

Program/Study	Program Type / Target Popul.	Evaluation Design / High Fidelity Sample	Full Sample Results	High Fidelity Results
<p>Abbott, O'Donnell, Hawkins, Hill, Kosterman, & Catalano, 1998</p> <p>Seattle Social Development Project</p>	<p>Intervention to modify teaching practices in grades 1-6 (full intervention). This study focused on teachers in grades five and six (a late intervention condition).</p>	<p>Non-randomized field trial in which an intervention initiated in grade one was nested within a longitudinal panel study. All consenting fifth grade students in 18 public schools in Seattle included in this study.</p> <p>Classroom observation ratings determined the extent that targeted teaching strategies used by each teacher. Teaching practices applied with fidelity received +1, 0 for ineffective strategies, and -1 for strategies in conflict with program. These scores were transformed into a single implementation score ranging from 23 to 46.</p>	<p>Intervention produced higher student achievement.</p>	<p>Results primarily among high implementation teachers.</p> <p>The degree of implementation resulted in significant differences in opportunities for involvement, actual involvement in the classroom, and reinforcement for classroom involvement, and higher levels of bonding to the school. Student achievement marginally significant.</p>
<p>Allen, Philliber, & Hoggson, 1990</p> <p>Teen Outreach Program</p>	<p>Dropout & pregnancy prevention for junior and high school students at risk of dropout and teenage pregnancy</p>	<p>Matched control group in 35 sites in 30 schools nationwide</p> <p>Dosage - total volunteer hours and total classroom hours</p>	<p>Overall results showed significantly lower levels of suspension, dropout, and pregnancy.</p>	<p>Results stronger.</p> <p>Students in programs where more volunteer work was performed had fewer problems at exit. More classroom hours and higher levels of curriculum use were related to fewer problems for younger students but not older students.</p>

<p>Battistich, Schaps, Watson, Solomon, & Lewis, in press Child Development Project</p>	<p>School-based comprehensive, ecological intervention program for elementary school students (K-8)</p>	<p>Quasi-experimental cohort sequential design with 24 matched schools (12 experimental and 12 control) High fidelity sample included schools in which most or all of teachers showed at least moderate positive changes in implementation scores from baseline over the 3 implementation years (n=5)</p>	<p>Significantly less alcohol use among program students compared to controls.</p>	<p>Results primarily in high implementation schools. High implementation schools showed reductions in alcohol and marijuana and increases in school bonding and intrinsic academic motivation, acceptance of out groups, conflict resolution, and concern for others. 52% of outcomes showed statistically reliable effects favoring students in the 5 high implementation schools, and there were no significant effects favoring control schools.</p>
<p>Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990 Life Skills Training</p>	<p>Drug prevention targeted at junior/middle schools</p>	<p>Randomized trial including 56 public schools (n=4,466 students). 3-year follow-up at end of grade 9. E1 - one day formal training. E2 - videotape training High fidelity sample (n=3,684 from 50 schools) received 60% of intervention over 3 years, based on classroom observations of objectives covered.</p>	<p>No effects in full sample</p>	<p>Results only among students with high implementation teachers. Significant reductions in cigarette smoking and marijuana use (E1 and E2) compared to controls, and frequency of getting drunk less for E2 condition than controls.</p>

<p>Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995 (6 year follow-up of Botvin et al., 1990, see above) Life Skills Training</p>	<p>Drug prevention targeted at junior/middle schools</p>	<p>Randomized trial including 56 public schools. 6-year follow-up at grade 12. E1 - one day formal training. E2 - videotape training High fidelity sample received 60% of intervention over 3 years, based on classroom observations of objectives covered.</p>	<p>Weekly and monthly cigarette smoking and heavy drinking in both intervention groups lower than control group. Heavy smoking in E2 group only lower than control group.</p>	<p>Results stronger & more outcomes significant. The experimental groups were significantly different from the control group for all measures of cigarette use, weekly alcohol use, 3 drinks or more per occasion, drunk, and weekly marijuana use. Monthly marijuana use was lower for E1 compared to the control group. Monthly alcohol use was lower for E2 compared to controls.</p>
<p>Botvin, Baker, Filazzola, & Botvin, 1990 Life Skills Training</p>	<p>Drug prevention in junior/middle school</p>	<p>10 schools (7th graders) randomly assigned to (1) LST taught by older peer leaders, (2) taught by teachers, (3) LST with 8th grade booster taught by peers, (4) LST with 8th grade booster taught by teachers, (5) control group. (n=998 students at 1 year follow-up) Teachers were rated on a scale of 1 to 5 by field staff who had observed implementation. Teachers who received ratings of 4 or 5 constituted a restricted sample of high fidelity implementors.</p>	<p>At the one-year follow-up, the peer-led booster condition was the only one to produce significant behavioral effects on smoking (4 of 4 measures), alcohol (1 of 5 measures), and marijuana (2 of 5 measures). No differences between teacher-led conditions and controls. In some instances, the teacher-led booster condition produced results which were worse than the control condition.</p>	<p>Only results in high implementation sample for teacher-led condition. Differences favoring teacher-led condition on proportion of weekly and daily smokers and smoking index for females; ever use of marijuana for females; and weekly alcohol use and drunkenness index.</p>

<p>Botvin, Dusenbury, Baker, James-Ortiz, & Kerner, 1989</p> <p>Life Skills Training</p>	<p>Drug prevention for junior/middle school</p>	<p>Random assignment of 8 schools (7th grade, n=345 students) whose student body was at least 50% Hispanic.</p> <p>Classroom observers rated teachers on points and objectives made in lessons, resulting in a quantity score based on proportion of points made. Also assessment made of teacher effectiveness.</p> <p>Experimental group broken into 2 subgroups: high implementation (above the mean in terms of program completeness, n=156) and low implementation (n=99).</p>	<p>Intervention shows marginally significant reduction on smoking (p=.0618)</p>	<p>Effects due to high implementation.</p> <p>High levels of intervention significantly predicted reductions in smoking. No effects in the low implementation subgroup.</p> <p>This suggests that the marginally significant effect of the two combined treatment subgroups derive solely from the effects produced by the high implementation subgroup.</p>
<p>Connell, Turner, & Mason, 1985</p> <p>School Health Curriculum Project</p>	<p>Health instruction for grades 4 - 7</p>	<p>30,000 children in 1,071 classrooms from 20 states (article does not describe evaluation)</p> <p>Full implementation required instruction hours equal or greater than minimums prescribed by program designers, more than 80% of the program activities taught and greater than the program average degree of fidelity to program materials.</p>	<p>Significant differences between program and comparison classroom performance on program-specific knowledge, general attitude, and self-reported practices.</p>	<p>Results stronger.</p> <p>In comparison to differences reported for the entire sample of program classrooms, the effects in the classrooms that fully implemented are 5% greater for program-specific knowledge, 20% greater for general knowledge, 90% greater for attitude, and 85% greater for practice measures.</p>

<p>Dembo et al., 1999 Family Empowerment Intervention</p>	<p>Family preservation model using home visitation by paraprofessionals Juvenile offenders and their families</p>	<p>Youth randomly assigned to intervention or minimal control with monthly phone contact after stratification by gender, race, ethnicity. High fidelity sample completed 58% of program.</p>	<p>Reported getting high or drunk on alcohol less often than controls; less marijuana use.</p>	<p>More outcomes significant. Lower rates of delinquency (self-reported crimes against persons and total delinquency) and drug use (sales and frequency of getting very high or drunk on alcohol, frequency of marijuana) than youths not completing program. Lower rates of new charges and fewer new arrests.</p>
<p>Fagan, 1990 Violent Juvenile Offender Program</p>	<p>Reintegration program (transitional residential) for violent juvenile offenders</p>	<p>Random assignment to facility with treatment program or mainstream correctional facility (control) in 4 cities. A composite assessment (high, medium, low) of implementation was derived from implementation ratings for each of the program elements: case management, reintegration of multiple phases assessed through field observations, and reviews of program documents and individual case records.</p>	<p>Results are reported by site only—high implementation and low implementation sites.</p>	<p>Results only in high implementation sites. In the 2 sites with strong implementation, there were fewer arrests for felonies, fewer rearrests, and a longer interval until the first arrest over 3 at-risk periods. In the 2 sites with weak implementation, there were few significant differences over the 3 time periods in the recidivism indicators.</p>

<p>Flay, 2000</p> <p>Positive Action Program</p>	<p>Character education program that teaches students to feel good about themselves by doing positive actions.</p>	<p>Case study of one rural Florida school that implemented program during the 1999-2000 school year.</p> <p>Classrooms were classified as fully implemented (n=11), partially implemented (n=7), and sporadic or no implementation (n=7). It was not reported how these categories were derived.</p>	<p>No full sample results.</p>	<p>Results stronger.</p> <p>Kindergarten Students: More improvement in positive behaviors with more implementation.</p> <p>Grade 1-3 Students (analysis limited to 2 levels of implementation, some/most or all): In fully implemented classrooms, feelings of students about other people and themselves improved more; attitudes about doing positive behaviors improved while they decreased in classrooms that did not fully implement; and more time spent doing positive behaviors.</p> <p>Grade 4-5 Students: With more implementation, there was greater improvement in attitudes about positive behaviors and fewer negative behaviors (i.e., substance use and violence) and disciplinary referrals.</p> <p>With more implementation, teachers and parents also improved attitudes and behaviors.</p>
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<p>Henggeler, Melton, Brondino, Scherer, & Hanley, 1997</p> <p>Schoenwald, Henggeler, Brondino, & Rowland, 2000</p> <p>Multisystemic Therapy</p>	<p>Clinical, home-based family therapy</p>	<p>2x2x2 Condition (MST vs. Usual Juvenile Justice Services) x Time (pretest vs. posttest) x Site (Site 1 vs. Site 2) design, with random assignment to treatment conditions (n=155 chronic or violent juvenile offenders and their families).</p> <p>Factor analysis of a 26-item scale designed to measure family and therapist behaviors specific to the practice of MST (completed by parents, adolescents, and therapists) after randomly selected therapy sessions during the 4th and 8th weeks of therapy). Factor scores were derived from the average ratings from each time period, for each informant. Multiple regression was run against Time 2 outcome measures with the respective Time 1 variables and treatment adherence factors as independent variables.</p>	<p>MST significantly improved adolescent psychiatry and decreased incarceration by 47% at 1.7 year followup.</p> <p>No significant differences on arrests and criminal activity.</p>	<p>Outcomes were better in cases where treatment adherence ratings were high.</p> <p>Various aspects of adherence affect key ultimate outcomes. Specifically, parent and adolescent ratings of treatment adherence predicted low rates of arrest. Therapist ratings of treatment adherence and treatment engagement predicted decreased self-reported index offenses and low probability of incarceration.</p>
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<p>Olweus & Alsaker, 1991 Bullying Prevention Program</p>	<p>Anti-bullying program for primary and secondary students</p>	<p>Cohort longitudinal design with consecutive cohorts. Approximately 2500 students, originally in grades 4-7 from 42 Bergen, Norway, schools. A composite score was comprised at the classroom level for dosage (i.e., whether there were class rules against bullying, whether there had been regular class meetings about bully/victim problems, and whether the class had set up roleplays about bully/victim problems).</p>	<p>Bullying/victimization reduced; also reductions in general antisocial behavior such as vandalism, theft, and truancy; increase in student satisfaction.</p>	<p>Results stronger in high fidelity classrooms. Those classes that showed larger reductions in bully/victim problems had implemented the three components of the program to a greater extent than those with smaller changes.</p>
<p>Pentz et al., 1990 Pentz et al., 1989 Midwestern Prevention Project</p>	<p>Community-based drug prevention with middle/junior school students as primary focus</p>	<p>Quasi-experimental - 50 middle and junior schools in Kansas City SMSA. 8 schools randomly selected for longitudinal assessment. In the 42 schools a 25% sample of students was randomly selected by classroom in a cross sectional cohort design. Exposure was calculated by multiplying the number of sessions by average time per session and dividing by 60. The median was used to construct high and low implementation group.</p>	<p>One year after intervention drug use significantly higher in control than program condition for all measures of drug use; last month and last week alcohol, cigarette, and marijuana use.</p>	<p>Results stronger. Last month and last week cigarette, alcohol, and marijuana use (prevalence) significantly lower than control group. All scores in high implementation group also lower than those for low implementation group. The low implementation group had increase in use rates compared to the control group, although none of the comparisons were significant.</p>
