# How do your students learn?





YES Neither YES





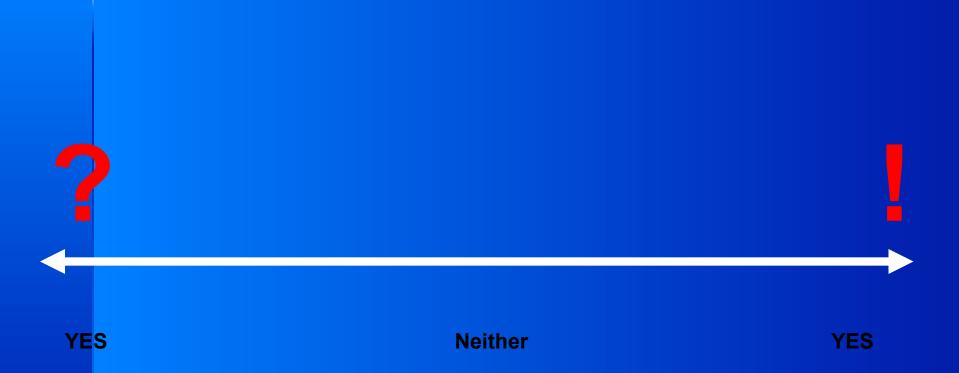
YES Neither YES



A good book fireside in Winter



Hiking on a spring day







YES Neither YES

### Raising Healthy Children

A Social Development

Approach to Prevention



April 11-13, 2012 San Antonio, Texas

For More Information about Raising Healthy Children go to <a href="https://www.sdrg.org">www.sdrg.org</a> and click on the





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### **Session Objectives**

- Understand the research foundation of Raising Healthy Children.
- 2. Identify the key components of the Raising Healthy Children program.
- Identify the long term outcomes from the tests of the program.
- 4. Understand what it takes to implement Raising Healthy Children.



# Research Advances in Prediction

- Longitudinal studies have identified the predictors of positive outcomes like success in school...
- As well as the predictors of substance abuse, violence, and other problem behaviors that interfere with student learning.



### **Thirty-two Years of Research on** the Raising Healthy Children

1980

1985-----1992 2000-2002

2012

1981-----2012

Seattle Social Development Project in Seattle Public Schools

**Raising Healthy Children in Renton Public Schools** 

Raising Healthy Children in Edmonds Public Schools

Raising Healthy Children in Everett, WA. Public Schools

Raising Healthy Children in Bedford, County, PA. Public Schools Raising Healthy Children in Navasota Independent School District, Texas





### G Protective Factors

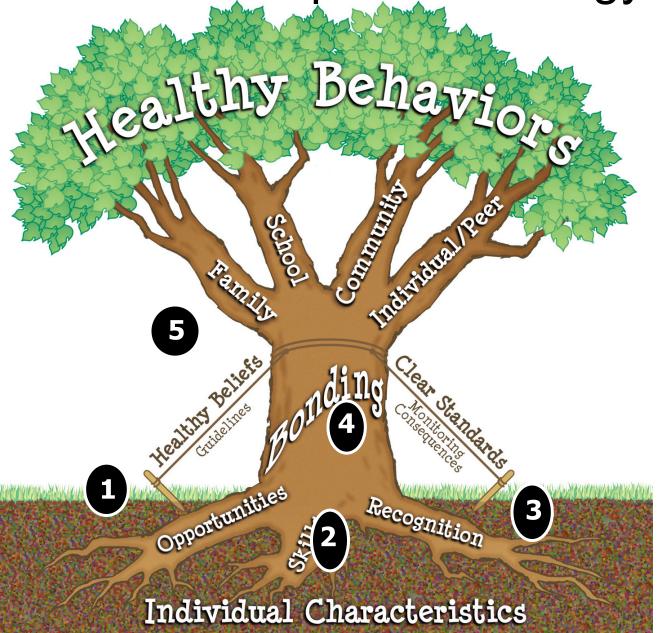
#### **Individual Characteristics**

- High Intelligence
- Resilient Temperament
- Competencies and Skills (Cognitive, Social and Emotional)

# In each social domain (family, school, peer group and neighborhood)

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding (Attachment and Commitment)
- Healthy Beliefs and Clear Standards

### Social Development Strategy





# Social development in a parent child interaction



Parent-Child Interaction Coded for

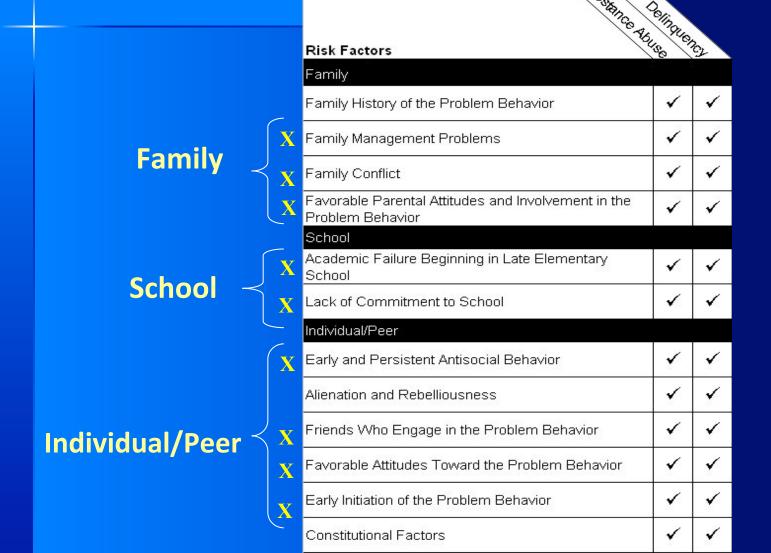
Opportunities Involvement Rewards Bonding

etc.

### S D R G

### Risk Factors Addressed By the SSDP

**G** Intervention



Teacher Training in Classroom Instruction and Management



Intervention Components

Parent Training in Behavior Management and Academic Support

Child Social and Emotional Skill Development



# Intervention Components: Teacher In-Service

#### Proactive classroom management (grades 1-6)

- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

#### **Effective Direct Instruction (grades 1-6)**

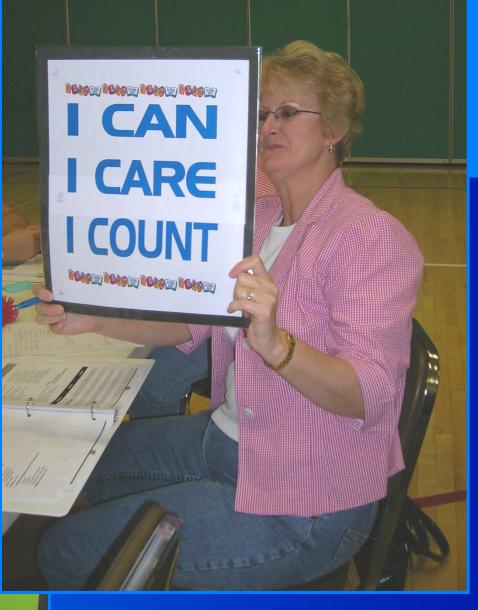
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary
- Use strategies that motivate engagement in learning

#### Cooperative learning (grades 1-6)

- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance

















# Intervention Components: Parent Programs

#### Raising Healthy Children (grades 1-2)

- Observe and pinpoint desirable and undesirable child behaviors
- Teach expectations for behaviors
- Provide consistent positive reinforcement for desired behavior
- Provide consistent and moderate consequences for undesired behaviors

#### **Supporting School Success (grades 2-3)**

- Initiate conversation with teachers about children's learning
- Help children develop reading and math skills
- Create a home environment supportive of learning

#### **Guiding Good Choices (grades 5-6)**

- Establish a family policy on drug use
- Practice refusal skills with children
- Use self-control skills to reduce family conflict
- Create new opportunities in the family for children to contribute and learn



#### family guide 1 \*\*\*

#### List of Qualities

Raising Healthy Children

Go through the list below and identify the qualities that were "most important" in the family you grew up in—place a check in the "grew-up" column.

Then go back and place a check in the "create" column next to the qualities you think are "most important" for you to create as a parent in your family. You may have checks in both columns, or you may not.



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Artistic Assertive Athletic Controls temper Courteous Creative, imaginative Eats healthy foods Finishes projects or tasks Follows directions Gets along well with others Good at problem solving Has good friends Has interests and hobbies Helps others Honest - tells the truth Independent Is a good student Is organized Kind Learns from mistakes Likes to read / be read to Listens to parents

Makes friends easily Neat/tidv

Patient

Respects parents and other adults

Respects peers

Respects people from other cultures and backgrounds

Responsible

Seems happy much of the time

Self-motivated Shares with others

Solves problems peacefully

Stands up for beliefs

Success

Ta as W

Well pre\_ Works hard

Other: (specify)

Other: (specify)

Other: (specify) Other: (specify)

Other: (specify)

@2007 Social Development Research Group

just one quality that you think is most important for you to create as a parent in your family

Look at the list and check

**Example:** 

Honest - tells the truth



### Intervention Components: Social and Emotional Skill Development

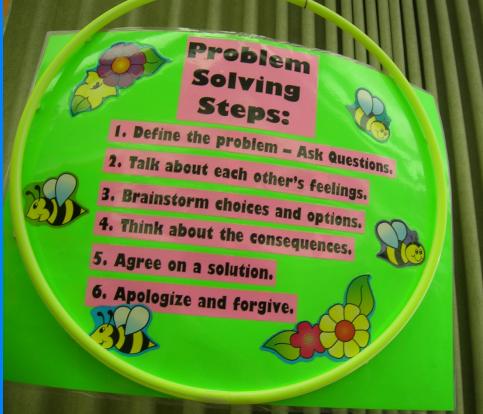




















### **Problem Solving Hopscotch**





### Seattle Social Development Project, Raising Healthy Children in Elementary School

#### **Investigators:**

J. David Hawkins, Ph.D.
Richard F. Catalano, Ph.D.
Charlie Fleming, MA
Kevin Haggerty, MSW
Karl G. Hill, Ph.D.
Richard Kosterman, Ph.D.
Robert Abbott, Ph.D.

#### Funded by:

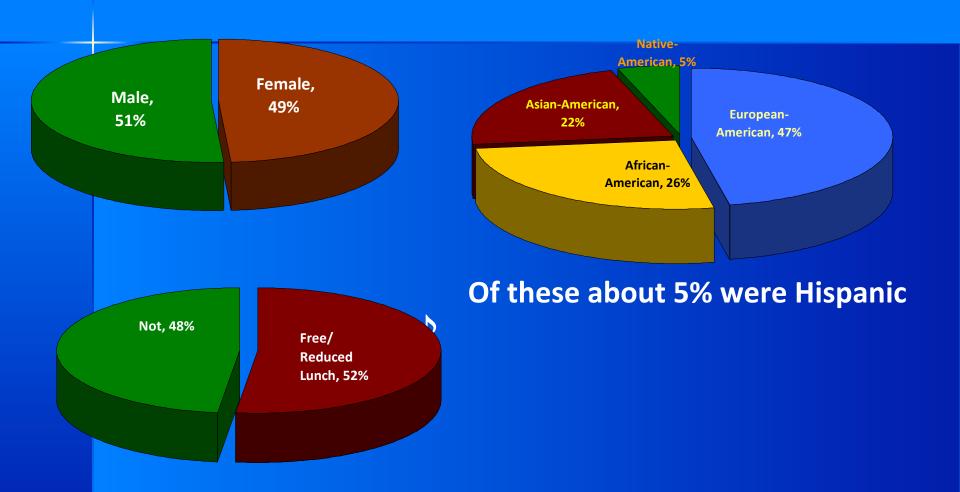
National Institute on Drug Abuse, National Institute on Mental Health, Office of Juvenile Justice and Delinquency Prevention, Robert Wood Johnson Foundation



### G Seattle Project Study Design

- 1981-- began in 8 Seattle elementary schools.
- 1985—expanded to 8 Seattle elementary schools to add late intervention condition and additional control students.
  - Quasi-experimental study
    - Full treatment (grades I-6) = I49
    - Late treatment (grades 5-6) = 243
    - Control = 206
- 77% of the 5<sup>th</sup> grade students constitute the longitudinal study sample.

## S D SSDP: R G Gender, Ethnicity & SES



SES: Eligible for free/reduced lunch (5<sup>th</sup>,6<sup>th</sup> or 7<sup>th</sup> grades)



# **G** Panel Retention

Data have been collected on these Seattle youths and their parents from 1985 to 2006 (age 30).

Elementary			Middle		1	High	Adult					
10	11	12	13	14	15	16	(17)	18	21	24	27	30
808	703	558	654	778	783	770		757	766	752	747	720
	87%	69%	81%	96%	97%	95%		94%	95%	93%	93%	91%

Interview completion rates for the sample have remained above 90% since 1989, when subjects were 14 years old.

**MEAN** AGE G2

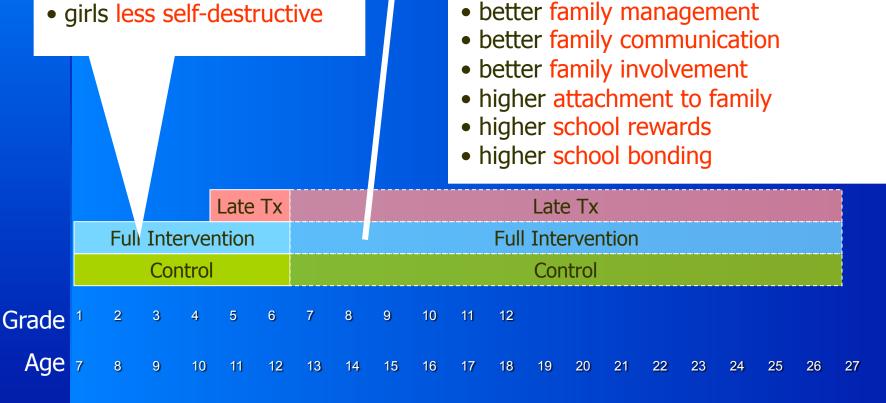


### **Intervention Effects Compared to Controls**

intervention had At the end of the 2<sup>nd</sup> grade less initiation of alcohol boys less aggressive less initiation of delinquency

• better family management

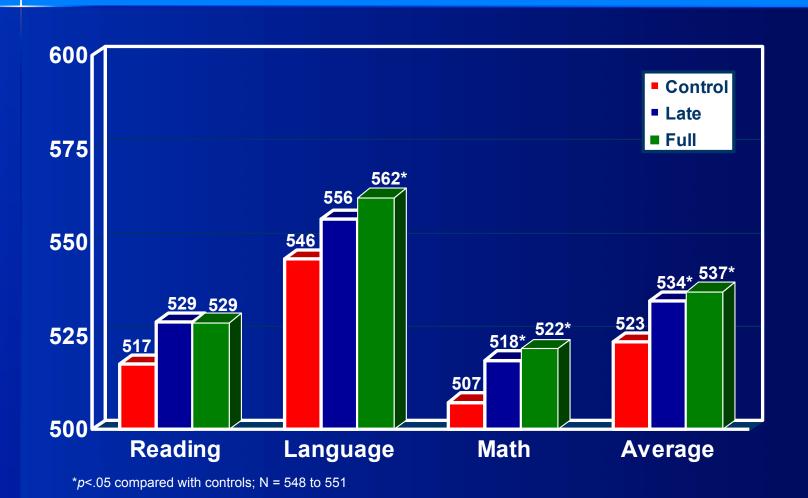
By the start of 5<sup>th</sup> grade, those in the full



Grade

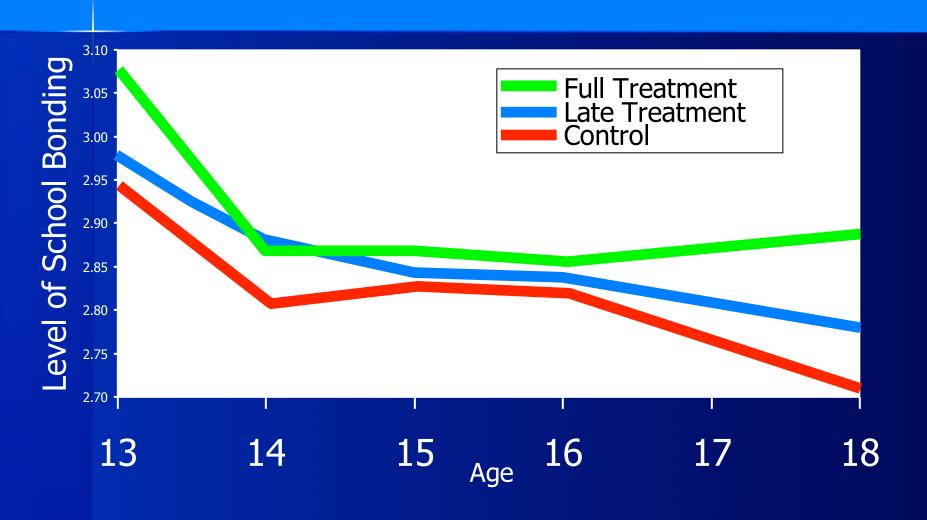


# Effects at Age 12: California Achievement Test Scores



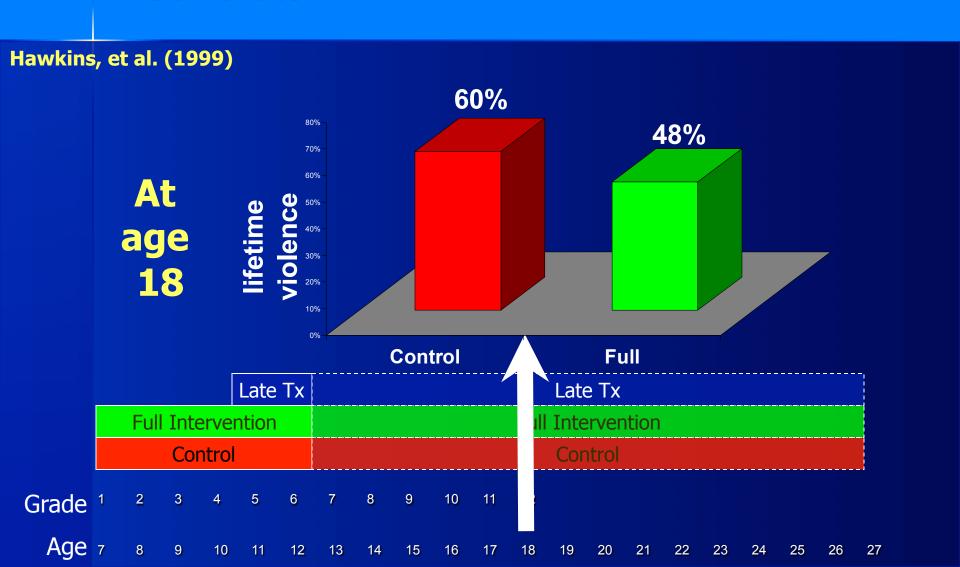


# Effects of Intervention on School Bonding from Age 13 to 18



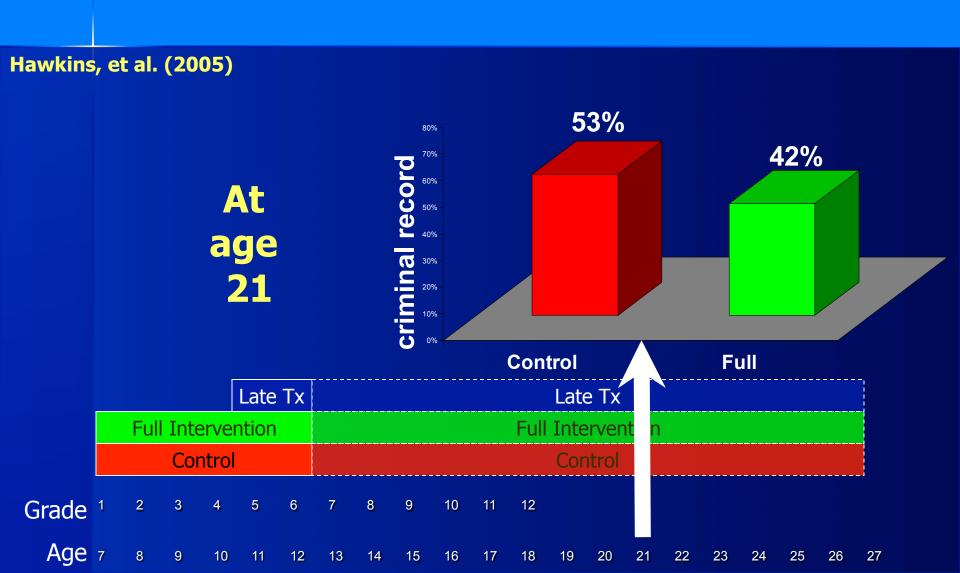


# Intervention Effects Compared to Controls:





# Intervention Effects Compared to Controls:





# SSDP Intervention Effects Compared to Controls

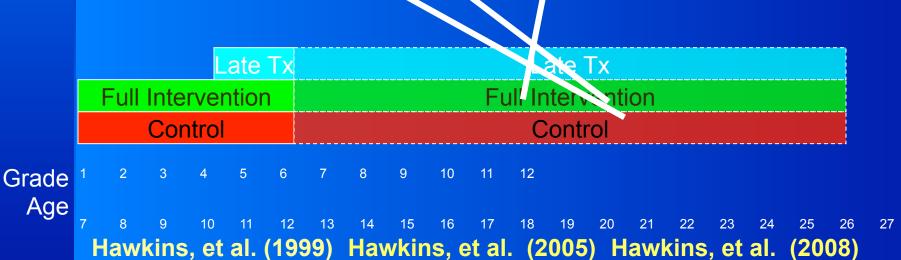
By age 18 Youths in the Full Intervention had

- less heavy alcohol use
- less lifetime violence
- less lifetime sexual activity
- fewer lifetime sex partners
- improved school bonding
- improved school achievement
- reduced school misbehavior

By age 27, compared with controls, those in the full Tx had significantly better:

By age 21, compared with controls, those in the full Tx had significantly

- better positive functioning at school or work
- better emotional and mental health
- more likely to have graduated high school
- more likely to be attending college
- less likely to have criminal record



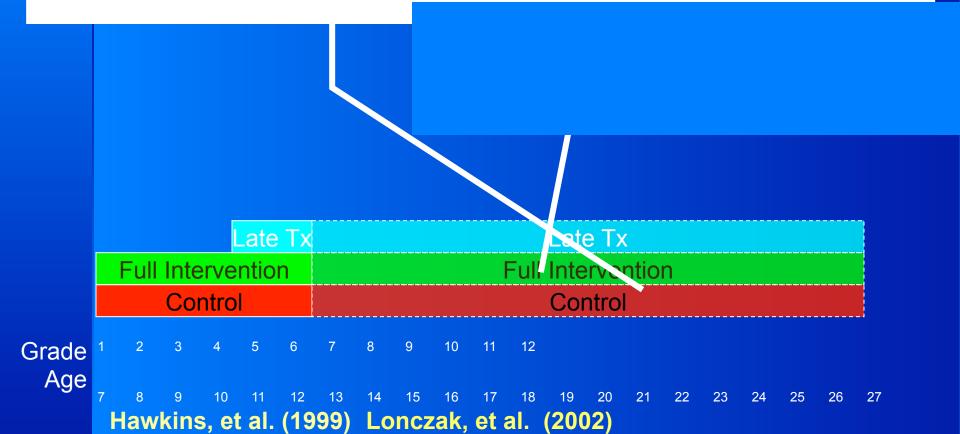


# SSDP Intervention Effects Compared to Controls

### By age 18 Youths in the Full Intervention were

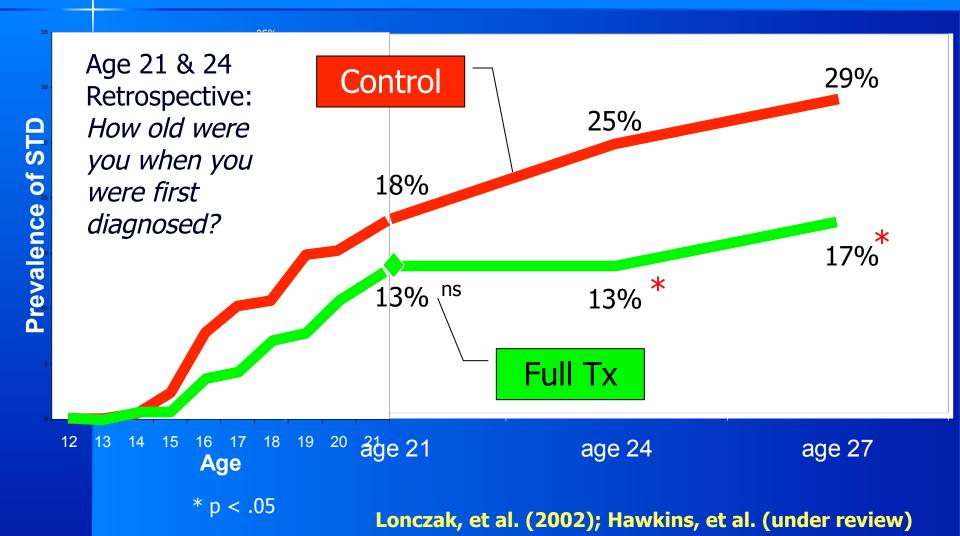
 less likely to have had multiple sex partners By age 21, compared with controls, those in the full Tx had significantly:

fewer pregnancies and births among females



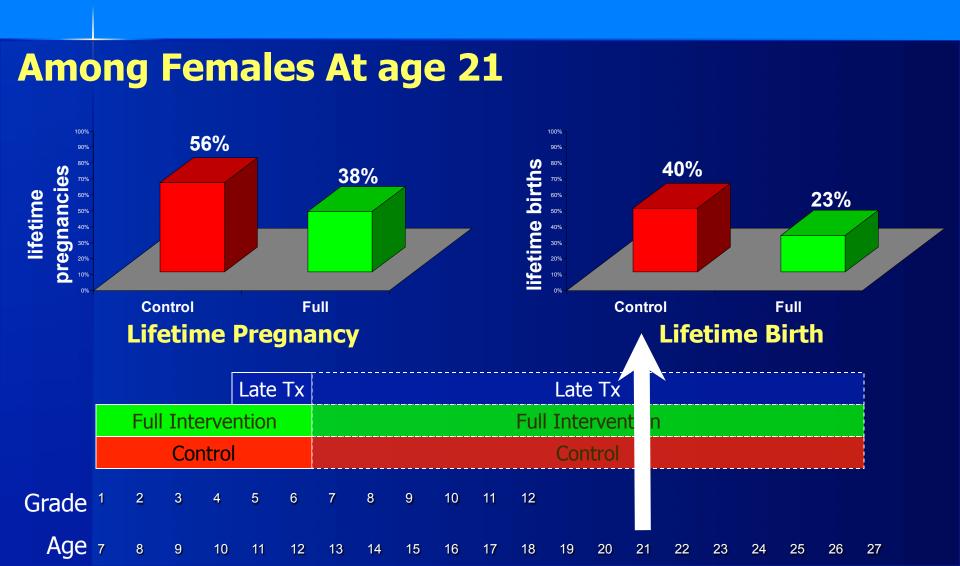


## Effects at ages 21, 24 and 27 on Lifetime STD diagnosis





## Intervention Effects Compared to Controls:





# Intervention Effects Compared to Controls: Proportion Who Met Criteria for GAD, social phobia, MDE, or PTSD diagnosis at ages 24 and 27.





## **Cost-Benefit**

An independent cost-benefit analysis by Washington State Institute for Public Policy estimated that projected benefits resulting from the SSDP intervention effects observed through age 21 would produce a net positive return per participant.







## RHC Replication Study Design

- Began in 1993
- 5 randomly matched pairs of elementary schools
- Longitudinal panel of 1040 1<sup>st</sup> and 2<sup>nd</sup> grade students
- 76% of sample actively consented.



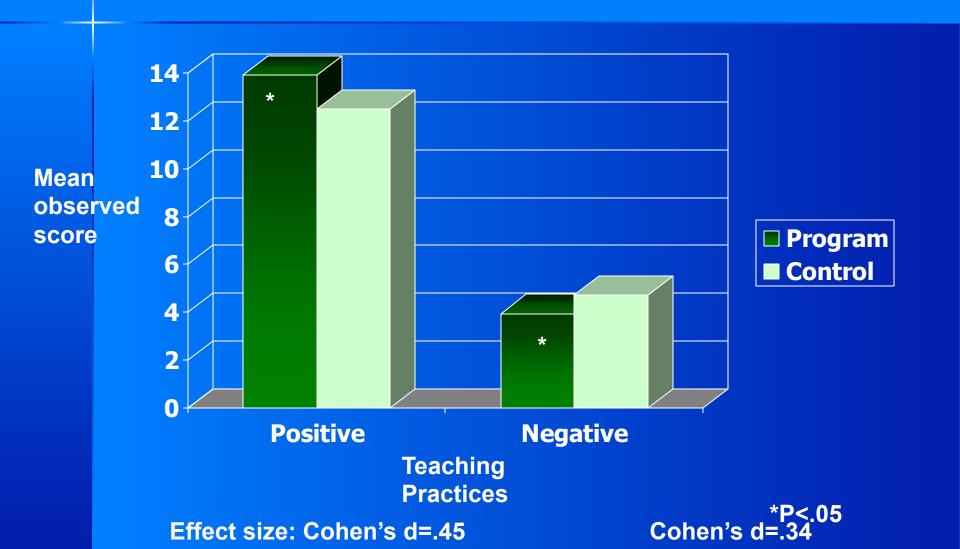
# G Teacher Training Grades 1-7

- Proactive classroom management
- Effective instructional strategies with a focus on reading
- Cooperative learning
- Social, emotional and problem solving skills reinforcement





## Changing teaching practices





### Intervention Effects



At grade 11/12 students from program schools were significantly
More likely to

- have a written driving contract with their family
- help make family rules about driving Less likely to
- drive with someone who has been drinking
- drive under the influenceof drugs
- drive under the influence of alcohol

rade 10 and 11, students from ram schools show

2<sup>nd</sup> and 3<sup>rd</sup> grades, itrols program

ohol use irijuana use

ncy ment evemer t

antisocial behavior

		diffisocial periavior										
	Full Intervention											
	Control											
Grade	1	2	3	4	5	6	7	8	9	10	11	12
Age	7	8	9	10	11	12	13	14	15	16	17	18

Catalano et al., 2003; Brown et al., 2005; Haggerty et al., 2006



# Conclusions from Tests of Raising Healthy Children

- In the elementary years, parents and teachers can make a demonstrable difference that lasts into adulthood using the Raising Healthy Children program.
- Increasing opportunities, skills and recognition for children in the elementary grades can put more children on a positive developmental path.



# G Possible i3 Department of Education Opportunities

- Large Scale Validation Studies are being requested
  - \$30 million over 5 years
  - Requires 20% \$ match

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# Raising Healthy Children The Navasota Experience

## Dawn Marie Baletka Debra Rios

# Raising Healthy Children Training System

# R GStaff Development Year One

#### Summer

Implementation Team Training

#### Fall

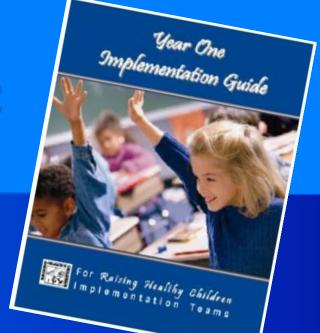
- Workshop Leader Trainings for RHC, SSS, & GGC
- Proactive Management

#### Winter

Social & Emotional Skills Workshop

#### **Spring**

Teacher coaching and support



# R G\$taff Development

## Year Two

#### Summer

Implementation team training

#### Fall

- Instructional Strategies—Direct Instruction
- Teacher coaching and support

#### Winter

- Instructional Strategies—Cooperative Learning
- Instructional Strategies—Motivation
- Teacher coaching and support

#### **Spring**

Teacher coaching and support

# S D R G\$taff Development Vear Three

#### Summer

Implementation team training and capacity building

#### Fall

New teacher training

#### Winter

- Refresher training
- Teacher coaching and support

#### **Spring**

Teacher coaching and support



## **Support Structures**

#### School Staff

- Implementation team training
- 7 days of teacher training
- Coaching
- Principal support

### Family

- Training in each parenting curriculum



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