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Raising healthy children through enhancing social development in elementary school: Results after 1.5 years

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Abstract

This study examined results of a comprehensive, multifaceted longitudinal school-based prevention program called Raising Healthy Children (RHC). RHC focuses on enhancing protective factors with the goal of promoting positive youth development, reducing identified risk factors, and preventing adolescent problem behaviors. Participants included 938 elementary students from first or second grade who were enrolled in 10 area schools in the Pacific Northwest and randomly divided into two groups, those receiving RHC and peer controls. Analyses were conducted 18 months after implementation and focused on academic and behavioral improvements within the school environment. Results using hierarchical linear modeling showed that RHC students, compared to their peers who did not receive the intervention, had significantly higher teacher-reported academic performance (t ratio = 2.27, $p < .001$) and a stronger commitment to school (t ratio = 2.16, $p < .03$). Similarly, teachers reported that RHC students showed a significant decrease in antisocial behaviors (t ratio = -2.43, $p < .02$) and increased social competency (t ratio = 2.96, $p < .01$) compared to control peers. Regression results from parent-reported outcomes also showed that RHC students had higher academic performance, $\beta = .082$, $t = 2.72$, $p < .01$ and a stronger commitment to school, $\beta = .080$, $t = 2.45$, $p < .02$. Results from this study and their implications for early and long-term prevention are discussed. © 2003 Society for the Study of School Psychology. Published by Elsevier Science Ltd. All rights reserved.

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Introduction

In the past 10 years, there has been an increasing focus on developing early prevention programs for elementary students that cover a wide array of topics including violence (Greenberg & Kusche, 1998; Grossman, Neckerman, & Rivara, 1997), drug prevention (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995; Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999), social skills training (Embry, Flannery, Vazsonyi, Powell, & Atha, 1996), and academic skill enhancement (Slavin, 1988; Slavin et al., 1994; Stage, Sheppard, Davidson, & Browning, 2001). These programs hypothesize that early prevention will help reduce the likelihood of more chronic and difficult adolescent problem behaviors, such as school dropout, drug use, and chronic mental health problems. Although these programs tend to focus on one specific area of prevention, longitudinal results suggest multidimensional benefits (Conduct Problems Prevention Research Group [CPPRG], 1999; Grossman et al., 1997; Hawkins et al., 1999; Hawkins, Guo, Hill, Battin-Pearson, & Abbott, 2001). Thus, from a prereferral and psychological services standpoint, these programs provide a powerful strategy that benefits the school community while helping to reduce problematic behaviors in adolescents.

The antisocial behavior domain is one area of concern that has received significant attention (Aber, Jones, Brown, Chaudry, & Samples, 1998; CPPRG, 1999; Greenberg & Kusche, 1998; Kellam, Ling, Merisca, Brown, & Ialongo, 1998; Kellam, Rebok, Ialongo, & Mayer, 1994). Without intervention, early antisocial behavior has been shown to have a high degree of continuity when present during the early elementary years for both girls and boys (Cote, Zoccolillo, Tremblay, Nagin, & Vitaro, 2001; Tremblay, Pihl, Vitaro, & Dobkin, 1994). The spectrum of antisocial behaviors is quite wide (Loeber et al., 1993; Mrazek & Haggerty, 1994; Webster-Stratton, 1992) and is not limited to the diagnostic criteria that define oppositional defiant disorder and conduct disorder. Although significant changes in such behavior have been reported (Webster-Stratton, 1992), research examining these more severe forms of antisocial behavior in children and adolescents has shown that these behaviors are resistant to significant change longitudinally (Beelmann, Pfingsten, & Loesel, 1994; Coie, Underwood, & Lochman, 1991; Rutter, 1996) and are often precursors to other antisocial behaviors and chronic mental health problems (Cole, Martin, Powers, & Truglio, 1996; Hymel, Rubin, Rowden, & LeMare, 1990; Rutter, 1996; Welsh, Parke, Widaman, & O'Neil, 2001). In addition, some treatment approaches have been costly and are often plagued by high rates of relapse or recidivism (Jenson, Hawkins, & Catalano, 1986; Surgeon General, 1988). Antisocial behavior has been also associated longitudinally with substance use (Hawkins, Catalano, & Miller, 1992) and school dropout (Battin-Pearson et al., 2000; Newcomb et al., 2002).

The majority of programs developed in the 1980s focused on a single problem behavior, on risk reduction, and only addressed a few risk factors at a particular developmental period, usually early and late adolescence, and thus, were less likely to focus on protective factors (Hawkins et al., 1992; Mrazek & Haggerty, 1994; Weissberg & Greenberg, 1998). Over time this single focused approach, narrow range of risk factors addressed, and lack of focus on protective factors came under increasing criticism from practitioners and prevention scientists (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1999). Reviews of effective programs suggest that the most effective approaches address

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