). Evaluation Review, 20(1), 49-66.  
Abstract: The long-term effectiveness of the drug abuse resistance education (d.a.r.e.) Program was assessed by contrasting 497 ninth graders who received the program in sixth grade with 352 who did not. Employing latent variables to represent the concepts, no significant differences were found between d.a.r.e. Participants and comparisons. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education] Note: Research supported in part by the El Pomar Foundation, the Colorado Springs Public Schools, the Colorado Springs Police Department, the Colorado Department of Education, the University of Colorado at Colorado Springs, and Grant DA01070 from the National Institute on Drug Abuse
78. Dukes, R. L., Stein, J. A., & Ullman, J. B. (1997). Long-Term Impact of Drug Abuse Resistance Education (D.A.R.E.): Results of a 6-Year Follow-up. Evaluation Review, 12(4), 483-500.  
Abstract: The long-term effectiveness of drug abuse resistance education (d.a.r.e.) Was assessed by contrasting drug use and other d.a.r.e.-Related attitudinal latent variables among 356 12th graders who received the program in 6th grade with 264 students who did not receive the program. Results suggest a possible sleeper effect for the program. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]
79. Eccles, M., McColl, E., Steen, N., Rousseau, N., Grimshaw, J., Parkin, D., & Purves, I. (2002). Effect of computerised evidence based guidelines on management of asthma and angina in adults in primary care: Cluster randomised controlled trial. British Medical Journal, 325, 941-948.  
Abstract: This article refers to a trial in which 60 general medical practices in northeast England were randomly assigned to either (a) receipt of computerized guidelines for the management of angina and provided intervention patients for the management of angina and control patients for the management of asthma, or (b) receipt of computerized guidelines for the management of asthma and provided intervention patients for the management of asthma and control patients for the management of angina in a two by two incomplete block design. No impact was found for a computerized decision support system for these two chronic diseases on either the process or outcomes of care, according to the authors. Entered into C2-SPECTR on 5/21/03 by J. Lavenberg.
80. Eck, J. E. (2002). Preventing crimes at places. L. M. Sherman, D. P. Farrington, B. C. Welsh, & D. L. MacKenzie (Eds), (pp. 241-304). London: Routledge.  
Abstract: This is a review article which cites cluster randomized trials. entered into C2-SPECTR on 5/25/03.
81. Elder, J. P. , Wildey, M., de Moor, C., Sallis, J. F., Eckhardt, L., Edwards, C., Erickson, A., Golbeck, A., Hovell, M., Johnston, D., Levitz, M. D., Molgaard, C., Young, R., Vito, D., & Woodruff, S. I. (1993). The long-term prevention of tobacco use among junior high school students: Classroom and telephone interventions. American Journal of Public Health, 83( 9), 1239-1244.  
Abstract: This article reports on a trial in which 22 junior high schools in San Diego, California were randomly assigned to treatment (Students Helping Others Understand Tobacco - SHOUT) or control conditions.
82. Ellickson, P., & Bell, R. M. (1990). Drug-Prevention in Junior High: A Multi-site Longitudinal Test. Science, 247, 1299-1305.

### Abstract: **Background and Study Objectives**

The objective was to estimate the effectiveness of Project ALERT, a multi-site, longitudinal test of a school-based prevention program for seventh and eighth graders. The curriculum specifically targets cigarettes, alcohol, and marijuana.

### **Intervention and Target Population**

Project ALERT was based on social influence model of prevention, which has shown promise for preventing or reducing adolescent smoking. The curriculum seeks to curb adolescent drug use by motivating young people to resist drugs and helping them acquire the skills to do so.

### **Evaluation Design**

Thirty schools were recruited to represent a broad spectrum of communities, socioeconomic status, and racial and ethnic composition. They were drawn from eight school districts in the northern and southern regions of California and Oregon.

This was designed as a place based trial. The 30 schools were randomly assigned to one of three experimental conditions. There were ten control schools and twenty treatment schools.

The ten control schools did not receive the Project ALERT curriculum, but they were allowed to continue any drug information programs. In the 20 treatment schools, enrolled 7<sup>th</sup> graders received an eight-session curriculum plus three booster lessons when they reached the eighth grade. In ten of these schools, an adult health educator taught the seventh-grade program. In the other ten schools, teen leaders from neighboring high schools assisted the adult teachers. This experiment was implemented between 1984 and 1986.

### **Variables Measured**

The responses to questionnaires administered in the classroom at four points during the program's first 2 years were used as variables: before and after delivery of the seventh-grade curriculum (baseline and 3 month follow-up) and before and after delivery of the eight-grade booster curriculum. (12 to 15 month follow-ups). These questionnaires solicited information on whether, how often and how much students had used alcohol, cigarettes, and marijuana, and on psychological variables related to drug use. To make the self-reports on "disapproved" behaviors valid, they used several methods to reduce incentives for distorting or concealing substance use.

### **Results**

Alcohol use. Shortly after delivery of the seventh-grade curriculum, Project ALETT produced modest reductions in drinking for all three risk levels: nonusers, experimenters, and users. After the students entered the eighth grade, however, most of these early gains disappeared.

Cigarette use. Project ALERT had little effect on baseline nonusers. In contrast, the curriculum produced significant reductions across subsequent smoking levels for baseline experimenters. For baseline smokers, Project ALERT produced negative results.

Marijuana. Project ALERT produced the most consistent positive results for marijuana across both groups and time. The most substantial results occurred for students who had never used marijuana or cigarette, i.e., the rate of marijuana initiation was reduced significantly. Project ALERT's effect on students in the two higher risk groups showed a consistent pattern of reductions, the effects were not statistically significant.

The results appear to apply to a wide variety of schools environments in California and Oregon. As one of these results, treatment effects were similar for both high minority schools and high majority schools, and where they differed, the program generally had better effects in the high minority schools.

These results indicate that social influence model of prevention, as implemented in Project ALERT, works. But the results indicate that the program might be more effective with early smokers if it gave them specific lessons on quitting and fostered positive interactions with nonsmoking peers. It is effectively addressed in the multiple problems of early smokers requires intensive intervention at an early age.

Author/Editor: Yasuo Miyazaki/Boruch, 10/17/01, Draft

84. Ellickson, P. L., & Bell, R. M. (1992). Challenges to social experiments: a drug prevention example. Journal of Research in Crime and Delinquency, 29(1), 79-101.
85. Ellickson, P. L., & Bell, R. M. (1992). Drug prevention in junior high: a multi-site longitudinal test. Science, 247, 1299-1306.
86. Ellickson, P. L., Bell, R. M., & McGuigan, K. (1993). Preventing adolescent drug use: Long-term results of a junior high program. American Journal of Public Health, 83(6), 856-61.  
Abstract: This article reports on a follow-up of a trial (Project ALERT) in which 30 middle or junior high schools in California and Oregon were randomly assigned to one of three drug use prevention conditions (instruction by health educators, instruction by older teens, or existing program). The program's impact on cognitive risk factors and use of alcohol, tobacco, and marijuana at grades 10 and 12 are evaluated. Please refer to Bell, Ellickson, & Harrison (1993) for additional information.  
Brief abstract created and entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
87. Embry, D. D., Flannery, D. J., Vazsonyi, A. T., Powell, K. E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. American Journal of Preventive Medicine, 12(Suppl 2), 91-100.  
Abstract: brief summary will be added soon. 5/27/03. JGL
88. Ennett, S. T., Tobler, N. S., Ringwalt, C. L., & Flewelling, R. L. (1994). How effective is drug abuse resistance education? A meta-analysis. American Journal of Public Health, 85(6), 873-74.
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91. Fairweather, G. W., & Tornatzky, L. G. (1977). Experimental methods for social policy research (1st ed.). New York: Pergamon Press.
92. Farrington, D. P. (1997). Evaluating a Community Crime Prevention Program. Evaluation, 3(2), 157-173.  
Abstract: Recommends a method of evaluating a distinctive UK community crime prevention program that systematically assesses local risk factors for youth crime & implements reliable prevention strategies. Experimental & control communities are compared on pre- & postintervention measures of key outcome variables (crime, delinquency, substance abuse, & adolescent problem behavior). The design is justified by reference to internal validity, methods of statistical analysis are discussed, & previous community crime prevention programs in the UK are reviewed. 36 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
93. Feaster, D., Szapocznik, J., Robbins, M. S., & Horigian, V. E. (2003). Brief strategic family therapy: Design of an effectiveness trial for adolescent drug abuse treatment. Society for Prevention Research 11th Annual Meeting: Research to Policy.  
Abstract: Efficacy trials establish whether a treatment works under ideal conditions. Effectiveness trials take the crucial next step of examining how a treatment works in real-world clinical settings. The Clinical Trials Network (CTN) of the National Institute on Drug Abuse is developing effectiveness trials of behavioral and pharmaceutical treatments, already supported by some degree of efficacy data. These trials are to be implemented at multiple community-based treatment programs (CTPs) across the United States for maximal generalizability. This presentation describes the development of the multi-site Brief Strategic Family Therapy (BSFT) Trial of NIDA's Clinical Trials Network, highlighting two design elements related to this being an effectiveness trial, rather than an efficacy trial. First, because the goal of the trial is to show that the use of BSFT would be an improvement to current practice, it was decided to compare BSFT to treatment as usual (TAU) at each location. This decision insures that the trial has the most ecological validity to the participating CTPs. Second the desire to generalize the results to general clinical practice dictate that variability (in effect) across CTPs be estimated using a random effects model. Allowing variation in TAU, will increase this variability in effect sizes across sites and estimation of this

variability as a random effect necessitates a larger sample size (both number of CTPs and participants per CTP), than is the case for a fixed effect estimate. Specifying random site effects in multi-site clinical trials changes the interpretation of effect-size estimates by adding site variability to the denominator and complicates power analyses and sample size calculations. Whereas there is a trade-off between the number of sites and the number of participants per site, a minimum number of sites as well as a minimum number of participants per site may be required to adequately estimate both the between and within site variability. Information characterizing each site (CTP) will aid in assessment of the generalizability of results. The added complexity of design and implementation in these trials yields many directions for future research.

Entered into C2-SPECTR by J. Lavenberg on 6/17/03.

94. Flay, B. R. (2002). School-based randomized trials of programs for the prevention of problem behavior. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation. Abstract: School-based randomized trials of prevention programs have been used routinely by NIH-funded research since the early 1980's. I provide a brief review of theoretical developments in prevention research during the past 20 years, then discuss some of the methodological issues (managerial, political, institutional, and ethical) with conducting randomized trials with schools. I identify many methodological improvements over the last two decades that put prevention research at the forefront of school-based research. Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation. Entered into SPECTR: 12/24/02
95. Flay, B. R., & Best, J. A. (1982). Overcoming design problems in evaluating health behavior problems. Evaluation and the Health Professions, 5, 43-69. Abstract: This article is a review containing examples of cluster randomized trials. Entered into C2-SPECTR 5/25/03 by J. Lavenberg.
96. Flay, B. R., Gruder, C. L., Warnecke, R. B., Jason, L. A., & Peterson, P. (1989). One Year Follow-up of the Chicago Televised Smoking Cessation Program. American Journal of Public Health, 79(10), 1377-80. Abstract: We compared the relative effectiveness of four different conditions of self-help and social support provided to people attempting to quit smoking in conjunction with a televised cessation program: Smokers ready to quit were able to request written manuals from hardware stores to accompany a televised program. At worksites we provided the written manual to all workers. At a random half of the worksites, we also provided training to discussion leaders who subsequently led discussions among smokers attempting to quit with the program. At health maintenance organization sites we invited smokers who had requested program materials to participate in similar group discussions at health centers. In this paper we report one year follow-up results for the above four groups and compare them with previously reported results of a self-help manual alone. Results for the television plus manual condition were better than those of past studies (25 percent nonsmoking prevalence and 10 percent continuous cessation one year after the program) and considerably better than the manual alone. None of the other conditions designed to supplement the manual plus television produced better long-term outcomes; we explore the reasons for this. The program did encourage and help over 50,000 Chicago smokers to attempt quitting with the American Lung Association manual, 100 times as many as would have done so without the televised program. At least 15 other similar programs implemented since 1984 multiply this effect. [MEDLINE]
97. Flay, B. R., Ryan, K. B., Best, A., Brown, S., Kersell, M. W., d'Avernas, J. R., & Zanna, a. M. P. (1985). Are Social-Psychological Prevention Programs Effective? The Waterloo Study. Journal of Behavioral Medicine, 8(1), 37-59. Abstract: **Background and Study Objectives**  
The Waterloo Smoking Prevention Project (WSPP) was designed to answer the question whether when subjected to further methodological rigor as not done so far, would the social -psychological approach to smoking prevention hold up to be effective. The study began in the 1979 - 1980 school year.

### **Intervention and Target Population**

The smoking prevention program had three major components: (1) providing information-activities targeted at developing future attitudes and behaviors and social skills. (2) Focus on social

influences-development of skills to resist such pressures. (3) Decision making and commitment-integrating the information learned so far and making decisions a public commitment about not smoking.

These were delivered in six 1 hour weekly sessions during the first 3 months of grade 6.

Two "maintenance" sessions were delivered later in grade 6. Three-booster sessions were held, two in grade 7 and one in grade 8.

### **Evaluation Design**

This is a cluster randomized (place-based) trial. From a large number of schools (number not given) twenty-two schools matched on certain variables were randomly assigned to treatment and control conditions. Full testing-full treatment (program condition) and Full testing-no treatment (control condition). Students of both conditions had a pretest the week before the program began (T1), posttest immediately after the program (T2) at the end of grade 6 (T3) beginning of grade 7(T4) and end of grade 7 (T5).

### **Variables Measured**

Sample of saliva were obtained for analysis of saliva thiocyanate and also to check accuracy of self-report data. Questionnaires on demographic information, self-reports on smoking behavior, smoking habits of parents, siblings, friends and teachers were also administered.

Mediating variables measured were knowledge, attitude, intention and personality. These were collected at each session. Outcome variable was smoking behavior.

### **Results**

There were no significant difference between program and control groups at pretest on reported smoking behavior, gender, smoking habits of parents, friends, and siblings. Results were analyzed both at the individual level and the school level.

For the school level analysis, the classrooms were used as the unit of analysis and revealed the following: at T1 no difference between treatment classrooms and control classrooms. Differences at T2 , T3 and T4 approached statistical significance and at T5 the treatment effect was statistically significant.

The study sample was 697 children from 22 schools. 654 were pre tested. At T1 no difference between treatment group and control group, T2 significant difference in smoking behavior due to quitting of students who were already smoking at pretest. T3 no significant increase in cigarette smoking, T4, no sig. difference in smoking behavior, T5 - significant difference i.e. control group had a much increased level of experimenting with smoking

Cross sectional analysis failed to show a significant impact on regular smokers. Program influenced current experimenters to quit and remain abstinent.

Author/Editor: Wickrema/Boruch, 10/17/01, Draft

98. Fleming, C. B., Harachi, T. W., Catalano, R. F., Haggerty, K. P., & Abbott, R. D. (2001). Assessing the effects of a school-based intervention on unscheduled school transfers during elementary school. Evaluation Review, 25(6), 655-679.

Abstract: Used multilevel analysis to compare students in 10 schools involved in the Raising Healthy Children school-based intervention program and control schools with respect to whether they transferred out of their original schools. Results for 938 first and second graders show that students in intervention schools were less likely to transfer within the first 5 years of the project. (SLD) ERIC abstract. Entered into C2-SPECTR 5/28/03 by J. Lavenberg.

99. Flottorp, S., Oxman, A. D., Håvelsrud, K., Treweek, S., & Herrin, J. (2002). Cluster randomised controlled trial of tailored interventions to improve the management of urinary tract infections in women and sore throat. British Medical Journal, 325 (7360), 367.

Abstract: This article reports on a trial in which 72 medical practice groups in Norway were randomly assigned to receive tailored interventions to support implementation of guidelines for either urinary tract infections in women or sore throat. The practices which received guidelines for the threatment of urinary tract infection served as the control group for the practices that received guidelines for the treatment of sore throat and, similarly, those practices who received guidelines for the treatment of sore throat served as the control group for the practices that received guidelines for the treatment of urinary tract

infections. The intervention, in part, consisted of medical recommendations (from the Journal of the Norwegian Medical Association) presented in electronic and poster format, provision of educational material for patients in electronic and paper format, computer based decision support and reminders during consultations, printed material to facilitate discussions within the practice, and interactive courses for general practitioners and practice assistants. Outcome measures included changes in the rate of antibiotic prescription, laboratory tests, and telephone consultations. Brief summary created and entered into C2-SPECTR on 5/25/03 by J. Lavenberg.

100. Fontanet, A. L., Saba, J., Chandelying, V., Sakondhavat, C., Bhiraleus, P., Rudpao, V., Chongsomchai, C., Kiriwat, O., Tovanabutra, S., Dally, L., Lange, J. M., & Rojanapithayakorn, W. (1998). Protection Against Sexually Transmitted Diseases by Granting Sex Workers in Thailand the Choice of Using the Male or Female Condom: Results from a Randomized Controlled Trial. *AIDS*, *12*(14), 1851-1859.  
Abstract: **Background and Study Objectives**

The male condom has been shown to be efficacious in the prevention of sexually transmitted diseases (STDs). Because of the refusal of some clients, female sex workers in Thailand would go without the male condom and any protection.

### **Theory**

Given the female condom, the female sex workers in Thailand would have an alternative to no protection when their client refused the male condom.

### **Intervention and Target Population**

The participants (N=548) were female sex workers in sex establishments in four cities in Thailand. The intervention in the experimental group was the option of using the female condom when the male condom was refused. The control group was not given this option.

### **Evaluation Design**

Sex establishments in Thailand were randomly placed into the experimental or the control group. The participants were screened for STDs and did not enter the study until they tested negative for any STDs. The participants were then assessed every 2 weeks for 24 weeks.

### **Variables Measured**

The outcome measures utilized were the number of unprotected sexual acts and the incidence rates of STDs attained during a 24-week period.

### **Results**

There was a 24% lower incidence rate of diagnosed STDs in the experimental group compared with the control group (this difference is not significant). Condom use was very high in both groups although the experimental group declined in the instance of sexual intercourse using a male condom because they used the female condom.

Author/Editor: Angelo/Boruch, 12/18/01, Draft

101. Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*, *88*(1), 45-50.
102. Foshee, V. A., Linder, G. F., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., McMahon, P. M., & Bangdiwala, S. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, *12*(5), 39-47.
103. Freedman, R., & Takeshita, J. Y. e. al. (1969). Family Planning in Taiwan: An Experiment in Social Change. Princeton, New Jersey: Princeton University Press.  
Abstract: **Background and Study Objectives**  
The experiment was designed to test an intensive field program for family planning and to test the acceptability of IUDs.

### **Interventions and Target Population**

The design of the program involved four treatments directed to 36,000 married couples in Taichung with wives 20-39 years old. The four treatments were: (1) Everythinghusband and wife (Erw): personal visits to both husband and wife, information mailed, and neighborhood meetings; (2) Everythingwife only (Ehw): Everything but the personal visit to the husbands; (3) Mailings: no personal visits, unless requested, or meetings, instead of series of mailed information; (4) Nothing: no effort made to reach the couples directly.

### **Evaluation Design**

Treatments were allocated by lin, a neighborhood unit containing about 20 households. Each lin was located in one of three density sectors, which differed only in the proportion of lins getting the Ehw or Ew treatments; lins were randomly allocated to treatment. Both pretreatment surveys and posttreatment surveys were carried out.

### **Variables Measured**

Acceptance and use of contraceptives were primary dependent variables.

### **Results**

During the program, 5454 couples accepted family guidance planning. Nearly 80% chose the IUD, less than 2% the oral pills, and about 19% traditional methods (mostly condoms). The lowest level of IUD usage occurred among the couples personally visited, presumably because fieldworkers explained various methods, whereas word of mouth diffusion of information concentrated on the IUD. The home-visit treatments yielded the best results, but husband visits did not add much. The mail campaign was not especially effective.

Author/Editor: Conner/Boruch, 10/18/01, Riecken et al.(1974) Draft

104. Friend, J., Searle, B., & Suppes, P. C. (1980). Radio mathematics in Nicaragua. Stanford, Calif: Institute for Mathematical Studies in the Social Sciences, Stanford University.
105. Fuchs, D., Fuchs, L. S., Thompson, A., Al Otaiba, S., Yen, L., Yang, N. J., Braun, M., & O'Connor, R. E. (2001). Is Reading Important in Reading-Readiness Programs? A Randomized Field Trial with Teachers as Program Implementers. Journal of Educational Psychology, 93(2), 251-267.

#### **Abstract: Background and Objectives**

This study investigates the “effectiveness and feasibility of phonological awareness training, with and without a decoding component.” The researchers were interested in understanding whether phonological awareness training to be taught in isolation of reading instruction and is a prerequisite of reading in general. The study also explores the effects of teacher-conducted interventions in regard to phonological awareness training and decoding instruction in kindergarten. Finally, the study presents an initial evaluation of Peer-Assisted Learning Strategies (PALS) in kindergarten. “PALS is a classwide, peer-mediated approach to instruction and practice that accelerates reading achievement in Grades 2-5.”

### **Intervention and Target Populations**

Within schools, the study randomly assigned kindergarten teachers (and their classes) to three study conditions. Following this, “treatment fidelity data was collected on teachers and students.” Teacher observations were also conducted in the classrooms to understand and describe their general literacy programs. Valid measures of phonological awareness, beginning reading, and spelling measures were used in the study. The study also required that phonological awareness and beginning reading treatments run for 20 weeks and 16 weeks, respectively. The researchers re-tested participants during the fall of the following year. Participating teachers attended a full-day workshop on phonological awareness and the Ladder activities they would need to implement in their classrooms. Additionally, Ladders + PALS teachers attended a half-day workshop in preparation for training their classes in PALS. The target population included four Title I and four non-Title I schools in the Metro-Nashville Public Schools system. Among the eight study schools, 33 teachers (18 in Title I; 15 in non-Title I) volunteered to participate in the study. Student selection was based on scores obtained on a rapid letter naming (RLN) test and on teacher judgment. Low achievers (LA) were those students who received the lowest six scores in each of the 33 classrooms. Assigned average-achiever (AA) status was comprised of four students

with scores in the middle of the distribution. High achievers (HA) were the four students with the highest scores.

### **Theory**

The study is based on prior research indicating that phonological awareness can be trained. Furthermore, it is suggested that this awareness training can produce a positive effect on reading development; and, when combined with letter-sound or beginning reading instruction, its influence can be strengthened. As a result, there has been discussion about integrating phonological awareness elements in reading-readiness instruction before first grade.

### **Evaluation Design**

Using stratified randomization, thirty-three teachers (and their students) were assigned, within their 8 urban schools, to 3 groups: “control, phonological awareness training, and phonological awareness training with beginning decoding instruction and practice.” After receiving training, teachers in the 2 treatment groups conducted the treatments for approximately 20 weeks. Between Week 6 and Week 20, observations occurred weekly in each Ladders classroom and PALS data was collected in each classroom on two occasions. Pre- and posttreatment data were collected on 12-14 children (N=404) in each class and approximately 300 children were re-tested the following fall.

### **Variables Measured**

Data regarding Ladders implementation was derived from three sources: teacher calendars recording their activity use; direct observations of teacher lessons; and a teacher questionnaire. PALS implementation accuracy was evaluated at Week 9 and Week 16. A 5-point Likert-type posttreatment scale was used to measure teacher satisfaction with PALS. Scores on the questionnaire ranged from 1 (not at all important) to 5 (very important).

“Measures used at pre- and posttreatment and at follow up include Rapid Letter Sound test, Segmentation, Word Attack subtest of the Woodcock Reading Mastery Test Revised, and the Word Identification Subtest (Word ID) of the Woodcock Reading Mastery Test-Revised. Measures used at posttreatment and at follow-up include a Blending test and the Spelling Subtest of the Wechsler Individual Achievement Test. The PALS teacher questionnaire was completed at posttreatment. The RLN was used as a pretreatment variable.”

### **Results**

Teachers, rather than students, were randomly assigned to the study groups and, as a result, they were used as the unit of analysis in regard to student performance in Kindergarten. This analysis required the researchers to average the scores of each teacher for all three (LA, AA, and HA) student groups. Results indicate that, at the end of kindergarten, the 2 treatment groups performed similarly and did better than controls on the phonological awareness measure. However, the group participating in phonological awareness training with beginning decoding instruction outperformed the other 2 groups on alphabetic (reading and spelling) tasks. Effects lasted until the fall of the next year, but many of these differences were less impressive at that time.

While Ladders teachers and Ladders + PALS teachers made regular use of phonological awareness activities, most control teachers use them less regularly. “On posttreatment phonological awareness (segmentation and blending) tasks, Ladders and Ladders + PALS students performed comparably and both treatment groups” did better than controls. “Across segmentation and blending tasks, and across LA, AA, and HA students, effect sizes for the Ladders versus control comparison ranged from .46 to 1.30. For the Ladders + PALS versus control contrast, effect sizes ranged from .45 to 2.10.” In general, Ladders + PALS teachers provided regular and systematic instruction on beginning decoding skills and gave their students repeated opportunity to practice these skills. Only one control teacher provide regular and systematic instruction. Ladders + PALS students outperformed Ladders and control students on posttreatment alphabetic tasks. No significant difference was evident between PALS and control students.

Overall, teachers and students rated the accuracy of PALS implementation 87% at Time 1 and 77% at time 2. These findings suggest that teachers and students implemented the treatment accurately and did not find it difficult to do so. The results also provide a “relatively strong causal claim for the teacher-implemented Ladders and Ladders + PALS treatments.” Children receiving treatment appeared to do well on measures reflecting the goals of the treatments in which they participated.

In conclusion, it seems evident that kindergarten teachers should be combining phonological awareness

training with decoding instruction in an effort to strengthen beginning reading performance. The study also shows that kindergarten teachers can teach phonological awareness to their students. Additionally, the stronger performance of the Ladders + PALS groups suggest that focusing on “phonological skills in isolation is not an optimal method for improving literacy skills.”

Author/Editor: Janelle Brown/Robert Boruch, 3/25/02.

Entry by: Sujie Shin, 5/08/02.

106. Fuchs, D. (1997). Peer-Assisted Learning Strategies: Making Classrooms More Responsive to Diversity. American Educational Research Journal, 34(1), 176-206.  
Abstract: Effectiveness of a classwide peer tutoring program was studied for low achievers with and without learning disabilities and average achievers in 20 elementary school intervention classes and 20 control classes. All types of learners in peer tutoring classrooms demonstrated greater reading progress regardless of which of three measures was used. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education] Note: Research supported in part by Grant No. H023E90020 from the Office of Special Education Programs and Core Grant HD-15052 from the National Institute of Child Health and Development. Portions of the paper presented at the 1993 and 1994 Annual Meetings of the American Educational Research Association
107. Fuchs, D. (1999). Peer-Assisted Learning Strategies: Programmatic Experimental Research to Make Schools More Accommodating of Diversity. Conference on Evidence-Based Policy Durham, England: University of Durham.  
Abstract: Peer-Assisted Learning Strategies (PALS) was developed to strengthen the reading and mathematics performance of kindergarten and elementary-grade students. PALS teachers organize their students into pairs and prepare the students to collaborate productively, efficiently and supportively. Pairs work on "strategic" activities, which research indicates are casually connected to strong school achievement. PALS Reading is conducted 3 times weekly, 30 minutes per session; PALS-Math, 2 times weekly, 45 minutes per session. Large-scale experimental studies indicate that, across reading and math, PALS students outperform comparable students in non-PALS classrooms. Moreover the superiority of PALS holds irrespective of learner status (low achiever), average-achiever and high achiever) and school type (suburban middle class and urban high poverty). This presentation will describe PALS procedures, including videos of PALS classrooms. We also will discuss the research that guided its development and supports its use. NOTE: Paper presented at the University of Durham Conference on Evidence-Based Policy. Durham, England: July 11-14, 1999
108. Fuchs, L. S., Fuchs, D., Karns, K., Hamlett, C. L., Dutka, S., & Katzartoff, M. (2000). The Importance of Providing Background Information on the Structure and Scoring of Performance Assessments. Applied Measurement in Education, 13(1), 1-34.  
Abstract: The purpose of this study was to examine the effects of providing students with background information about the structure and scoring of mathematics performance assessments (PAs). Stratifying by grade, we randomly assigned 16 Grade 2 through Grade 4 classrooms to 2 conditions. In one condition, 187 students took an initial PA, received a brief orientation on the structure and scoring of PAs, and then took a 2nd, alternate-form PA. In the other condition, 182 students took 2 alternate-form PAs with no intervening orientation. Analyses of variance revealed that students' prior achievement histories mediated the effects of the test-wisness training on the change between PA trials: Effects were statistically significant and dramatic for above- and at-grade level students but not for below-grade level students. Implications for valid assessment within high-stakes annual testing programs are discussed.
109. Fuchs, L. S. (1994). Classwide Curriculum-Based Measurement: Helping General Educators Meet the Challenge of Student Diversity. Exceptional Children, 60(6), 518-537.  
Abstract: This study, involving 40 general educators each with at least 1 student with a learning disability, found that teachers who received instructional recommendations on how to incorporate curriculum-based measurement feedback into their instructional planning designed better instructional programs and effected greater achievement for their students, compared to teachers not receiving such recommendations. (Author/jdd) [By permission, ERIC Processing and Reference Facility, US Department of Education]
110. Fuchs, L. S. (1995). General Educators' Specialized Adaptation for Students with Learning Disabilities.

Exceptional Children, 61(5), 440-459.

Abstract: Twenty elementary teachers were supported in developing curriculum-based measurement and peer-mediated instruction to serve math students with learning disabilities (ld); 10 of the teachers also used decision rules and specialized adaptations when student progress was inadequate. Teachers implemented the specialized adaptation with respectable levels of fidelity, but enhanced ld student learning did not result. (Author/jdd) [By permission, ERIC Processing and Reference Facility, US Department of Education]

111. Fuchs, L. S. (1994). The Nature of Student Interactions during Peer Tutoring with and without Prior Training and Experience. American Educational Research Journal, 31(1), 75-103.  
Abstract: Effects of previous training and experience in peer tutoring on student interactions were studied for 16 elementary school classes. Student dyads with experience and training in peer tutoring provided more interactional explanations and incorporated sounder instructional principles. In both situations, student explanations tended to be algorithmic rather than conceptual. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]
112. Fuchs, L. S., Fuchs, D., Hamlett, C. L., Phillips, N. B., Karns, K., & Dutka, S. (1997). Enhancing Students' Helping Behavior during Peer-Mediated Instruction with Conceptual Mathematical Explanations. The Elementary School Journal, 97(3), 223-249.  
Abstract: Explored methods for helping students generate conceptual mathematical explanations during peer-mediated learning activities. Three groups (one with training in elaborated help, one with additional training in providing conceptual explanations, and one control) were compared after 18 weeks on mathematics achievement. Found that students with training in conceptual explanation-giving had highest achievement levels. (Ev) [By permission, ERIC Processing and Reference Facility, US Department of Education]
113. Fuchs, L. S., Fuchs, D., & Karns, K. (2001). Enhancing kindergartners' mathematical development: Effects of peer-assisted learning strategies. The Elementary School Journal, 101(5), 495-510.  
Abstract: Examined the effects of a dyadic peer-mediated treatment on kindergarten children's mathematics development. Found that treatment implementation was strong for most teachers; teachers judged the treatment to be effective and feasible for implementation on their own; and students with and without disabilities, at all points along the achievement continuum, benefited from the treatment. (Author) ERIC abstract. Entered into C2-SPECTR on 10/28/03 by J. Lavenberg.
114. Fuchs, L. S., Fuchs, D., Karns, K., Hamlett, C. L., Kataroff, M., & Dutka, S. (1997). Effects of Task-Focused Goals on Low-Achieving Students with and without Learning Disabilities. American Educational Research Journal, 34(3), 513-543.  
Abstract: The effects of a task-focused goals (tfg) treatment in mathematics were studied with low-achieving students with or without learning disabilities. Results with 40 elementary classrooms showed that tfg students enjoyed the approach, but that increased effort was associated with greater learning only for those without learning disabilities. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]. Note: Research supported in part by Grant No. H180E20004 from the U.S. Department of Education, Office of Special Education Programs, and Core Grant No. HD15052 from the National Institute of Child Health and Human Development to Vanderbilt University
115. Fuchs, L. S., Fuchs, D., Kazdan, S., & Allen, S. (1999). Effects of Peer-Assisted Learning Strategies in Reading with and without Training in Elaborated Help Giving. The Elementary School Journal, 99(3), 201-219.  
Abstract: Developed and evaluated an explicit approach to teaching students to engage in elaborated help-giving during collaborative group work in reading. Found that grade level and treatment exerted statistically significant and practically sizable effects on the help that students provided their peers. (Author/lpp) [By permission, ERIC Processing and Reference Facility, US Department of Education]
116. Fuchs, L. S., Fuchs, D., Kazdan, S. A., Karns, K., Calhoon, M. B., Hamlett, C. L., & Hewlett, S. E. (2000). Effects of Workgroup Structure and Size on Student Productivity during Collaborative Work on Complex Tasks. The Elementary School Journal, 100(3), 183-212.  
Abstract: Examined effects of workgroup size and structure during collaborative work on complex tasks. Found that dyads produced greater collaboration for low-achievers, whereas small groups generated more cognitive conflict among other students. Productivity did not differ as a function of background structure.

Findings posed implications for optimizing grouping arrangements and preparing students to work productively during collaborative activities. (Author) [By permission, ERIC Processing and Reference Facility, US Department of Education]

117. Fuchs, L. S., Fuchs, D., Phillips, N. B., Hamlett, C. L., & Karns, K. (1995). Acquisition and Transfer Effects of Classwide Peer-Assisted Learning Strategies in Mathematics for Students with Varying Learning Histories. *School Psychology Review*, 24(4), 604-620.  
Abstract: Examines the effects of classwide peer-assisted learning strategies (pals) in mathematics incorporating the use of curriculum-based measurement on acquisition and transfer learning of three types of students (average-achieving student, low-achieving students, and students with a learning disability). Analysis of variance indicates superior mathematics growth for students in pals condition. (Author/jdm) [By permission, ERIC Processing and Reference Facility, US Department of Education]

118. Garet, M., Birman, B., & Porter, S. A. e. a. (1999). Designing Effective Professional Development: Lessons from the Eisenhower Program. Washington, D.C.: U.S. Department of Education, Planning and Evaluation Service.

Abstract: **Background and Study Objectives**

In the United States, “standards-based reform” in some states means that many teachers and school staff must take seriously new standards for curriculum content identified and enumerated in different parts of a state’s education system. Education decision makers have to figure out how to assist schools and staff to meet the objectives set in standards. Further, determining whether particular approaches to this work is important.

This study’s main objective is to learn about deployment and effects of a model teacher instructional program in mathematics and science education in urban middle schools. The project’s plan and operations is supported by the National Science Foundation; earlier evidence produced was supported by the US Department of Education’s Planning and Evaluation Service. A main justification for the effort is that we can learn to improve students’ achievement only by first learning how to improve teaching.

**Intervention and Target Population**

The intervention involves a continuous improvement approach to instruction, based on objective data and formative evaluation, and school-based collaboration and networking that encourages teachers to share ideas, models, and strategies for improvement. The object is data driven improvement in instruction. The intervention’s main ingredients are put in place sequentially.

The target population for this study is schools that are willing to commit to the effort. This entails agreements to assist, with support, in coordinating the intervention’s deployment, providing people time to do so, and support planning teams.

**Theory**

The intervention involves designing and deploying professional development efforts that stress six features of professional developed thought to be effective based on nonrandomized trials: collaborative approaches; longer duration for activity, participation; focus on deepening teachers’ content knowledge; active learning rather than passive learning; coherence in the sense of linkages with teachers’ prior experience and state or local academic standards and student assessments. This is based on the Garet et al (1999) review.

**Evaluation Design**

This is a place-based randomized (cluster randomized, group randomized) trial. Forty middle schools were targeted for random assignment to the new instructional program and to a control condition. The forty were spread out over four urban districts: Chicago; Miami-Dade, Philadelphia; and Charlotte-Mecklenberg. Thirty-six schools were in the study as of 8/01.

Baseline data, to be collected in spring 2001, includes statistical indicators of teaching activities and curriculum content and narrative information based on teacher interviews, classroom observations, and curriculum materials. Auxiliary information on teacher development activities, standards, etc. will also be collected. Side studies involve case oriented work are designed to understand the validity of information generated in surveys of teachers.

**Variables Measured**

The main outcome is measured using a uniform survey of the Enacted Curriculum in Mathematics and Science. Subsamples of teachers are targeted for in-depth interviews to deepen the information on what is taught and how.

## Results

This study is underway. The main comparison is between the randomized intervention schools and control schools. This is to estimate the effect of the intervention of professional development that is data driven on what teachers do, relative to the control schools.

Author/Editor: Robert Boruch/No Editor, Rough Draft, 11/14/01

119. Gay, K. E. (1996). Collaborative school-based research: the creation and implementation of an HIV/AIDS prevention curriculum for middle school students. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia, PA.
120. Geban, O., Askar, P., & Ozkan, I. (1992). Effects of computer simulations and problem-solving approaches on high school students. Journal-of-Educational-Research, 86(1), 5-10.  
Abstract: Reports on a study of the effects of computer-simulated experiments (CSE), problem solving, and conventional approaches on high school students' chemistry achievement, science process skills, and attitudes toward chemistry. Testing indicated CSE and problem solving produced greater achievement in chemistry and science process skills. CSE produced more positive attitudes toward chemistry. (SM) [By permission, ERIC Processing and Reference Facility, US Department of Education]
- The following summary was created by Allison Eaton-Kawecki Karpyn (2003):  
...Geban et al (1992) investigated the effects of the computer-simulated experiment (CSE) on over 200 high school students' chemistry achievement, science process skills and attitudes to chemistry. The study design was a randomized pretest-posttest control group. Within this model each of 6 ninth grade classes were randomly assigned to receive 9 weeks of instruction via the CSE approach (n = 60), a problem-solving approach (n = 70), or a conventional approach (n = 70). Curriculum across instructional groups remained constant. Outcome measures included scores on a Chemistry Achievement Test, Science Process Skill Test, Chemistry Attitude Scale and logical Thinking Ability Test.  
Using a one-way ANOVA to compare pre-test scores, post-test comparisons showed significant differences in chemistry achievement between groups. Post hoc analysis using Tukey's HSD revealed that the problem solving approach and CSE approach produced significantly higher achievement in chemistry than the conventional approach. However, no significant differences between the problem solving and CSE approaches were found. Identical results were found for science process skills, whereby the problem solving and CSE approaches were both better than the traditional approach, but no different from one another.
121. Gillies, R. M., & Ashman, A. F. (1998). Behavior and Interactions of Children in Cooperative Groups in Lower and Middle Elementary Grades. Journal of Educational Psychology, 90(4), 746-57.  
Abstract: Study investigates the behaviors and interactions of children in structured and unstructured groups as they worked together on a six-week social-studies activity each term for three school terms. The results show that the children in the structured groups were consistently more cooperative and they provided more elaborated and nonelaborated help than did their peers in the unstructured groups. (Author/GCP)
122. Ginexi, E., Crosse, S., & Caudill, B. (2003). Prevention programming targeting excessive alcohol use among fraternity members: If it's offered, will those who need it most come? 11<sup>th</sup> Annual Meeting of the Society for Research Prevention.  
Abstract: With an interest in more effectively disseminating innovative prevention strategies from research-based efforts, rigorous research conducted in the community can help us to better understand barriers to effective prevention programming. A crucial component of delivering prevention programs in community settings is attracting at-risk individuals who will willingly show up and participate. Recruitment is especially problematic among young adults who often are resistant to changing risky behavior. Excessive alcohol use on U.S. college campuses is a prime example of a problem ripe for

prevention programming, yet riddled with challenges in terms of participant engagement. While a growing body of evidence suggests that several types of prevention approaches work to curb excessive alcohol use among college students (Larimer & Cronce, 2002), many students do not participate in these programs, and in particular, individuals who most need them appear to be least likely to utilize them (Black & Coster, 1996).

The present analyses used data from a randomized prevention trial to examine program participation at the individual- and group-level in a program targeting excessive alcohol use among fraternity members. The Campus Alcohol Perspectives Study (CAPS), as funded by NIAAA, was designed to assess the efficacy of server training approaches to reduce excessive alcohol use in a national college fraternity. CAPS included an experimental design (with random assignment to condition at the chapter level) at 98 chapters and 4 rounds of longitudinal data from over 3,400 fraternity members using audio-enhanced computer-assisted self-interviewing (A-CASI). To boost program participation, sites in the experimental conditions were offered a monetary donation to their fraternity chapter fund if at least 80% of the chapter members attended the training. This incentive increased attendance levels, but many individuals and entire sites still refused participation. Analyses revealed significant differences on drinking at baseline and over time for different categories of potential participants (i.e., attendees, individual refusals, site refusals, and site closures). These findings may have significant implications for the dissemination of alcohol prevention programming in college settings and for reaching students with the greatest need. Entered into C2-SPECTR on 6/22/03 by J. Lavenberg.

123. Glaser, E. M., Coffey, H. A., & and others. (1967) .

**Abstract: Background and Objectives**

This study was undertaken to study the factors that facilitate the diffusion and use of information about innovations (specifically, the Tacoma Project) in the vocational rehabilitation field. It was also designed to identify the barriers which prevent agencies from developing their own or adopting others; innovations.

**Interventions and Target Population**

Two strategies were developed and applied experimentally. One strategy developed and applied three types of communication; a pamphlet was sent to the target institutions. The second strategy consisted of more intensive consultation with the management staff of five vocational rehabilitation organization.

**Evaluation Design**

In both strategies, the target organizations were selected randomly for the control or experimental groups.

**Variables Measured**

Interest in the Tacoma Project, knowledge of the project, and adoption of the project (in terms of features adopted) were all dependent measure.

**Results**

The pamphlet and conference communication techniques were effective both in communicating and in stimulating others to use the reported methods. The spokesman technique was not successful in either way. In the consultation strategy, agencies for which consultation was provided showed more improvement than agencies who were offered no consultation.

Author/Editor: Riecken et al (1974)Conner/Boruch

124. Glewwe, P., Kremer, M., Moulin, S., & Zitzewitz, E. (2000). MA: National Bureau of Economic Research.

**Abstract:** This paper compares retrospective and prospective analyses of the effect of flip charts on test scores in rural Kenyan schools. Retrospective estimates that focus on subjects for which flip charts are used suggest that flip charts raise test scores by up to 20 percent of a standard deviation. Controlling for other educational inputs does not reduce this estimate. In contrast, prospective estimators based on a study of 178 schools, half of which were randomly selected to receive charts, provide no evidence that flip charts increase test scores. One interpretation is that the retrospective results were subject to omitted variable bias despite the inclusion of control variables. If the direction of omitted variable bias were

similar in other retrospective analyses of educational inputs in developing countries, the effects of inputs may be even more modest than retrospective studies suggest. Bias appears to be reduced by a differences-in-differences estimator that examines the impact of flip charts on the relative performance of students in flip chart and other subjects across schools with and without flip charts, but it is not clear that this approach is applicable more generally.

### **Background and Study Objectives**

It is difficult to mount prospective randomized trials so as to estimate relative effects of educational and other social programs. Relying on analyses of retrospective data to produce such estimates is easier on managerial grounds but require assumptions in analyses.

This report describes both a prospective randomized trials and an analysis that is retrospective and based on nonrandomized data. One of the aims is to estimate the effect of a flip chart program in Kenyan schools based on a randomized trial. The second aim is to learn whether analyses of data from nonrandomized trials, i.e., retrospective data, yield the same results data as the randomized trial.

### **Intervention and Target Population**

Flip charts and the visual aids are readily available in schools in industrialized countries and are thought to be useful in pedagogy and in enhancing student achievement. They are not readily available in developing countries, including Kenya.

The main intervention in this study is flip charts and teachers' guides for their use. They were introduced into schools in Busia and Teso, two adjacent agricultural districts in Kenya. Both regions have below average incomes for Kenya.

There were two sets of science charts, one covering agriculture and one covering general science. One set of charts for health, and a set for mathematic. A wall chart of East Africa was included. Each set of charts was relevant to different school grades, e.g., science charts for grades 5-8 and math charts for grade 3 and up. About 60-75% of the charts were used by teachers in grade 7-8.

The target samples of children within the schools using the charts were in grades 6-8. Within grades, the target sample is further constrained by who took what kind of test. For instance, only 8<sup>th</sup> graders who took the examination for the Kenya Certificate of Primary Education (KCPE) were included.

In Busia and Teso in 1997, one hundred and seventy eight schools were "potentially eligible to receive flip charts." Schools that were receiving special assistance because they were most disadvantaged and those schools that were the best off had been eliminated from the pool of eligible schools.

### **Evaluation Design**

The prospective component of this study designed as a place-based blocked randomized trial with pseudo random assignment. That is, 178 schools were sorted by geographic district and geographic division and then arranged alphabetically by school name. "Every other school on that list was placed into the flip chart group" (p.12.). The remaining schools made up the control group of schools.

The retrospective component of this study was an analysis of passive (nonrandomized) data on 100 schools that had been provided with textbooks and grants in a specialized demonstration project. These 100 schools did not overlap with the 178 schools in the prospective study.

### **Variables Measured**

In the place-based trial, the main outcome variable was student achievement. This was measured using standardized tests; the Kenya Certificate of Primary Education examination after the intervention was introduced in 1997 and 1998.

In the place-based trial, to understand whether schools had indeed received flip charts and that teachers had used the charts, surveys were undertaken at 21 of the schools that were supposed to receive flip charts. Teachers in grades 7-8 were asked about their awareness that schools had received flip charts and whether the teachers used the charts. The interviews also posed questions about teachers' specific use of the charts.

In the retrospective component of the study, data on the 100schools receiving textbooks and grants was obtained to establish that flip charts were available. No data was available on subjects for which flip charts were available.

### **Results**

The analysis of data averaged across all schools from the place-based trial yielded no substantial difference between the 89 schools that received flip charts and associated teacher guidance material and

the 89 schools in the control condition. Any differences that occur in the main outcome, e.g., test scores on the KCPR examination, were slight or nonexistent.

Analyses of the place-based trials data that took into account the fact that schools were the randomly allocated units (random effects models) also yielded no discernable and statistically significant effects of flip charts. Different but related analyses of data that include non-flip chart subjects also showed no effects.

Implementation surveys yielded data on flip chart use. These interviews suggest that 90% of teachers had indeed used the flip charts that their schools had received. The report gives details on level or intensity of use by grade level and in terms of days of possible use during the school term.

The reports gives some analyses based on different assumptions about missing data, e.g., students who were absent for practice use of flip charts or for the Kenya Certification Examination.

Analyses of the retrospective data, i.e., nonrandomized, suggest that these analyses would greatly overestimate the effects of the flip charts on students' achievement. Moreover, the analyses suggest that models that best approximated the randomized trials results differed depending on the particular subject and could not be predicted.

The analyses of the retrospective data appear to be based on ordinary least square regression models and differences in difference models. The adjustment variable included books per pupil, school, and others.

125. Glick, B., & Goldstein, A. P. (1987). Aggression Replacement Training. Journal of Counseling & Development, 65(7), 356-362.

Abstract: Describes aggression replacement training (art), a multimodal, psychoeducational intervention for assaultive, hostile adolescents and children who are either institutionalized or pose severe, disruptive behaviors in communities. Presents the research evaluating art efficacy, planned efforts in program development, and art's relevance for counselors. (Author/abb) [By permission, ERIC Processing and Reference Facility, US Department of Education]

126. Goldberg, L., Elliot, D., Clarke, G. N., MacKinnon, D. P., Moe, E., Zoref, L., Green, C., Wolf, S. L., Greffrath, E., Miller, D. J., & Lapin, A. (1996). Effects of a Multidimensional Anabolic Steroid Prevention Intervention. The Adolescents Training and Learning to Avoid Steroids (Atlas) Program. JAMA, 276(19), 1555-62.

Abstract: OBJECTIVE: To test a team-based, educational intervention designed to reduce adolescent athletes' intent to use anabolic androgenic steroids (AAS). DESIGN: Randomized prospective trial. SETTING: Thirty-one high school football teams in the Portland, Ore, area. PARTICIPANTS: Seven hundred two adolescent football players at experimental schools; 804 players at control schools. INTERVENTION: Seven weekly, 50-minute class sessions were delivered by coaches and student team leaders, addressing AAS effects, sports nutrition and strength-training alternatives to AAS use, drug refusal role play, and anti-AAS media messages. Seven weight-room sessions were taught by research staff. Parents received written information and were invited to a discussion session. MAIN OUTCOME MEASURES: Questionnaires before and after intervention and at 9- or 12-month follow-up, assessing AAS use risk factors, knowledge and attitudes concerning AAS, sports nutrition and exercise knowledge and behaviors, and intentions to use AAS. RESULTS: Compared with controls, experimental subjects at the long-term follow-up had increased understanding of AAS effects, greater belief in personal vulnerability to the adverse consequences of AAS, improved drug refusal skills, less belief in AAS-promoting media messages, increased belief in the team as an information source, improved perception of athletic abilities and strength-training self-efficacy, improved nutrition and exercise behaviors, and reduced intentions to use AAS. Many other beneficial program effects remained significant at the long-term follow-up. CONCLUSIONS: This AAS prevention program enhanced healthy behaviors, reduced factors that encourage AAS use, and lowered intent to use AAS. These changes were sustained over the period of 1 year. Team-based interventions appear to be an effective approach to improve adolescent behaviors and reduce drug use risk factors.

127. Gomel, M., Oldenburg, B., Simpson, J. M., & Owen, N. (1993). Work-site cardiovascular risk reduction: A randomized trial of health risk assessment, education, counseling, and incentives. American Journal of Public Health, 83(9), 1231-1238.

Abstract: This article reports on a trial in which 28 ambulance stations in Australia were randomly assigned to four conditions: (a) health risk assessment - participants were assessed and feedback given to each individual through the use of standardized norms in the form of tables and graphs; (b) risk factor education - participants received the health assessment, along with standardized advice on life-style changes required to reduce heart disease risk factors, if present; (c) behavioral counseling - participants received the health assessment and life-style change advice, if necessary, as well as an offer to participate in six life-style counseling sessions; or (d) behavioral counseling plus incentives - participants received the health assessment, the life-style change advice, a life-style change manual, and incentives for making life-style changes. Major outcome measures were body mass index, percentage of body fat, systolic and diastolic blood pressure, serum cholesterol, smoking status, and aerobic capacity. Brief summary created and entered into C2-SPECTR on 7/28/03 by J. Lavenberg.

128. Gosnell, H. F. (1927). Getting Out the Vote. Chicago, IL: University of Chicago Press.

Abstract: **Background and Objective**

This study attempted to determine the extent to which some of the factors causing voting behavior could be controlled in a given election.

**Intervention and Target Population**

A large-scale mail campaign was instituted by Gosnell to stimulate voter registration in the experimental group prior to the presidential election of 1924. The first mail out treatment to all adult residents in the sample included Polish, Czech, Italian, and English versions of documents containing factual information on registration dates; the second notice was an informative printed cartoon; the third was a personal notice. Interviews with the subjects provided background data.

**Evaluation Design**

Allocation to experimental and control groups was random, by area of residence within precinct. Checks on demographic features of both groups yielded no pretreatment difference.

**Variables Measured**

Records of voter registration were furnished by poll books and poll watchers. Actual voting behavior was also a dependent measure.

**Result**

About 9% more registration per treatment was evident in the treatment groups. This varied from 3 to 23.3%, however, depending on ethnic group, race, and educational training. In actual registered votes cast, the experimental group also showed 9% improvement over the control group. This also varied according to ethnic group, race, and education level.

Author/Editor: Riecken et al (1974), Conner/Boruch

129. Gottfredson, D. C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. Criminology, 24(4), 705-731.

130. Graham, J. W., Flay, B. R., Johnson, C. A., Hansen, W. B., & Collins, L. M. (1984). Group comparability: A multiattribute utility measurement approach to the use of random assignment with small numbers of aggregated units. Evaluation Review, 8(2), 247-260.  
Abstract: Uses Project SMART, a five-year, school-based, smoking and drug abuse prevention project as the basis for a discussion of randomization. Please refer to Graham, Johnson, Hansen, Flay, & Gee (1990) for more information about the study. Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.

131. Graham, J. W., Johnson, C. A., Hansen, W. B., Flay, B. R., & Gee, M. (1990). Drug use prevention programs, gender, and ethnicity: Evaluation of three seventh-grade Project SMART cohorts. Preventive Medicine, 19, 305-313.

Abstract: This article presents one-year follow-up data from three cohorts of Project SMART(Self-Management and Resistance Training), a five-year smoking and drug abuse prevention intervention. Schools were the unit of randomization.

132. Greenwood, C. R., Delquadri, J. C., & Hall, R. V. (1989). Longitudinal effects of classwide peer tutoring. Journal of Educational Psychology, 81(3), 371-383.  
Abstract: This longitudinal study assessed differences in classroom arrangements (peer tutoring versus teacher instruction) and student behaviors for students of low versus high socioeconomic status (SES). Results with 94 teachers and 416 students indicate that peer tutoring was more effective in increasing academic engagement of low-SES students than teacher instruction. (TJH). Abstract downloaded from ERIC and entered into C2-SPECTR 5/13/03.
133. Griffin, M. M. (1993). Do student-generated rational sets of examples facilitate concept acquisition? Journal of Experimental Education, 61(2), 104-115.
134. Grimshaw, J., Eccles, M., Elbourne, D., & Campbell, M. (2002). Cluster Randomized Trials Of Health Care Interventions. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation .  
Abstract: Individual patient randomized trials are the gold standard for assessing the effects of health care evaluations. However individual randomization may not be possible for practical, logistical, ethical or political reasons. Under such circumstances cluster randomized trials are commonly used. My presentation will highlight the range of settings and questions addressed in cluster randomized trials of health care interventions. I will then discuss the practical and ethical issues in the design, conduct and analysis of cluster randomized trials of professional behaviour and organizational change strategies using examples of primary studies and a recent systematic review of clinical practice guideline implementation strategies. The *COGENT trial* randomized 60 UK family practices to receive computerized guidelines for either asthma or angina management according to 2x2 balanced incomplete block design. Data were collected on process of care by case note review and electronic query of electronic records and on outcome of care by postal survey. An economic evaluation was planned. No effects of the intervention were observed on either process or outcome of care. The *NEXUS trial* randomized 240 UK family practices to receive educational reminders vs control or audit and feedback vs control about common x-ray referrals in a 2 x 2 factorial design. Data on the number of x-ray requests were abstracted from routine data systems within the radiological departments. Feedback resulted in a relative reduction of 3-5% in requests whereas simple educational reminders resulted in a relative reduction of 20-30% in requests. Reminders were cost saving whereas, feedback was cost incurring. The *systematic review of evaluations of guideline dissemination and implementation strategies* included 100 cluster randomized trials. These were of generally poor methodological quality and highlight common errors in cluster randomized trials of professional behavior change strategies. For example, 50% of trials had unit of analysis errors (analysis of unadjusted patient data when the unit of randomisation is the physician, resulting in artificially extreme p-values and overly narrow confidence intervals). Few studies provided any rationale for their choice of intervention and only limited descriptions of the interventions and contextual data. As a result, it is difficult to assess the likely generalisability of these findings. Cluster randomised trials are commonly used in health care. They raise distinct ethical and methodological issues that have rarely been adequately addressed in studies to date.  
Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) sponsored by the Rockefeller Foundation.  
Entered into SPECTR: 12/24/02
135. Grosskurth, H., Mosha, F., Todd, J., Mwijarubi, E., Klokke, A., Senkoro, K., Mayaud, P., Changalucha, J., Nicoll, A., ka-Gina, G., Newell, J., Mugeye, K., Mabey, D., & Hayes, R. (1995). Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: Randomised controlled trial. Lancet, 346, 530-536.  
Abstract: brief abstract will be added soon. 5/21/03.JGL
136. Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Beland, K., Frey, K., & Rivara, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school. A randomized controlled trial. JAMA, 277, 1605-11.  
Abstract: OBJECTIVE: To determine if a commonly used violence prevention curriculum, Second Step: A Violence Prevention Curriculum, leads to a reduction in aggressive behavior and an increase in prosocial behavior among elementary school students. DESIGN: Randomized controlled trial. SETTING: Urban and suburban elementary schools in the state of Washington. PARTICIPANTS: Six matched pairs of schools with 790 second-grade and third- grade students. The students were 53% male

and 79% white. INTERVENTION: The curriculum uses 30 specific lessons to teach social skills related to anger management, impulse control, and empathy. MAIN OUTCOME MEASURES: Aggressive and prosocial behavior changes were measured 2 weeks and 6 months after participation in the curriculum by parent and teacher reports (Achenbach Child Behavior Checklist and Teacher Report Form, the School Social Behavior Scale, and the Parent-Child Rating Scale) and by observation of a random subsample of 588 students in the classroom and playground/ cafeteria settings. RESULTS: After adjusting for sex, age, socioeconomic status, race, academic performance, household size, and class size, change scores did not differ significantly between the intervention and control schools for any of the parent-reported or teacher-reported behavior scales. However, the behavior observations did reveal an overall decrease 2 weeks after the curriculum in physical aggression ( $P=.03$ ) and an increase in neutral/prosocial behavior ( $P=.04$ ) in the intervention group compared with the control group. Most effects persisted 6 months later. CONCLUSIONS: The Second Step violence prevention curriculum appears to lead to a moderate observed decrease in physically aggressive behavior and an increase in neutral and prosocial behavior in school.

137. Hanno, P., Kellam, S., Brown, C. H., Jalongo, N., & Poduska, J. S. C. (2003). Effects of a universal first grade classroom based preventive intervention on the developmental paths and prevention of anti-social personality disorder (ASPD) in young adulthood. 11<sup>th</sup> Annual Meeting of the Society for Research Prevention .  
Abstract: This proposal is for a paper to be delivered in a symposium on the developmental course and the prevention of psychopathology and academic failure from first grade through age 19-21. The paper is specifically concerned with the course and prevention of ASPD. Consisting of two consecutive cohorts of first graders, this population ( $N=2311$ ) participated in a randomized field trial of two separate classroom-based universal preventive interventions in a parallel, randomized design. The trial was carried out in 40 first grade classrooms in 18 elementary schools. Schools were matched and randomly assigned to one of the two interventions or to a matched control school. Within schools, classrooms and teachers were randomly assigned to the intervention or to a standard program classroom; while children were randomly assigned and then balanced across classrooms. The interventions extended from fall of 1st through 2nd grades. The intervention results examined in this symposium are from the Good Behavior Game (GBG). It was directed at improving teacher's classroom behavior management, socializing children to be students, and reducing aggressive, disruptive behavior, a frequently confirmed antecedent of later problem behavioral outcomes. In line with Muthen, Brown, Masyn et al. (2001) we hypothesized there would be at least three developmental classes of aggression, which would differ in their prevalence of ASPD by young adulthood. Based on previous findings that GBG was most effective for the group of high aggressive children, we further hypothesized that it would reduce their subsequent risk of later ASPD. Using a Growth Curve Modeling (GGMM) approach, we found three classes of developmental trajectories of aggressive behavior in both the control and GBG boys, while seeking a solution of classes for girls was unsuccessful, possibly due in part to the low prevalence of aggressive behavior. Among the control boys, a non-aggressive class (26.8% of the population) remained low in aggression from 1st through 7th grades, and showed the lowest prevalence of ASPD, 20.3%, by young adulthood. In contrast the children who were in the highest aggressive trajectory class from 1st through 7th grades were 15.8% of the population but had a prevalence rate of ASPD of 79.8%. Among GBG boys this most aggressive class revealed a reduction in aggressive behavior over the course of 1st through 7th grade, but also were at much reduced risk for an ASPD diagnosis by adulthood ( $OR=0.11$ ; 95%  $CI=0.02/0.57$ ). The positive effect of the GBG on risk of ASPD provides further evidence of the important relationship between the early socialization of children to be students, first grade teacher practices and classroom environment, and the successful development of children into young adulthood. Entered into C2-SPECTR on 6/23/03 by J. Lavenberg.
138. Hansen, W. B., & Graham, J. W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: peer pressure resistance training versus establishing conservative norms. Preventive-Medicine, 20, 414-430.  
Abstract: this article reports on a trial in which 12 junior high schools in California were randomly assigned to one of four intervention programs to prevent substance use.
139. Hansen, W., Dusenbury, L., & Giles, S. (2003). Using video training to improve teachers' understanding of norm setting approaches to prevention. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: Fidelity of implementation refers to the degree to which educators deliver programs as intended

by the program developers. Research reveals that high quality implementation is rarely achieved by teachers and other practitioners. In the current period during which prevention programs are being widely disseminated, it is important for teachers to understand norm setting concepts and methods. Norm setting has been shown to be a crucial element of effective drug education. Experience has shown that teachers rarely have an adequate understanding of norm setting when they begin teaching prevention programs. The goal of this project was to test a training and staff development protocol that included a videotape and curriculum specific to norm setting approaches to prevention. One strategy for increasing the quality of implementation is to provide training and staff development specific to the content and methods of research-based prevention. A pilot study was conducted that involved the staff of two private schools and students enrolled in undergraduate health education courses. Participants included 35 teachers and 64 health education students. Groups of teachers within training sites were randomly assigned to a standard training condition (without video) or the video-enhanced training. Participants completed pretest and posttest measures of beliefs, attitudes and knowledge concerning prevention methods. The 32-minute videotape covered nine instructional segments. Each segment addressed a different norm setting topic. These included: (1) why norms are important; (2) conducting surveys to reveal accurate within-group norms; (3) the Opinion Poll Game; (4) the Where Do I Stand? activity; (5) teachable moments to promote positive norms; (6) discussions to promote positive norms; (7) the Socratic Method; (8) working with peer opinion leaders; and (9) applying norm setting with high-risk youth. The video-enhanced program included a manual that described activities to be completed by an instructor following each segment of the video. Both the standard and the video-based instruction produced improved understanding of norms and norm setting prevention methods. However, the video-based instruction resulted in several notable improvements beyond what was achieved in standard instruction. After training, the teachers in the standard training answered 75% of the knowledge questions correctly; video trained teachers answered knowledge questions correctly 90% of the time. Video training can be an important tool as research-based drug abuse prevention achieves wide-scale dissemination. It offers a way of standardizing training and has the potential to increase the fidelity with which prevention programs are implemented. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

140. Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill K.G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153, 226-34.
141. Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R. D., & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. J. McCord and R.E. Tremblay (eds) *Preventing antisocial behavior: Interventions from birth through adolescence*. (pp. 139-61). New York: Guilford.
142. Hawkins, J. D., Doueck, H. J., & Lishner, D. M. (1988). Changing teaching practices in mainstream classrooms to improve bonding and behavior of low achievers. *American Educational Research Journal*, 25(1), 31-50. Abstract: *Objective:* This research examines the effectiveness of a package of instructional methods which were hypothesized to benefit low achievers and positively affect their behavior, attitudes, and achievement.

*Description of the Program:* Previous research has clearly demonstrated that delinquency is inversely related to school performance and educational commitment (how much they like school, time spent on homework, and perceptions of relevance). The experimenters chose to address this issue by instituting a specialized method of instruction in mainstream classrooms. Experimental teachers were given a training program, booster sessions, and supervision each month. The instructional package included: 1) proactive classroom management, which includes such things as giving clear, explicit instructions for behavior and rewarding efforts to comply, 2) interactive teaching, which includes objectives, mental set, input, modeling, checking for understanding, and remediation, and 3) cooperative learning, in which small heterogeneous groups of students work together on curriculum material.

*Study Design:* All seventh grade classrooms of regular math, language arts, and social studies in five Seattle schools were included in the study. Students in three of the schools were randomly assigned to an experimental (receiving the specialized instruction package) or control (regular instruction) condition. Of the two remaining schools, one was assigned to a full experimental condition and the other to a full control condition. There was a total of 513

experimental students and 653 control students. An implementation assessment was completed through structured observations and recordings of experimental and control teachers.

*Response Variables:* Measures to assess student achievement were test scores from the California Achievement Test for math, reading, language, and total batteries, as well as student grades. Social bonding to school and individual classes was measured by an eight-item survey. Amount of antisocial behavior was obtained from records of misconduct and disciplinary action, in addition to 25 self-report items on the student survey.

*Results:* Regarding implementation of the intervention, there were significant differences found between the control and experimental teachers' use of the instruction practices under investigation. In terms of the students, by the end of the first year of observation, there were no significant differences between the two groups on achievement, self-reported delinquency, or drug use. However, experimentals were more likely to report positive attitudes toward math and were significantly more likely to say they liked school. Although both groups had significantly lower expectations for education than the general population of 7th grade students, the experimentals' mean expectations were higher than those of the controls. With respect to school misbehavior, the only significant effect pertained to lowering the number of suspensions and expulsions. Thus, changes in instructional methods can positively affect students' attitudes and promote less school misbehavior among low achievers.

*Abstract by:* Tamara Baker-Sucoloski (1991). Entered into C2-SPECTR on 7/13/03 by J. Lavenberg.

143. Henry, K. L., Smith, E. A., & Hopkins, A. M. (2002). The effect of active parental consent on the ability to generalize the results of an alcohol, tobacco, and other drug prevention trial to rural adolescents. *Evaluation Review*, 26(6), 645-655.  
Abstract: This article presents a comparison of background variables (annual number of days absent, GPA, qualification for free/reduced lunch program -as a proxy for SES, and participation in special education program at school) among children whose: (a) parents signed a project participation consent form (consenters); (b) parents signed the form but refused participation (decliners); and (c) those whose parents did not sign the consent form (nonreturners) for participation in Project ADAPT (Adoption of Drug Abuse Prevention Training), a cluster randomized trial in nine rural school districts in Pennsylvania. Brief summary created and entered into C2-SPECTR on 5/28/03 by J. Lavenberg.
144. Hiebert James, & Wearne, D. (1992). Links between teaching and learning place value with understanding in first grade. *Journal for Research in Mathematics Education*, 23(2), 98-122.
145. Hill, L., Sage, R., Betz, D., Koehler, C., & Parker, L. (2003). Implementation of a model program: A case study from Washington State. *11<sup>th</sup> Annual Meeting of the Society for Research Prevention* .  
Abstract: In recent years, theory-based prevention programs that were developed and researched in the 1980s and 1990s began receiving designations such as "Model Program", "Best Practices Program", or "Effective Program" from federal, state and private agencies. Such designations are based on a number of criteria: programs must be theory-based and effective in achieving desired outcomes; study design, implementation, and evaluation must take into account numerous threats to internal and external validity; and there should be independent replications of program effectiveness. In addition, programs must be ready to be disseminated, able to provide training and manuals that facilitate standardized implementation. While numerous best practice programs have thus been disseminated, we have little information on the process and outcomes of such disseminations. This poster presents a case study of one such dissemination.  
The Iowa Strengthening Families Program (ISFP), targeting families with youth aged 11-14, has been recognized by NIDA, DOE, OJJDP, and DHHS (CSAP). The study design was a randomized controlled comparison of two interventions and a control condition. Researchers have published numerous longitudinal studies demonstrating significantly lower rates of substance use, abuse, and initiation among youth whose families attended ISFP as compared to youth in the control group.  
In 1999, Family Living faculty of the Cooperative Extension Service of Washington State University

(WSU) decided to spearhead a dissemination of the ISFP throughout Washington. Two Extension faculty were trained by ISFP personnel. In the three years since then, 115 facilitators have been trained by WSU Cooperative Extension, of whom approximately 10% (12) were themselves Extension faculty and staff. The remainder included interested community members, teachers and other school district personnel, and drug and alcohol counselors. Trainings have included facilitators from 21 of Washington's 39 counties, and programs have been implemented in 10 counties. Funding for program implementation has been obtained primarily through grants, including local, state, and federal funding mechanisms. Numerous implementations have been successful in improving parents' child-management skills, as measured by short-term evaluations. Some barriers to effective implementation have been encountered, including 1) difficulties recruiting families; 2) mixed-language groups; and 3) families with children extending beyond the program's targeted ages. The poster presents data regarding aspects of implementation that were successful as well as barriers and threats to program fidelity encountered in the real-world dissemination of a model program. Entered into C2-SPECTR on 6/22/03 by J. Lavenberg.

146. Hill, R., Stycos, J. M., & Back, K. W. (1959). The Family and Population Control: A Puerto Rican Experiment in Social Change. Chapel Hill, North Carolina: University of North Carolina Press.

Abstract: **Background and Objective**

This study was launched to ascertain how the high fertility rate in Puerto Rico could be decreased by family planning programs.

The experimental phase consisted of testing the effectiveness of two methods of communication, pamphlets versus group meetings, and of three types of program content: "(1) values favorable to family planning and information about birth control; (2) family organization, mainly communication between husbands and wives; (3) a combination of the two topics." Preparation interviews were given to identify and classify the experimental families. Then, 2 months after the educational programs, interviews were also conducted. No typical educational programs were initiated in the comparison groups.

**Evaluation Design**

Twenty-three rural communities were canvassed and then randomly allocated to treatments. In each village, families of each of our types were matched according to values, family organization, and knowledge about birth control. The four types of families were: ready for contraception use, unformed about birth control, inefficient users of contraception, and opposed to contraception.

**Variables Measured**

Reported change in contraception practices, changes in familial communications, and changes in attitudes toward contraceptive practices were observed.

**Results**

Pamphlets were found to be more effective in promoting the starting of contraceptive usage although the meetings led to more continuous use, measured a year later. The values information program was most effective in maintaining use among those starting contraception and least effective in maintaining use among families already using contraception.

Author/Editor: Riecken et al, Conner/Boruch, (1974)

147. Hornik, R. C., Ingle, H. T., Mayo, J. K., McAnany, E. G., & Schramm, W. (1972). Television and Education Reform in El Salvador. (Report No. 14). Stanford, CA: Stanford University, Institute for Communication Research.

148. House, E. R., & Hutchins, E. J. (1977). Issues Raised by the Follow Through Evaluation. Champaign, IL: ERIC Clearinghouse on Early Childhood Education.

Abstract: This paper presents a discussion of issues raised in the evaluation of project follow through reported by abt associates. The paper suggests that many of the problems inherent in the design of both the program and the evaluation stem from the underlying assumption that one educational model could be found which would best alleviate the educational problems of the poor. The paper suggests that even when the original evaluation design was modified, substantial problems remained. The major issues and problems discussed in the paper include: (1) the belief in the existence of a best program; (2) the problem

of relying on test scores; (3) the issue of program staff knowing the content of evaluation instruments and teaching to the test; (4) problems involved in designing or choosing valid instruments; (5) the existence of large intersite variations within the same models; (6) problems involved in implementing a particular model in varying sites; (7) statistical problems, particularly in the use of the analysis of covariance and the use of individual rather than class scores in the present evaluation; (8) problems involved in large scale experiments; (9) the fairness of the evaluation in terms of original intentions and later changes; (10) press coverage which tended to distort evaluation results, especially the invalid assumption that the basic skills programs were the most effective; and, (11) general questions of government policies which shaped the evaluation procedures and led to many of the subsequent problems. (Bd) [By permission, ERIC Processing and Reference Facility, US Department of Education]. Publication Type: SPEECHES, CONFERENCE PAPERS  
Entry Month: 197808

149. Huesmann, L. R., Maxwell, C. D., Eron, L., Dahlberg, L. L., Guerra, N. G., Tolan, P. H., VanAcker, R., & Henry, D. (1996). Evaluating a cognitive/ecological program for the prevention of aggression among urban children. American Journal of Preventive Medicine, *12*(Suppl 2), 120-128.  
Abstract: brief summary will be added soon. 5/27/03.JGL

150. Huffman, D. (1997). Effect of explicit problem solving instruction on high school students' problem-solving performance and conceptual understanding of physics. Journal-of-Research-in-Science-Teaching, *34*(6), 551-70.  
Abstract: Investigates the effect of explicit problem-solving instruction on high school students' (N=145) conceptual understanding of physics. Findings indicate that the explicit strategy improved the quality and completeness of students' physics representations more than the textbook strategy. No difference was found between the strategies on match of equations with representations, organization, or mathematical execution. Contains 32 references. (Author/JRH) [By permission, ERIC Processing and Reference Facility, US Department of Education]  
Expanded summary: In this study, eight high school physics classes in a large suburban midwestern school ( total N = 145 students) were randomly assigned either to instruction regarding use of explicit problem-solving strategies (the treatment condition) or instruction regarding use of textbook problem-solving strategies (the control condition). Problem-solving performance and conceptual understanding were measured before and after instruction. Results indicate that the quality and completeness of students' physics representations were greater in the explicit problem-solving strategy group, but no difference between groups on matches of equations with representations, organization, or mathematical execution were noted. There was no difference between groups in terms of conceptual understanding. There was, however, a significant interaction between gender and group. The explicit strategy was of benefit to female students, while the textbook strategy was of benefit to male students. (expanded summary added by J. Lavenberg. 4/6/03)

151. Ialongo, N., Werthamer, L., Kellam, S., & Brown, C. H. (2003). The impact of two first grade preventive interventions on antisocial behavior, substance use, and psychological well-being in early adolescence. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: In this presentation, we will describe the impact of two universal, first grade preventive interventions on the prevalence of conduct problems and disorder, anxious and depressive symptoms and disorder, substance use and disorder, and mental health service need and use in early adolescence. A total of 678 children and families, representative of the entering first graders in nine Baltimore City public elementary schools, were available for participation in the intervention trial in the fall of 1993. Fifty-three percent were male, 86.8% were African-American, and 13.2% were of Euro-American heritage. Nearly two-thirds (62.3%) of the children received free or reduced lunch--a proxy for family income. Of the 678 children available for participation in the Fall of first grade assessments, written parental consent was obtained for 97% of the children. Three percent of the parents or guardians refused to allow their children to participate in the assessments, or failed to respond to the consent request. Chi-square analyses and t-tests failed to reveal any significant differences in terms of sociodemographic characteristics (ethnicity, age, gender, and free lunch status) between the children for whom parental consent was obtained and for whom it was not. A randomized block design was used, with schools serving as the blocking factor. Three first grade classrooms in each of nine, urban elementary schools were randomly assigned to one of the two intervention conditions (the Classroom-Centered or Family-School Partnership intervention) or a

control condition. Teachers and children were randomly assigned to intervention conditions with balancing for gender. The interventions were provided over the first grade year, following a pretest assessment in the early Fall. The Classroom-Centered (CC) intervention was designed to reduce the risk for later conduct problems and disorder by enhancing teachers' behavior management in first grade; whereas the Family-School Partnership (FSP) intervention targeted improvement in parent-teacher communication and parents' child behavior management strategies. As indicated above, we will describe the impact of these two universal, first grade preventive interventions on the prevalence of conduct problems and disorder, anxious and depressive symptoms and disorder, substance use and disorder, and mental health service need and use in early adolescence. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

152. Iverson, A. M., Iverson, G. L., & Lukin, L. E. (1994). Frequent, ungraded testing as an instructional strategy. Journal of Experimental Education, 62(2), 93-101.
153. Jamison, D., Searle, B., & Suppes, P. (1980). Radio Mathematics in Nicaragua. Stanford, CA: Stanford University Press.  
Abstract: This book reports on a cluster randomized trial in Nicaragua. entered into C2-SPECTR on 5/25/03 by J. Lavenberg.
154. Jamison, D. T., & and others. (1981). Improving Elementary Mathematics Education in Nicaragua: An Experimental Study of the Impact of Textbooks and Radio on Achievement. Journal of Educational Psychology, 73(4), 556-567.  
Abstract: This article reports an experimental study of the impact of textbook availability on mathematics achievement of students in Nicaraguan first-grade classes. This intervention is compared with control classes in which textbooks are rare and with a radio-based instructional program using student worksheets. (Author/GK) ERIC abstract. Entered into C2-SPECTR 5/28/03 by J. Lavenberg.
155. Jason, L. A., Betts, D., Johnson, J. H., Weine, A. M., Warren-Sohlberg, M. L., Shinaver III, C. F. N. L., Filipelli, L., & Lardon, C. Promoting competencies in high-risk transfer children.  
Abstract: *Objective:* The experiment determined the effectiveness of a program that combined orientation and tutoring to prevent the negative consequences of school transfers.  
*Description of the Program:* Approximately 6 million children between the ages of 5 and 13 transfer to new schools each year. In some cases, transferring, combined with academic difficulties and other environmental stressors, makes children particularly vulnerable to maladjustment and failure. Previous studies have demonstrated that tutoring programs have boosted academic achievement while orientation programs have eased the social transition. Therefore, this program combined the two strategies into a comprehensive approach. The orientation included a presentation about school rules, personnel, and clubs; a group discussion; and assignment of a buddy in the student's classroom. The tutoring was provided twice weekly by trained DePaul University undergraduates.  
*Study Design:* The study took place in 20 innercity, coed, parochial elementary schools in Chicago. Pairs of schools were matched for size and racial composition, and then one of the pair was randomly assigned to the experimental condition (the comprehensive program) and the other to a control condition (only their typical program).  
*Response Variables:* Outcome measures were not explicitly specified in this paper, but were in the areas of achievement and self-esteem.  
*Results:* The children, parents, teachers, and principals all evaluated the program very positively with regard to its need and usefulness. With respect to standardized measures, significant effects were only found in the area of achievement. At the end of the program only 58% of the program children were at risk, while 72% of the nonprogram transfers were at risk. For a group of nontransfer control children identified as having both academic and social difficulties, 72% were still at risk by the time of the posttest.  
*Implementation Issues:* 1) As the intervention broadens, the project will need to take into account such factors as the school, home environment, and peers. 2) The curriculum emphases must be a compromise between materials from the classroom and those designed for the project. 3) Solid relationships must be built with the principals, teachers, and parents to elicit support for the program. They should be included in the project whenever possible (designing the curriculum, observing tutoring, sharing progress reports, creating parentchild homework assignments, and providing parenttraining in teaching techniques to bolster confidence in their helping abilities).

*Abstract by:* Tamara BakerSucoloski. Entry by: J. Lavenberg, 7/13/03.

156. Jason, L. A., Gruder, C. L., Buckenberger, L., Lesowitz, T., Belgredan, J., Flay, B. R., & Warnecke, R. B. (1987). A 12-Month Follow-Up of A Worksite Smoking Cessation Intervention. Health Education Research, 2(3), 185-194.

Abstract: Please see Jason, L.A., Gruder C.L., Martino, S., Flay, B.R., Warnecke, R. & Thomas, N. (1987) for a description and discussion of the cluster randomized trial.

157. Jason, L. A., Gruder, C. L., Martino, S., Flay, B. R., Warnecke, R., & Thomas, N. (1987). Worksite Group Meetings and the Effect of Televised Smoking Cessation Intervention. American Journal of Community Psychology, 15(1), 57-72.

Abstract: **Background and Study Objectives**

The experiment was designed to test the effects of a multiple intervention smoking cessation program on cigarette smoking behavior. The studies done so far have identified three key factors to be helpful to people in quitting smoking: the use of social supports in intervention programs, adoption of self-help processes and televised media intervention programs. This study, unlike previous studies, combined all three interventions.

### **Intervention and Target Population**

A three-pronged intervention included the use of a self-help manual, a televised smoking cessation program, and a support group, were used. The manual has daily lessons in areas such as understanding one's smoking habit, identifying triggers of smoking, etc. The television component was a 20-day step-by-step method to quit smoking aired after two segments of the local news at 10 p.m. and 4:30 p.m. Local high-profile quitters were featured in the program. Commercials using prominent Chicago celebrities were used to promote the program series on television. The Support groups provided a supportive setting to share experiences, obtain advice from other smokers and ask questions about the manual and the television programs. Support-group leaders were recruited from the work sites and trained.

### **Evaluation Design**

This was a place-based randomized trial. From a list of 431 companies affiliated with an HMO 100 companies were selected and then randomly assigned so that some companies will receive self-help groups (G) and some companies will not (no-group NG). Of the 100 companies 43 agreed to participate in the research phase of the study (21 G and 22 NG). All groups received the interventions of self-help manual and the televised program. Baseline pretest data collected from all. Post testing immediately followed the program and a follow up 3 months after the program. Corporations were the units of analysis of comparisons. Analyses were also conducted using individuals as the units and where findings differed from the corporations as units of analysis were noted.

### **Variables Measured**

The independent variable was the categorical variable of self-help support group. The dependent variables were quitting and abstinence of smoking.

Pre and posttest data were gathered. Participants were interviewed by telephone immediately following the program on (1) Current smoking status, (2) Use of manual, (3) View of the televised program, (4) Participation in support groups, (5) General demographic characteristics. A name and phone number of a contact person was obtained to ensure a three-month follow up data.

### **Results**

Twice weekly support groups at work sites doubled the effectiveness of a televised, self-help oriented smoking cessation program. Social support had a significant effect on initial quit rates but all differences between groups in the areas of number of cigarettes smoked, tar nicotine and Carbon Monoxide levels decayed by the 3 month follow-up. A pattern of impacting initial quit rate as found in this study is consistent with other studies. Relapse rates were the same for the two groups in this study.

Results from the 12 month follow up study show no significant differences in abstinence rates between those provided groups at the work setting versus those not provided groups.

158. Jason, L. A., Johnson, J. H., Danner, K. E., Taylor, S., & Kuraski, K. S. (1993). A comprehensive, preventative, parent based intervention for high risk transfer students. Prevention in Human Services, 10(2), 27-38.
159. Jason, L. (1992). Helping transfer students strategies for educational and social readjustment (1st ed.). San Francisco: Jossey-Bass.
160. Jeffery, R. W., Forster, J. L., French, S. A., Kelder, S. H., Lando, H. A., McGovern, P. G., Jacobs Jr., D. R., & Baxter, J. E. (1993). The Healthy Worker Project: A work-site intervention for weight control and smoking cessation. American Journal of Public Health, 83(3), 395-401.  
Abstract: Thirty two worksites in the metropolitan area of Minneapolis/St. Paul, Minnesota were randomly assigned to either treatment (on-site classes and an incentive system organized through payroll deduction) targeting weight loss and smoking cessation or control/no treatment conditions.  
Entry: 7/28/03, Julia Lavenberg.
161. Jiraphongsa, C., Danmoensawat, W., Greenland, S., Frerichs, R., Siraprapasiri, T., Glik, D. C., & Detels, R. (2003). Acceptance of HIV testing and counseling among unmarried young adults in Northern Thailand. AIDS Education and Prevention, 14(2), 89-101.
162. Johnson, C. A., Pentz, M. A., Weber, M. D., Dwyer, J. H., Baer, N., MacKinnon, D. P., Hansen, W. B., & Flay, B. R. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. Journal of Consulting and Clinical Psychology, 58(4), 447-56.
163. Johnson, D. L., Breckenridge, J. N., & McGowan, R. J. (1984). Home environment and early cognitive development in Mexican-American children. A. W. Gottfried (Editor), Home environment and early cognitive development: Longitudinal research (pp. 151-195). New York, NY: Academic Press.  
Abstract: Objectives: The report covers the evaluation of the effectiveness of a parent-child development center with regard to enhancing children's early cognitive development. Some concerns regarding the HOME measure are also addressed.

*Description of the Program:* The Houston Parent-Child Development Center (PCDC) is a 2-year program for parent-child education. The program is begun when the child is one-year-old and it is completed at the age of three. The goals are similar to those of Head Start and it is designed for very low-income families. In the first year, in-home teachers help mothers learn how to stimulate and teach children using resources found in the home. The second year involves attending a center-based program four mornings a week and participating in nurseryschool type activities. Fathers are involved in evening workshops and discussion groups.

*Study Design:* After recruiting families through a door-to-door survey procedure during which eligibility and interest were determined, the families were randomly assigned to the program or control group conditions by the flip of a coin. Each program year, about 88-100 families were assigned to a cohort and a program evaluation was carried out with seven of the cohorts.

*Response Variables:* The measures used to assess the home environment and the child's cognitive development are as follows: Home Observation for Measurement of the Environment (HOME), Comprehensive Family Data Interview, Mother-Child Interaction (MCI), Receptive Vocabulary, Traditional Family Ideology, Index of Achievement Values, Child Rearing Beliefs, Psychological Well-Being Scale, Locus of Control Scale, Bayley Scales of Infant Development, the Stanford-Binet Intelligence Scale, and a Concept Familiarity Index.

*Results:* It was found that the PCDC program was effective in changing HOME scores for participating mothers. There were parallel results from the variety of other measures as well, demonstrating that HOME is a valid program evaluation measure. As a program measure, HOME has the following advantages over the MCI: it is easier, faster, and less expensive, and it does not require expensive equipment or vast amounts of coder time. When examining the relationship of HOME scores to cognitive abilities at 12, 24, and 36 months, both concurrent and predictive relationships were

considered. There were a number of significant correlations at 12 months, but few were found later. The predictability of the scores was also limited. When controlling for program status and gender, it was seen that HOME factors contributed to the child's cognitive level beyond that explained by maternal background and earlier cognitive measures. The Stanford-Binet IQ at 36 months was predicted by a combination of program status, Bayley MDI at 12 months, and HOME high involvement and low avoidance of restriction.

*Implementation Issues:* 1) In this study, HOME was used as both an outcome and a process measure. It was used to assess the impact of the PCDC program on the home environment, but it was also examined with regard to its validity as an evaluation measure. The experimenters did an item analysis and found that it would demonstrate greater effectiveness on certain scales, as many of the other items already had uniformly high scores with this population. They also considered its construct validity by comparing it to the MCI and found that they were not both tapping the same aspects of parent-child relationships. Thus, it is a valuable instrument for program evaluation, once such considerations as the item analysis are taken into account.

2) The results of the randomization process were examined by comparing program and control families on such background variables as total income, per capita income, number of children, parental education, and language, and there were no systematic differences between the groups. There was also no evidence of differential attrition.

3) No mention was made of examining differences among in-home teachers' interventions or issues pertaining to the center-based program interventions, attendance, etcetera.

*Abstract by:* Tamara Baker-Sucoloski. Entry by: J. Lavenberg, 7/13/03.

164. Johnson, K. W., Young, L. C., Suresh, G., & Berbaum, M. L. (2002). Drug Abuse Treatment Training in Peru: A Social Policy Experiment. *Evaluation Review*, 26(5), 480-519.  
Abstract: Background

Learning how to change organizations so they can be more effective in delivering their services is an important aim in developing and developed countries. Organizations that provide drug treatment services to drug addicts need to improve, at times, and learning how to introduce and sustain change, and to evaluate the effort is important. This place randomized trial (cluster randomized, group randomized) involved deploying a drug abuse treatment training program, organizational changes, and testing efforts to change drug abuse treatment organizations in Peru during 1997-2000. Very few efforts of this kind have been evaluated in a fair randomized trial.

#### Target Population and Sample

Drug abuse treatment organizations in rural and urban communities in Peru, and the individuals these organizations served, were the target populations in this trial.

#### Interventions

Three main interventions were examined in the trial. The directors and staff of Group A organizations received training in a highly articulated Drug Abuse Training course and a Management of Change methods course. Directors and staff of Group B organizations received only the Drug Abuse Training that as also provided to Group A. The directors and staff of Group C served as a control group until after the interventions were deployed, and outcome data were collected, on the interventions for Group A and B. This group then received the Drug Abuse Training courses. That is, training was delayed for the control group so as to permit a fair trial.

The basic Drug Abuse Training focused on behavioral, emotional, spiritual, intellectual, and vocational aspects of treatment. It involved providing information, role play, simulations, discussions, and demonstrations, in six one week modules.

The Management of Change course ingredient focused on tactics that empirically have been shown to result in organizational change.

## Outcome, Intervention, and Other Variables that were Measured

The main cognitive outcome variables measured included participants' knowledge about drug abuse and its treatment, about changing organizations, and about using evidence to understand how to inform change and treatment of individuals.

The main training transfer outcomes focused on behavior, including staff-resident interactions, acquiring information and using it, and organizational changes.

Substantial attention was dedicated to documenting how and to what extent the Drug Abuse Training curriculum had been deployed and the extent to which directors and staff of the participating organizations participated in it. The numerical and non-numerical measures included coverage, dosage, and training fidelity. For instance, coverage included measures of the number of organizations whose staff participated in various levels of training, number of organizations whose directors participated in the six modules of training, and so on.

Covariate or background variables on individuals include elementary ones such as gender of the participant and 13 others. The covariates included organization level variables such as staff members prior training, experience, and so on.

Possible side effects, including negative effects, were examined, e.g. staff turnover rates and retention rates.

## Design of the Trial

This is a place randomized trial (cluster randomized, group randomized) in which 78 drug abuse treatment organizations in urban and rural areas of Peru were randomly assigned to one of three different interventions, Group A, B, and C.

The organizations were blocked before their random assignment to the different groups so as to assure precision. Rural versus urban organizations were statistically blocked for instance.

The overall design involved assessing various countries' readiness for mounting such a trial. The report says that political climate and stability were taken into account, for example, in deciding to undertake a trial in Peru.

## Results

Were the interventions deployed? To judge from the report, the Group A Drug Abuse Treatment and Management of Change courses were deployed well, with participation rates by organizations' staff and directors that met a reasonable level. The Group B Intervention fidelity level fell just short of the aimed level.

Were there side effects? There appear to have been no negative side effects of the interventions in that organizational staff turnover or participant retention rates within each organization were not discernibly different across the Groups A, B, and C.

Did directors and staff of organizations learn? Over the term of the study, apparently many people learned, and so average knowledge scores increase. The directors and staff members in organizations in Group A and Group B learned. However the rate at which they learned did not differ from the rate at which the control Group C learned. See the report for plausible explanations.

Did the training affect how staff or directors behaved in providing drug treatment services after they graduated from the training sessions? The report's statistical analyses suggest that the Group A and Group B participants changed their behavior on the job, to judge from results at the 9 month follow-up (pages 503-505.)

165. Kaftarian, S. J., & Hansen, W. B. (Eds.). (1994). Journal of Community Psychology .  
Abstract: This review contains references to cluster randomized trials. Entered into C2-SPECTR 5/25/03 by J. Lavenberg
166. Kam, C.-M., Greenberg, M. T., & Heinrichs, B. S. (2003). Effects of the PATHS curriculum on children's emotional and social outcomes in the Fast Track Project. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: There is an increasing call for the study of differential effect of preventive interventions on subgroups in a population (e.g. Tolan, 2002). Such knowledge helps policy makers and program developers to target policies and interventions in more effective and efficient ways. That is even more true for universal interventions that are delivered to all the individuals within a community or a school. The present study evaluates the effect of PATHS (Promoting Alternative Thinking Strategies), the universal-focused intervention within the Fast Track Project (a multi-site conduct disorder prevention trial), on the progression of children's socio-emotional outcomes across early elementary school years. In addition, the study examines the moderating effects of study location, gender and ethnicity and children's level of baseline aggression on the effect of the intervention. The sample comprises 3,550 students in 37 schools (18 experimental, 19 control) at three study sites (Rural Pennsylvania: 47 % males; 95% White; Nashville, TN: 47 % males; 43% White and 55% African Americans; Seattle, WA: 50 % males; 50% White and 20% African Americans). PATHS lessons was taught by teachers and they focus on: self-control, emotions and relationships, and problem-solving skills (Kusche & Greenberg, 1995). The intervention began in grade 1. Outcome measures were teacher ratings on students' behavior problems, cognitive concentration and prosocial skills. Data were collected each spring from grade 1 to 3 for all children in participating classrooms. Individual growth curve analyses (using SAS Proc Mixed) were used to estimate trajectories of students' outcomes. Moderators (site, gender, and ethnicity) were added to the models to test for their moderating effects on both treatment/control differences in grade 3 outcomes and the progression of the outcomes across years. In rural Pennsylvania, consistently by grade 3, the mean level of children aggression in treatment schools was lower than the control group. While aggression was on the rise for all students in the sample, the mean rates of increase of aggression across grade 1 to 3, for both genders, were smaller in the treatment group. PATHS effects are also stronger for subgroups of boys and girls who started with a higher level of aggression. No significant PATHS effects were found in Nashville. Data from Seattle are still undergoing investigation. Further analysis will be done to incorporate characteristics of school environment and program implementation. Our presentation will focus on the possible mechanisms underlying the effects of the moderators and the implication of our results for the design of violence prevention programs for different subgroups in the population. Entered into C2-SPECTR on 7/9/03 by J. Lavenberg.
167. Katzenstein, D. (1997). Evaluation of a Peer Education Program on Incident HIV Infection and Risk Behaviors Among Factory Workers in Harare, Zimbabwe. Unpublished work. Stanford, CA: Stanford University.  
Abstract: Study Purpose: To evaluate the impact of a peer education program on incident HIV infection and risk behaviors among factory workers.

Study Rationale: Establishment of sustainable, low-cost behavioral interventions may provide a basis for

risk reduction and decreased incidence of HIV. While anecdotal evidence points to the effectiveness of workplace-based peer education programs, a controlled study of their effectiveness has not previously been conducted.

Participants: 1800 HIV-negative male factory workers

Product Description: Peer education program added to a program of STD/HIV counseling and testing, STD diagnosis and treatment, and condom distribution.

Time Line/Current Status: Peer education workshops were initiated in June 1994; subjects to be followed for 3 years. Study Sites 40 industrial factories

Study Design: The intervention program is performed as a randomized trial with a 1: 1 assignment (based on factories) of AIDS education and information in 20 factories (non-intervention group) vs. the initiation and maintenance of a peer education program in 20 factories (intervention group).

Non-intervention group: STD/HIV testing, counseling and condom distribution at 6 month intervals.

Intervention group: STD/HIV testing and counseling, STD diagnosis and treatment, and condom distribution as above, plus maintenance of a peer education project with stable condom supplies.

168. Kelder, S. H., Orpinas, P., McAlister, A., Frankowski, R., Parcel, G. S., & Friday, J. (1996). The Students for Peace project: A comprehensive violence-prevention program for middle school students. American Journal of Preventive Medicine, 12(Suppl 2), 22-30.

Abstract: brief summary will be added soon. 5/27/03.JGL

169. Kellaghan, T., Madaus, G. F., & Airasian, P. W. (1982). The Effects of Standardized Testing. Boston: Kluwer Nijhoff Publishing.

Abstract: **Background and Study Objectives**

Despite their wide use in the U.S., controversy surrounds standardized tests, particularly when such tests are used for selecting or labeling students. Lacking a suitable, never tested control group in the U.S., a team of researchers developed a study of standardized testing in Ireland a country without a tradition of standardized testing in schools. They sought to understand more fully the consequences of classroom testing on the institutional practices of schools, the perceptions and attitudes of teachers and parents, and the intelligence and achievement of children, among others. They looked particularly at the effects of standardized, norm-referenced tests.

### **Intervention and Target Population**

The initial sample was divided into five treatment groups. The first group (T1) served as a control, so no standardized testing was conducted. The second group (T2) participated in standardized achievement and ability tests of English, Irish (Gaelic), and Mathematics, but no feedback about pupil performance was provided to the pupils' schools, teachers or parents. Group three (T3) participated in the same testing program as T2, but information was provided to teachers and parents about student performance on the tests. T1, T2, and T3 comprised the main treatment groups: additional alternative treatment groups were also created. Treatment 4A was similar to T3 but more detailed information was given to the teachers. Treatment 4B was applied to only second graders in the fourth treatment group--these students only took ability tests with norm-referenced information provided to teachers. The final treatment group (T5) was divided into 3 parts: T5A consisted of math achievement testing using a criterion-referenced mathematics tests for pupils in grade 6 only; T5B was similar to T4B, although the treatment consisted of achievement testing only for students in grade 2 in the first year of the study; and T5C was not actually a treatment group at all because it operated only in the first two years of the study, when it was similar to T3.

### **Evaluation Design**

This is a place based randomized trial. In 1971, when this study began, the population of elementary schools in the Republic of Ireland was 3,431 (excluding private, Protestant-run, and/or one-teacher public schools). The researchers originally envisioned a matched, randomly assigned sample stratified by sex composition (i.e. male, female, or co-educational), and location. Based on the 1970

census data, schools were randomly selected within the stratification categories and then each selected school was matched with four other schools based on altogether different variables, including administration type and size. Each set of five “matched” schools was then assigned to one of the five experimental and control groups, with 35 schools in each group (N-175). Unfortunately, this procedure was undertaken with out-of-date census data (key school characteristics had changed), and so 45 of the selected schools were dropped from the study. Matched replacements were sought, and the final sample size (used in analysis) was 170 schools, but the stratification characteristics were not maintained across groups. The authors’ note that “The effect of these changes was that the constitution of comparable control and experimental groups, in terms of stratification and matching variables, was not fully realized.” (p.24)

### **Variables Measured**

Although schools were the unit of assignment, teachers and pupils, in addition to schools were the units of analysis. Principals in each of the 155 schools completed school questionnaires providing the school level data students, of course, completed the standardized tests and pupil surveys, and teachers completed teacher surveys and pupil evaluation forms for each student in their classes. Additionally, qualitative data on implementation was collected by fieldworkers and by interviews with parents conducted in the first and last years of the study.

### **Results**

Statistical tests of the impact of standardized testing were conducted with students, parents, teachers and schools as units of analysis. At the school level, impact of standardized testing was limited. There was some indication that the results of standardized tests affected grouping practices and referral to special programs, particularly at the classroom level, but it was inconsistent. There was no evidence that standardized testing improved overall achievement.

Providing teachers with information regarding their students’ performance on the tests, however, seems to have had an effect. Teachers who received feedback felt that tests were more reliable tools for assessing a student’s ability than teachers who had not received such information. They were also more likely to assign students to groups on the basis of their test scores. Still, teachers’ attitudes about testing remained similar from the start of the study through its conclusion. Most teachers regarded testing as less reliable than their own professional assessments of their students, and used it primarily as a secondary source of information. They did see benefits to testing for their students, and little negative impact, although most felt the test were biased toward good readers.

The researchers looked exclusively at sixth graders to assess student level impacts of standardized testing. These students were involved in a testing program for four years. Most students reported that they enjoyed the tests and thought they were fair, although students whose teachers received feedback were less likely to report these feelings. There were no differences between treatment and control groups on measures of student self-esteem or ability ratings. There was no evidence that providing students with their test results helped them to align their own self-assessments with other indices of achievement and academic standing.

Author/Editor: Foley/Boruch 10/17/01, Draft

170. Kellam, S. G., & Anthon, J. C. (1998). Targeting Early Antecedents to Prevent Tobacco Smoking: Findings from an Epidemiologically Based Randomized Field Trial. *American Journal of Public Health*, 88(10), 1490-1495.

#### **Abstract: Background and Objectives**

The study examined interventions targeted at aggressive/disruptive classroom behavior and poor academic achievement to determine if these interventions would reduce smoking initiation in school children.

#### **Intervention and Target Population**

Teachers in the study implemented a “behavior management strategy designed to improve aggressive/disruptive classroom behavior.” The strategy, the Good Behavior Game, takes place during regular class periods. Following baseline assessments of target behaviors, all students are assigned by their teachers to 1 of 3 teams. The teams are controlled for sex and level of aggressive behavior. Undesirable behaviors are defined and posted by the teacher and teams are rewarded when no member

displays the undesirable behaviors during the game. The team loses point when any one member misbehaves. In the beginning of the school year, tangible prizes such as stickers are used and, later on, less tangible rewards are used. All rewards are given on a weekly basis. The frequency and length of game sessions increased from 10 minutes 3 times per week to more regular sessions in first and second grade.

In an effort to raise reading achievement scores, Mastery Learning, an enriched curriculum, was utilized. Central elements of this curriculum were “high expectations, small instructional units, use of formative testing, and individualized corrective methods.” Students remained in their current curriculum unit until 80% of the class “achieved 80% to 85% of the learning objectives.” The interventions occurred in the first and second grades for a period of 2 years.

The study targeted five urban areas with heterogeneous socioeconomic levels that ranged from poor to middle class. Within these areas, 3 to 4 public elementary schools with similar profiles were selected for the study. “Two consecutive cohorts of first-grade children were recruited and 1604 children were included in the analytic sample. Among the sample, 808 were boys and 796 were girls, and more than 90% had been born in either 1979 or 1980.”

### **Theory**

Research suggests that “changing early antecedents of smoking” is one way to prevent young people from initiating smoking. These antecedents have been “identified through developmental epidemiological studies.” In regard to boys, aggressive/disruptive classroom behavior has been found to predict subsequent tobacco and other heavy drug use, in addition to antisocial behavior and criminality.

### **Evaluation Design**

Two classroom-based preventive interventions or controls, including 2311 children in 19 urban schools, were involved in a research-driven, randomized preventive trial. Each intervention was aimed at aggressive/disruptive classroom behavior or poor academic achievement across first and second grades. Within each area, the Good Behavior Game was randomly assigned to 1 school and Mastery Learning to another. One to two schools were used as controls. “Within each intervention school, 1 first-grade classroom and teacher were assigned randomly to the intervention, and at least 1 classroom served as a within-school control.” Within each school, first graders were alphabetically assigned to classrooms at the beginning of the year. Classrooms were kept together over the 2 intervention years. Approximately 22% of the 1604 children in the study were assigned to classrooms utilizing the Good Behavior Game (n=352) and the rest comprised the control classrooms (n=904).

Following the first quarter of first grade, and prior to the intervention, teachers rated each child in their classroom using a standardized interview. The selected assessment measure was the Teacher Observation of Classroom Adaptation-Revised. During the spring of each year from ages 8 and 9 through age 14, teachers conducted face-to-face interviews with each child. At this time, teachers inquired about whether students “had tried tobacco and their age at first use.”

### **Variables Measured**

“The main variable measured was the incidence of initiation of smoking. Each child’s level of aggressive/disruptive behavior and their academic achievement was also measured.”

### **Results**

Of the 1604 children who had not smoked at the start of the study, approximately 1/3 (502) had tried smoking by age 14. Across cohorts, “boys in the Good Behavior Game classrooms were less likely than boys in control classrooms to initiate tobacco smoking.” These results were most apparent after the age of 10. In regard to girls, those in the Good Behavior Game classrooms were not at lower risk. Essentially, the risks of starting to smoke for girls in the experimental and control classrooms were not different.

“In contrast, the relative risk estimates for boys in Good Behavior Game classrooms vs. boys in control classrooms were 0.58 in cohort 1 and 0.62 in cohort 2. For boys in cohort 2, there was a statistically significant inverse association between assignment to Mastery Learning and risk of tobacco smoking.” The greatest impact was shown for boys who were rated to be ‘best behaved.’ These boys were much less likely to start smoking than control boys. Among girls, the Good Behavior Game had no significant impact at any level of aggressive/disruptive behavior.

Entry by: Sujie Shin, 5/08/02.

171. Kellam, S. G., & Rebok, G. W. (1992). Building developmental and etiological theory through epidemiologically based preventive intervention trials. J. McCord and R.E. Tremblay (eds) *Preventing antisocial behavior: Interventions from birth through adolescence* (pp. 162-95). New York, NY: Guilford Press.
172. Kellam, S. G., Rebok, G. W., Ialongo, N., & Mayer, L. S. (1994). The course and malleability of aggressive behavior from early first grade into middle school: results of a developmental epidemiologically-based preventive trial [published erratum appears in J Child Psychol Psychiatry 1994 Jul;35(5):983]. *J-Child-Psychol-Psychiatry*, 35(2), 259-81.  
Abstract: The course and malleability of aggressive behavior from beginning elementary school through transition into middle school was investigated. In a developmental epidemiologically defined population of 1000 urban first graders, a two year classroom- based randomized preventive trial was aimed at reducing aggressive behavior, an antecedent of delinquency, violent behavior, and heavy drug use in adolescence and adulthood. Earlier we reported impact in first grade on teacher and peer ratings and on classroom observations. We report here on the course and on sixth grade teacher ratings of aggressive behavior. Improvement was observable during transition times, in first grade and in middle school, among the males in the preventive intervention who were more aggressive in first grade.
173. Kellam, S., Brown, C. H., Poduska, J., Ford, C., & Keegan, N. (2003). Design of the Third Generation Baltimore Prevention Program Trial. *Society for Prevention Research* .  
Abstract: This new randomized preventive field trial, funded by NIDA builds on the results of two previous trials in Baltimore; all three trials have been conducted in partnership with the Baltimore City Public School System. We discuss the community and institutional partnerships that allow this trial to take place, especially the integration of modern prevention science into the public school system's fundamental mission to teach children to read, successfully interact with peers, and learn. The Whole Day classroom-based intervention targets three risk factors in first grade: ineffective control of aggressive behavior, failure to learn to read and achieve academic success, and absent or adversarial relations between parents and teachers. The Good Behavior Game (GBG) is used to improve classroom management. For reading, three approaches are used. First, an enhanced reading curriculum is used with the support of a master teacher who is on-site to provide coaching for first grade teachers. Secondly, reading development is supported using an approach in which core reading skills and elements are reinforced during content area instruction. Finally, the family-classroom partnership aims to further reinforce these skills at home to increase children's reading achievement; it uses the Home-Link classroom telephone program, parent/classroom meetings during the instructional day, and family workshops at the school to expand communication and lessen the frequency of negative interactions between the teacher and the parents. The trial involves 12 schools, 24 first grade classes, and three cohorts of children followed over three years. Children are randomized to classes, and classes and teachers are randomized to intervention or the standard program within schools. In addition to following the children over 2nd and 3rd grades, the next two cohorts of first graders are followed to test whether impact can be sustained effectively across years. To test scalability, we will use the third cohort of 1st graders and a randomized wait-list design. For the third cohort of first graders, those teachers who were randomly assigned to the standard setting in the first year will administer the Whole Day intervention. Entered into C2-SPECTR by J. Lavenberg on 6/17/03.
174. Kellam, S., Poduska, J., Brown, C. H., Ialongo, N., Petras, H., Wang, C. P., Yoon, K. S., & Muthen, B. (2003). Effects of a universal intervention into first grade classroom behavior on the course and prevention of young adult mental and behavioral disorders, school failure, and use of services. *11<sup>th</sup> Annual Meeting of the Society for Research Prevention* .  
Abstract: This proposal is for a symposium on the developmental course and the prevention of psychopathology, academic failure, and the use of services from first grade through age 19-21 in an epidemiologically defined population in Baltimore public schools (N=2311). This is the first report on the transition into adulthood from the first generation of preventive trials in the Baltimore City Public School System. Consisting of two consecutive cohorts of first graders, this population participated in a field trial of two separate classroom-based universal preventive interventions in a parallel, randomized design. The trial was carried out in 40 first grade classrooms in 18 elementary schools. Schools were matched and

randomly assigned to one of the two interventions or to a matched control school. Within schools, classrooms and teachers were randomly assigned to the intervention or to a standard program classroom; while children were balanced across classrooms. The interventions extended from fall of 1st grade through 2nd grade. The intervention results examined in this symposium are from the Good Behavior Game (GBG). Based on life course/social field theory, this intervention is directed at improving teacher's classroom behavior management, socializing children to be students, and reducing aggressive, disruptive behavior, a frequently confirmed antecedent of later problem behavioral outcomes. The outcomes we will report here are tobacco, alcohol, and illicit drug use, antisocial personality disorder, academic achievement, and the use of services by age 19-21. The population was first assessed in the fall of 1st grade, followed up annually through 7th grade, and again at the time of transition into adulthood. This allowed the determination of the developmental trajectories as antecedents of young adult outcomes as well as variation in intervention impact over these stages of life. The symposium will involve: 1) An overview of the theory and design; 2) New analytic methods in deriving developmental trajectories and covariates from 1st through 7th grades; 3) Variation in the impact on illicit drug use; 4) Antisocial personality disorder; 5) And on the prevalence of school failure and on the use of educational, behavioral, and mental health services. Significant results were found, but varied by gender, baseline level of risk, and cohort. Generally, the children with the highest level of risk from fall of 1st grade through 7th grade benefited more than the other children. The symposium will examine the theoretical and practical implications of the results. Entered into C2-SPECTR on 6/23/03 by J. Lavenberg.

175. Kellam, S. G. (2001). Testing a whole day education program to promote reading achievement and prevent mental and behavioral disorders. Unpublished Grant Proposal.

Abstract: **Project Summary**

This grant seeks funds for five years to design, implement, and test a comprehensive, whole-day classroom program (WD) aimed at improving achievement among first graders in Baltimore, with regard to effectiveness, sustainability, and scalability. The Open Court language arts program is central to the program, but classroom behavior management is emphasized as well. We will test the effects of WD using a developmental epidemiologically based research design, with multiple levels of randomization. The randomized trial design will involve 24 classrooms in 12 elementary schools in the Baltimore City Public School System (BCPSS). In addition to main effects, we will assess the variation in impact across children as a function of implementation, instructional practices, children's acquisition of component reading skills, other characteristics of the children, and classroom, school, and neighborhood influences. We will examine the reciprocal relationships among students' academic achievement, social adaptation to school, and psychological and behavioral wellbeing.

The intervention program represents an integration of concepts, research methods, technologies, and findings from education and prevention research. Although the proximal target is learning to read, other roles of being a student are also included in this framework, including attending, dealing with rules and authority, and socializing appropriately in class and with peers. WD integrates first grade curriculum, instructional practices, classroom organization, classroom behavior management, and partnerships between teachers and parents of children in the classroom. WD was designed in close collaboration with BCPSS, and elaborates and tests their vision for the next stage of classroom instruction and management. Sustainability and scalability will be tested as randomized components in the design. As indicative of our interdisciplinary research team, the work is in partnership with BCPSS, Morgan State University School of Education and Urban Studies (MSU), the Oregon Social Learning Center (OSLC), the Prevention Science and Methodology Group (PSMG, based at the University of South Florida), and the American Institutes for Research (AIR). The specific aims are to:

1. Test the effectiveness of WD using a developmental epidemiological, randomized trial design aimed at reading achievement, as well as the other academic subjects, and student behaviors required of first graders.
2. Determine the mediating or moderating roles of teachers' specific instructional practices, children's acquisition of skills needed to master academic subjects, on children's gains in achievement, and on the prevention of children's psychiatric and behavioral problems, particularly among children vulnerable to depressive or conduct disorders. Contextual influences from classroom, school building, family, and community will be included.

3. Test the effectiveness of the support structure and coaching required for sustaining the hypothesized higher quality of instructional practices of WD teachers compared to standard classroom (control) teachers in subsequent cohorts of first graders beyond the WD trial.
4. Test the scalability of the above training methods, practices, and structures for preservice student teachers, and standard classroom (control) teachers in year 4 of the work, as evidence warrants going to scale.

176. Kelling, G. L. (1974). The Kansas City preventive patrol experiment a summary report. Washington: Police Foundation.

Abstract: Kansas City Preventive Patrol Experiment

Fifteen predetermined geographic areas, or "beats," were randomly assigned to three different patrol conditions. The "reactive" condition received police patrol only in reaction or response to citizen's call (N=5). The "proactive" condition received preventive police patrol, with officers saturating the area with a dosage 23 times greater than usual (N=5). The "control" condition simply maintained the usual level of police patrol (N=5). This experiment was designed to determine the general deterrent effect of routine patrol.

One problem noted is that the criminal subculture was not aware of the increased police patrol presence, and therefore did not alter offending behavior accordingly (p.51). Moreover, the experiment was halted when it was observed that officers were not patrolling the experimental conditions in the proper dosages originally designed. The experiment was restarted following correction.

No significant differences were found on criterion measures used (e.g crimes against persons and crimes against property through arrest rates and reported crime rates; community and commercial surveys of victimization; citizen attitudes toward police and citizen fear of crime; police/citizen encounters and transactions; police response time; police noncommitted time; traffic accidents).

(Abstract by: Weisburd, D., Sherman, L., and Petrosino, A. J., 1990)

177. Kelly, J. A., Murphy, D. A., Sikkema, K. J., McAuliffe, T. L., Roffman, R. A., Solomon, L. J., Winett, R. A., & Kalichman, S. C. (1997). Randomised, Controlled, Community-Level HIV-Prevention Intervention for Sexual-Risk Behaviour Among Homosexual Men in U.S. Cities: Community HIV Prevention Research Collaborative. Lancet, 350(9090), 1500-1505.

Abstract: BACKGROUND: Community-level interventions may be helpful in population-focused HIV prevention. If members of populations at risk of HIV infection who are popular with other members can be engaged to advocate the benefits of behaviour change to peers, decreases in risk behaviour may be possible. We assessed a community-level intervention to lower the risk of HIV infection, focusing on men patronising gay bars in eight small US cities. METHODS: We used a randomised community-level field design. Four cities received the intervention and four control cities did not. Participants were men from each city who went to gay bars. Men completed surveys about their sexual behaviour on entering the bars during 3-night periods at baseline and at 1-year follow-up. In the control cities, HIV educational materials were placed in the bars. In the intervention cities, we recruited popular homosexual men in the community and trained them to spread behaviour-change endorsements and recommendations to their peers through conversation. FINDINGS: Population-level of risk behaviour decreased significantly in the intervention cities compared with the control cities at 1-year follow-up, after exclusion of surveys completed by transients and men with exclusive sexual partners in a city-level analysis, in the intervention cities we found a reduction in the mean frequency of unprotected anal intercourse during the previous 2 months (baseline 1.68 occasions; follow-up 0.59;  $p = 0.04$ ) and an increase in the mean percentage of occasions of anal intercourse protected by condoms (baseline 44.7%; follow-up 66.8%,  $p = 0.02$ ). Increased numbers of condoms taken from dispensers in intervention-city bars corroborated risk-behaviour self-reports. INTERPRETATION: Popular and well-liked members of a community who systematically endorse and recommend risk-reduction behaviour can influence the sexual-risk practices of others in their social networks. Natural styles of communication, such as conversations, brought about population-level changes in risk behaviour.

178. Kelly, J. A., St. Lawrence, J. S., Diaz, Y. E., Stevenson, L. Y., Hauth, A. C., Brasfield, T. L., Kalichman, S. C.,

Smith, J. E., & Andrew, M. E. (1991). Hiv Risk Behavior Reduction Following Intervention With Key Opinion Leaders of Population: an Experimental Analysis. American Journal of Public Health, 81(2), 168-71.

Abstract: BACKGROUND AND PURPOSE. Peer norms influence the adoption of behavior changes to reduce risk for HIV (human immunodeficiency virus) infection. By experimentally intervening at a community level to modify risk behavior norms, it may be possible to promote generalized reductions in HIV risk practices within a population. METHODS. We trained persons reliably identified as popular opinion leaders among gay men in a small city to serve as behavior change endorsers to their peers. The opinion leaders acquired social skills for making these endorsements and complied in talking frequently with friends and acquaintances. Before and after intervention, we conducted surveys of men patronizing gay clubs in the intervention city and in two matched comparison cities. RESULTS. In the intervention city, the proportion of men who engaged in any unprotected anal intercourse in a two-month period decreased from 36.9 percent to 27.5 percent (-25 percent from baseline), with a reduction from 27.1 percent to 19.0 percent (-30 percent from baseline) for unprotected receptive anal intercourse. Relative to baseline levels, there was a 16 percent increase in condom use during anal intercourse and an 18 percent decrease in the proportion of men with more than one sexual partner. Little or no change was observed among men in the comparison cities over the same period of time. CONCLUSIONS. Interventions that employ peer leaders to endorse change may produce or accelerate population behavior changes to lessen risk for HIV infection.

179. Kelly, J. A. (1992). Community AIDS/HIV Risk Reduction: The Effects of Endorsements by Popular People in Three Cities. American Journal of Public Health, 82(11), 1483-1489.  
Abstract: Evaluates a model for acquired immune deficiency syndrome (aids) and human immunodeficiency virus (hiv) risk reduction through training popular opinion leaders. Interventions in three gay communities produced dramatic reductions in the gay male population's high-risk behavior. Results support the utility of norm-changing approaches to reduce risk behavior. (SLD) [By permission, ERIC Processing and Reference Facility, US Department of Education]
180. Killen, J. D., Telch, M. J., Robinson, T. N., Maccoby, N., Taylor, C. B., & Farquhar, J. W. (1988). Cardiovascular Disease Risk Reduction for Tenth Graders. A Multiple-Factor School-Based Approach. JAMA, 260(12), 1728-33.  
Abstract: All tenth graders in four senior high schools (N = 1447) from two school districts participated in a cardiovascular disease risk-reduction trial. Within each district, one school was assigned at random to receive a special 20-session risk-reduction intervention and one school served as a control. At a two-month follow-up, risk factor knowledge scores were significantly greater for students in the treatment group. Compared with controls, a higher proportion of those in the treatment group who were not exercising regularly at baseline reported regular exercise at follow-up. Almost twice as many baseline experimental smokers in the treatment group reported quitting at follow-up, while only 5.6% of baseline experimental smokers in the treatment group graduated to regular smoking compared with 10.3% in the control group. Students in the treatment group were more likely to report that they would choose "heart-healthy" snack items. Beneficial treatment effects were observed for resting heart rate, body mass index, triceps skin fold thickness, and subscapular skin fold thickness. The results suggest that it is feasible to provide cardiovascular disease risk-reduction training to a large segment of the population through school-based primary prevention approaches.
181. King, A., Staffieri, A., & Adelgais, A. (1998). Mutual Peer Tutoring: Effects of Structuring Tutorial Interaction to Scaffold Peer Learning. Journal of Educational Psychology, 90(1), 134-52.  
Abstract: A study involving 58 seventh graders in same-gender dyads in three mutual peer tutoring conditions demonstrates that tutorial interaction can be structured so that same-ability age mates can scaffold each other's higher order thinking and learning. Scaffolding is not necessarily restricted to situations in which one partner is more knowledgeable or competent. (SLD) Notes Journal availability: American Psychological Assn., Subscription Sec., 750 1st St., NE, Washington, DC 20002-4242.
182. King, J. R., Biggs, S., & Lipsky, S. (1984). Students' self-questioning and summarizing as reading study strategies. Journal of Reading Behavior, 16(3), 205-218.  
Abstract: **Study objective:** to evaluate the effectiveness of student-generated prequestions and summaries as reading strategies  
**Target population:** college students

**Intervention:** Comprised of three conditions: (1) training on development of higher level questions while reading (interspersed prequestioning) ; (2) training on construction and checking summary statements while reading (summary generation); or (3) control.

**Theory:** readers are responsible for constructing meaning from text

**Evaluation design:** treatment groups were randomly assigned to classes

**Variables measured:** the dependent measure was outcome of 3 post-tests: (1) free recall, (2) an objective test, and (3) an essay test

**Results :** training in interspersed prequestioning significantly facilitated performance on objective test, but not on recall or essay tests; training in summary generation significantly increased performance on free recall, objective, and essay tests.

Structured description developed and entered into C2-SPECTR by J. Lavenberg on 11/4/03.

183. Kinmonth, A. L., Woodcock, A., Griffin, S., Spiegel, N., & Campbell, M. J. (1998). Randomised controlled trial of patient centred care of diabetes in general practice: Impact on current wellbeing and future disease risk. British Medical Journal, 317, 1202-1208.  
Abstract: In order to assess the effects of additional training of nurses and general practitioners in patient centred care of newly diagnosed diabetics, 41 medical practices in southern England were randomly allocated to either (a) 1.5 days' group training, or (b) control. Outcome measures were quality of life and wellbeing, among others. Those in the intervention group reported better communication with doctors, greater treatment satisfaction, and wellbeing. Entered into C2-SPECTR 5/21/03 by J. Lavenberg.
184. Kirby, D., Korpi, M., Adivi, C., & Weissman, J. (1997). An Impact Evaluation of Project Snapp: An Aids and Pregnancy Prevention Middle School Program. AIDS Education & Prevention, 9(1 Suppl), 44-61.  
Abstract: OBJECTIVES: A theory-based curriculum designed to delay the onset of intercourse and increase use of condoms was implemented in the classrooms of six Los Angeles middle schools. METHODS: The curriculum activities were very interactive, emphasized skill building, and were implemented by well trained peer educators, including young HIV-positive males and teen mothers. To evaluate the impact of the curriculum, 102 classrooms of students were randomly assigned to receive either the existing curriculum or the existing curriculum plus the intervention curriculum. Students completed confidential questionnaires before program implementation, five months later, and 17 months later. A total of 1,657 students completed both the baseline and 17-month follow-up questionnaires. RESULTS: Analyses of these data revealed that the curriculum significantly increased knowledge, significantly improved only two out of 21 attitudes or beliefs, and did not significantly change sexual or contraceptive behaviors. CONCLUSIONS: Well implemented programs that are based on upon theory, use interactive activities, and utilize well-trained peer educators do not always change important sexual attitudes and behaviors among middle school youth.
185. Kirby, D., Korpi, M., Barth, R. P., & Cagampang, H. H. (1997). The Impact of the Postponing Sexual Involvement Curriculum Among Youths in California. Family Planning Perspectives, 29(3), 100-8.  
Abstract: Postponing Sexual Involvement (PSI) is a widely implemented middle school curriculum designed to delay the onset of sexual intercourse. In an evaluation of its effectiveness among seventh and eighth graders in California, 10,600 youths from schools and community-based organizations statewide were recruited and participated in randomly assigned intervention or control groups; the curriculum was implemented by either adult or youth leaders. Survey data were collected before the program was implemented, and at three months and 17 months afterward. At three months, small but statistically significant changes were found in fewer than half of the measured attitudes, behaviors and intentions related to sexual activity; at 17 months, none of these significant positive effects of the PSI program had been sustained. At neither follow-up were there significant positive changes in sexual behavior; Youths in treatment and control groups were equally likely to have become sexually active, and youths in treatment groups were not less likely than youths in control groups to report a pregnancy or a sexually transmitted infection. The evaluation suggests that PSI may be too modest in length and scope to have an impact on youths' sexual behavior.
186. Knutsen, S. F., & Knutsen, R. (1991). The Tromso survey: The family intervention study --the effect of intervention on some coronary risk factors and dietary habits, a 6-year follow-up. Preventive Medicine, 20, 197-212.  
Abstract: This article describes the coronary heart disease risk factors and lifestyle/dietary habits of

families in Norway who had participated in a randomized trial six years before. Outcome measures include blood lipids, coronary risk score, blood pressure, body mass index, smoking, physical activity, and diet. Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.

187. Kolvin, I., Garside, R. F., Nicol, A. R., MacMillan, A., Wolstenholme, F., & Leitch, I. M. (1981). *Help starts here: The maladjusted child in the ordinary school. Help starts here: The maladjusted child in the ordinary school.* London, England: Tavistock.
188. Komro, K., Perry, C., Veblen-Mortenson, S., Bosma, L., Williams, C., Jones-Webb, R., & Toomey, T. (2003). The adaptation of Project Northland for urban youth: Research design and adaptation process. 11th Annual Meeting of the Society for Prevention Research, "Research to Policy".  
Abstract: The purpose of this presentation is to describe the research design and intervention development process of a new trial to evaluate the adaptation of Project Northland for urban youth. Project Northland, an alcohol use preventive intervention that significantly reduced alcohol use among youth living in rural white communities, is considered a model program by the Center for Substance Abuse Prevention and the U.S. Department of Education. In the current study, 65 Chicago public schools have agreed to participate and were randomly assigned to intervention or "delayed program" control condition. The adapted and enhanced Project Northland for Chicago will be evaluated using a randomized trial of schools and surrounding neighborhoods in Chicago. The intervention group will be exposed to three years of the adapted Project Northland curricula, family interventions, youth-planned extracurricular activities, and community organizing. The interventions will be evaluated with a cohort of sixth graders beginning in the 2002-2003 school year and followed for three years. The sample is primarily African American, Hispanic and low-income. Outcomes will be measured via surveys of students, parents, and neighborhood leaders; alcohol purchase attempts; and direct observations of alcohol advertising near schools. To ensure that the intervention activities and materials will have salience and resonate with urban and inner-city minority youth, several strategies are being used including focus groups, pilot tests, involvement of a Community Advising Committee, and hiring community organizing who reflect the race/ethnicity of Chicago neighborhoods. These strategies will be described in detail. Entered into C2-SPECTR by J. Lavenberg on 6/17/03.
189. Kosonen, P., & Winne, P. H. (1995). Effects of Teaching Statistical Laws on Reasoning about Everyday Problems. Journal of Educational Psychology, 87(1), 33-46.  
Abstract: Three experiments with 276 college, secondary, and middle-school students extend the research of G. T. Fong and others in teaching students abstract rules. Results support a revival of formalist views of transfer: that teaching formal rules about inference making can improve reasoning and support transfer. (SLD). Canada
190. Krug, E. G., Brener, N. D., Dahlberg, L. L., Ryan, G. W., & Powell, K. E. (1997). The impact of an elementary school-based violence prevention program on visits to the school nurse. American Journal of Preventive Medicine, 13(6), 459-63.
191. La Prelle, J., Bauman, K. E., & Koch, G. G. (1992). High Intercommunity Variation in Adolescent Cigarette Smoking in A 10 Community Field Experiment. Evaluation Review, 16(2), 115-130.  
Abstract: **Background and Study Objectives**  
This article addresses the problem of unexpected intercommunity variation effects on the dependent variable when evaluating community intervention programs.  
The study looked at the influence of three mass media campaigns on variables related to adolescent cigarette smoking.

### **Intervention and Target Population**

The design is discussed in detail in Bauman et al. (1991)

### **Evaluation Design**

This is a place based randomized trial. Ten study communities were selected from 81 Standard Metropolitan Statistical Areas (SMSA) in the southeast U.S.A. Homogeneity was increased by including communities with population between 200,000 - 500,000 and using other factors as well.

Three related media campaigns on smoking rates. There were 6 treatment communities and 4 control communities, i.e., two communities for each treatment. Adolescents (N=164) were sampled from each community. For a uniform sample an average of 80 geographical clusters in each community were sampled. To maintain regional homogeneity, outliers in racial or educational make up were excluded. Also attempted to reduce unwanted variance by statistical adjustment for relevant personality and socio-demographic variables.

The three campaigns shared similar elements. So, aggregating the three treatments in to one 6-community group was possible.

### **Variables Measured**

The outcome and stratification variables included (1) Alveolar breath and saliva samples, and (2) self-administered questionnaire for adolescents and mothers providing information on demographic and smoking behavior information.

### **Results**

No media effects on smoking behavior variables were found. Substantial SMSA to SMSA differences in smoking rate in both 1985 and 1987 data on both dependent variables that were not related to treatment.

A preliminary analysis suggests there are differences in smoking rate between communities in the 1985 sample that are independent of the media campaign.

Author/Editor: Wickrema/Boruch, 10/17/01, Draft

192. Lando, H. A., McGovern, P. G., Barrios, F. X., & Etringer, B. D. (1990). Comparative evaluation of American Cancer Society and American Lung Association smoking cessation clinics. *American Journal of Public Health*, 80( 5), 554-559.  
Abstract: This article reports on a trial which compared the FreshStart (American Cancer Society), Freedom from Smoking (American Lung Association), and Lando lab clinic method of smoking cessation programs in three Iowa clinics. Participants (N = 1041) were randomized to one of the three methods as a function of orientation session attended. Smoking status questionnaires were mailed to participants at three-months, six-months, and twelve-months after the program. Saliva samples were obtained on 80 participants who claimed sustained abstinence through one-year follow-up. Outcome measures included abstinence and quit attempts.  
Entry: 7/28/03, Julia Lavenberg.
193. Leviton, L. C., Goldenberg, R. L., Baker, C. S., Schwartz, R. M., Freda, M. C., Fish, L. J., Cliver, S. P., Rouse, D. J., Chazotte, C., Merkatz, I. R., & Raczynski, J. M. (1999). Methods to Encourage the Use of Antenatal Corticosteroid Therapy for Fetal Maturation: a Randomized Controlled Trial. *JAMA*, 281(1), 46-52.  
Abstract: CONTEXT: Antenatal corticosteroids for fetal maturation have been underused, despite evidence for their benefits in cases of preterm birth. OBJECTIVE: To evaluate dissemination strategies aimed at increasing appropriate use of this therapy. DESIGN AND SETTING: Twenty-seven tertiary care institutions were randomly assigned to either usual dissemination of practice recommendations (n = 14) or usual dissemination plus an active, focused dissemination effort (n = 13). SUBJECTS: Obstetricians and their preterm delivery cases at participating hospitals. INTERVENTION: Recommendations by a National Institutes of Health (NIH) Consensus Conference held in late February-early March 1994 were disseminated in early May 1994. Usual dissemination was publication of the recommendations and endorsement by the American College of Obstetricians and Gynecologists. Active dissemination was a year-long educational effort led by an influential physician and a nurse coordinator at each facility, consisting of grand rounds, a chart reminder system, group discussion of case scenarios, monitoring, and feedback. MAIN OUTCOME MEASURE: Use or nonuse of antenatal corticosteroids was abstracted from medical records of eligible women delivering at the participating hospitals in the 12 months immediately prior to release of the NIH recommendations (average number of records abstracted, 130) and in the 12 months following their release (average number of records abstracted, 122). RESULTS: Active dissemination significantly increased the odds of corticosteroid use after the conference. Use increased from 33.0% of eligible patients receiving corticosteroids to 57.6%, or by 75% over baseline, in usual dissemination hospitals. Use increased from 32.9% to 68.3%, or a 108% increase, in active dissemination hospitals. Gestational age and maternal diagnosis affected use of the therapy in complex

ways. CONCLUSION: An active, focused dissemination effort increased the effectiveness of usual dissemination methods when combined with key principles to change physician practices.

194. Leviton, L. C., & Horbar, J. D. (2002). Cluster Randomized Trials for the Evaluation of Strategies Designed to Promote Evidence-Based Practice in Perinatal and Neonatal Medicine. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation .  
Abstract: This paper describes two cluster-randomized trials of strategies to promote evidence-based practice in perinatal-neonatal medicine, a field with a strong track record of patient level randomized trials and an early and continuing interest in systematic overviews of the evidence. Both trials concern therapies for premature infants, where health services researchers had observed two specific gaps between medical care practice and the evidence. The first trial, with participation by 27 tertiary care hospitals, concerned methods to encourage a relatively simple therapy for women in premature labor. A significant effect was seen in intervention hospitals on the primary outcome variable: increase in the proportion of eligible patients receiving the therapy. The second trial is in the process of completion, and has participation by 114 neonatal intensive care units of hospitals in the United States and Canada. It concerns strategies to close the gap between evidence and practice in the early use of surfactant in premature infants, before these infants show symptoms of respiratory distress syndrome. Both trials involve multifaceted intervention at both individual and organizational (hospital) levels, and employ a framework based on the diffusion of medical innovations. These two trials are used to illustrate the strong case for conducting such studies through cluster random assignment and multi-level analysis. Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.  
Entered into SPECTR: 12/24/02

195. Leviton, L. C., Valdiserri, R. O., Lyter, D. W., Callahan, C. M., Kingsley, L. A., Huggins, J., & Rinaldo, C. R. (1990). Preventing HIV Infection in Gay and Bisexual Men: Experimental Evaluation of Attitude Change From Two Risk Reduction Interventions. AIDS Education & Prevention, 2(2), 95-108.  
Abstract: In the course of learning their HIV serostatus, gay and bisexual men participated in small discussion groups aimed at increasing their practice of safer sex. Small discussion groups were randomly assigned to receive one of two interventions: a lecture/discussion by a gay health educator, or an intervention that included the lecture/discussion followed by a small group process aimed at increasing social skills for safer sex and at increasing peer support for safer sex. Men completed questionnaires relating to their knowledge about HIV and AIDS, attitudes toward sexual behavior change, and self-reported sexual behavior. At second follow-up, one year post-intervention, men who had received skills training and peer support endorsed significantly stronger attitudes in favor of safer sex than did men receiving lecture/discussion only. In particular, skills training and peer support caused greater reduction of the value placed on ejaculation inside the partner, stronger endorsement of plans to use condoms, and greater reduction of negative attitudes about condoms, than did lecture/discussion only. These results are helpful to design interventions for men who continue to engage in risky behavior.

The following abstract was created by Linda McKenna. It was entered into C2-SPECTR on 7/13/03 by J. Lavenberg.

*Objectives:* This study was conducted to determine to what extent an intervention that includes social skills training and peer support for safer sex is superior to lecture/discussion alone in changing attitudes in favor of safer sex.

*Description of the Program:* In an effort aimed at increasing practice of safer sex among gay and bisexual men, two interventions were applied in this study: Intervention I consisted of an educational session dealing with HIV transmission, AIDS epidemic and "safer sex" behaviors, conducted by a self-identified gay male health educator and included group discussion. Intervention II was an expanded version of Intervention I and also employed a group process component in which participants explored their own beliefs about safer sex and learned skills to assert themselves with potential partners on safer alternatives to unprotected anal intercourse.

*Study Design:* 584 self-identified gay and bisexual men participated in small discussion groups which were randomly assigned to receive either Intervention I or Intervention II.

*Response Variables:* Study participants completed questionnaires relating to their knowledge about HIV and AIDS, attitudes toward sexual behavior change, and self-reported sexual behavior prior to intervention and at two followup visits.

*Results:* At second followup, one year post intervention, men who received skills training and peer support endorsed significantly stronger attitudes in favor of safer sex than did men who received lecture/discussion only.

196. Leviton, L. C., Finnegan, J. R. J., Zapka, J. G., Meischke, H., Estabrook, B., Gilliland, J., Linares, A., Weitzman, E. R., Raczynski, J., & Stone, E. (1999). Formative Research Methods to Understand Patient and Provider Responses to Heart Attack Symptoms. Evaluation and Program Planning, 22(4), 399-411.  
Abstract: Formative research is often required for program planning, and for reducing uncertainty about generalizability of program effects. This article describes and justifies methods of formative research conducted for the REACT study (Rapid Early Action for Coronary Treatment), a multi-center collaborative randomized community trial aimed at reducing patient delay in seeking care for acute myocardial infarction (AMI). Formative research cast light on patient and community members' decision-making process in seeking help for AMI, as well as barriers and facilitators of this process. Investigators at all five REACT Field Centers participated in the formative research. The process consisted of: (1) developing a common theoretical framework for the study intervention; (2) conducting a literature review and qualitative research to identify and address gaps in knowledge; and (3) developing a common protocol for the REACT study that accommodated the diversity of the target communities in terms of services, resources, history, and ethnicity. Analysis employed triangulation, defined as an explicit search for heterogeneous data sources to reduce uncertainty about forces at work and opportunities for intervention across settings and populations. Because the collection and interpretation of data went in stages, staff of several REACT Field Centers had independent input to the overall synthesis, then shared and revised the results. Advantages and limitations of this approach are discussed. (author)
197. Lind, E. A. (1985). Radomized experiments in the federal courts. New Directions for Program Evaluation, 28, 73-80.
198. Louth, R., McAllister, C., & McAllister, H. A. (1993). The effects of collaborative writing techniques on freshman writing and attitudes. Journal of Experimental Education, 61(3), 215-224.
199. Lynam, D. R., Milich, R., Zimmerman, R., Novak, S. P., Logan, T. K., Martin, C., Leukefeld, C., & Clayton, R. (1999). Project Dare: No Effects at 10-Year Follow-up. Journal of Consulting & Clinical Psychology, 67(4), 590-3.  
Abstract: The present study examined the impact of Project DARE (Drug Abuse Resistance Education), a widespread drug-prevention program, 10 years after administration. A total of 1,002 individuals who in 6th grade had either received DARE or a standard drug-education curriculum, were reevaluated at age 20. Few differences were found between the 2 groups in terms of actual drug use, drug attitudes, or self-esteem, and in no case did the DARE group have a more successful outcome than the comparison group. Possible reasons why DARE remains so popular, despite the lack of documented efficacy, are offered. - MEDLINE
- To help curb, if not stop the use of illegal drugs in youth, school-wide programs were created, such as DARE (Drug Abuse Resistance Education). This study examined the impact of Project DARE, 10 years after being given, on actual drug use, and drug attitudes. In a Midwestern metropolitan area, 23 elementary schools were randomly assigned to receive the DARE program, and 8 schools received a standard drug-education curriculum in the 1987-1988 academic year. A total of 1,002 individuals who in 6th grade had either received DARE or a standard drug education program were reevaluated at age 20. Few differences were found between the 2 groups in terms of actual drug use, drug attitudes, or self-esteem. DARE had no effect on cigarette, alcohol or marijuana use, or peer pressure resistance. Despite its wide use and popularity, there appear to be no actual short-term, long-term, early adolescent, or young adult positive effects associated with being in the DARE program. (Abstract by: Aida L. Egues, University of Pennsylvania, 2000)
200. Macintyre, K., Sosler, S., Letipila, F., Lochigan, M., Hassig, S., Omar, S. A., & Githure, J. (2003). A new tool for malaria prevention?: Results of a trial of permethrin-impregnated bedsheets (shukas) in an area of unstable transmission. International Journal of Epidemiology, 32, 157-160.  
Abstract: This article reports on a trial in which 36 manyattas (a collection of huts built of mud, sticks, and animal hides) in northern Kenya were randomly assigned to either (a) treatment of material which serves as a bedsheets at night and wrap during the day with the chemical permethrin, or (b) no treatment.

Blood was collected every two weeks for a period of four months to check for the presence of malaria. Results suggest that the permethrin impregnated bedsheet/wrap may be protective against malaria. The study was conducted in Ngilai, Samburu District, northern Kenya.  
Abstract created by J. Lavenberg and entered into C2-SPECTR 5/13/03.

201. MacKinnon, D. P., Johnson, C. A., Pentz, M. A., Dwyer, J. H., Hansen, W. B., Flay, B. R., & Wang, E. Y. (1991). Mediating mechanisms in a school-based drug prevention program: First year effects of the Midwestern Prevention Project. *Health Psychology, 10*(3), 164-72.
202. Malvin, J. J., Moskowitz, J. M., Schaeffer, G. A., & Schaps, E. (1984). Teacher training in affective education for the primary prevention of adolescent drug abuse. *American Journal of Drug and Alcohol Abuse, 10*(2), 223-35.
203. Marino, J. L. (1985). The effects of writing as a prereading activity on delayed recall of narrative text. *The Elementary School Journal, 86*(2), 199-206.
204. Markus, G. B., Howard, J. P. F., & King, D. C. (1993). Integrating community service and classroom instruction enhances learning: Results from an experiment. *Educational Evaluation and Policy Analysis, 15*(4), 410-419.  
Abstract: Students in an undergraduate political science course that integrated classroom instruction and community service (n=37) were significantly more likely than were those in traditional discussion sessions (n=52) to report that they had performed to their potentials, learned to apply principles, and developed a greater awareness of social problems. (SLD) ERIC abstract.
205. Mason, A., Haggerty, K., Kosterman, R., Spoth, R., & Redmond, C. (2003). Effects of preparing for the Drug Free Years on non-drug outcomes: Understanding social developmental mechanisms. *11th Annual Meeting of the Society for Prevention Research*.  
Abstract: A challenge for studies of interventions targeting risk and protective factors for specific problem behaviors is not only to demonstrate the hypothesized efficacy of the interventions, but also to investigate how effects of the interventions might generalize to other non-targeted outcomes. Research has shown that many adolescent problems share common etiological risk and protective factors (Brook, et al, 1998; Hawkins, et al, 1988). Intervention effects on non-targeted outcomes may be due to the intervention's influence on shared risk and protective factors for a range of outcomes. The purpose of this paper is twofold. First, a series of longitudinal studies from Project Family documenting broad effects of the Preparing for the Drug Free Years family curricula is described. Second, social development model (SDM) variables (e.g. family management, norms, skills) mediating intervention effects on outcomes not specifically targeted by the intervention (e.g. delinquency, depression) are examined.

Preparing for the Drug Free Years is a five session, universal family-based curriculum to address risk and protective factors expected to reduce substance use and other problem outcomes. The program is guided by the social development model (Hawkins & Weiss 1985, Catalano & Hawkins 1999). It is expected that intervention effects on non-targeted outcomes will be mediated through SDM variables by increasing external constraints (e.g. family management practices) and skills (e.g. refusal skills).

Participants were sixth-grade students and their families from 22 rural schools in 19 contiguous counties in a Midwestern state. Eleven schools each were randomly assigned to the PDFY and control conditions. Of families invited to participate in the study, 221 PDFY families and 208 control group families completed pretesting in the fall of 1993. Approximately 6 months after the pretest assessment, the posttest assessment was conducted. Follow-up interviews were completed approximately 18, 30, 48, and 72 months following the pretest (when students were in the seventh, eighth, tenth, and twelfth grades).

Results from latent growth curve modeling analyses indicate intervention effects among adolescents on both drug (e.g., reduced growth in alcohol use) and non-drug (e.g., reduced growth in delinquency and depression) outcomes. Effects have been shown up to six years following completion of the intervention. Structural equation modeling analyses suggest that external constraints and skills may be important mediators of these intervention effects. This presentation will discuss issues relevant to researchers and practitioners concerning effective mechanisms of a universal parenting program. Entered into C2-SPECTR on 6/25/03 by J. Lavenberg.

206. Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., & Spoth, R. L. (2003). Reducing adolescents' growth in substance use and delinquency: Randomized trial effects of a parent-training prevention intervention. *Prevention Science*, 4(3), 203-2.
207. Mathes, P. G., Howard, J. K., Allen, S. H., & Fuchs, D. (1998). Peer-Assisted Learning Strategies for First-Grade Readers: Responding to the Needs of Diverse Learners. *Reading Research Quarterly*, 33(1), 62-94.  
Abstract: Examines the effectiveness of peer-assisted learning strategies (pals) for first-grade readers as a tool for enhancing reading achievement of different learner types, particularly low achievers. States that 10 teachers incorporated pals into their reading program. Indicates all learner types were positively affected by participation in pals, with greatest gains for low-achieving students. (Pa) [By permission, ERIC Processing and Reference Facility, US Department of Education]
208. Mauldin, W. P., & Ross, J. A. (1966). A Review of Designs. In the Proceedings of the Social Statistics Section of the American Statistical Association.  
Abstract: **Background and Study Objectives**

This article discusses a number of field experiments designed to assess large family planning programs.

India-Harvard-Ludhiana Study: this 4-year study involved 16,000 people in an experimental test of the effect of advice regarding contraception. The treatment consisted of information about foam tablets.

### **Evaluation Design**

Sixteen villages were randomly assigned to treatment groups. Tests were made relative to a working control population (to isolate the effects of the contraceptive advice and materials), and a blank control population (no project workers collecting individual information). Observations included births, deaths, and natural increases in the population. The impact of the program on fertility was minimal.

Singular Study: This study was an outgrowth of the Harvard-Ludhiana study and was designed “to offer several simple methods of family planning, using local field workers, and to provide more systematic information about family planning. Eight experimental villages and 15 control villages were randomly chosen for the study. Treatment consisted of small group meetings, involvement of community leaders, and visual aid education of the experimental group concerning a wide variety of birth control devices.” Periodic surveys enable the researchers to improve the educational aspects of the program. Fertility rates fell more rapidly in the experimental than in the control areas.

Koyang Experiment: In order to raise the level of contraceptive use in Korea, 14 villages became the target of two birth control programs. Seven villages were assigned to the treatment condition and seven to the control condition. The treatment consisted of a more intensive local program while the controls received the national program treatment. In spreading favorable attitudes on family planning, raising levels of use of birth control devices, and reducing pregnancy rate, both programs succeeded, with the local intensive program being more effective.

Author/Editor: Riecken et al., Conner/Boruch, (1974)

209. Mautone, P. D., & Mayer, R. E. (2001). Signaling as a Cognitive Guide in Multimedia Learning. *Journal of Educational Psychology*, 93(2), 377-89.  
Abstract: In three experiments, students received a short science lesson on how airplanes achieve lift and then were asked to write an explanation (retention test) and solutions to five problems (transfer test). For some students, the lesson contained signals such as section headings and pointer words. Students given signals generated significantly more solutions on transfer tests in all three experiments. (BF)
210. Mazerolle, L. G., Price, J. F., & Roehl, J. (2000). Civil Remedies and Drug Control: A Randomized Trial in Oakland, California. *Evaluation Review*, 24(2), 212-241.  
Abstract: **Background and Study Objectives**  
Civil disorder and drug-related civil or criminal disorders occur in private commercial properties, private homes, and rental properties. This “drug nuisance” properties are private and exist in blighted areas. They have rarely been the target for controlled trials on the effectiveness of legal civil remedies

rather than civil criminal remedies in reducing the disorder.

This study was undertaken to deploy a civil remedy approach and to estimate the effectiveness of the approach relative to normal police patrol strategies.

### **Interventions and Target Population**

The target population was street blocks in Oakland, California that had a location that was identified as a nuisance problem to the Best Health Unit in five police beats (jurisdictions). A location could be a private home, or a private or commercial residential property.

Nearly 80% of the localities that were targeted for the study were rental properties; a minority of the properties were owner occupied.

One hundred sites in Oakland were entrained in this study. The Best Health intervention' aims were to establish relationships with property owners, on-site managers, and business owners so as to engage them in solving the nuisance problems that led to their identifying the site as a problem. This included providing advice on security, referrals to city assistance, telling people about city ordinances, and encouraging owners to act before pressure or action from the city. It included training sessions for landlords and owners in tenant screening. It includes taking action on civil violations on safety that could lead to monetary penalties.

The control condition intervention involved normal police patrol of control blocks during 1995-1996. This included arrests for drug violations, property offenses, and so forth.

### **Evaluation Design**

This is a place-based randomized trials in which localities within street blocks appear to be the units of random assignment. The street blocks then become a de facto unit of random assignment.

The target population of nuisance locations was divided into statistical blocks of residential and commercial location. Commercial properties were randomly allocated to the intervention and other control condition. To offset the problems of adjacent locations being assigned to one or the other condition, spatial/distancing rules were developed. That is, a commercial enterprise located in one street block that was assigned to the intervention condition would not be compared to a commercial enterprise in the same street block.

One hundred sites were targeted. Fifty sites were randomly assigned to the intervention and fifty sites randomly assigned to the control condition.

### **Variables Measured**

A main outcome variable is the number of calls for service made to police from people in the study's 100 target sites. The data are based on Oakland Police computer records and cover the twelve-month period before the intervention and the twelve-month period that followed the six-month intervention.

Process-oriented variables that were measured during the intervention's deployment included arrest rates for drug violations, property crimes, violent offenses, and disorder.

### **Results**

The main outcome variable in this study is the frequency of calls for service from the targeted areas. Street block was the unit of analysis.

The intervention had no discernible effect on the number of service calls on violent crimes relative to the rate in the control condition. The rate over time was similar in both conditions.

The intervention was more effective in residential sites than in commercial sites for drug calls. That is, drug calls to residences declined by about 13%. Drug calls to commercial sites increased by 45%. Commercial establishments in the control condition had a 1000% increase.

Author/Editor: Boruch/No Editor, 10/20/01, Draft

211. McAuliffe, W., Breer, P., & Doering, S. (1989). An evaluation of using exaddict outreach workers to educate intravenous drug users about AIDS. *AIDS and Public Policy Journal*, 4(4), 218-223.  
Abstract: *Objective:* This research was conducted to study the effectiveness of an outreach AIDS prevention program. This study sought to determine whether the IVDUs retained AIDS educational information, and whether the intervention changed the IVDUs' highrisk behavior.

*Description of Program:* The Street Outreach AIDS Prevention (SOAP) program employed recovering

addicts or methadone maintenance patients to visit Baltimore intravenous drug users' (IVDU) hangout areas to educate IVDUs about the risk factors of AIDS and ways to avoid infection. The outreach workers distributed AIDS literature to IVDUs, their partners, and prostitutes and talked about AIDS prevention. The educational focus was on safer sex practice, entering treatment, obtaining the antibody test, avoiding shared needles and disinfecting them before reusing them.

*Study Design:* 12 high drug use areas of Baltimore were randomly assigned to receive SOAP intervention or to act as control areas for data collection purposes only, in this quasiexperimental design. Eligible subjects were either current IVDUs, or significant others of IVDUs. 236 experimental subjects were given interviews before they received educational intervention. 72 subjects in the control areas were also interviewed, but received no AIDS education. The outreach work lasted three weeks.

*Response Variables:* Facetoface structured baseline interviews were conducted covering participant's demographic characteristics, drug use history, history of other needleborn diseases, knowledge of and attitudes toward AIDS, and current sexual and drug using practices which might relate to their risk of contracting HIV infection. Followup telephone interviews were conducted approximately one month after baseline interviews and covered the same questions in order to measure retention of information and change in highrisk behavior.

*Results:* Results at followup indicate significant changes on 2 of the 11 outcome measures for the experimental subjects. These differences were on information gain, but not behavior change.

*Implementation Issues:* The researchers believe the exaddict outreach worker concept to be a highly workable practice to communicate the AIDS prevention message.

Abstract by: Linda McKenna Entered into C2-SPECTR on 7/13/03 by J. Lavenberg.

212. McCusker, J., Stoddard, A. M., Zapka, J. G., Morrison, C. S., Zorn, M., & Lewis, B. F. (1992). AIDS education for drug abusers: Evaluation of short-term effectiveness. *American Journal of Preventive Medicine*, 82(4), 533-540.

Abstract: A blocked randomization design was used to evaluate the effectiveness of two AIDS risk reduction interventions given to clients in an inpatient drug detoxification program: (a) an informational intervention in which participants viewed a video, listened to lectures, watched demonstrations of condom use and cleaning of drug paraphernalia, and contributed to discussions in two 1-hour group sessions; (b) an enhanced intervention in which participants attended six 1-hour group sessions that included all of the above, but also focused on thorough discussion and practice of situations and skills, followed by 30 minute individual health education consultations. Outcome measures included attitudes, beliefs, knowledge, drug use, and sexual behaviors.

Brief summary created and entered into C2-SPECTR on 7/28/03 by J. Lavenberg.

213. McKay, H., & McKay, A. (1971). Stimulation of intellectual and social competence in Colombian preschool children affected by multiple deprivations of depressed urban environments. Progress Report # 2. University Center for Child Development, Human Ecology Research Station, Universidad del Valle, Cali, Colombia:

Abstract: **Background and Study Objectives**

The study was designed to evaluate the effectiveness of a large-scale program for stimulating intellectual and social competence in disadvantaged Colombian children.

### **Interventions and Target Population**

Conducted under the auspices of the Universidad del Valle, this research project was funded primarily by the Ford Foundation.

Once chosen as sufficiently disadvantage to qualify for the experiment, the children were assigned to the medical, nutritional, and educational treatment (Group 1); just medical and nutritional (Group VI-A), or control groups; in addition to these, a group of nondeprived (middle-class) children formed Group V, a quasi-experimental comparison. The treatment for Group I consisted of preschool (30 hours per week), food at school and at home, and medical attention daily. Group VI-A received weekly medical attention and packaged food at home. The controls received medical attention only if a social

worker happened to note it was needed when visiting.

### **Evaluation Design**

Three-year old children were grouped by small neighborhoods in the barrios and randomly assigned by neighborhood to treatment conditions. Each year a “lottery” was planned to determine the participants in the treatment groups for that year. Pretests and posttests were used.

Medical-nutritional measures, daily food intake, medical records, cognitive measures, family and economic measures, and data on health and sanitary conditions were collected annually.

### **Results**

This experiment is currently in progress and there has been no final data analysis. Preliminary analysis shows that the preschool plus nutrition treatment group progressed on cognitive measures to the extent of covering 80% of the discrepancy between untreated controls and the middle-case comparison group. Nutrition alone had no effect on cognitive test results but did affect health measures.

Author/Editor: Riecken et al (1974), To be updated

214. McKay, H., McKay, A., Sinnestera, L., Gomez, H., & Llorda, P. (1978). Improving Cognitive Ability in Chronically Deprived Children. *Science*, 200(4), 270-278.

Abstract: Beginning at different ages in their preschool years, groups of chronically undernourished children from Colombian families of low socioeconomic status participated in a program of treatment combining nutritional, health care, and educational features. By school age the gap in cognitive ability between the treated children and a group of privileged children in the same city had narrowed, the effect being greater the younger the children were when they entered the treatment program. The gains were still evident at the end of the first grade in primary school, a year after the experiment had ended.

### **Background and Study Objectives**

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### **Interventions and Target Population**

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This experiment is currently in progress and there has been no final data analysis. Preliminary analysis shows that the preschool plus nutrition treatment group progressed on cognitive measures to the extent of covering 80% of the discrepancy between untreated controls and the middle-case comparison group. Nutrition alone had no effect on cognitive test results but did affect health measures.

215. Meloth, M. S. (1990). Changes in poor readers' knowledge of cognition and the association of knowledge of cognition with regulation of cognition and reading comprehension. Journal of Educational Psychology, 82(4), 792-798.  
Abstract: Reanalysis of data from a study by G. G. Duffy and others (1987) identifies changes in the knowledge of cognition (KOC) of 177 poor readers in the third grade over an academic year and the association of changes with strategy use and comprehension. KOC's role in reading is discussed. (SLD). Abstract downloaded from ERIC and entered into C2-SPECTR on 5/13/03.
216. Miller, B. C., Norton, M. C., Jenson, G. O., Lee, T. R., Christopherson, C., & King, P. K. (1993). Impact Evaluation of FACTS & Feelings: A Home-Based Video Sex Education Curriculum. Family-Relations, 42(4), 392-400.  
Abstract: Families (n=548) with seventh- or eighth-grade adolescents were randomly assigned to receive videotape sex education curriculum including videos with mailed newsletters, videos without newsletters, or neither (control group). Found no significant effect of the program on key outcome variables of teenagers' sexual intentions or behaviors. (Author/NB) [By permission, ERIC Processing and Reference Facility, US Department of Education]
217. Moberg, D. P., & Piper, D. L. (1998). The Healthy for Life Project: Sexual risk behavior outcomes. AIDS Education and Prevention, 10(2), 128-148.  
Abstract: Examined middle school students' sexual-risk behavior, using data from the Healthy for Life project which was designed to positively affect students' health behaviors. Longitudinal data from self-report surveys of students in control, intervention, and intensive intervention programs indicated that the program was ineffective in reducing the rate of intercourse and increasing condom use among intervention versus control students (SM) ERIC abstract. Additional note: Blocked randomization was used to assign 21 schools to condition; students were followed from grade 6 to grade 10. Additional note and citation entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
218. Moberg, D. P., Piper, D. L., Wu, J., & Serlin, R. C. (1993). When Total Randomization Is Impossible: Nested Randomized Assignment. Evaluation-Review, 17(3), June, 271-291.  
Abstract: Describes the design of the evaluation of Healthy for Life (HFL), an adolescent health promotion project involving students in 21 middle schools in WI. Most of the interested schools could not accommodate the original evaluation design, ie, a blocked random assignment of schools to 1 of 3 conditions. A 2-step alternative procedure allowed schools to select 1 of 2 treatment conditions, with random assignment to the control condition from either treatment condition. It is concluded that this randomized control group design nested within 2 self-selected treatment opinions is a viable alternative to total randomization. 6 Tables, 2 Figures, 31 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
219. Moreno, R., & Mayer, R. E. (1999). Multimedia-supported metaphors for meaning making in Mathematics. Cognition & Instruction, 17(3), 215-248.  
Abstract: Two experiments examined the use of a number-line metaphor presented with interactive multimedia to help sixth graders with varying levels of mathematics achievement or spatial ability build connections between addition and subtraction of signed numbers and existing conceptual knowledge. Results indicated that use of multiple representations benefited students with high achievement/ability more than students with low achievement/ability. (Author/KB)
220. Morrow, L. M., Rand, M. K., & Young, J. Differences between social and literary behaviors of first, second, and third graders in social cooperative literacy settings. Education Resources Information Center (ERIC).  
Abstract: A study determined the impact of a literacy program including social cooperative literacy experiences on literacy achievement of first-, second-, and third-grade children. Treatment in the experimental groups, which consisted of 204 children from 3 first-, 3 second-, and 3 third-grade urban classrooms included designing classroom literacy centers, teacher-modeled literacy activities, and modeled cooperative strategies to use during periods of independent reading and writing. These periods

provided a setting for social cooperative literacy activities. The control group consisted of 70 children in one first, one second, and one third grade. Observational data were collected to determine the nature of the literacy and social activities that occurred. Results indicated that children in the experimental groups scored significantly better on tests of comprehension, story retelling and rewriting. Results also indicated differences between grades, with third graders doing significantly better than second graders, and second graders better than first. Observational data revealed literacy activities that occurred such as oral reading, silent reading, and writing. Social behaviors included peer tutoring, peer collaboration, and conflicts. Differences occurred between the grades in the amount of literacy activity and the ability to collaborate and cooperate, with the third graders involved in more literacy activities than the other two grades as well as more peer tutoring and collaboration. (Contains 30 references and 5 tables of data.) (Author/RS). ERIC abstract. Entered into C2-SPECTR on 12/5/03 by J. Lavenberg.

221. Morrow, L. M., & Weinstein, C. S. (1982). Increasing children's use of literature through program and physical design changes. The Elementary School Journal, 83(2), 131-137.
222. Moskowitz, J. M., Malvin, J., Schaeffer, G. A., & Schaps, E. (1983). Evaluation of a junior high school primary prevention program. Addictive Behaviors, 8, 393-401.
223. Moskowitz, J. M., Schaps, E., & Malvin J.H. (1982). Process and outcome evaluation in primary prevention: The Magic Circle Program. Evaluation Review, 6(6), 775-88.
224. Moskowitz, J. M., Schaps, E., Schaeffer, G. A., & Malvin, J. H. (1984). Evaluation of a substance abuse prevention program for junior high school students. The International Journal of the Addictions, 19(4), 419-30.
225. Moskowitz, J. M. (1984). The Effects of Drug Education at Follow-Up. Journal of Alcohol & Drug Education, 3, 45-49.  
Abstract: Presents a one-year follow-up of a drug education course for 500 junior high school students. Analyses of variance and covariance were performed on class-level data collected at follow-up. None of the short-term effects of the course sustained. (Jac) [By permission, ERIC Processing and Reference Facility, US Department of Education]
226. Moskowitz, J. M. (1984). An Experimental Evaluation of a Drug Education Course. Journal of Drug Education, 14, 9-22.  
Abstract: Evaluated a drug education course for 237 junior high school students which included decision-making skills, assertiveness training, and drug information and alternatives. Comparison of experimental and control groups showed the course had no significant effect on girls and only a few effects at follow-up for boys. (Jac) [By permission, ERIC Processing and Reference Facility, US Department of Education]
227. Mosteller, F. (1995). The Tennessee Study of Class Size in the Early School Grades. Future of Children, 5(2), 113-127.  
Abstract: Discusses research (tennessee study of class size) that determined the effects of smaller class size in the earliest grades on short- and long-term pupil performance. The 4-year study assessed the performance of over 6,500 students who attended k-3 classrooms having differing numbers of students and found evidence of short- and long-term benefits from smaller class sizes. (Gr) [By permission, ERIC Processing and Reference Facility, US Department of Education]
228. Murray, D. M., & Hannan, P. J. (1990). Planning for the Appropriate Analysis in School-Based Drug-Use Prevention Studies. Journal of Consulting & Clinical Psychology, 58(4), 458-68.  
Abstract: School-based drug-use prevention studies often apply interventions to entire schools. A major problem for these studies results from the intragroup dependence often seen when intact social groups are assigned to study conditions. Analysis of data from 2 such studies revealed intraclass correlation coefficients between 0.02 and 0.05 for common drug use measures. Because even such modest intragroup dependence can invalidate the traditional fixed-effects analyses, researchers should adopt alternative methods that acknowledge this dependence. These alternative methods are reviewed, and appropriate methods for computing sample size requirements are illustrated. Investigators should consider these analysis issues when planning future studies, because the number of schools required for an unbiased analysis may be substantially greater than for the traditional methods.

229. Murray, D. M., & Wolfinger, R. D. (1994). Analysis Issues in the Evaluation of Community Trials: Progress Toward Solutions in SAS/STAT Mixed. Journal of Community Psychology, 140-154.
230. Murray, D. M. (1994). Design and Analysis Issues in Community Trials. Evaluation Review, 18(4), 493-514. Abstract: This article presents a synopsis of each of seven presentations given at a conference on design and analysis in community trial studies. Papers identify problems with community trials and discuss strengths and weaknesses associated with design and analysis strategies. Areas of consensus are summarized. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]
231. Murray, D. M. (1998). Design and analysis of group-randomized trials (Monographs in epidemiology and biostatistics: Monographs in epidemiology and biostatistics No. v. 29). New York: Oxford University Press.
232. Murray, D. M., Perry, C. L., Griffin, G., Harty, K. C., Jacobs, D. R., Schmid, L., Daly, K., & Pallonen, U. (1992). Results from a statewide approach to adolescent tobacco use prevention. Preventive Medicine, 21, 449-472. Abstract: This article reports on a trial in which 48 middle schools in Minnesota were randomly assigned to one of three conditions: Minnesota Smoking Prevention Program, Smoke Free Generation program, or Minnesota Department of Education Guidelines.

233. Newman, J., Pradhan, M., Rawlings, L., Ridder, G., Coa, R., & Evia, J. (2002). WBER Review. Abstract: Submission, March 2002. (World Bank)

#### **Background and Study Objectives**

The authors of this report are respectively at: World Bank, Free University in Amsterdam and Cornell University, World Bank, University of South California, Universidad de Belo Horizonte, and Fundacion Milenium.

Bolivia's Social Investment Fund (SIF) created in 1991, focuses on developing social infrastructure in historically deprived areas. This is in contrast to employment generation projects that are driven by emergency or crisis.

Moreover, the SIF makes infrastructure investments at the community level instead of investments in the direct implementation of projects. The areas targeted for investment have been education, health, and water and sanitation.

The referenced report covers the different evaluation designs that were used in differing topic area to understand the effect of the SIF in two regions of Bolivia: Chaco and Resto Rural. In the synopsis that follows, we focus mainly on the place randomized trial. The referenced report is important in its attempt to integrate evaluation designs across three topic areas, and using different evaluation methods including the randomized trial.

#### **Intervention and Target Population**

In 1991, geographic targets for education assistance, under support of the German Institute for Reconstruction and Development, was Bolivia's Chaco region. More specifically, schools at certain levels of need for assistance were targeted, in different ways, for assistance.

The intervention under scrutiny consisted of (a) repairing or replacing entire school structures, (b) providing new equipment such as desks, textbooks, blackboards, playgrounds, (c) changing teacher/student ratios and textbook/student ratios.

#### **Evaluation Design**

The evaluation of the Bolivian SIF effects, in Chaco and Resto Rural regions on educational, health, and water and sanitation outcomes, is complex. One part of the study involves a place-randomized trial,

notably the education infrastructure intervention in Chaco. The SIF education initiative focused partly on schools in the Chaco region. The worst off schools were identified and provided with SIF assistance. The best off schools were identified and not provided with any special assistance. The schools at the margin were eligible for random assignment to SIF versus no SIF. Of 200 schools that were eligible for SIF, 86 were randomly assigned to SIF. The remaining schools served as controls. The design anticipated some noncompliance.

### **Variables Measured**

In the Chaco region trial, observations appear to have been made on changes to physical structures and replacement of schools, and school structure components such as bathrooms, and to the structure's contents, e.g., desks and textbooks. That is, measures of the program's implementation in the SIF group were made. Outcome variables included children's enrollment in succeeding grades, attendance levels, and academic achievement. Measures of eligibility of localities are presumably matter of record.

### **Theory**

The SIF intervention in Chaco focused on infrastructure: replacing or rebuilding school facilities, adding textbooks and desks, etc. The theory or logic of how these changes might affect outcomes such as dropout, attendance, enrollment, and attendance is not explicit.

### **Results**

The SIF education intervention was deployed, it appears from evidence in this report, in Chaco. No effect of the Chaco intervention on children's enrollment in school grades, attendance, or academic achievement was discernible. The report states that there was an effect on dropout rate, an effect that is unlikely to be attributable to chance (Table 2).

### **Other**

The evaluation was financially supported by development assistance agencies of Germany, Sweden, Denmark, Switzerland, and the World Bank Research Committee.

Synopsis by: Boruch, 6/20/03, No second reader or editing. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

234. Noyce, R. M., & Christie, J. F. (1983). Effects of an integrated approach to grammar instruction on third graders' reading and writing. The Elementary School Journal, 84(1), 63-70.  
Abstract: This article reflects a trial in which three classrooms were randomly assigned to one of three treatments: integrated sentence-modeling curriculum, writing sentence-modeling curriculum, or usual language arts curriculum. Brief summary created by J. Lavenberg and entered into C2-SPECTR on 9/16/03.
235. Ockene, I. S., Hebert, J. R., Ockene, J. K., Merriam, P. A., Hurley, T. G., & Saperia, G. M. (1996). Effect of training and a structured office practice on physician-delivered nutrition counseling: The Worcester-Area Trial for Counseling in Hyperlipidemia (WATCH). American Journal of Preventive Medicine, 12(4), 252-258.  
Abstract: brief summary to be added soon. 5/27/03.JGL
236. Olds, D. (1988). Common design and methodological problems encountered in evaluating family support service: Illustrations from the Prenatal/early Infancy project. H. B. Weiss, & F. H. Jacobs Evaluating family programs. New York: A. De Gruyter.

237. Pantin, H., Coatsworth, J. D., Feaster, D. J., Newman, F. L., Briones, E., Prado, G., Schwartz, S. J. , & Szapocznik, J. (2003). Familias Unidas: The efficacy of an intervention to promote parental investment in Hispanic immigrant families. Prevention Science, 4(3), 189-202.
238. Parker, S. W., & Teruel, G. M. (2002). Randomization and Social Program Evaluation: The Case of Progresa. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation .  
Abstract: This paper analyzes the development of Progresa (the Education, Health and Nutrition Program), a new Mexican anti-poverty program which conditions monetary transfers to human capital investment of its beneficiary families. The program is the principal anti-poverty strategy of the Mexican government, attends over 2.5 million families in rural areas and has begun operating in urban areas. It has received important international attention, serving as a model for a number of other countries in Latin American and the Caribbean who have developed similar programs. The program has also received attention because it was subject to a rigorous evaluation effort which included an experimental design where a subset of eligible communities were randomly assigned to a treatment or control group and household interviews were carried out both prior and after program implementation over a period of three years.
- In this paper, we begin by describing the rationale behind the development of Progresa, in particular, the rationale for conditioning monetary transfers to children's educational attendance and regular health clinic visits, as well as other innovative aspects of the Program (e.g. targeting mechanism, the fact that benefits are given directly to the woman head of the household). We then turn our attention to the evaluation effort, analyzing the randomized trial, the evaluation results which were obtained and the effect the evaluation results have had on the evolution of the Program (for instance, based on the evaluation results, the program has been extended to include education grants at the high school level and is currently being implemented in urban areas). Finally, we consider the limitations of the evaluation efforts and areas where more research should be focused, for instance whether the grant amounts represent the "correct" amounts (in terms of maximizing impact), the effect which sample attrition may have on the evaluation results, and whether the program should re-design its benefits for the context of urban areas.  
Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) sponsored by the Rockefeller Foundation.  
Entered into SPECTR: 12/24/02
239. Payment, P., Richardson, L., Seimiatycki, J., Dewar, R., Edwardes, M., & Franco, E. (1991). A randomized trial to evaluate the risk of gastrointestinal disease due to consumption of drinking water meeting current microbiological standards. American Journal of Public Health, 81(6), 703-708.  
Abstract: This article reports on a trial in which 600 households in suburban Montreal, Canada were randomly assigned to either receive a domestic water filter or continue with their usual tap water. The stated health end-point of interest was gastrointestinal symptomatology (nausea/vomiting/diarrhea accompanied by fever, cramps, muscular pain, cold or flu, sore throat, absence from work or school, visit to a doctor or hospitalization), as documented by a family health diary and recorded every two weeks by a nurse from the study staff. Water quality and consumption were assessed. The authors found that there was "a clear and significant excess of [highly credible gastrointestinal] symptoms among the tap water drinkers as compared with filtered water drinkers."  
Summarized and entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
240. Pentz, M. A. (1994). Adaptive evaluation strategies for estimating effects of community based drug abuse prevention programs. Journal of Community Psychology, (CSAP special issue), 5-25.
241. Pentz, M. A., Dwyer, J. H., MacKinnon, D. P., Flay, B. R., Hansen, W. B., Wang, E. Y. I., & Johnson, C. A. (1989). A multicommunity trial for primary prevention of adolescent drug abuse: Effects on drug use prevalence. Journal of the American Medical Association, 261 (22), 3259-66.
242. Pentz, M. A., MacKinnon, D. P., Flay, B. R., Hansen, W. B., Johnson, C. A., & Dwyer, J. H. (1989). Primary prevention of chronic diseases in adolescence: Effects of the Midwestern Prevention Project on tobacco use. American Journal of Epidemiology, 130(4), 713-24.
243. Perry, C., Parcel, G. S., Stone, E., Nader, P., McKinlay, S. M., Leupker, R. V., & Webber, L. S. (1992). The Child

and Adolescent Trial for Cardiovascular Health (CATCH): An Overview of Intervention Program and Evaluation Methods. Cardiovascular Risk Factors, 2(1), 36-43.

244. Peterson, P. L., Hawkins, J. D., & Catalano, R. F. (1991). Evaluating Comprehensive Community Drug Risk Reduction: A Design Conference (Report of the Conference). Seattle, WA: University of Washington, School of Social Work.
245. Peterson, P. L., Hawkins, J. D., & Catalano, R. F. (1992). Evaluating Comprehensive Community Drug Risk Reduction Interventions: Design Challenges and Recommendations. Evaluation Review, 16(6), 579-602. Abstract: A summary of recommendations for a feasible & rigorous design that were formulated by a 1991 conference on the evaluation of comprehensive community interventions. A comprehensive drug risk reduction strategy, Communities That Care, is described as a model intervention. Conference participants recommended a multisite experimental trial of matched community pairs randomized into intervention & comparison conditions. In this design, randomization occurs at the community level. The implications of this design for community selection, sample size, & power are discussed. 1 Table, 1 Appendix, 24 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
246. Piper, D. L., Moberg, D. P., & King, M. J. (2000). The Healthy for Life project: Behavioral outcomes. The Journal of Primary Prevention, 21(1), 47-73. Abstract: to be added soon.5/25/03.JGL
247. Poduska, J., Kellam, S., Brown, C. H., & Ialongo, N. (2003). Effects of a first grade classroom behavior universal intervention on the academic achievement and cumulative use of services by young adulthood. 11<sup>th</sup> Annual Meeting of the Society for Research Prevention . Abstract: This proposal is for a paper to be delivered in a symposium on the developmental course and prevention of psychopathology and academic failure, and the use of services from first grade through age 19-21 in an epidemiologically defined population in Baltimore public schools (N=2311). This paper is concerned with variation in the impact of a universal preventive intervention directed at first grade teacher's classroom behavior management on academic achievement and the cumulative need for and use of educational, mental, and behavioral services by young adulthood. Consisting of two consecutive cohorts of first graders, this population participated in a field trial of two separate classroom-based universal preventive interventions in a parallel, randomized design. The trial was carried out in 40 first grade classrooms in 18 elementary schools. Schools were matched and randomly assigned to one of the two interventions, or to a matched control school. Within schools, classrooms and teachers were randomly assigned to the intervention or to a standard program classroom, while children were balanced across classrooms. The interventions extended from fall of 1st through 2nd grades. The intervention results examined in this symposium are from the Good Behavior Game (GBG). Based on life course/social field theory which emphasizes the mastery of the social task demands in each main social field at each stage of life, GBG was directed at improving first grade teacher's classroom behavior management, socializing children to be students, and reducing aggressive, disruptive behavior, a frequently confirmed antecedent of later problem behavioral outcomes. This paper, like the others in this symposium, is focused on the developmental trajectories of children in the standard classrooms and in the GBG classrooms. We hypothesize that failure to master the role of student not only leads to more problem outcomes, but more need for and use of services. In contrast, children from the GBG classrooms should have better academic achievement, fewer problems and have less need and use of services. This hypothesis is based on findings reported earlier from the Baltimore prevention trials and in the other papers in this symposium that the GBG reduced aggression and improved reading achievement from 1st to 7th grade, and reduced illicit drug use and ASPD by young adulthood. We also report here how the need for and use of services are influenced by covariates such as poor achievement, poor concentration, and shy behavior. Gender differences will be a particular focus in these analyses. Theoretical and practical implications will be discussed. Entered into C2-SPECTR on 6/23/03 by J. Lavenberg.
248. Porter, A. C. (2002). Randomized Field Trial to Test the Effects on Instructional Practices of a Mathematics/Science Professional Development Program for Teachers. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation . Abstract: The professional development model was designed for and is being tested

in middle schools in large urban districts in the United States. Across the five districts, approximately 40 middle schools were recruited to participate, with half randomly assigned to receive the treatment. Control schools will receive the treatment following the collection of dependent variable data. Each school forms a mathematics/science leadership team, consisting of five to seven members, at least one of whom is an administrator. Professional development is provided to leadership teams in district-level workshops. Leadership teams work with all math and science teachers in the school. Treatment extends over a two-year period. The core idea is to provide teachers with data on their instructional practices and student achievement and to teach the teachers how to use that data to improve their effectiveness. The paper will document the successes and failures of implementing the treatment, collecting baseline and outcome data, and documenting levels of implementation. At this point, the treatment is not yet complete, and so results of the study are not available.

Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.

Entered into SPECTR: 12/24/02

249. Rabb, G. (1999). Defining Outcomes in a Trial of School-Based Sex Education. Conference on Evidence-Based Policy Durham, England: University of Durham.  
Abstract: The SHARE study of school based sex education is a cluster randomised trial being carried out in 24 secondary schools in the East of Scotland. The outcome we would like to measure, in an all seeing world, is the extent to which the young people in the trial approach their sexual relations with confidence, avoid outcomes such as terminations of pregnancies, and do not feel that they are regretful about their sexual experiences. The baseline data that we have already collected makes it clear that many young people do regret their early sexual experiences. However, all of these outcomes have problems. For some (eg terminations) we will have to wait an unacceptably long time after the start of the study before any results are available. For others, there are problems of reporting bias, in that sex education may influence the way young people report their sexual experiences rather than the experiences themselves. Another problem is the difficulties we anticipate, and are already experiencing to some extent in maintaining contact with young people at an age where they may be very mobile. This talk will discuss some results of the baseline data from this study, and will discuss the outcome measures that we plan to use.
250. Randolph, F., Blasinsky, M., Leginski, W., Parker, L. B., & Goldman, H. H. (1997). Creating Integrated Service Systems for Homeless Persons With Mental Illness: the Access Program. Access to Community Care and Effective Services and Supports. Psychiatric Services, 48(3), 369-73.  
Abstract: The Access to Community Care and Effective Services and Supports (ACCESS) demonstration program was initiated in 1993 by the U.S. Department of Health and Human Services as part of a national agenda to end homelessness among persons with serious mental illness. Demonstration projects have been established in nine states to develop integrated systems of care for this population. This paper provides an overview of the ACCESS program and presents definitions of services integration and systems integration. Evaluating the effectiveness of integration strategies is a critical aspect of the program. The authors describe the evaluation design and the integration strategies being evaluated and summarize findings from a formative evaluation of the project's first two years. The evaluation revealed several problems that were addressed by providing technical assistance to the states. States were helped to articulate a broader mission of addressing system-level barriers, develop an expanded plan, strengthen the authority of interagency councils, involve leaders at the state and agency levels, and develop joint funding strategies.
251. Reddy, S. K., & Murthy, D. R. (1973). Impact of functional literacy on agricultural development. Indian Journal of Social Work, 23, 297-304.  
Abstract: This randomized trial using villages as units is summarized in: Freeman, H.E., Rossi, P.H. and Wright, S. (1979). Evaluating Social Projects in Developing Countries. Paris: OECD, pp. 33-34. This can be classified as a cluster randomized trial or place randomized trial. This trial involves testing the link between functional literacy and economic productivity in an Indian experiment.

The complete text of the Freeman, Rossi, and Wright description is as follows:

Measures to eradicate illiteracy are being undertaken by developing countries in two ways. One is compulsory education for children and the other is the eradication of illiteracy among adults. The latter programmes often involve the introduction of evening classes for adults on a mass scale. Results have not

been encouraging, however. Therefore, adult educators have been stressing that literacy should be wedded actively to the economic life of the people. In other words, that acquired literacy should lead to economic productivity. The Indian study reported by Reddy and Murthy compared two groups of farmers one trained in a functional literacy project and the other not exposed to the project. Three of some 27 villages in which the literacy project was undertaken were selected as experimental communities by random sampling. Three control villages from communities that mirrored the experimental ones were similarly selected. From the experimental villages, 60 newly literate farmers were selected as the study group. They were compared with 60 illiterate farmers from control villages.

The outcome variables were a wide variety of production measures of various food and cash crops, and comparisons of practices on the use of such agriculturally-related procedures as fertilization and plant protection. Data were collected by structured interviews. Comparisons were made between the group of farmers who had become functionally literate and those that had not had an opportunity to become so. The differences between the two groups were found to be statistically significant. For example, of the 60 functional literates, more than 60% had knowledge about the major elements required for crop growth, whereas among the illiterate farmers, only 23% had knowledge about nitrogen, and none knew of potassium as an essential element. As another illustration, 73% of the literate farmers were aware of soil testing as compared with only 11 percent of the illiterates. Similar differences occurred with respect to actual farming practices. For example, almost one-half of the functional literates had tried high yielding varieties of paddy, compared with only one-quarter of the illiterates. Significant differences were found with respect to other crops, including wheat and ground nut.

It should be pointed out that this study used a very simple design and statistics. The data are presented in terms of percentage differences and a chi-square test was used to measure statistical significance.

Entered into SPECTR: 1/26/03.

252. Reichardt, C. S., & Rindskopf, D. M. (1978). Randomization and Educational Evaluation: The ESAA Evaluation. *Journal of Educational Statistics*, 3(1), 61-68.  
Abstract: Commentary is presented on the evaluation of the emergency school aid act and on an article detailing that evaluation (tm 503 672). The use of randomization and pilot studies is emphasized. (J ks) [By permission, ERIC Processing and Reference Facility, US Department of Education] EJ [ERIC]
253. Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and immediate impacts of a preventive intervention for conduct problems. *American Journal of Community Psychology*, 27, 483-517.
254. Reynolds, S. B., & Hart, J. (1990). Cognitive mapping and word processing: Aids to story revision. *Journal of Experimental Education*, 58(4), 273-282.
255. Riccio, J. (1998). A Research Framework for Evaluating Jobs-Plus: A Saturation and Place-Based Employment Initiative for Public Housing Residents(Working Paper). New York: Manpower Demonstration Research Corporation.  
Abstract: **Background and Study Objectives**  
This and other reports focus on Jobs-Plus, a demonstration program designed to enhance employment, earnings, and self-sufficiency in complete housing developments. The studies aim to estimate relative effects of Jobs-Plus on adults, children, and youth, and to document the extent to which Jobs-Plus was implemented and how it was implemented in seven cities.

### **Intervention and Target Population**

Jobs-Plus is a saturation employment initiative directed toward people who live in public housing developments. The three main activities involve (a) implementing best practices in employment and training through the development, (b) providing financial incentives to work, including waivers from income based residence rules, and (c) community supports for work.

The individual level targets are people living in each housing development, especially adults. Children in the sites are also part of the target population. The organizations within development, such as renters coalitions, are part of the target. At the highest level of aggregation, the entire housing development and everyone and all organizations in it is the target.

The interventions have been deployed in Baltimore, Chattanooga, Cleveland, Dayton, Los

Angeles, Seattle, and St. Paul. Not all sites are included in all analyses.

### **Evaluation Design**

Estimates of Jobs-Plus' relative effect are based on a randomized trial design. Within each of the seven cities, in the trial, housing developments are matched then randomly assigned to Jobs-Plus and a control condition. This randomized design is coupled to a time series analysis of data from both Jobs-Plus and control sites.

### **Variables Measured**

The main economic outcomes include employment, earnings, and welfare receipt. Data come from Unemployment Insurance (UI) records on earnings from over 28 quarters.

Outcomes data collected for children concern health insurance, extracurricular activities, suspensions and expulsions from school, and involvement with police such as arrest. Both positive and negative outcome, measurable before and after Jobs-Plus, was deployed in each site.

### **Results**

The study is underway.

Author/Editor: Boruch/No Editor, 10/18/01, Draft

256. Riccio, J. A. (1999). Mobilizing Public Hearing Committees for Work: Origins and Early Accomplishments of the Job Plus Demonstration. New York: Manpower Demonstration Research Corporation.
257. Riecken, H. W., & Boruch, R. F. (1974). Social experimentation: a method for planning and evaluating social intervention. New York: Academic Press.  
Abstract: The book's appendix includes uniform abstracts on randomized trials, including some cluster/group/place-randomised trials. These abstracts are included in C2-SPECTR.
258. Ripley, W. K. (1985). Medium of presentation: Does it make a difference in the reception of evaluation information? Educational Evaluation and Policy Analysis, 7(4), 417-425.  
Abstract: A communication theory paradigm typically is used to investigate the relationship between evaluation information and utilization: "Who says what, how, to whom, with what effects?" This study investigates the "how," or medium of presentation, aspect of the paradigm. (Author/LMO). ERIC abstract.
259. Roberston, E., Spoth, R., & Gyll, M. (2003). Risk moderation of program effectiveness for family-focused universal preventive interventions: Illustrative findings. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: The goal of diffusion of empirically supported, family-focused preventive interventions designed for general populations is to produce broad positive public health impacts. A critical issue for the widespread implementation of a preventive intervention is whether or not its overall benefits mask a failure to promote positive outcomes among higher-risk subgroups. This paper reviews findings from a number of investigations of the risk moderation hypothesis that are based on longitudinal data from large-scale, randomized-controlled intervention trials focusing on the prevention of adolescent substance use and conduct problems. This research examined several multi-session interventions that varied with respect to primary focus: parents, children, or both. These investigations yielded little evidence that family risk moderated intervention effectiveness. Rather the interventions tended to produce roughly equivalent benefits to higher- and lower-risk families on outcomes such as parenting behaviors, child peer resistance, and child substance use. Although a subset of analyses did yield results consistent with the risk moderation hypothesis, these findings were few and mixed, indicating more favorable intervention effects among different risk subgroups. Findings of one study illustrate these findings. The study included 428 families associated with 22 schools; the latter were randomly assigned either to a parent-focused intervention or a control condition. Family risk was quantified by a cumulative risk index, including single parenthood, poverty, low parental education, financial strain, and emotional distress and behavioral problems. Multi-level ANCOVAs tested the interaction of family risk with the intervention to alter targeted parenting and child refusal skills outcomes. Analyses indicated favorable intervention main effects on both outcome variables,  $F_s = 3.37$ , but no moderation of these effects by family risk,  $F_s = .22$ . Similar patterns of results largely characterized the other investigations. These findings encourage the

diffusion of preventive interventions, insomuch as they do not indicate that intervention effectiveness is strongly moderated by family risk. However, the paucity of applicable research highlights the need for additional investigation. This paper concludes with a discussion of several relevant issues, including characteristics of the intervention, measurement of family risk, choice of intervention outcome variable, and the analytic approach. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

260. Robertson, E., Greenberg, M., Kam, C.-M., & Kusche, C. (2003). Who is likely to be impacted by universal intervention: Findings from the PATHS curriculum. 11th Annual Meeting of the Society for Prevention Research.  
Abstract: In this presentation, we examine the differential effects of an elementary-school based classroom prevention model on children beginning with higher or lower risk for behavioral and emotional problems. This study examines the longer-term effects of the PATHS (Providing Alternative Thinking Strategies) Curriculum contrasting children who were vs. were not already showing emotional and behavioral problems at the beginning of the project. The curriculum utilized in these trials is the PATHS (Providing Alternative Thinking Strategies) Curriculum, which focuses on increasing children's self-control, emotional awareness, and social problem solving skills in order to build social competence and reduce behavioral and emotional problems. The participants of the study included 94 children who were in self-contained special education classrooms children with learning and/or emotional and behavioral difficulties and 236 children in regular education classrooms in grade 2 and 3. The study was a randomized trial in which classrooms were randomized. The special needs children were primarily classified as learning disabled, showing mild mental delays, severe behavior disorders. There was considerable heterogeneity with regard to social class and ethnicity. Children were pre-tested in the spring prior to intervention and then assessed at the end of intervention and one and two years later. Findings indicated that more significant effects on externalizing problems by teacher report and depressive symptoms by child report were found for children who began with higher rates of early problem behavior. Discussion will focus on both methodological, conceptual, and intervention delivery issues that may influence how child risk may interact with intervention impact in determining outcomes. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.
261. Rosenbaum, D. P., Ringwalt, C., Curtin, T. R., Wilkinson, D., Davis, B., & Taranowski, C. (1991). Second Year Evaluation of D.A.R.E. in Illinois. Chicago, Illinois: University of Illinois at Chicago.
262. Rosenbaum, D. P., Flewelling, R. L., Bailey, S. L., Ringwalt, C. L., & Wilkinson, D. L. (1994). Cops in the Classroom: a Longitudinal Evaluation of Drug Abuse Resistance Education (DARE). Journal of Research in Crime & Delinquency, 31(1), 3-31.  
Abstract: Employing specially trained police officers in the classroom, Project DARE (Drug Abuse Resistance Education) has become the most popular & prevalent drug education program in the US. Here, reported are results of a longitudinal randomized experiment of the effects of DARE on the attitudes, beliefs, & drug use behaviors of 1,584 students in the year following exposure to the program. Findings indicate that DARE had no statistically significant main effects on drug use behaviors & had few effects on attitudes or beliefs about drugs. However, significant interactions between DARE & other factors (eg, metropolitan status) suggest that some program effects varied across subgroups of the target population. This research provides a test of the comprehensive model of school-based prevention & helps to identify possible differential effects of this drug education initiative. 7 Tables, 72 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
263. Rosenbaum, D. P., & Hanson, G. S. (1998). Assessing the Effects of School-Based Drug Education: a Six-Year Multilevel Analysis of Project DARE. Journal of Research in Crime & Delinquency, 35(4), 381-412.  
Abstract: A randomized longitudinal field experiment was conducted to estimate the short- & long-term effects of the Drug Abuse Resistance Education (DARE) program on students' attitudes, beliefs, social skills, & drug use behaviors. US students from urban, suburban, & rural schools (N = 1,798) were followed over grades 6-12, with surveys administered each year. Teachers were also surveyed annually to measure students' cumulative exposure to supplemental (post-DARE) drug education. Multilevel analyses (random-effects ordinal regression) were conducted on seven waves of posttreatment data. Results indicate that DARE had no long-term effects on a wide range of drug use measures, nor did it show a lasting impact on hypothesized mediating variables, with one exception: previously documented short-term effects had dissipated by the conclusion of the study. Some DARE-by-community interactions were

observed: urban & rural students showed some benefits, whereas suburban students experienced small but significant increases in drug use after participation in DARE. 8 Tables, 1 Figure, 60 References. Adapted from the source document [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]

264. Rost, K., Nutting, P., Smith, J. L., Elliott, C. E., & Dickinson, M. (2002). Managing depression as a chronic disease: A randomised trial of ongoing treatment in primary care. British Medical Journal, *325*(7370), 934.  
Abstract: This article reports on a trial in which 12 medical practices in the United States (8 metropolitan, 4 non-metropolitan) were randomly assigned to enhanced or usual care for the treatment of patients with depression. Enhanced care consisted of brief training of physicians, nurses, and office staff prior to enrollment of patients, telephone interventions by nurse care managers in which the nurse monitored the patient's depressive symptoms during the intervention period, and monthly summaries of patient symptoms and current treatment status provided to the physicians during the intervention period. Usual care practices did not have nurse care managers following depressed patients and did not have a method of systematically informing the physician regarding the status of depressed patients. Main outcome measures were use of antidepressants, use of counselling services, remission, emotional and physical functioning. Summary created and entered into C2-SPECTR on 5/23/03 by J. Lavenberg.
265. Rotheram-Borus, M. J., Song, J., Gwadz, M., Lee, M., Van Rossem, R., & Koopman, C. (2003). Reductions in HIV risk among runaway youth. Prevention Science, *4*(3), 173-188.
266. Rowland, D., DiGuiseppi, C., Roberts, I., Curtis, K., Roberts, H., Ginnelly, L., Sculpher, M., & Wade, A. (2002). Prevalence of working smoke alarms in local authority inner city housing: randomised controlled trial. British Medical Journal, *325*, 998-1001.  
Abstract: This article reports on a trial in which 2145 inner city households in London, were randomly assigned to receive one of five types of smoke alarms (ionisation sensor with a zinc battery, ionisation sensor with a zinc battery and pause button, ionisation sensor with lithium battery and pause button, optical sensor with a lithium battery, or optical sensor with zinc battery). The main outcome measure was number of homes with any working alarm and number of homes in which the alarm installed for the study was working 15 months after installation. Smoke alarms using an ionisation sensor and a 10 year lithium battery were most likely to remain working 15 months after installation. Location of trial: England. Summary created by J. Lavenberg and entered into C2-SPECTR 5/13/03.
267. Safyer, A., Randolph, K., Maguin, E., Nochajski, T., Dewit, D., & Macdonald, S. (2003). Factors related to attendance in family-based prevention programs. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: Purpose: Participant retention is an ongoing concern in family-based prevention programs. High dropout rates compromise the validity of the findings. In the present study, demographics and parent characteristics related to attendance are explored.  
Methods: Data are gathered from a NIAAA funded (R01 AA11647-03) bi-national (United States and Canada) family-based alcohol prevention intervention program (Strengthening Families Program). Families with at least one child between the ages of 9-12 and with one parent with an alcoholic problem are eligible to participate. Families are randomly assigned to a 14-week skill based program (intervention) or minimal contact (control) group. Treatment families are offered transportation and provided day care. Measures consist of family attendance records and parent pre-test measures including alcohol use, family functioning, service receipt, and child behavior problems.  
Results: Of the initial 95 United States families recruited into the treatment program, 63 (66.3%) began the intervention and 32 families (33.7%) dropped out after the pre-test. Bivariate analyses showed that parents with lower levels of education  $\chi^2=10.32$ ,  $p=.04$ , income below the poverty line  $\chi^2=3.17$ ,  $p=.08$ , or who were not of European-American descent  $\chi^2=3.38$ ,  $p=.07$ , were less likely to attend the intervention. A logistic regression found a significant interaction between European-American descent and child behavior problems,  $Wald=6.94$ ,  $p=.008$ . Among European-American families with children one SD higher than the mean on behavioral problems, there was a 57% greater chance of non-attendance than for children with a mean level of problems. However, among non-European-American families, parents with children one SD higher than the mean level of behavioral problems were 2.22 times more likely to attend than parents whose children had a mean level of problems.  
Discussion: Findings comport with previous reports which suggest that demographic characteristics often

linked with at risk children are also associated with lower program participation. For example, parents with higher levels of educational achievement may be more likely to view the program information to be meaningful. Furthermore, it appears that parents' perceptions about their children's risk levels may be a motivating factor associated with program attendance within specific population groups. European-American parent non-attendees may believe that participating in such programs is not worthwhile because of the perceived severity of their children's behavior problems. These hypotheses will be explored with larger samples and bi-national comparisons at the time of the conference. The implications of these findings for increasing program attendance will also be presented.

Entered into C2-SPECTR on 6/25/03 by J. Lavenberg.

268. Schaps, E., Moskowitz, J. M., Condon, J. W., & Malvin, J. (1984). A process and outcome evaluation of an affective teacher training primary prevention program. *Journal of Alcohol and Drug Education*, 29, 35-64.
269. Schaps, E., Moskowitz, J. M., Condon, J. W., & Malvin, J. H. (1982). Process and Outcome Evaluation of a Drug Education Course. *Journal-of-Drug-Education*, 12(4), 353-364.  
Abstract: Anonymous questionnaire evaluation of a drug education course for seventh & eighth graders showed that Rs (N = almost 200 students) (1) learned to better understand human motives, (2) developed systematic decision-making procedures, & (3) gained information about licit & illicit drug use. The course focused primarily on "gateway" drugs-tobacco, alcohol, & marijuana. The evaluation involved random assignment from 9 matched pairs of social studies classes to experimental & control conditions. Pre- & posttests covered (A) drug knowledge; (B) general attitudes toward drugs; (C) perceived benefits & costs of substance use; (D) perceived peer attitudes toward, & use of, various substances; & (E) intentions to use, current use, & lifetime use of various substances. Class-level univariate analyses of variance & covariance showed that the course had significantly greater effects on grade 7 Fs than grade 7 Ms & grade 8 Ms or Fs. 3 Tables, 9 References. Modified HA [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]
270. Schoenbaum, M., Unutzer, J., Sherbourne, C., Duan, N., Rubenstein, L. V., Miranda, J., Meredith, L. S., Carnery, M. F., & Wells, K. (2001). Cost-effectiveness of practice-initiated quality improvement for depression. *JAMA*, 286(11), 1325-1330.  
Abstract: 46 primary care clinics in 6 community-based managed care organizations were involved in a group-level randomized trial to determine the cost effectiveness of two interventions to improve treatment of depression. The clinics were located in geographically and socio-economically diverse communities. The research team randomly assigned the clinics to conduct depression care as they usually would or to participate in one of two interventions, which offered training to clinicians, patients, and nurses, and resources to obtain effective medication or psychotherapy for depression. Outcome measures that were used include total health care costs, costs per quality-adjusted life-year (QALY), days with depression burden, and employment over 24 months.  
Entered into SPECTR: 1/29/03.
271. Schultz, S. E. (1999). To Group or Not to Group: Effects of Group Interaction on Students' Declarative and Procedural Knowledge in Science. Unpublished doctoral dissertation, Stanford University, School of Education.  
Abstract: **Purpose:** This study investigated the effect of two instructional treatments, groupwork using Complex Instruction and individual inquiry, on students' individual science achievement. Science achievement was conceived to include both declarative and procedural knowledge. Declarative knowledge pertains to both the quantity of knowledge (facts, concepts, or principles) and the structure or interrelatedness of that knowledge. Procedural knowledge focuses on actions and skills. This study also investigated whether the assessments (multiple-choice, concept-map, and performance) measured the same or somewhat different aspects of knowledge based on student performance.

**Theoretical Framework:** Science educators are faced with the challenge of providing all students access to a quality science education with the ultimate goal that each will achieve scientific literacy (National Research Council, 1996). While no one would argue with the importance of the preceding statement, unfortunately, the problem is viewed as two separate entities: one focused on the issue of students' access to science learning and the other concentrating on students acquiring a meaningful understanding of science.

I argue that these two issues discussed by policy makers and science educators as separate entities are in fact intertwined in the classroom. I view access for opportunities to learn science and deep conceptual understanding of science as equal parts of an equation necessary for improving science education in this country. To give one component of the equation more emphasis results in perpetuating the current problems of the other. For example, emphasizing deep conceptual understanding in the classroom is more efficient if students have similar skills and ability levels and typically, the consequence has been to track students. Tracking reduces some students' access to learning science. Thus the challenge is to identify a mechanism for providing all students with access to science learning and to ensure that students are able to apply their knowledge to solve problems and to become scientifically informed decision-makers.

Cooperative learning is one strategy recommended for addressing issues of both student access (equity and diversity) (Sharan, 1985; Slavin, 1983) and promoting conceptual learning and problem-solving (Cohen & Lotan 1997; Johnson & Johnson, 1992). Cooperative learning groups provide fertile ground for students to actively construct personal knowledge through discussions and arguments with other students. Such interpersonal exchanges promote the use of higher-order thinking strategies, higher levels of reasoning, and metacognitive strategies (Johnson, Johnson, & Holubec, 1996).

A model of groupwork, Complex Instruction (Cohen & Lotan, 1997), addresses the challenge of teaching subject matter with a focus on conceptual understanding to students with diverse academic skills. This groupwork strategy provides students with opportunities to develop a complex understanding of science through the use of open-ended, uncertain tasks that focus on content and require group interdependence. Strategies to help equalize rates of interactive participation among students and ensure that all students have access to learning is another essential feature of Complex Instruction. Complex Instruction's theoretical base is strongly influenced by two sociological frameworks: organizational theory and expectation states theory.

The principles of organizational theory provide a framework for understanding the relationships between student interaction, the nature or structure of a group task, and academic achievement (Cohen, Lotan, & Leechor, 1989). Within organizations, open-ended tasks require greater lateral communication between workers that results in greater productivity. Lateral communication helps workers cope with uncertainty (Perrow, 1967), increases the amount of information processed (Galbraith, 1973), and fosters high-level problem solving skills (March & Simon, 1958). Similarly, within classrooms, open-ended, uncertain group tasks require students to talk and work together and result in higher levels of learning than when typical convergent tasks are used (Cohen & Lotan, 1997).

Another key principle of organizational theory is that when managers delegate authority, they provide opportunities for increased lateral communication between workers with the ultimate goal of increasing productivity. Likewise, when teachers delegate authority through the use of cooperative norms and roles, students must rely on their peers to make decisions and this reliance increases student-student interaction. The increased student-student interaction is the component of groupwork that has been linked with higher learning gains (Cohen & Lotan, 1997).

Complex Instruction also incorporates knowledge of status characteristics and expectation states theory to provide teachers with strategies to help equalize rates of interactive participation among students. According to expectation states theory, an individual's participation and influence in a group is partly determined by his or her status (Berger, Cohen, & Zelditch, 1966). The most common examples of status that may be exhibited within classrooms are academic ability, popularity, gender, ethnicity, and social class. Students who have relatively high status in a group talk a great deal, and their ideas usually dominate the group's decision-making process. Students with high status expect and are expected by their peers to excel at the group task. In contrast, students with low status have limited access to group materials, talk less, and their ideas are not usually acted upon by the group. Students with low status expect and are expected by their peers to be unsuccessful at the group task. In general, they talk less than their high status counterparts and they learn less (Cohen, 1984; Cohen & Lotan, 1997, chap. 5 and 6).

In summary, there is good reason to expect that groupwork provides an interactive environment that enables students to experience science and to acquire a more complex understanding of science. Unfortunately, there is a lack of empirical evidence comparing students' science achievement after

completing instructional activities in small groups or individually. To address this issue, this study experimentally tested the effect of two instructional treatments, cooperative learning following the Complex Instruction model and individual inquiry, on students' individual science achievement.

Traditionally, many science educators have focused on the acquisition of factual and conceptual information as an indication of what students know. However, science achievement is more than knowing facts. It involves understanding the relationships between concepts (structural knowledge) as well as using skills to perform investigations (procedural knowledge), and applying information to solve scientific problems (strategic knowledge; Shavelson & Ruiz-Primo, in press). Consequently, any assessment of students' achievement in science should include a variety of tests, for example, assessing content knowledge by objective tests, measuring structural knowledge using concept mapping, and demonstrating procedural knowledge using performance assessment. In this study, science achievement was conceived to include both declarative and procedural knowledge. A multiple-choice test was designed to measure the quantity of students' declarative knowledge on the topic of ecology. A concept-map test measured the structure of students' declarative knowledge. A performance assessment measured students' ability to design and conduct an experiment. This study also investigated whether these three tests measured the same or somewhat different aspects of knowledge based on student performance.

**Design:** To test whether students who interacted in small groups differed in science achievement from students who worked alone, data were collected in a nested randomized experiment. Students' scores on the Comprehensive Test of Basic Skills (CTBS), a standardized measure of reading ability, were used to identify the distribution of reading levels and to stratify students into one of four categories: (1) above grade level (greater than sixth grade reading level), (2) at grade level (between fourth and sixth grade reading level), (3) below grade level (less than fourth grade reading level) and (4) no available CTBS scores. Students within each category were randomly assigned to one of four classes. Each class was randomly assigned to one of the two treatment conditions. Students completed identical instructional activities, either working alone (individual condition) or in small groups (group condition). Four participating teachers were randomly assigned to each of the two treatment conditions such that two teachers were nested within each condition. The partially nested, mixed (treatment x teacher:treatment x assessment) design had three repeated measures on assessment type: multiple-choice, performance, and concept map.

**Methods:** The study was conducted over a three week period, during the spring semester of the 1997-1998 academic year, at an untracked, ethnically diverse, rural elementary school in the Central Valley of California. Sixth grade students (N=128) and teachers (N=4) from one school participated in the study. Students in the study reflected an ethnically diverse population: 46% Hispanic, 40% White, 6% African American, 3% Native American, 3% Asian American, and 2% Pacific Islanders. Students' CTBS reading scores indicated that 41% were below grade level, 27% were at grade level, and 16% were above grade level. No reading scores were available for 16% of the students.

Students were taught to use the groupwork model and had completed four Complex Instruction curriculum units, representing approximately 16% of the instructional time, prior to the study. In other words, the study began after students had learned strategies for productive groupwork and had some experience in completing open-ended group tasks.

Teachers were selected based on the following criteria: 1) effective classroom management skills to maintain control over the learning environment; 2) solid science content knowledge to understand the curriculum and to facilitate students' conceptual understanding; and 3) successful prior implementation of Complex Instruction.

The teachers and researcher developed a three week plan for teaching the Ecology unit from the Human Biology Middle Grades Life Science Curriculum (Everyday Learning, 1998). The curriculum was developed by professors, science educators, and secondary school teachers working on a grant through Stanford University and was designed to integrate natural, behavioral, and health sciences so that students learn scientific content and processes that they can then apply in real-life contexts. The Ecology unit used Complex Instruction groupwork activities to answer the question: How do human activities impact the environment? As they rotated through a set of activities students were exposed to the causes and consequences of air pollution, two types of water pollution, destruction of the rainforest, and waste

disposal. In a number of activities, students were required to design and conduct an experiment to understand the problem before making recommendations to reduce environmental impacts.

Treatment implementation data were collected using two instruments developed by the Program for Complex Instruction: Teacher Observation Form and Whole Class Observation Form. The Teacher Observation Form was used to compare the rates and types of teacher talk during the orientation and wrap up portions of every lesson implemented in all classes. The Whole Class Observation Form was used to capture the behavior of each group member while students were involved in their activities at the learning centers (groups).

Three tests were used to measure different aspects of students' science achievement: multiple-choice, concept map, and performance. A 40-item multiple-choice test was constructed using input from the teachers and included all the key concepts from the Ecology unit. It was intended to measure the "amount" of declarative (factual and conceptual) knowledge. The internal consistency coefficient ( $\alpha$ ) for total (maximum 40) posttest scores was .84.

A concept map is a network consisting of nodes (concepts) and labeled lines that describe the relationship between a pair of concepts. Together, two concepts and the labeled line that connects them, represent a unit of knowledge, or proposition. An analysis of the quality of the propositions provides information on the structure of a student's declarative knowledge of the content domain (e.g., ecology). The "Ecology" unit was used as the domain for sampling the concepts used in the study. Teachers and the researcher used the same concepts from the multiple-choice test and created a "criterion map" that served as a model against which to compare and score students' maps (see Ruiz-Primo, Schultz, & Shavelson, 1996). Students' concept maps were scored by matching each proposition from the student's map with the corresponding proposition on a scoring rubric based on the expert map. A 5-point scoring rubric ranging from incorrect to excellent was applied to each proposition. A random sample of 42 of the 128 students' concept maps was scored by two raters, with interrater reliability of .98.

The performance assessment was a comparative laboratory investigation called "Paper Towels" (Shavelson, Baxter, & Pine, 1991). This assessment was intended to measure students' procedural knowledge -- the ability to design and investigate which of three types of paper towels holds the most and least water. The scoring system, based on a 12 point scale, focused on the procedures students used to solve the problem as well as the accuracy of the solutions and reflects an overall evaluation of their ability to conduct an investigation. A random sample of 42 of the 128 students' notebooks was scored by two raters; interrater reliability was .97.

**Results:** In order to compare students' test results between the two treatment conditions at the conclusion of instruction, even in a randomized experiment, it was imperative to establish that students did not differ significantly in their reading ability or in their previous knowledge of the topic of instruction, ecology. The results indicated that there were no statistically significant differences in students' mean CTBS reading scores or multiple-choice pretest scores among either the classes or treatment conditions.

Furthermore, the multiple-choice pretest scores provided baseline data on students' prior knowledge of ecology. Since the multiple-choice pretest scores were equivalent by class and treatment prior to instruction, differences in students' mean scores on the end of unit tests would indicate whether the treatment conditions had a differential effect on students' achievement in Ecology.

It was also important to ensure that instruction did not differ significantly in unintended ways between classes and treatment conditions before comparing students' test results at the conclusion of instruction. The type and frequency of teacher talk did not differ significantly, on average, by class or treatment condition. Moreover, field notes and audio taped segments of the lesson indicated that teachers covered the same content, asked similar questions, and provided students with equivalent feedback on their activity products.

Both classes within the group condition exceeded the standards for groupwork set by the Program for Complex Instruction. The quality of groupwork in those classrooms was "high" and contained the conditions necessary to facilitate learning (Cohen and Lotan, 1994).

Student performance on the three assessments was used to test the hypothesis that students who interacted in small groups would have higher average scores on each assessment than students who worked alone. There were two key findings consistent among all three assessments (multiple-choice, concept-map, and performance). First, the mean score of students interacting in small groups was significantly higher than the mean score of students working alone. Second, no statistically significant mean differences were found between teachers (classes) within treatments. This finding revealed that the differences in treatment condition mean scores were not due to a unique teacher effect. Thus, whether students interacted in groups or worked alone appeared to account for the difference in the students' mean scores.

Analyses of student performance by assessment were conducted to examine individual variation on the different assessments. Students' performance on each assessment was analyzed first by reading level and then by reading level and treatment condition. There were statistically significant differences in students' scores by reading level for the multiple-choice test, performance assessment, and concept-map test. The analyses of students' scores by reading level and treatment condition indicated that there was, as predicted, statistically significant mean differences by treatment condition and reading level but there was no statistically significant difference in teacher within treatment and no treatment by reading level interaction. Tukey's post hoc comparisons revealed statistically significant differences by treatment condition and reading level for all three assessments with one exception. The exception was on the multiple-choice test where students reading above grade level showed no statistically significant difference in mean scores by treatment condition. Further post hoc comparisons between reading levels and treatment conditions revealed that on the performance assessment, students reading below grade level in the group condition had significantly higher mean scores than students reading at grade level in the individual condition and mean scores equivalent to students reading above grade level in the individual condition. On the multiple-choice and concept-map tests, students reading below grade level in the group condition had equivalent mean scores to students reading at grade level in the individual condition.

To investigate whether the three assessments measured the same or somewhat different kinds of knowledge (constructs) based on student performance, correlations and regressions were examined. As predicted there was a high correlation between concept-map and multiple-choice test scores supporting the interpretation that both tests focused on specific declarative knowledge. Moderate correlations between performance assessment scores, a measure of procedural knowledge, and two different measures of declarative knowledge further supported the interpretation that performance assessment scores reflected a related but somewhat different aspect of knowledge than either the multiple-choice or concept-map.

**Conclusions and Implications:** Rarely does a researcher have an opportunity to conduct a randomized experiment in classrooms. Nevertheless, without critical experiments, questions about causal effects from correlational designs seem never to abate. When possible, experiments should complement non-experimental evidence. In this study, the district, local school site administrators, teachers, parents, and students all recognized the importance of a randomized experiment and cooperated to make this possible.

In the theoretical framework for Complex Instruction a link is made between the level of group interaction (lateral communication) and learning gains (productivity of the group). The level of group interaction can be viewed as a continuum where group interaction varies from low to high. Previous studies correlated level of group interaction with students' achievement (Cohen & Lotan, 1997, chap. 11). This study provided the first randomized experiment to compare the science achievement of students after group interaction with students without any group interaction (individual). Moreover, the theoretical framework for Complex Instruction predicts that students with low skill levels or limited English language proficiency benefit from interacting with other students and listening to their explanations. This study provided empirical evidence to support the prediction, but analyses of group interaction protocols, beyond the scope of this study, are needed to confirm the observed effect.

The perception among many practitioners has been that direct instruction is an efficient method for teaching. It is certainly true that direct instruction enables teachers to cover curriculum at a faster rate than other methods but the question is whether students learn to some level of depth the knowledge and skills with that mode of teaching. In many ways, the individual condition classes in this study were comparable to direct instruction. Teachers provided some information at the beginning of the lesson, students individually worked on a specific activity, teachers helped students individually, and asked questions after

each student presentation. However, this study showed that students who interacted in groups showed higher levels of science achievement than students who worked individually. This finding was consistent for all students across different assessments. This study provides teachers with empirical evidence that grouping students in science activities is not only a logistical solution but also a strategy that improves students' science achievement, at least when Complex Instruction is used. Moreover, this study provides concrete data that students do learn science content during groupwork and that, on average, students' test scores are higher as a result of interacting in groups than working individually.

School districts are faced with increasing populations of students with low reading scores due either to lack of skills or limited English proficiency (LEP). The challenge is to identify a mechanism for providing all students with access to science learning and to ensure that students are able to apply their knowledge to solve problems and to become scientifically informed decision-makers. Unfortunately, many districts resort to "tracking" as a solution that results in widening the gap between "high" and "low" achieving students. The findings of this study provided empirical evidence that all students regardless of reading level benefited from interacting with other students. Thus, implementing Complex Instruction as a teaching strategy may provide a viable alternative to the current trend to "track" students according to achievement levels.

Science reform movements and national standards are pushing for a broader definition of science achievement. As a result, teachers are encouraged to use multiple methods of assessment to evaluate students' science achievement. But limited amounts of specific information has trickled down to the classroom practitioner to help them make educated decisions about what type of assessments to use, how to evaluate whether an assessment is measuring what it purports to measure, how to ensure a good match between curriculum and assessment, and how to fit additional assessments into an already overwhelmed schedule. This study examined students' performance on three different tests (multiple-choice, performance, and concept-map tests) with the goal of determining whether these assessments measured the same or somewhat different aspects of science achievement. The results indicated that the multiple-choice and concept-map tests appeared to measure some of the same aspects of declarative knowledge but provided different lenses for looking at the content because the multiple-choice focused on the quantity of content whereas the concept-map test examined the structure of the content. Moreover, the findings indicated that teachers can detect different aspects of science achievement using performance assessments.

272. Sellke, D. H., Behr, M. J., & Voelker, A. M. (1991). Using data tables to represent and solve multiplicative story problems. Journal for Research in Mathematics Education, 22(1), 30-38.
273. Shah, S., Peat, J. K., Mazurski, E. J., Wang, H., Sindhusake, D., Bruce, C., Henry, R. L., & Gibson, P. G. (2001). Effect of peer led programme for asthma education in adolescents: Cluster randomised controlled trial. British Medical Journal, 322, 1-5.  
Abstract: This article refers to a trial in rural Australia in which six high schools (with students between the ages of 12.5 and 15.5 years) were randomly assigned to (a) intervention using the "Triple A" (adolescent asthma action) program, or (b) control group. All schools received first aid kits for asthma and asthma workshops for their school staff prior to the study. The main outcome measures were school absenteeism, asthma attacks, lung function and quality of life. Entered into C2-SPECTR on 5/21/03 by J. Lavenberg.
274. Sherman, L. W., Farrington, D. P., Welsh, B. C., & MacKenzie, D. L. (2002). Evidence Based Crime Prevention. London: Routledge.  
Abstract: This edited volume contains examples of both randomized and cluster randomized trials. entered into C2-SPECTR 5/25/03 by J. Lavenberg.
275. Sherman, L. W., Gottfredson, D., & MacKenzie, D. (1997). Preventing crime: what works, what doesn't, what's promising. Report to the Congress. Washington, DC: Office of Justice Programs.  
Abstract: This report identifies numerous randomized trials, including cluster/group/place randomized trials, and brief descriptions of many of them. The references are included in C2-SPECTR.
276. Sherman, L. W., & Weisburd, D. (1995). General deterrent effects of police patrol in crime 'hot spots': a randomized, controlled trial. Justice Quarterly, 12(4), 625-648 .

Abstract: See Weisburd (2002) for an abstract on this and related trials.

277. Sikkema, K., Kelly, J., Winett, R., Solomon, L., Cargill, V., Roffman, R., MacAullife, T., Heckman, T., Anderson, E., Wagstaff, D. A., Norman, A., Perry, M., Crumble, D., & Mercer, M. (2000). Outcomes of a Randomized Community Level HIV Prevention Intervention for Women Living in 18 Low Income Housing Developments. *American Journal of Public Health, 90*(1), 57-63.

**Abstract: Background and Study Objectives**

HIV risk exposure is strongly associated in the U.S. with social and economic disadvantage, and HIV is disproportionately represented among some minority groups including Afro-American Women. This study was designed to deploy and evaluate an intervention board in low-income housing developments and aimed at reducing HIV exposure among women living in the developments.

**Intervention and Target Population**

The target population included all women living in 18 low income public housing developments during 1994-1996 in five U.S. cities; Milwaukee (WI), Roanoke (VA) Cleveland (OH), Rochester (NY), and Tacoma (WA) with single family heads of households. Each development consisted of 56-170 apartment units.

Over 1200 women participated in the study. This represents just over 80% of women living in the housing development.

The intervention was deployed in nine of the 18 developments in three phases over a twelve-month period. Female opinion leaders were first identified, invited to attend focus groups to advise on the intervention's character, and invited to participate in risk reduction workshops. The participants were then invited to form Women's Health Council in the development and to recruit women to join in risk reduction workshops. In the third phase, the intervention's developers assisted the Councils in recruiting women through community events and to "strengthen behavior change intention, attitudes, and normative perceptions regarding risk reduction" (p. 58). The interventions also provided condoms and AIDS information material to women in this intervention group.

**Evaluation Design**

This study was designed as a place-based (cluster, group) randomized trial. Public housing developments were matched to yield nine pairs. One development in each pair was then randomly assigned to the intervention or to the control (comparison) condition. The matching was undertaken to achieve similar tenant characteristics in each pair.

Nine of the 18 public housing developments constituted the control group. In these developments, the intervention mailed AIDS information brochures and coupon for 10 free male condoms. Further, the women were sent an order form so they could receive more condoms.

Women in the intervention group's Council received incentive payments for attending monthly event planning meetings. Monetary incentives were provided to all to complete survey questionnaires.

After the study was compiled, the interventionists worked with the women's health council for three months to develop collaborations that would permit continued AIDS prevention activity.

**Variables Measured**

Background survey questionnaires were administered to residents in both intervention and control groups prior to deploying the intervention. The inventory elicited information about the women's demographic characteristics, knowledge about AIDS related risk behavior, sexual behavior, risk level of male partners and perceptions about personal risk, availability of condoms, and conversations with their partners about condoms and concerns about AIDS.

Because most data are based on self-reports, corroborating evidence was sought. These data included rates of redemption of condoms coupons, women's reports on conversations about AIDS with their partners, and the rate at which women carried a condom or kept condoms at home.

**Results**

Just over 705 of eligible women completed baseline and 12 month follow-up surveys. Completion rates ranged from 66% to 94% depending on project and did not differ across interventions and control conditions. The main analyses were based on 6% of the women for whom both baseline data and twelve-month follow-up data were available.

Ambient levels of sexual activity in the two months prior to the intervention were a baseline. Eleven percent had had two or more sexual partners. Thirty six percent were sexually active. Five

percent believe their regular partners had injected drugs. About half of the women in each group reported unprotected sexual intercourse in the preceding two months.

At the twelve month follow-up after intervention, about 38% of the women in the housing developments where the intervention was deployed reported unprotected sexual intercourse. In the control developments, about 46% reported this. The percentage point difference of 8% is very unlikely to be attributable to chance, based on formal statistical tests.

At the twelve-month follow-up, the rate at which women in the intervention group reported used of condoms for protected intercourse was 47%. The rate for the control group was 36%. This difference is statistically significant, i.e., not likely to be a chance difference between the groups.

The mean frequency of acts of unprotected intercourse in the intervention group was lower than the mean frequency of the control group (5.8 versus 4.5). This difference is not statistically significant.

Other analyses, based on exposure rather than randomization, are presented.

Author/Editor: Boruch/No Editor, 10/20/01, Draft

278. Sikkema, K. J. (2002). HIV Prevention among Women in Low-Income Housing Developments: Issues and Intervention Outcomes in a Place Based Randomized Controlled Trial . Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation .

Abstract: The scope and urgency of the HIV epidemic requires the development and evaluation of behavior change intervention strategies directed toward communities at risk for increased incidence of new infections. Based on diffusion of innovation and social learning theories, a randomized, multisite community-level HIV prevention trial was undertaken with women living in 18 low-income housing developments in five U.S. cities.

Following a series of formative research activities, a multicomponent intervention was implemented in the experimental intervention condition developments. The intervention included: (1) inviting women regarded as opinion leaders to attend focus groups and a four-session risk reduction workshop; (2) forming Women's Health Councils (WHCs) to recruit female residents to participate in the workshops; and (3) assisting each WHC to carry out community events to reach all residents and support risk reduction efforts.

Housing developments within each city were the units of randomization by which intact social groups were allocated to intervention and control conditions. Baseline and 12-month follow-up population risk characteristics were assessed by surveying 690 women at both time points. In comparison to women in the control condition developments, women in the community intervention developments reported significant reductions in frequency of any unprotected intercourse and increases in the percentage of condom-protected intercourse occasions. Condom redemption rates were nearly twice as high in the community intervention developments, and these changes were corroborated by changes in other risk indicators, such as increased HIV risk knowledge, condom-carrying behavior, and conversations with male partners about condoms.

Community-level interventions that involve and engage women in neighborhood-based HIV prevention activities can bring about reductions in HIV risk-related sexual behavior. Efforts to enhance the sustainability of the intervention, current research activities to extend this approach to other at risk communities, and strategies to effectively disseminate these findings are discussed.

Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.

Entered into SPECTR: 12/24/02

279. Simpson, J. M., Klar, N., & Donnor, A. (1995). Accounting for Cluster Randomization: a Review of Primary Prevention Trials, 1990 Through 1993. American Journal of Public Health, 85(10), 1378-83.  
Abstract: OBJECTIVES. This methodological review aims to determine the extent to which design and analysis aspects of cluster randomization have been appropriately dealt with in reports of primary prevention trials. METHODS. All reports of primary prevention trials using cluster randomization that were published from 1990 to 1993 in the American Journal of Public Health and Preventive Medicine were identified. Each article was examined to determine whether cluster randomization was taken into

account in the design and statistical analysis. RESULTS. Of the 21 articles, only 4 (19%) included sample size calculations or discussions of power that allowed for clustering, while 12 (57%) took clustering into account in the statistical analysis. CONCLUSIONS. Design and analysis issues associated with cluster randomization are not recognized widely enough. Reports of cluster randomized trials should include sample size calculations and statistical analyses that take clustering into account, estimates of design effects to help others planning trials, and a table showing the baseline distribution of important characteristics by intervention group, including the number of clusters and average cluster size for each group. [References: 43]

280. Sinisterra, L., McKay, H., & McKay, A. (1971). Stimulation of intellectual and social competence in Colombian preschool children affected by multiple deprivations of depressed urban environments. Progress Report # 1. University Center for Child Development, Human Ecology Research Station, Univeridad del Valle, Cali, Colombia.:

Abstract: **Background and Study Objectives**

The study was designed to evaluate the effectiveness of a large-scale program for stimulating intellectual and social competence in disadvantaged Colombian children.

### **Interventions and Target Population**

Conducted under the auspices of the Universidad del Valle, this research project was funded primarily by the Ford Foundation.

Once chosen as sufficiently disadvantage to qualify for the experiment, the children were assigned to the medical, nutritional, and educational treatment (Group 1); just medical and nutritional (Group VI-A), or control groups; in addition to these, a group of nondeprived (middle-class) children formed Group V, a quasi-experimental comparison. The treatment for Group I consisted of preschool (30 hours per week), food at school and at home, and medical attention daily. Group VI-A received weekly medical attention and packaged food at home. The controls received medical attention only if a social worker happened to note it was needed when visiting.

### **Evaluation Design**

Three-year old children were grouped by small neighborhoods in the barrios and randomly assigned by neighborhood to treatment conditions. Each year a "lottery" was planned to determine the participants in the treatment groups for that year. Pretests and posttests were used.

Medical-nutritional measures, daily food intake, medical records, cognitive measures, family and economic measures, and data on health and sanitary conditions were collected annually.

### **Results**

This experiment is currently in progress and there has been no final data analysis. Preliminary analysis shows that the preschool plus nutrition treatment group progressed on cognitive measures to the extent of covering 80% of the discrepancy between untreated controls and the middle-case comparison group. Nutrition alone had no effect on cognitive test results but did affect health measures.

Author/Editor: Riecken et al (1974), To be updated

281. Sjolund, T., & Andreasson, S. (2003). Prevention of alcohol problems among Swedish high school students: Short-term follow-up. 11th Annual Meeting of the Society for Prevention Research.  
Abstract: **Background:** A Swedish version of a US alcohol prevention program, *Prime for Life*, is being evaluated in a randomized, controlled trial among Swedish senior High School students. Prime for Life is a risk-reduction program that has been used and refined in the US for over 20 years by the Prevention Research Institute and is now tested abroad for the first time.  
**Objective:** This study presents short term follow-up data; primarily on drinking behavior, but also on knowledge and attitudes towards alcohol.  
**Method:** In total, 23 schools and 926 students (with a retention rate of 75%) participate in the trial. Data collection is conducted with questionnaires focusing on, but not limited to, the frequency of alcohol consumption and the intensity on a typical occasion. Since the Swedish version of the AUDIT-questionnaire is used, the total AUDIT-score is also a variable of interest. The mean age of participants is

18.5 years and the average time from baseline to follow-up is 5.3 months.

**Data analysis:** The main effect of the intervention is the primary focus for analysis, but possible effects in pre-defined subgroups are also investigated. The design effect, due to clustered participants, will be accounted for in the analysis, as well as the importance of possible confounders, like gender and ethnicity.

**Results:** Preliminary results indicate small differences in drinking behavior between the intervention and control group. Entered into C2-SPECTR on 6/25/03 by J. Lavenberg.

282. Slater, M., Kelly, K., Edwards, R., Thurman, P. J., & Plested, B. (2003). A community and school-based prevention program emphasizing media: Interim evidence of intervention impact. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: Community Action for Drug Prevention is a community-randomized trial of a multilevel communication intervention to address youth substance abuse. On the community level, media and other communication activities are encouraged as a means to mobilize community leaders and increase community readiness to support prevention. On the school level, social marketing efforts target risk and protective factors for youth substance use. Initial quasi-experimental analyses of individual-level data from the first 10 (5 treatment, 5 control) of the 16 communities to be studied indicate significant impact on protective/risk mediating variables and (at the  $p < .01$  level) on self-reported use of marijuana, alcohol, and cigarettes among middle-school youth at the end of the program's second year. An in-school intervention (All Stars) /no in-school intervention was crossed with the community intervention and also shows positive results in this quasi-experimental analysis. Entered into C2-SPECTR on 6/25/03 by J. Lavenberg.
283. Slavin, R. E., Leavey, M. B., & Madden, N. A. (1984). Combining cooperative learning and individualized instruction: Effects on student achievement, attitudes, and behaviors. The Elementary School Journal, 84(4), 409-421.  
Abstract: This article contains one study in which 6 schools were randomly assigned to one of three treatments: Team Assisted Individualization (TAI), individualized instruction (II), or control.
284. Sloboda, Z., Hawthorne, R., Stephens, R. C., Marquette, J. T. P., Snell, A., & William, J. (2003). Comprehensive Evaluation Design: The Adolescent Substance Abuse Prevention. 11th Annual Meeting of the Society for Prevention Research: Research to Policy .  
Abstract: The Adolescent Substance Abuse Prevention Study, funded by the Robert Wood Johnson Foundation, is assessing the combined impact of 7th and 9th grade interventions on a cohort of 7th graders. D.A.R.E. officers are trained by the University to deliver the programs. Using an experimental design, school clusters, including a high school and all its middle schools, that agree to random assignment and to participation up to 3 years in the study were randomly assigned to receive the new programs or to continue the prevention programming already in their schools. 89 school clusters (89 high schools and 138 middle schools) from Detroit, Houston, Los Angeles, Newark (NJ), New Orleans and St. Louis and their over 34,000 7th grade students are participating in the study. School clusters were recruited to represent high and low stress (based on an index that includes the percentage of students in the school district who are eligible for the free lunch program and the percentage representing minority groups). Core inner city school districts were recruited first and then districts were recruited from a 50-mile radius around the core district assuring urban, suburban and rural representation. Active parental consent in the 7th grade elicited over 24,000 returns with 79% of these being positive. Pre- and/or post-intervention surveys were completed by over 19,000 students with matches available for 15,498. Those who completed the post-intervention survey will be surveyed annually through to the 11th grade. In addition to the student survey data, substudies are being conducted on: (1) implementation fidelity using a triangulation of independent observations, student assessments and officer assessments, (2) exposure and receptivity of students to the program content and deliverer, (3) followup of those who dropout of the study with special emphasis on school drop outs, (4) community and school context and its influence on outcomes, and (5) under a subcontract with Jeffrey Merrill of the Robert Wood Johnson School of Medicine, a descriptive study of the D.A.R.E. delivery network. entered into C2-SPECTR by J. Lavenberg on 6/17/03.
285. Sloboda, Z., Stephens, R. C., Hawthorne, R., Marquette, J., Tonkin, P., Williams, J., & Henry, S. M. (2003). The Adolescent Substance Abuse Prevention Study: Immediate Program Outcomes. Society of Prevention Research, 11th Annual Meeting: Research to Policy .

Abstract: The Adolescent Substance Abuse Prevention Study, funded by the Robert Wood Johnson Foundation, is assessing the combined impact of a newly designed 7th and 9th grade components of a program called "Take Charge of Your Life" on a cohort of 7th graders. D.A.R.E. officers are trained by the University to deliver the program. Using an experimental design, school clusters, including a high school and all its middle schools, that agree to random assignment and to participation up to 3 years in the study were randomly assigned to receive the new programs or to continue the prevention programming already in their schools. 89 school clusters (89 high schools and 138 middle schools) from Detroit, Houston, Los Angeles, Newark (NJ), New Orleans and St. Louis and their over 34,000 7th grade students are participating in the study. School clusters were recruited to represent high and low stress (based on an index that includes the percentage of students in the school district who are eligible for the free lunch program and the percentage representing minority groups). Core inner city school districts were recruited first and then districts were recruited from a 50-mile radius around the core district assuring urban, suburban and rural representation. Active parental consent in the 7th grade elicited over 24,000 returns (or 71%) with 79% of these being positive. Over 19,000 students completed pre- and/or post-intervention surveys with matches available for 15,498. Those who completed the post-intervention survey will be surveyed annually through to the 11th grade. Analyses of the 7th grade pre- and post-intervention surveys found statistically significant differences on the key mediators: normative beliefs, decision-making, and refusal skills. Other mediators that were expected to show similar outcomes, communications skills and expectancies, showed no differences. The issue with these domains is one of measurement. The students are being surveyed in the 8th grade and we will begin to examine the substance using behaviors when these data are available. The program objectives will be reinforced when the study population is in the 9th grade. The presentation will discuss the importance of the conceptual framework for the curriculum and for capturing the dynamic process of prevention. Entered into C2-SPECTR by J. Lavenberg on 6/17/03.

286. Smith, H. L. (2002). Introducing New Contraceptives in Rural China: A Field Experiment. Campbell Collaboration Conference on Place Randomized Trials, sponsored by the Rockefeller Foundation . Abstract: The project on Introducing New Contraceptives in Rural China (INCR) was carried out between 1991 and 1996 in four counties of rural North China. The experimental component involved the random assignment of a multi-pronged treatment to four townships in each county. Two townships per county served as controls. The three prongs of this treatment were: (1) provision of new contraceptives, including the subdermal implant NORPLANT™ and the TCu380a (Copper T IUD); (2) the institutionalization of "informed choice" of method; and (3) better training of family planning service providers. The outcomes to be evaluated were diffuse, ranging from user satisfaction to change in the mix of contraceptives to rates of abortion to improvement in the knowledge and circumstances of family planning workers.
- The INCR was a big tent. It housed the efforts and interests of Chinese and Western population specialists, medical scientists and social scientists, bureaucrats and advocates for women's health. It was funded primarily by The Rockefeller Foundation and executed by the State Family Planning Commission of the People's Republic of China, with academics at Peking University and the University of Pennsylvania as intermediaries. The scale of the project, and the different perspectives of the diverse participants, made it nearly impossible to maintain the integrity of the experimental model that was at the core of the project's design. It was compromised for a number of reasons, some easily foreseeable, others less so. In spite of the massive numbers of people in the catchment areas of the study (>100,000), the experimental design was of low power, with but eight controls on 16 treatments; when random assignment is at higher levels of analysis, masses of individual observations serve only to create greater precision in the estimation of higher-order observations. This problem was exacerbated by the discovery that family planning behaviors were often unique to counties, an interaction that functionally reduced many observations to four treatments and two controls. Add to this (a) "contamination" across sites intrinsic to the nature of societies and bureaucracies; (b) the difficulty in explaining the scientific model to key study participants; (c) rapid changes in the family planning program 1991-1996 from factors other than the experimental treatments; and (d) a reactivity between the process of investigation and the quality of information obtained from the field; and you have an experiment not fit for a textbook. None of the scientific or policy papers that have resulted from the INCR project have made particular use of the experimental design. On the other hand, the INCR study has contributed to knowledge of the Chinese family planning program, and was influential within China itself two positive outcomes that would not have been realized had the study not been conducted. And the study would not have been conducted *were it not conceived as an experiment*.

Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.

Entered into SPECTR: 12/24/02

287. Smith, H. L., Tu, P., Merli, M. G., & Hereward, M. (1997). Implementation of a Demographic and Contraceptive Surveillance System in Four Counties in North China. *Population Research and Policy Review*, 16, 289-314.

Abstract:

### **Background and Study Objectives**

This study involves a multi faceted effort to introduce new contraceptives, greater choice in contraceptives, and better training of family planning personnel, and an improved way to generate statistics about fertility control in China. The various reports on the study cover the surveillance systems, validity studies, the effect of introducing these, and the effect of the interventions that were introduced the new contraceptives and so on.

### **Interventions and Target Population**

The main treatment intervention that was compared to a control condition involved: (a) providing new and better contraceptives; (b) education and training family service personnel and associated medical personnel in the use of the contraceptives; (c) information about “informed choice” among contraception methods.

The target population was married women of child bearing age in four counties of China and townships within each county. The counties are in the Hebei and Shanshui provinces. In the main surveys, married women under the age of 35 were selected. The population surveillance system included all women in the relevant sites.

### **Theory**

Clinical trials on the relative effects of various contraceptive devices often do not take into account the administrative, organizational, and local educational and training of family planning personnel. The logic underlying the intervention is that better training, better statistical information, and better information that are provided at the township level, rather than just at the individual level, will produce desirable effects. That is, the logic is that interventions introduced at the macro level of townships, can have effects on the micro-level target families.

### **Evaluation Design**

This is a place-based trial undertaken in four Chinese counties. Within six counties were randomly selected for study. Four of the townships within each county were randomly assigned to the intervention that would be tested. Two counties within each county were randomly assigned to the control condition. Because measurement of family planning related features of the interventions are important and are subject to important sources of imperfection, the evaluation design focused resources on evaluating the measurement system also.

Pretest and post test surveys were mounted in all the relevant sites. Villages within township were randomly selected for the surveys. Married women under the age of 35 within villages were randomly selected for the surveys.

### **Variables Measured**

Contraceptive event histories, infant mortality rate data, and demographic information were generated by building a new system of measurement based on the existing hard copy administrative system used in the sites. Hard copy existing records were maintained.

Surveys of probability samples in the sites directed attention toward infant mortality and sex ratios at birth, and other information.

Parity and abortion information was obtained in both surveys and surveillance systems.

### **Results**

Generating reliable and valid statistical data on pregnancy rate, abortion rate, birth rate, birth sex ratios, and related events is still thought to be possible. The authors maintain that there is a “serious conflict of interests (between) family planning workers who must simultaneously fulfill the pre-set family planning

target and collect data that is used to evaluate the performance of themselves, their colleagues, and even their supervisors.” (P.310). The data on which they rely includes serious discrepancies among the survey results, the old card system for registering births, and the results from the new system. The study does not report on the effectiveness of the interventions that were introduced to enhance fertility control. The problems of measurement in China appear to supercede the problem of estimating the relative effects of new programs.

Author/Editor: Robert Boruch/No Editor, 12-20-01, Draft

288. Solantaus, T., & Alasuutari, M. (2003). The Efficient Family- a research and development program for the prevention of mental disorders in children with affectively ill parent. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: The children with a mentally ill parent are known to be a high risk group for developing psychiatric, social and behavioral problems. The Efficient Family Program targets these children and families. It consists of two programs.  
The aims of the clinical program are to train the Finnish health care professionals in helping families with mentally ill parents and to prevent children's disorders. It also aims to strengthen the role of preventive services in psychiatric and primary health care, and to build bridges between child and adult psychiatry. The aims of the research program are to develop evidence based means to help families with mentally ill parents and to prevent children's disorders, to gain experience in transferring interventions across borders and cultures, and to increase knowledge of the processes and mechanisms of resilience in children. The efficacy study is the most comprehensive part of this program. It is done in collaboration with Professor Clemens M. H. Hosman and his team in the Prevention Research Centre at the University of Nijmegen, Holland.  
The efficacy study is a randomised trial of two preventive interventions, for children between 8 and 16 years with depressed parent, and a control group. The interventions are the Beardslee Preventive Family Intervention and the Minimal intervention. The family intervention has meetings with parents, with each child individually and with the whole family. The Minimal intervention has one or two meetings with parent(s). both interventions target at decreasing the risk factors and at increasing the protective factors in child's development. Data gathering will be started in January 2003.  
In addition to the efficacy study there will be an interview research and a study of the process of the family intervention based on video taped intervention meetings. During 2002 also a study of the clinical practises of the mental health teams in Efficient Family Program has been carried out. The main interest has been in families and children of depressed patients from the point of view of the teams and clinics. This paper will introduce the interventions and discuss the questions of implementation based on the experiences of the program and the results of the study on the clinical practices. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.
289. Sorensen, G., Morris, D. M., Hunt, M. K., Hebert, J. R., Harris, D. R., Stoddard, A., & Ockene, J. K. (1992). Work-site nutrition intervention and employees' dietary habits: The Treatwell Program. American Journal of Public Health, 82(6), 877-880.  
Abstract: Sixteen worksites in central Massachusetts and Rhode Island were randomly assigned to treatment or control conditions. The treatment condition included direct education to encourage participants to reduce fat intake to 30% of total calories and increase fiber consumption to 20-30grams per day; the control condition received no intervention. Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
290. Soumerai, S. B., McLaughlin, T. J., Gurwitz, J. H., Guadagnoli, E., Hauptman, P. J., Borbas, C., Morris, N., McLaughlin, B., Gao, X., Willison, D. J., Asinger, R., & Gobel, F. (1998). Effect of Local Medical Opinion Leaders on Quality of Care for Acute Myocardial Infarction: a Randomized Controlled Trial. JAMA, 279(17), 1358-63.  
Abstract: CONTEXT: The effectiveness of recruiting local medical opinion leaders to improve quality of care is poorly understood. OBJECTIVE: To evaluate a guideline-implementation intervention of clinician education by local opinion leaders and performance feedback to (1) increase use of lifesaving drugs (aspirin and thrombolytics in eligible elderly patients, beta-blockers in all eligible patients) for acute myocardial infarction (AMI), and (2) decrease use of a potentially harmful therapy (prophylactic lidocaine). DESIGN: Randomized controlled trial with hospital as the unit of randomization, intervention, and analysis. SETTING: Thirty-seven community hospitals in Minnesota. PATIENTS: All patients with

AMI admitted to study hospitals over 10 months before (1992-1993, N=2409) or after (1995-1996, N=2938) the intervention. INTERVENTION: Using a validated survey, we identified opinion leaders at 20 experimental hospitals who influenced peers through small and large group discussions, informal consultations, and revisions of protocols and clinical pathways. They focused on (1) evidence (drug efficacy), (2) comparative performance, and (3) barriers to change. Control hospitals received mailed performance feedback. MAIN OUTCOME MEASURES: Hospital-specific changes before and after the intervention in the proportion of eligible patients receiving each study drug. RESULTS: Among experimental hospitals, the median change in the proportion of eligible elderly patients receiving aspirin was +0.13 (17% increase from 0.77 at baseline), compared with a change of -0.03 at control hospitals (P=.04). For beta-blockers, the respective changes were +0.31 (63% increase from 0.49 at baseline) vs +0.18 (30% increase from baseline) for controls (P=.02). Lidocaine use declined by about 50% in both groups. The intervention did not increase thrombolysis in the elderly (from 0.73 at baseline), but nearly two thirds of eligible nonrecipients were older than 85 years, had severe comorbidities, or presented after at least 6 hours. CONCLUSIONS: Working with opinion leaders and providing performance feedback can accelerate adoption of some beneficial AMI therapies (eg, aspirin, beta-blockers). Secular changes in knowledge and hospital protocols may extinguish outdated practices (eg, prophylactic lidocaine). However, it is more difficult to increase use of effective but riskier treatments (eg, thrombolysis) for frail elderly patients.

291. Spoth, R., Goldberg, C., & Redmond, C. (1999). Engaging families in longitudinal preventive intervention research: Discrete-time survival analysis of socioeconomic and social-emotional risk factors. Journal of Consulting and Clinical Psychology, *67*(1), 157-163.  
Abstract: This article looks at predictors of attrition and uses data from 4 waves of a cluster randomized trial of a preventive intervention (Iowa Strengthening Families Program vs. Preparing for the Drug-free years vs a minimal contact control group) research project in which eleven rural schools were randomly assigned to experimental condition. Entered into C2-SPECTR on 5/21/03 by J. Lavenberg.
292. Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A Controlled Parenting Skills Outcome Study Examining Individual Difference and Attendance Effects. Journal of Marriage and the Family, *57*(2), 449-464.  
Abstract: Incorporated multimethod measurement procedures and addressed several deficiencies noted in prevention-focused parent skills training outcome literature. Analysis of intervention group versus control group differences on protective parenting behaviors targeted by intervention and general child management skills showed significant intervention effects on both measures for mothers and fathers. (RJM) [By permission, ERIC Processing and Reference Facility, US Department of Education]
293. Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public-health oriented research base. Journal of Consulting and Clinical Psychology, *66*(2), 385-399.  
Abstract: Information obtained through a cluster randomized trial (in which 33 rural schools were randomly assigned to condition) was used to investigate parent-child affective quality, general child management, and intervention-targeted parenting behaviors. The participants were parents of sixth grade students. The conditions were (a) Iowa Strengthening Families program, (b) Preparing for the Drug Free Years program, or (c) minimal contact control condition. Summary created and entered into C2-SPECTR on 5/25/03 by J. Lavenberg.
294. Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. Journal of Consulting and Clinical Psychology, *69*(4), 627-642.  
Abstract: This article reports on a four year followup of a cluster randomized trial in which 33 rural schools in a midwestern state of the United States were randomly assigned to (a) the seven session, Iowa Strengthening Families Program, or (b) the five session, Preparing for the Drug Free Years program, or (c) the control condition. The original study targeted families of students in sixth grade; this followup reflects followup three and a half years after the intervention. Outcome measures were obtained by surveys of self-reported substance use. Summary created and entered into C2-SPECTR 5/23/03 by J. Lavenberg.
295. St. Pierre, T., Mincemoyer, C., Kaltreider, L., & Kauh, T. (2003). Project ALERT delivered in schools by Penn

State Cooperative Extension: Does this model work? 11<sup>th</sup> Annual Meeting of the Society for Research Prevention .

Abstract: Despite advances in evidence-based drug prevention programs, few school districts have adopted and fully implemented them. Teachers often resist programs due to preparation time, discomfort with the teaching strategies, and belief that the curriculum will be hard to teach. Among teachers who adopt, implementation quality and quantity vary widely. Recruiting and training skilled outside providers through Cooperative Extension (CE) may be an effective strategy for increasing adoption and implementation since CE is located in every US county. Effectiveness of this adaptation to a proven program is an empirical question. We report 7th-grade results from a study of Project ALERT taught by community program leaders hired through CE instead of by trained health educators as in the original clinical trial. We compare two delivery methods: (1) by an adult program leader; and (2) by an adult leader assisted by high school teen leaders. In this randomized experiment in 8 Pennsylvania middle schools, 7th-grade classrooms were randomly assigned to conditions (Adult-led 527; Teen-assisted 530; Control 591). Drug use outcomes (alcohol, tobacco, marijuana, and inhalants) and cognitive mediators were measured before and after the 3-month program. A series of AN(C)OVAs were conducted to examine effects for drug use and cognitive mediators by (1) program condition; and (2) condition by students' baseline risk status (Non-users; Experimenters; Users). Results indicate that Project ALERT curbed current alcohol, marijuana, and inhalant use. Both Teen-assisted and Adult-led were effective with marijuana Experimenters, but only Teen-assisted was effective with inhalant Experimenters. Teen-assisted curbed current alcohol use regardless of risk group. Effects also appeared for cognitive mediators associated with each target substance except inhalants (cognitive mediators were not measured). Results were strongest for marijuana Experimenters in Adult-led where effects appeared for normative perceptions of peer use, harm beliefs, expectations for future use, and resistance efficacy. For alcohol and cigarettes, the program showed effects for perceptions of peer use and addiction but it had limited impact on other beliefs. Findings are generally consistent with original clinical trial results at 3 months in that effects appeared for alcohol use but not for cigarette use. However, we found effects for marijuana use which did not appear at 3 months in the original study. Results after 8th-grade lessons will provide a more complete picture. Current findings suggest that Project ALERT may be effective (particularly with Experimenters) when taught by CE providers thereby potentially increasing school adoption and implementation across the US. entered into C2-SPECTR on 6/22/03 by J. Lavenberg.

296. Stahl, S. A., & Jacobson, M. G. (1986). Vocabulary difficulty, prior knowledge, and text comprehension. Journal of Reading Behavior, 18(4), 309-323.

Abstract: This article reports on a trial in which four classrooms were randomly assigned to treatments --- (1): relevant preinstruction, (2) irrelevant preinstruction, followed by (1) an easy vocabulary text reading, or (2) a difficult text reading --- in order to examine the relative importance of vocabulary difficulty and prior knowledge to the comprehension of a narrative passage in a social studies text. "Both vocabulary difficulty and type of preinstruction had significant effects on comprehension, but the two effects did not significantly interact..." (p. 309) Brief abstract created by J. Lavenberg and entered into C2-SPECTR on 11/6/03.

297. Steinman, K., & Nussbaum, M. (2003). Why D.A.R.E. stopped working: Youth smoking and the proliferation of prevention programs in Columbus, Ohio, 1991-2000. 11<sup>th</sup> Annual Meeting of the Society for Research Prevention .

Abstract: PURPOSE: Previous studies suggest that Drug Abuse Resistance Education (D.A.R.E.) has little if any effect on adolescent substance use. One explanation for this finding involves the program's proliferation: Many youths who did not participate in DARE later attend high school with students who did. Another explanation is that DARE became popular when other programs were also proliferating. Evaluations of DARE, however, often fail to consider how participation in other prevention efforts may limit its apparent effectiveness. The present study aims to: (1) describe trends in the proliferation of DARE and other programs from 1991 to 2000; (2) assess how DARE's effects on cigarette smoking changed during this period; and (3) assess whether DARE's effectiveness varied with students' participation in other prevention programs. METHOD: In 1991, 1994, 1997 and 2000, censuses of students in Franklin County, Ohio, assessed substance use and prevention program participation (N's=61,603 to 75,818). Participating students completed the survey anonymously and were not tracked longitudinally. To avoid including the same individuals in more than one year, analyses were stratified by three grade groups: 6-8th, 9-10th, 11-12th. Measures included having smoked a cigarette during the past 30 days; exposure to DARE in elementary school; exposure to a voluntary substance use prevention

program (e.g., drug free clubs). Crosstabular analyses tested whether cigarette smoking was associated with exposure to DARE across different grades, exposure to other programs, and years. RESULTS: In 1991, 75% of 6-8th graders had participated in DARE, though few high school students had done so. By 1997 and thereafter, participation exceeded 75% of students at all grades. From 1991-2000, participation in other programs remained stable at 50-56%. Across all years, among 6th-8th who did not participate in voluntary programs, exposure to DARE was associated with lower rates of smoking. Among 11-12th graders, exposure to DARE was associated with lower rates of smoking only in 1991 (20.6% vs. 25.7%,  $\chi^2=10.8$ ,  $df=1$ ,  $p<.001$ ,  $n=11566$ ) and 1994 (27.3% vs. 30.1%,  $\chi^2=12.6$ ,  $df=1$ ,  $p<.001$ ,  $n=12511$ ). By 2000, however, students exposed to DARE and no other programs were more likely to smoke than those who received neither DARE nor other programs (30.0% vs. 25.6%,  $\chi^2=9.4$ ,  $df=1$ ,  $p<.001$ ,  $n=5894$ ). In general, DARE was not associated with smoking when students participated in other programs. CONCLUSION: Substance use prevention programs may become less effective as they proliferate. Future prevention trials may have difficulty demonstrating program effectiveness when other programs are popular.

Entered into C2-SPECTR on 6/22/03 by J. Lavenberg.

298. Stevens, R. J., Slavin, R. E., & Famish, A. M. (1991). The effects of cooperative learning and direct instruction in reading comprehension strategies on main idea identification. Journal of Educational Psychology, 83(1), 8-16.

Abstract: The impact of direct instruction on reading comprehension strategies and the degree to which cooperative learning processes enhanced students' learning of strategies were studied using 486 third and fourth graders in Pennsylvania. Subjects identified main ideas of passages. Pretest-posttest data highlight the significant impact of direct instruction and cooperative learning. (SLD). citation downloaded from ERIC.5/12/03 and entered into C2-SPECTR on 5/13/03.

299. Stigler, M., Perry, C., Komro, K., & Cudeck, R. (2003). Teasing apart a multi-component approach to alcohol prevention: What worked in Project Northland? 11th Annual Meeting of the Society for Prevention Research.

Abstract: Project Northland was a group-randomized trial designed to evaluate the efficacy of a community-wide, multi-component approach to preventing alcohol use among a cohort of youth in rural Minnesota. It was conducted in three phases, from 1991-1998, with more than 3000 students in 24 schools (6th-12th grade). The five main components of the intervention included school-based curricula, peer leadership, extra-curricular activities, parent involvement, and community activism. Project Northland proved to be effective: it was able to successfully reduce the prevalence of alcohol use by the end of 8th grade and alter the 'normative trajectory' of alcohol use through the end of high school (11th-12th grade). Given the complexity of this intervention, it would be helpful to determine which components did or did not contribute to its documented success. In other words, what was the relative contribution of the five primary components of Project Northland? Studies of multi-component interventions are relatively rare in the prevention field, as are studies that use state-of-the art statistical techniques that allow for a more sensitive and sophisticated analysis of the change processes inherent in any intervention. This study used growth modeling to investigate whether there was an optimal level of intervention 'dose' in Project Northland associated with (a) reductions in alcohol use, (b) decreases in cigarette smoking and marijuana use and (c) positive changes in psychosocial risk factors for alcohol use. Process measures were used to assign a level of intervention 'dose' to students, given their participation in (or exposure to) the five main components. The 'dose' variables were then entered as time-varying covariates into a multi-phase, mixed-effects model for repeated measures data, to determine which components positively altered the 'normative trajectory' of alcohol use and related constructs during adolescence. Initial results suggest that the five components had a differential impact on alcohol use. The parental involvement and extra-curricular activity components seem to have had a positive effect, while the school-based curricula and peer leadership components seem to have had no impact. The community activism component, too, appears to have had a null effect on alcohol use, but the implementation of this component in Phase I may have had a negative effect on future intentions to use alcohol. The results of these analyses and others will be presented and should (a) provide direction for enhancing the effectiveness of future multi-component approaches to alcohol prevention and (b) generate further hypotheses that could be tested in subsequent experimental designs. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

300. Stoufias, E., & Parker, S. (2001). Conditional Cash Transfers and their Impact on Child Work and Schooling:

Evidence from the PROGRESA Program in Mexico. Washington, D.C. International Food Policy Research Institute (IFPRI).

**Abstract: Background and Study Objectives**

Children in rural Mexico often work for family or in the fields rather than go to school so as to provide income support for their families. The study's main object was to determine whether an income transfer program at the village level would increase children's school attendance.

There were other objectives, including determining the income transfer's effect on health and nutrition, as well as education status.

**Intervention and Target Population**

The intervention, PROGRESA, involved providing financial incentives to all families in a random allocated village sample in Mexico. The intervention is labeled as an anti-poverty and human capital resource program.

The specific intervention involves income transfer payments to families that are contingent on family children's regularly attending schools. The income transfer varies with the child's grade level to recognize that older children are more likely to engage outside work.

The average total cash transfer to a family is \$55 per month. This is believed to represent over a fifth of the average income of eligible families in this study.

PROGRESA also provided resources to schools within localities, to offset deterioration of school services that might come about because of increased school enrollments.

Nutritional supplements and monetary transfers worth about \$12/month were also made available.

The target population of children within localities includes children who are 6 to 16 years old. The targeted grade levels cover grade 1 (children who are six years old), through grades 4 to 5 (ten-year olds), through grades 6, 7, and beyond.

**Evaluation Design**

This was a place-based randomized trial. From the eligible target population of localities (villages), 320 were randomly assigned to the income transfer intervention and 186 localities (villages) were assigned to a control condition in which the income transfer program operated.

The localities' eligibility, i.e., target population of villages, was selected on the basis of 1990 and 1995 census data to establish a "high degree of marginality".

About 30,000 children participated in this trial. They are in the localities allocated to the income transfer program and in the control localities.

**Variables Measured**

A major dependent variable is the number of children enrolled in school over time, about 2-3 years so far. Grade repetition was also measured.

The stratification and blocking variables and covariates include the child's gender and age.

The categorical independent variable measure is being in the income transfer or not.

**Results**

The results from the reports cited are after two years of PROGRESA's operations

The income transfer intervention has zero effect on children's enrollment rates for children below the age of 11 when primary school ends.

The income transfer intervention has a positive effect with older children. For age 10 or 11 and older, the intervention's impact on school enrollment for boys is substantial, and substantially higher for boys than for girls. The effect for girls is complicated and may be higher.

Gender gap analyses for age specific effects are underway.

Author/Editor: Boruch/No Editor, 10/17/01, Draft

301. Strang, P. M., Deutsch, K. B., James, R. S., & Manders, S. M. (1982). Victoria, Australia: Road Safety and Traffic Authority.

Abstract: This is a cluster randomized trial in which organizations offering to participate in an experimental project regarding driver education were randomly assigned to one of four conditions. Participants were males between the ages of 17 and 19 years with a current learner permit. Entered into

302. Sussman, S., Dent, C. W., Stacy, A. W., Sun, P., Craig, S., Simon, T. R., Burton, D., & Flay, B. R. (1993). Project Towards No Tobacco Use: 1-year behavior outcomes. American Journal of Public Health, *83*(9), 1245-1250.  
Abstract: This article reports on the one year behavioral outcomes of junior high school students involved in a five-year school-based tobacco use prevention intervention. 48 junior high schools in southern California were randomly assigned to one of five conditions in Project TNT (Towards No Tobacco Use).
303. Thompson, T. L. (1984). A comparison of methods of increasing parental consent rates in social research. Public Opinion Quarterly, *48*(4), 779-787.  
Abstract: This article discusses four methods of increasing parental consent rates (incentive to child, incentive to parent, communication with child about study, communication with parent via phone about study) within a randomized trial investigating the social consequences of mainstreaming physically disabled children into "regular" classrooms. Schools and classrooms were the units of random assignment.  
Brief summary created by J. Lavenberg and entered into C2-SPECTR on 7/24/03.

304. Tolan, P. H., & McKay, M. M. (1996). Preventing Serious Antisocial Behavior in Inner-City Children: An Empirically Based Family Intervention Program. Family Relations, *45*, 148-155.

Abstract: **Background and Objectives**

This study evaluates a 22-week empirically based family intervention program, created "to prevent antisocial behavior in urban, minority children." The program was designed as part of the Metropolitan Area Child Study (MACS), a multiyear delinquency prevention field trial. A theory-based model for enhancing those family processes related to antisocial behavior is discussed, and targeted interventions and activities are presented.

**Intervention and Target Population**

The study focused on one dimension of MACS, the family intervention, and combined two approaches used in prior interventions: parent training and family therapy. The family prevention program is comprised of five phases: *preengagement* (recruitment and initial contact), *joining and assessment* (rapport building), *goal definition* (shared concerns and goals developed by family), *intervention* (concrete tasks related to goals and in-session practice), and *ending* (review of progress and anticipation of developmental shifts).

The target population of the program is urban, low-income children and families. The total sample for this study was 4,215. Children with high levels of externalizing behavior problems, as judged by teacher ratings on the Achenbach TRF, and children whose peers rated them as disruptive and/or socially rejected were eligible for participation. Three cohorts of children have participated in, and completed, the family intervention program. A total of 387 children participated in the family intervention. Of those studied, approximately 46% of children lived in an inner-city community and 54% lived in a suburban, low-income community. African Americans represented 41% of the sample, while 38% were Latino, and 21% were White.

**Theory**

Due to the increase in urban violence in the past 50 years, early emergence of antisocial behavior is a crucial issue. Previous studies have indicated that family factors may be a very powerful precursor of aggressive behavior. As a result, programs that intervene at a family level have proven promising in addressing the problem of antisocial behavior. It is difficult, however, to involve the families of aggressive children in mental health services. As a result, there is much promise in the creation of preventive interventions involving families prior to the emergence of serious, antisocial problems.

**Evaluation Design**

The program design randomly assigned four schools to each of the three intervention conditions or to a no-treatment control condition. The family intervention component was the main focus of this study. Children from 2<sup>nd</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> grades were drawn from the four schools that were randomly assigned to the family intervention component of MACS.

By using self-report, report by others, and measures of "family relation and parenting characteristics", the study included comparisons made to a set of control families.

## Variables Measured

Changes in prosocial and antisocial behavior will be compared across all four intervention conditions of the evaluation. Context effects, the extent of implementation, participant characteristics, social stress moderators, and measures of pre-intervention risk will also be investigated in the evaluation. Process measures assessing motivation, change in behavior, and attitudes toward the leader and program will be completed by parents, children, and leaders at the completion of the evaluation.

## Results

An impact evaluation of the prevention program requires the gathering of data for several years following completion of the intervention.

Author/Editor: Janelle Brown/Robert Boruch, 3/25/02.

Entry by: Sujie Shin, 5/08/02. Julia Lavenberg, 6/14/02.

305. Townsend, M. A. R., Hicks, L., Thompson, J. D. M., Wilton, K. M., Tuck, B. F., & Moore, D. W. (1993). Effects of Introductions and Conclusions in Assessment of Student Essays. Journal of Educational Psychology, 85(4), 670-678.  
Abstract: To study the effects of introductions and conclusions on the evaluation of student essays, 154 undergraduates graded 10 essays in which the quality of introduction or conclusion was varied. Quality of the introduction had a greater effect on the grade than did quality of the conclusion. (SLD) This study takes place in New Zealand. ERIC abstract entered into C2-SPECTR 5/15/03 by J. Lavenberg.
306. Troutt-Ervin, E. D. (1990). Application of keyword mnemonics to learning terminology in the college classroom. Journal of Experimental Education, 59(1), 31-44.
307. Trudeau, L., Lillehoj, C., Azevedo, K., & Spoth, R. (2003). Effects of a family-focused preventive intervention on growth in adolescent alcohol use and internalizing symptoms. 11th Annual Meeting of the Society for Prevention Research.  
Abstract: Recent research has evaluated the influence of early adolescence substance use on later psychiatric disorders, such as major depressive disorder. Findings suggest a unidirectional developmental pathway, whereby earlier substance use affects later major depressive disorder, rather than a reciprocal relationship between depressive disorder and substance use. Therefore, early adolescent substance use preventive interventions that slow the growth of substance use in adolescent general populations would likely decrease the prevalence of major depressive disorder in later adolescence and adulthood. Using data from a large scale randomized trial of a family-focused preventive intervention, the current study examined the longitudinal effects of the Iowa Strengthening Families Program (ISFP; Kumpfer, Molgaard, & Spoth, 1996) on alcohol use and internalizing symptoms. Following random assignment to intervention condition, data were collected from families with a middle-school aged child in 22 rural schools in a Midwestern state. All families in the school district were recruited for the study; 51% participated in at least one wave of data collection. Adolescents were interviewed during the fall semester of sixth grade prior to the intervention. Subsequently, participants were followed through the 11th grade. Adolescents with complete information through all six waves of data collection (N=233) provided data for analyses. Internalizing symptoms were self-reported using the Child Behavior Checklist (Achenbach, 1991); the self-report alcohol use index combined four questions related to alcohol use. Results of structural equation modeling (SEM) analyses that evaluated intervention effects on growth trajectories of both internalizing symptoms and the alcohol use index showed a significant effect of the intervention on both growth trajectories. An associated growth curve model demonstrated a significant effect of the internalizing intercept on the alcohol use index slope. In addition, a cross-lagged SEM model demonstrated significant reciprocal effects for earlier levels of the variables on one another for both intervention conditions.  
To summarize, the preventive intervention had a positive effect on both alcohol use and internalizing symptoms for the Midwestern young adolescents in this study. Adolescents who were assigned to schools that were offered the preventive intervention showed lower rates of increase in alcohol use and declining levels of internalizing symptoms compared with adolescents in the control condition. In addition, for both intervention conditions, higher levels of alcohol use were positively associated with later levels of internalizing symptoms and higher levels of internalizing were positively associated with later levels of

alcohol use. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

308. Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K. A. S. (2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. Prevention Science, 4(109-122).
309. Tuckman, B. W. (1993). The coded elaborative outline as a strategy to help students learn from text. Journal of Experimental Education, 62(1), 5-13.
310. Unti, L. M., Coyle, K. K., Woodruff, B. A., & Boyer-Chuanroong, L. (1997). Incentives and motivators in school-based hepatitis B vaccination programs. Journal of School Health, 67(7), 265-268.  
Abstract: Study objective: Examines ways to motivate students to obtain parental consent for participation in a school based hepatitis vaccination program  
Target population: Seventh grade students  
Intervention: Use of peer incentives  
Theory: None stated  
Study design: 4 schools were randomly assigned to wither (1) peer incentives plus individual incentives, or (2) individual incentives alone  
Variables measured: Return rate of parental consent forms  
Results: Initial return rates were higher in the schools with peer incentives; after follow-up efforts, total return rates were similar in all schools

Structured description created by J. Lavenberg and entered into C2-SPECTR on 11/7/03.

311. Van Lier, P., Crijnen, A., & Muthen, B. (2003). Good Behavior Game: Impact of a universal, classroom-based preventive intervention program targeting disruptive behavior i young elementary schoolchildren. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: The positive impact of the Good Behavior Game, a universal preventive intervention, on disruptive behavior in the classroom will be demonstrated. A total of 666 first grade children and families from elementary schools in two large cities in the Netherlands were included in the trial. The impact of the GBG intervention on the development of disruptive behavior from children commencing through middle elementary school was analyzed. First we will give the results by comparing levels of DSM-IV defined syndromes of disruptive behavior (conduct problems, oppositional defiant disorder problems, attention-deficit/hyperactivity problems) between control group and intervention children at the end of the 2-year intervention period. Second, we will move on to estimating the developmental trajectories of children for each of these DSM-IV defined syndromes. For this, we used a Growth Curve Model. The development of all intervention children compared to all control children will be determined to assess the overall effects of the GBG on disruptive behavior. Third, methods of estimating differential developmental trajectories using General Growth Mixture Modeling (i.e. identifying groups of children differing in initial level and developmental course of disruptive behavior), the characteristics of children in these groups, factors associated with group-membership and the impact of the GBG on the identified developmental pathways will be presented. Positive results were found for the GBG on children with intermediate and high-risk for developing disruptive behavior disorders. The GBG is recommended as a building stone in prevention programs targeting aggression and disruptive behavior. The consequences for future universal and selective interventions will be discussed. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.
312. Vanfossen, B., Brown, C. H., Doering, S., & Kellam, S. (2003). The effects of community, social, and human capital on child aggression. 11th Annual Meeting of the Society for Prevention Research .  
Abstract: This paper investigates the relations among community context characteristics and the development of aggressive behavior among boys and girls between the 1st and 7th grades. The effects of community capital, social capital, and human capital on child development are analyzed in a multilevel framework. The research asks, do neighborhood characteristics affect the development of aggressive behavior of boys and girls, when human capital factors are controlled? And, are there gender differences in these effects? Community capital -- the institutional and structural strengths at the neighborhood level - is indicated by the degree of unemployment, poverty, and violence in 73 census tracts in Baltimore. Social capital -- the relationships among people in the community - is indicated by the degree of neighborhood residential mobility. Human capital -- characteristics and skills of individuals or parents

that increase child productivity - is indicated by family income and family structure. We use a multilevel structural equation model that incorporates latent growth variables to assess the importance of the neighborhood context in the shaping of child behavior. The neighborhood data consist of Baltimore census tract information for the measures of neighborhood economic health, unemployment, residential mobility, and professional and managerial workers, and Baltimore police crime data for the measures of neighborhood violence.

The child and family data come from the 1985-1993 years of the Baltimore Prevention Program's ongoing longitudinal randomized intervention study of the development of Baltimore school children between their 1st and 7th grades of schooling. In 1985, two successive cohorts of urban first-graders were recruited from 43 classrooms in 19 elementary schools located in 5 socio-demographically distinct areas in eastern Baltimore. Children were randomly assigned to control classrooms or to classrooms with one of two interventions. Aggression is measured by teacher ratings.

We find that community and social capital effects are robust, even after human capital controls are included. Median neighborhood income and neighborhood violence are powerfully related to the growth of child aggression in all models for both boys and girls. Residential mobility and neighborhood unemployment are moderately related. At the individual level, the income of the child's family has a modest negative relationship to the trajectory of aggressive behavior for both boys and girls. The effects of both child race and four types of family structure are negligible. The paper interprets these findings in the light of current theory about urban neighborhoods and child development, and suggests policy implications. Entered into C2-SPECTR on 7/1/03 by J. Lavenberg.

313. Villar, J., Bakketeig, L., Donner, A., Al-Mazrou, Y., Ba'aqueel, H., Belizán, J. M., Carroli, G., Farnot, U., Lumbiganon, P., Piaggio, G., & Berendes, H. (1998). The WHO antenatal care randomised controlled trial: Rationale and study design. *Pediatric and Perinatal Epidemiology*, *12*(Suppl. 2), 27-58.  
Abstract: This trial took place in Argentina, Cuba, Saudi Arabia, and Thailand. Brief abstract will be added soon. 5/21/03. JGL
314. Vogel, A. L., Morrow, C. E., Windham, A., Hanson, K. L., & Bandstra, E. S. (2003). The Starting Early Starting Smart prevention program: Impacting caregiver responsiveness in at-risk families with infants and toddlers. 11th Annual Meeting of the Society for Prevention Research.  
Abstract: The Starting Early, Starting Smart (SESS) National Initiative provided integrated parenting, mental health and substance abuse services to high-risk families with young children within pediatric healthcare and early childhood education centers. This report of a randomized clinical trial of the University of Miami's SESS Program focuses on program effects related to measures of caregiver responsiveness, an important correlate of the attachment relationship. A total of 242 newborn infants and their families were randomly assigned to the SESS Program (n = 121) or a Comparison group (community standard of care, n = 121). Families were enrolled based on meeting risk criteria related to substance abuse (53%), or mental health problems/parenting stress (47%). The sample was predominantly African American (58.7%) or Hispanic (27.3%). Treatment and comparison groups were equivalent on key demographic characteristics, and were predominantly single parent households with incomes below the poverty level. 236 (97.5%) families completed at least one follow-up assessment and were included in this report. Data collection time-points included enrollment, and follow-up assessments at 6, 12, and 18 months. Caregiver responsiveness was measured at follow-up visits using the HOME Inventory Responsivity subscale, the NCAST Teaching Response to Distress Contingency Subscale, and the NCAST Feeding Response to Distress Contingency Subscale. Generalized estimating equations were used to estimate the strength of association between treatment group assignment and each outcome, testing for program effects over time. SESS effects on parental responsiveness were most evident within the first year of life when the program's parenting interventions were most intensive. At 6 months, the SESS group scored significantly higher on the NCAST Feeding Response to Distress contingency scale (Beta = .52, p = .02). At 12 months, the SESS group scored significantly higher on the HOME Inventory Responsivity scale (Beta = .63, p = .04) and the NCAST Teaching Response to Distress contingency scale (Beta = .35, p = .05). Other 6 and 12 month findings were not significant although means were in the expected direction. At 18-months the responsiveness variables were more similar between the groups, suggesting dissipation in program effects as participation in SESS parenting interventions decreased. Findings are consistent with other prevention work suggesting that effects are most easily detected during the period of most intensive intervention. Early prevention efforts focused on the attachment relationship and caregiver responsiveness have important implications for optimizing development, and high-risk families may need long-term intervention to maintain treatment effects. Entered into C2-SPECTR on

315. Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster J.L., Toomey, T. L., Perry, C. L., & Jones-Webb, R. (2000). Communities mobilizing for change on alcohol: Outcomes from a randomized community trial. Journal of Studies on Alcohol, 61 (1), 85-94.  
Abstract: brief summary to be added soon.5/27/03.JGL
316. Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J. L., Toomey, T. L., Perry, C. L., & Jones-Webb, R. (1997). Communities mobilizing for change on alcohol (CMCA): outcomes for a randomized trial. University of Minnesota.
317. Wagenaar, A. C., Murray, D. M., & Toomey, T. L. (2000). Communities mobilizing for change on alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. Addiction, 95(2), 209-217.  
Abstract: brief summary to be added soon. 5/27/03.JGL
318. Wagenaar A. C., Murray, D. M., Wolfson, M., Forster, J. L., & Finnegan, J. R. (1994). Communities mobilizing for change on alcohol: design of a randomized community trial. Journal of Community Psychology, (CSAP special issue), 79-101.
319. Wagenaar, A. C., & Wolfson, L. M. (1993). Tradeoffs between Science and Practice in the Design of a Randomized Community Trial: Community Trials Design Issues. T. K. Greenfield, & R. Zimmerman Experiences in Community Action Projects: New Research in the Prevention of Alcohol and other Drug Problems (pp. 119-129). Rockville, MD: Center for Substance Abuse Prevention.
320. Walker, J. G., Johnson, S., Manion, I., & Cloutier, P. (1996). Emotionally Focused Marital Intervention for Couples With Chronically Ill Children. Journal of Consulting and Clinical Psychology, 64(5), 1029-1036.  
Abstract: **Background and Objectives**

This study was a randomized control trial that assessed the efficacy of emotionally focused therapy (EFT) in decreasing marital distress in this population of couples. EFT appears particularly appropriate for couples with chronically ill children because the difficulties with communication, intimacy, and affect that characterize these couples' relationships are the key elements addressed by this therapeutic approach.

### **Intervention and Target Populations**

EFT, a synthesis of experiential and systemic approaches to intervention, was modified for couples with chronically ill children and conducted with individual couples. Therapy followed a treatment manual in which the treatment process evolved through nine steps that occurred in a cyclical manner. The therapist may circle back to previous steps as necessary, or initiate the new cycle of steps when appropriate.

Participants included a volunteer sample of couples with a chronically ill child seen at a tertiary care pediatric hospital. The couples had to be experiencing marital distress as indicated by a Dyadic Adjustment Scale (DAS) score of 110 for the partner who indicated the greater marital distress. The illness had to have been diagnosed more than 12 months, require ongoing parental medical management of the child, and have a risk of mortality. In total, 68 couples indicated initial interest in participating, 43 couples were interviewed, and 32 couples meeting the criteria were chosen. The average age was 38.1 years for husbands and 35.7 years for wives. Couples were married an average of 11.3 years. They had an average of 2.25 children, and their ill child was on average 7.3 years of age and had been chronically ill for an average of 4.8 years.

### **Theory**

Pediatric chronic illness requires that parents play the primary role in managing the medical care needs of the child. Consequently, there are resultant stressors on these parents including financial and physical burden, changes in parenting roles, sibling resentment, social isolation, and grief. Given the significant stressors that parents face, it is reasonable to expect that marital relationships would be impacted. Controlled studies demonstrate that couples with chronically ill children report greater marital distress when compared with samples of matched couples with healthy children. The literature suggests that conflict, poor communication, role incongruity, and a lack of intimacy and positive affect are the issues that typically characterize these couples' relationships.

## Evaluation Design

Thirty-two couples with chronically ill children seen at a tertiary care pediatric hospital were block randomized to either the intervention group (16 couples) or to a wait-list control group (16 couples). Block randomization was based on a coin toss after the initial assessment was completed. Both groups were assessed on all dependent measures prior to treatment, at the end of treatment, and at a 5-month follow-up.

## Variables Measured

Variables measured included the total scale scores on the Dyadic Adjustment Scale (DAS), the Miller Social Intimacy Scale (MSIS), the Communication Skills Test (CST), and the Couples Therapy Alliance Scale (CTAS). The CST had inadequate data at follow-up and was not included in the analyses.

## Results

When compared with a no-treatment waitlist, EFT was observed to be effective in decreasing marital distress in couples with chronically ill children. These effects were seen statistically and clinically and were maintained at a 5-month follow-up. The significant between group difference found for improvement, recovery, and deterioration adds further confidence in the treatment's efficacy.

321. Wang, A. Y., Thomas, M. H., & Ouellette, J. A. (1992). Keyword Mnemonic and Retention of Second-Language Vocabulary Words. *Journal of Educational Psychology*, 84(4), 520-528.  
Abstract: Findings from 4 experiments with a total of 218 college students, in which the retention interval for second-language vocabulary words was treated as a between-subjects factor, indicate that long-term forgetting is greater for learners instructed to use the keyword mnemonic than for learners engaged in rote rehearsal. (SLD)  
Notes: Portions of the paper were presented at the Annual Meeting of the American Psychological Assn. (96th, Atlanta, GA, August 12-16, 1988), the Southeastern Psychological Assn. (Atlanta, GA, April 1990), and the Psychonomic Society (San Francisco, CA, November 1991). ERIC abstract. Entered into C2-SPECTR on 5/15/03 by J. Lavenberg.
322. Wasik, B. A., & Bond, M. A. (2001). Beyond the Pages of a Book: Interactive Book Reading and Language Development in Preschool Classrooms. *Journal of Educational Psychology*, 93(2), 243-50.  
Abstract: The effects of a book reading technique called interactive book reading on the language and literacy development of 4-year-olds from low-income families were evaluated. Teachers read books to children and reinforced vocabulary in the books by presenting objects that represented the words and providing opportunities to use the words. (BF)
323. Wawer, M. J., Sewankambo, N. K., Serwadda, D., Quinn, T. C., Paxton, L., Kiwanuka, N., Wabwire-Mangen, F., Li, T., Nalugoda, F., Gaydos, C. A., Moulton, L. H., O Meehan, M., Ahmed, S., Rakai Project Study Group, & Gray, R. H. (1999). Control of Sexually Transmitted diseases for AIODS Prevention in Uganda: A Randomized Trial. *LANCET*, Volume 353, 525-535.  
Abstract: **Background and Study Objectives**  
Evidence from at least one earlier trial, in Tanzania, suggests that population level efforts, made at the village or township level, can reduce incidence off HIV infection significantly. This study was mounted to deploy a community level program in communities in Rakai Province, Uganda, and to estimate the effects of the intervention relative to control communities.

## Intervention and Target Population

The intervention was designed to provide all consenting adults in the target communities with STD therapy in their homes every 10 months. Individuals need not have developed observable symptoms to be eligible for therapy, and therapy was provided regardless of laboratory test results.

The STD mass therapy provided to this intervention group included azithromycin, ciprofloxacin, and metronidazole, given over a four day period in each community. The nonintervention communities were offered an anthelmintic drug, iron folate tablets, and low dose multivitamins.

People in both the STD mass therapy communities and the comparison communities were provided with the same HIV prevention education programs, free condoms, free visits to mobile clinics, and confidential testing and counseling services.

The choice of eligible target communities was based on several criteria, including year round road access,

the stability of the population, and projected incidence of HIV-1.

### **Theory**

The logic underlying the mass therapy strategy is that such therapy can be more effective and effectively deployed at the community level than therapy delivered at the individual level. The drugs were selected for use based on prior research suggesting when and at what dose level they would be effective, and with what side effects.

### **Evaluation Design**

This was a cluster randomized trial. Fifty six communities were identified as eligible and put into 10 clusters based on contiguity. Clusters then encompassed social, geographical, and presumably sexual networks. The clusters were blocked based on projections of possible HIV-1 infections. They were then randomly allocated within block to the main intervention, Mass STD strategy, and to a control condition. Each treatment group then included five clusters.

### **Variables Measured**

Both interview data and biological data were obtained from consenting participants in all households in each community every 10 months for five rounds of ten months each. (This report is on the first three rounds). The trialists scheduled three return visits to capture information on members of households who were absent during any given first visit in a round.

Consenting participants provided information about their marital and consensual partners, and about socio-demographic, health, and behavior related to STDs. Venous blood samples were taken for assays of STDs. Urine samples and vaginal swabs were also taken for STD laboratory testing. Ulcer swabs were obtained from people with genital ulcers.

### **Results**

A majority of people in both the intervention group and the control group consented to enrollment on each round of the study, roughly 91% and 95% respectively. Not all of these people provided biological samples. The intervention and control groups did not differ. Chance differences at baseline were taken into account in the analysis.

There was “no significant difference in consistent condom use between the groups.” (p.529). The intervention led to higher proportion of respondents seeking treatment at clinics or from project personnel. Syphilis prevalence decreased in both groups but decreased more in the intervention group, 65% meeting test of cure standards in the former and 26% meeting this standard in the latter by the second and third rounds (20 and 30 months).

The Rakai project produced no discernable differences in HIV-1 infection rates between the intervention group and the control group over the three rounds of surveys reported in this study. The report goes into considerable detail about why the project did not detect any notable project effect on HIV-1 incidence. These results are in contrast to effects detected in the earlier trial in Mwanza Tanzania in which a 35% difference in HIV-1 infection rate was detected between intervention and control community clusters.

Author/Editor: Robert Boruch/No Editor, 12-23-01, Draft under revision

324. Webster-Stratton, C. (1998). Preventing conduct problems in Head Start children: Strengthening parenting competencies. Journal of Consulting and Clinical Psychology, 66, 715-30.
325. Weisberg, H. I. (1978). How Much Does ESAA Really Accelerate Academic Growth? Journal of Educational Statistics, 3(1), 69-78.  
Abstract: A re-analysis of evaluation data concerning the emergency school aid act shows that findings of the original evaluators are open to multiple interpretations. (Jks) [By permission, ERIC Processing and Reference Facility, US Department of Education]
326. Weisburd, D. (2002). Hot Spots Policing Experiments and Criminal Justice Research: Lessons from the field. Campbell Collaboration Conference on Place Randomized Trials sponsored by the Rockefeller Foundation .  
Abstract: “Hot Spots Policing” is an unusual example of a criminal justice practice that has been developed and evaluated primarily in the context of randomized experiments. In this paper the emergence of this police practice is described and factors that led to the use of place based randomized

experimental evaluations examined. Using a case study approach, two hot spots experiments--the Minneapolis Hot Spots Experiment (Sherman and Weisburd, 1995) and the Jersey City Drug Market Analysis Experiment (Weisburd and Green, 1995) are used to identify factors that facilitate and inhibit development and implementation of randomized trials with particular focus on the special problems or advantages of place based experiments. The paper also discusses why the successful example of experiments in hot spots policing has not inspired similar place based randomized trials in other areas of policing or criminal justice.

I draw eight specific lessons regarding the implementation and development of place based randomized trials and experimental methods more generally:

- 1) A crisis in the legitimacy of conventional practices is likely to facilitate the development of experimental study.
- 2) There must be a predisposition towards experimental methods if experimental designs are to succeed either in scientific review or in the political processes that lead to funding allocations.
- 3) Governmental encouragement and support for experimental methods is likely to lead to much broader participation of public criminal justice agencies in experimentation than has been commonly assumed.
- 4) Random allocation of places can lead to fewer ethical objections to experimental study. However, such methods may increase the likelihood that special interest groups will lobby for the application of treatments in their communities.
- 5) Monitoring treatment fidelity is essential to successful experimentation. Such monitoring may be facilitated by the use of place as a unit of analysis in place based randomized trials.
- 6) Strong hierarchical controls within the institution administering treatment, and a collaborative involvement of an individual able to utilize such authority, is likely to facilitate the implementation of a place based trial.
- 7) The more complex the treatment or intervention, the more coercive the mechanisms that are likely to be necessary for maintaining treatment integrity.
- 8) Place based studies are likely to face strong limitations in the number of sites that can be identified or treated. Block randomization provides a method for overcoming some problems related to restrictions in sample size, including ensuring the equivalence of groups and maximizing statistical power of tests employed.

Paper presented at the Campbell Collaboration Conference on Place Randomized Trials (November 11-15, 2002) and sponsored by the Rockefeller Foundation.

entered into SPECTR : 12/24/02

327. Welsh, M. J., Feldblum, P. J., Kuyoh, M. A., Mwarogo, P., & Kingu, D. (2003). Condom use during a community intervention trial in Kenya. International Journal of STD & AIDS, 12(7), 469-474.  
Abstract: A cluster randomized trial in which agricultural sites in Kenya were the unit of randomization.
328. Whinnery, K. W., & Fuchs, L. S. (1993). Effects of Goal and Test-Taking Strategies on the Computation Performance of Students with Learning Disabilities. Learning Disabilities Research & Practice, 8(4), 233-243.  
Abstract: This study, involving 40 students (grades 2-8) with learning disabilities, found that students who participated in curriculum-based measurement test-taking strategy training scored higher on a posttreatment computation test than students without the strategy training. Use of a goal strategy did not result in any achievement differences. (Author/jdd) [By permission, ERIC Processing and Reference Facility, US Department of Education]
329. Whitehurst, G. J., Epstein, J. N., Angell, A. L., Payne, A. C., Crone, A., & Fischel, J. E. (1994). Outcomes of an Emergent Literacy Intervention in Head Start. Journal of Educational Psychology, 86(4), 542-55.  
Abstract: Four-year olds (n=167) in Head Start were assigned to an intervention condition involving an add-on emergent literacy curriculum or the regular Head Start program. Intervention effects were large for writing and print domains and were noted for language when primary caregivers were actively involved in the intervention. (SLD)
330. Whitehurst, G. J., Zevenbergen, A. A., Crone, D. A., Schultz, M. D., Velting, O. N., & Fischel, J. E. (1999). Outcomes of an emergent literacy intervention from Head Start through second grade. Journal of Educational Psychology, 91(2), 261-272.

Abstract: to be added at a later date.5/19/03.JGL

331. Wight, D., Raab, G. M., Henderson, M., Abraham, C., Buston, K., Hart, G., & Scott, S. (2002). Limits of teacher delivered sex education: Interim behavioural outcomes from randomised trial. British Medical Journal, *324*, 1430-1435.  
Abstract: This article reports on a study in which 25 schools in east Scotland were randomly assigned to (a) participate in the Sexual Health and Relationships: Safe, Happy, and Responsible (SHARE) intervention, or (b) continue with the existing sex education curriculum. The students were 13-15 years of age at baseline. Main outcome measures were self reported exposure to sexually transmitted disease, use of condoms and contraceptives at first and most recent sexual intercourse, and unwanted pregnancies. The authors conclude that this intervention did not reduce sexual risk taking among these adolescent participants. Brief summary created by J. Lavenberg and entered into C2-SPECTR 5/13/03.
332. Wiist, W. H., Jackson, R. H., & Jackson, K. W. (1996). Peer and community leader education to prevent youth violence. American Journal of Preventive Medicine, *12*(Suppl 2), 56-64.  
Abstract: brief summary will be added soon. 5/27/03.JGL
333. Wilder, A. A., & Williams, J. P. (2001). Students with Severe Learning Disabilities Can Learn Higher Order Comprehension Skills. Journal of Educational Psychology, *93*(2), 268-78.  
Abstract: An instructional program designed to help middle school students with severe learning disabilities learn about story themes, and focused on enhancing ability to generalize to themes not included in the instruction, was evaluated. Findings indicate students with learning disabilities can profit from instruction geared toward abstract higher order comprehension when it is designed according to particular requirements. (BF)
334. Williams, J. P., Lauer, K. D., Hall, K. M., Lord, K. M., Gugga, S., Bak, S.-J., Jacobs, P. R., & deCani, J. S. (2002). Teaching Elementary School Students To Identify Story Themes. Journal of Educational Psychology, *94*(2), 235-48.  
Abstract: An instructional program focused on story theme was administered to 2nd and 3rd graders in a high-poverty school. Compared with traditional instruction, the program improved theme comprehension and identification of instructed themes in new stories. However, the program did not help students apply a theme to real-life situations or identify and apply noninstructional themes. (Author)
335. Williams, J., Karas, C., Lemke, S., Stanifer, D., Thornton, A., Meyer, B., Vega, V., Henry, M., Sloboda, Z., Stephens, R. C., & Huskins, D. (2003). The consent process and incentive effectiveness: Adolescent Substance Abuse Prevention Study (ASAPS). 11<sup>th</sup> Annual Meeting of the Society for Research Prevention  
Abstract: The Adolescent Substance Abuse Prevention Study, funded by the Robert Wood Johnson Foundation, is assessing the combined impact of 7th and 9th grade interventions on a cohort of 7th graders. D.A.R.E. officers are trained by the University to deliver the programs. Using an experimental design, school clusters, including a high school and all its middle schools, that agree to random assignment and to participation up to 3 years in the study were randomly assigned to receive the new curricula or to continue the prevention programming already in their schools. 83 school clusters (83 high schools and 122 middle schools) from a 50 mile radius around the following core cities: Detroit, Houston, Los Angeles, Newark (NJ), New Orleans and St. Louis and their over 34,000 7th grade students are participating in the study. School clusters were recruited to represent high and low stress (based on an index that includes the percentage of students in the school district who are eligible for the free lunch program and the percentage representing minority groups). Approximately half of the school clusters were randomly selected to receive the new curriculum. The consent process followed specific University of Akron IRB protocols for active parental consent. The 7th grade cohort consisted of 34,076 students. Of this number 71% of the students returned consent forms, of the returns 56% were positive. Incentives were used to encourage return of consent forms. Administrative, teacher and student incentives were used to enhance returns of the consent forms. The poster presentation will use charts, graphs and brief narratives to illustrate regional and national differences and similarities regarding: types of incentives, effectiveness of different incentives, acceptance by school personnel and community when using incentives, the role, positive and negative, of school personnel in the process, the impact incentives appeared to have on the consent process results and regional variances in types and acceptance of incentives. Entered into C2-SPECTR on 6/23/03 by J. Lavenberg.

336. Wong, B. Y. L., Kuperis, S., Jamieson, D., Keller, L., & Cull-Hewitt, R. (2002). Effects of guided journal writing on students' story understanding. Journal of Educational Research, 95(3), 179-190.  
Abstract: This article reports on a trial in which 3 English classes at a high school in Greater Vancouver, Canada were randomly assigned to treatment.
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Abstract: Analyses of data from a nutrition education program were compared for multiple regression analysis using individual subject data, multiple regression using classroom data, two-level random effects model (rem) with subjects clustered within classrooms, and two-level rem with subjects clustered within sites. Advantages of rem are discussed. (Sld) [By permission, ERIC Processing and Reference Facility, US Department of Education]
338. Worden, J. K., Solomon, L. J., Flynn, B. S., Costanza, M. C., Foster Jr., R. S., Dorwaldt, A. L., & Weaver, S. O. (1990). A community-wide program in breast self-examination training and maintenance. Preventive Medicine, 19, 254-269.  
Abstract: This article reports on a trial in which four communities in Vermont (United States) were randomly assigned to receive (a) breast self examination training plus maintenance; (b) training alone; (c) control, with full measurement; or (d) low-measurement control.  
Entered into C2-SPECTR on 7/28/03 by J. Lavenberg.
339. Wyatt, J. C., Paterson-Brown, S., Johanson, R., Altman, D. G., Bradburn, M. J., & Fisk, N. M. (1998). Randomised Trial of Educational Visits to Enhance Use of Systematic Reviews in 25 Obstetric Units. BMJ, 317(7165), 1041-6.  
Abstract: OBJECTIVE: To evaluate the effectiveness of an educational visit to help obstetricians and midwives select and use evidence from a Cochrane database containing 600 systematic reviews. DESIGN: Randomised single blind controlled trial with obstetric units allocated to an educational visit or control group. SETTING: 25 of the 26 district general obstetric units in two former NHS regions. SUBJECTS: The senior obstetrician and midwife from each intervention unit participated in educational visits. Clinical practices of all staff were assessed in 4508 pregnancies. INTERVENTION: Single informal educational visit by a respected obstetrician including discussion of evidence based obstetrics, guidance on implementation, and donation of Cochrane database and other materials. MAIN OUTCOME MEASURES: Rates of perineal suturing with polyglycolic acid, ventouse delivery, prophylactic antibiotics in caesarean section, and steroids in preterm delivery, before and 9 months after visits, and concordance of guidelines with review evidence for same marker practices before and after visits. RESULTS: Rates varied greatly, but the overall baseline mean of 43% (986/2312) increased to 54% (1189/2196) 9 months later. Rates of ventouse delivery increased significantly in intervention units but not in control units; there was no difference between the two types of units in uptake of other practices. Pooling rates from all 25 units, use of antibiotics in caesarean section and use of polyglycolic acid sutures increased significantly over the period, but use of steroids in preterm delivery was unchanged. Labour ward guidelines seldom agreed with evidence at baseline; this hardly improved after visits. Educational visits cost pound860 each (at 1995 prices). CONCLUSIONS: There was considerable uptake of evidence into practice in both control and intervention units between 1994 and 1995. Our educational visits added little to this, despite the informal setting, targeting of senior staff from two disciplines, and donation of educational materials. Further work is needed to define cost effective methods to enhance the uptake of evidence from systematic reviews and to clarify leadership and roles of senior obstetric staff in implementing the evidence.
340. Yato, L., & Riccio, J. (2001). Building New partnerships for Employment: Collaboration among Agencies and Public Housing Residents in the Jobs-Plus Demonstration. New York: Manpower Demonstration Research Corporation.  
Abstract: **Background and Study Objectives**  
This and other reports focus on Jobs-Plus, a demonstration program designed to enhance employment, earnings, and self-sufficiency in complete housing developments. The studies aim to estimate relative effects of Jobs-Plus on adults, children, and youth, and to document the extent to which Jobs-Plus was implemented and how it was implemented in seven cities.

### **Intervention and Target Population**

Jobs-Plus is a saturation employment initiative directed toward people who live in public housing developments. The three main activities involve (a) implementing best practices in employment and training through the development, (b) providing financial incentives to work, including waivers from income based residence rules, and (c) community supports for work.

The individual level targets are people living in each housing development, especially adults. Children in the sites are also part of the target population. The organizations within development, such as renters coalitions, are part of the target. At the highest level of aggregation, the entire housing development and everyone and all organizations in it is the target.

The interventions have been deployed in Baltimore, Chattanooga, Cleveland, Dayton, Los Angeles, Seattle, and St. Paul. Not all sites are included in all analyses.

### **Evaluation Design**

Estimates of Jobs-Plus' relative effect are based on a randomized trial design. Within each of the seven cities, in the trial, housing developments are matched then randomly assigned to Jobs-Plus and a control condition. This randomized design is coupled to a time series analysis of data from both Jobs-Plus and control sites.

### **Variables Measured**

The main economic outcomes include employment, earnings, and welfare receipt. Data come from Unemployment Insurance (UI) records on earnings from over 28 quarters.

Outcomes data collected for children concern health insurance, extracurricular activities, suspensions and expulsions from school, and involvement with police such as arrest. Both positive and negative outcome, measurable before and after Jobs-Plus, was deployed in each site.

### **Results**

The study is underway.

Author/Editor: Boruch/No Editor, 10/18/01, Draft

341. Yin, R. K., Kaftarian, S. J., Yu, P., & Jansen, M. A. (1997). Outcomes From CSAP's Community Partnership Program: Findings >From the National Cross-Site Evaluation. *Evaluation & Program Planning*, 20(3), 345-355.
- Abstract: The impact of the Center for Substance Abuse Prevention's (CSAP's) community partnership programs on the prevalence rates of substance abuse was examined through analysis of outcome survey data collected from 24 program & 24 comparison communities (total N = 83,463 8th & 10th graders & adults) midway through program grant period & near completion of program operation. Two approaches were used for statistical analysis: (1) aggregate pooled, ie, analysis of all partnership & comparison communities; & (2) analysis of individual partnerships compared to matched comparison communities. Pooled analysis revealed an overall trend toward program reduction of substance abuse. Partnership comparison analysis revealed that 33% had significantly lower substance prevalence rates than their comparison communities. Limitations of the data & its interpretation are discussed. 8 Tables, 26 References. Adapted from the source document. [The Sociological Abstracts database is now published by Cambridge Scientific Abstracts, who holds the copyright. 1999. All rights reserved.]